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<th>EXHIBITS</th>
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<td>A</td>
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<td>Sample Work Order</td>
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<td>G1</td>
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<td>Certification of No Conflict of Interest</td>
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<td>Certification of Pricing</td>
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<td>J</td>
<td>Subsequent Executed Work Orders</td>
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COUNTY’S ADMINISTRATION

MASTER AGREEMENT NO. ________________

COUNTY PROJECT DIRECTOR:
Name: ____________________________________________
Title: ____________________________________________
Address: __________________________________________
Telephone: ________________________________
E-Mail Address: ________________________________

COUNTY PROJECT MANAGER:
Name: ____________________________________________
Title: ____________________________________________
Address: __________________________________________
Telephone: ________________________________
E-Mail Address: ________________________________

CONTRACT COMPLIANCE MANAGER:
Name: ____________________________________________
Title: ____________________________________________
Address: __________________________________________
Telephone: ________________________________
E-Mail Address: ________________________________
CONTRACTOR’S ADMINISTRATION

______________________________
CONTRACTOR’S NAME

MASTER AGREEMENT NO. ________________

CONTRACTOR PROJECT MANAGER:

Name: ________________________________
Title: ________________________________
Address: ________________________________
Telephone: _____________________________
E-Mail Address: __________________________

CONTRACTOR’S AUTHORIZED OFFICIAL(S):

Name: ________________________________
Title: ________________________________
Address: ________________________________
Telephone: _____________________________
E-Mail Address: __________________________

Name: ________________________________
Title: ________________________________
Address: ________________________________
Telephone: _____________________________
E-Mail Address: __________________________

NOTICES TO CONTRACTOR:

Name: ________________________________
Title: ________________________________
Address: ________________________________
Telephone: _____________________________
E-Mail Address: __________________________
SAFELY SURRENDERED BABY LAW

THERE’S A BETTER CHOICE.
SAFELY SURRENDER YOUR BABY.

Any fire station. Any hospital. Any time.

1.877.222.9723  BabySafeLA.org
No shame | No blame | No names

County of Los Angeles
Sheriff’s Department

Airplane Maintenance, Engineering, and Repair Services
Model Master Agreement Exhibits
RFSQ 719-SH
Some parents of newborns can find themselves in difficult circumstances. Sadly, babies are sometimes harmed or abandoned by parents who feel that they’re not ready or able to raise a child. Many of these mothers or fathers are afraid and don’t know where to turn for help.

This is why California has a Safely Surrendered Baby Law, which gives parents the choice to legally leave their baby at any hospital or fire station in Los Angeles County.

**FIVE THINGS YOU NEED TO KNOW ABOUT BABY SAFE SURRENDER**

1. Your newborn can be surrendered at any hospital or fire station in Los Angeles County up to 72 hours after birth.
2. You must leave your newborn with a fire station or hospital employee.
3. You don’t have to provide your name.
4. You will only be asked to voluntarily provide a medical history.
5. You have 14 days to change your mind, a matching bracelet (parent) and ankle (baby) are provided to assist you if you change your mind.

**ABOUT THE BABY SAFE SURRENDER PROGRAM**

In 2002, a task force was created under the guidance of the Children’s Planning Council to address newborn abandonment and to develop a strategic plan to prevent this tragedy.

Los Angeles County has worked hard to ensure that the Safely Surrendered Baby Law prevents babies from being abandoned. We’re happy to report that this law is doing exactly what it was designed to do: save the lives of innocent babies. Visit BabySafeLA.org to learn more.

**ANY FIRE STATION. ANY HOSPITAL. ANY TIME.**

1.877.232.9723
BabySafeLA.org
SAFELY SURRENDERED BABY LAW

FROM SURRENDER TO ADOPTION: ONE BABY'S STORY

Los Angeles County firefighters Ted and his wife Becki were already parents to two boys. But when they got the call, asking if they would be willing to care for a premature baby girl who had been safely surrendered at a local hospital, they didn't hesitate.

Baby Jenna was tiny, but Ted and Becki felt lucky to be able to take her home. "We had always wanted to adopt," Ted says. "But taking home a vulnerable safely surrendered baby was even better. She had no one, but now she had us. And, more importantly, we had her."

Baby Jenna has filled the longing Ted and Becki had for a daughter—and a sister for their boys. Because her birth parents safely surrendered her when she was born, Jenna is a thriving young girl growing up in a stable and loving family.

ANSWERS TO YOUR QUESTIONS

Who is legally allowed to surrender the baby?
Anyone with lawful custody can drop off a newborn within the first 72 hours of birth.

Do you need to call ahead before surrendering a baby?
No. A newborn can be surrendered anytime, 24 hours a day, 7 days a week, as long as the parent or guardian surrenders the child to an employee of the hospital or fire station.

What information needs to be provided?
The surrendering adult will be asked to fill out a medical history form, which is useful in caring for the child. The form can be returned later and includes a stamped return envelope. No names are required.

What happens to the baby?
After a complete medical exam, the baby will be released and placed in a safe and loving home, and the adoption process will begin.

What happens to the parent or surrendering adult?
Nothing. They may leave at any time after surrendering the baby.

How can a parent get a baby back?
Parents who change their minds can begin the process of reclaiming their baby within 14 days by calling the Los Angeles County Department of Children and Family Services at (800) 540-4000.

If you're unsure of what to do:
You can call the hotline 24 hours a day, 7 days a week and anonymously speak with a counselor about your options or have your questions answered.
1.877.222.9723 or BabySafeLA.org
English, Spanish, and no other languages spoken.
EXHIBIT D

CONTRACT DISCREPANCY REPORT

TO: ________________________________

FROM: ________________________________

DATES:  
Prepared by County: ___________  
Master Agreement No.: ___________
Received by Contractor: ___________  
Returned by Contractor: ___________
Action Completed: ___________

DISCREPANCY PROBLEMS:  
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signature of County Representative  Date

CONTRACTOR RESPONSE (Cause and Corrective Action):  
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signature of Contractor Representative  Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE:  
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signature of County Representative  Date

COUNTY ACTIONS:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

CONTRACTOR NOTIFIED OF ACTION:
County Representative’s Signature and Date  ________________________________

Contractor Representative’s Signature and Date  ________________________________
INVOICE DISCREPANCY REPORT

1. INVOICE DISCREPANCY (to be completed by County Project Manager)

   Today’s Date: ____________________ Master Agreement No.: ____________________
   Contractor: ____________________
   Phone Number: ____________________
   Invoice Number: ____________________ Date of Invoice: ____________________
   Description of Issue(s) with Invoice:
   ________________________________________
   ________________________________________
   ________________________________________
   Signed: ____________________ Date: ____________________
   County Project Manager

2. REVIEWED

   Signed: ____________________ Date: ____________________
   County Project Director

3. CONTRACTOR RESPONSE (to be completed by Contractor Project Director)

   Date received from County Project Manager: ____________________
   Explanation regarding Issue(s) with Invoice:
   ________________________________________
   ________________________________________
   Corrective Action Taken: ____________________
   ________________________________________
   Signed: ____________________ Date: ____________________
   Contractor Project Director

4. COUNTY EVALUATION of Contractor’s Response and Action taken.
   ________________________________________
   ________________________________________
   ________________________________________

5. APPROVED BY COUNTY
   ________________________________________ Date: ____________________
   ________________________________________ Date: ____________________

6. CONTRACTOR NOTIFIED ON ____________________ Date: ____________________

INSTRUCTIONS
County Project Manager: Forward IDR to Contractor for investigation and response.
Contractor: Must respond to County Project Manager in writing within five Business Days of receipt of IDR.
County Project Manager: Forward completed IDR to Contracts Unit.
# SAMPLE WORK ORDER

**LOS ANGELES COUNTY SHERIFF’S DEPARTMENT**  
**AERO BUREAU**  
3235 Lakewood Blvd  
Long Beach, CA 90808  
Phone: (562) 429-5997  
Fax: (562) 420-3197

## Contract Information

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<tr>
<th>CONDUCTOR CONTACT</th>
<th>CONTRACTOR TELEPHONE</th>
<th>CONTRACTOR FAX</th>
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**REVIEWED BY COUNTY PROJECT MANAGER** (Signature and Employee No.)  
DATE: ____________

**APPROVED BY COUNTY PROJECT DIRECTOR** (Signature and Employee No.)  
DATE: ____________

1. Prepare this order in accordance with the prices, terms, delivery method, and specifications listed above.  
2. Notify us immediately if you are unable to ship as specified.  
3. Send all correspondence to address above.
AIRPLANE MAINTENANCE, ENGINEERING, AND REPAIR SERVICES
MASTER AGREEMENT WORK ORDER
CERTIFICATION OF EMPLOYEE STATUS

(Note: This certification is to be executed and returned to County with Contractor’s executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

CONTRACTOR NAME

Work Order No. ______________  Master Agreement No. ______________

I CERTIFY THAT: (1) I am an Authorized Official of Contractor; (2) the individual(s) named below is(are) this organization’s employee(s); (3) applicable state and federal income tax, FICA, unemployment insurance premiums, and workers' compensation insurance premiums, in the correct amounts required by state and federal law, will be withheld as appropriate, and paid by Contractor for the individual(s) named below for the entire time period covered by the attached Work Order.

EMPLOYEES

1. 

2. 

3. 

4. 

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Official

Printed Name of Authorized Official

Title of Authorized Official

Date
AIRPLANE MAINTENANCE, ENGINEERING, AND REPAIR SERVICES
MASTER AGREEMENT WORK ORDER
CERTIFICATION OF NO CONFLICT OF INTEREST

(Note: This certification is to be executed and returned to County with Contractor’s executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

CONTRACTOR NAME

Work Order No.___________________ Master Agreement No. __________________

Los Angeles County Code Section 2.180.010.A provides as follows:

“Certain contracts prohibited.
A. Notwithstanding any other section of this code, the County will not contract with, and will reject any bid or proposal submitted by, the persons or entities specified below, unless the board of supervisors finds that special circumstances exist which justify the approval of such contract:
1. Employees of the County or of public agencies for which the board of supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in subdivision 1 of subsection A serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of subdivision 1 of subsection A, and who:
   a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
   b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in subdivision 3 of subsection A, serve as officers, principals, partners, or major shareholders.”

Contractor hereby declares and certifies that no Contractor Personnel, nor any other person acting on Contractor’s behalf, who prepared and/or participated in the preparation of the bid or proposal submitted for the Work Order specified above, is within the purview of County Code Section 2.180.010.A, above.

I declare under penalty of perjury that the foregoing is true and correct.

________________________________________
Signature of Authorized Official

________________________________________
Printed Name of Authorized Official

________________________________________
Title of Authorized Official

________________________________________
Date
AIRPLANE MAINTENANCE, ENGINEERING, AND REPAIR SERVICES
MASTER AGREEMENT WORK ORDER

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name

Work Order No. ___________________ Master Agreement No. ___________________

GENERAL INFORMATION:
The Contractor referenced above has entered into a Master Agreement with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:
Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor’s Staff) that will provide Services in the above referenced agreement are Contractor’s sole responsibility. Contractor understands and agrees that Contractor’s Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor’s Staff’s performance of Work under the above-referenced Master Agreement.

Contractor understands and agrees that Contractor’s Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor’s Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of Work under the above-referenced Master Agreement. Contractor understands and agrees that Contractor’s Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:
Contractor and Contractor’s Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor’s Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor’s Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor’s Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor’s Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor’s Staff for the County.

Contractor and Contractor’s Staff hereby agree that they will not divulge to any unauthorized person any data or information obtained while performing Work pursuant to the above-referenced Master Agreement between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County Project Manager.

Contractor and Contractor’s Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor’s Staff under the above-referenced Master Agreement. Contractor and Contractor’s Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor’s Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor’s Staff must keep such information confidential.

Contractor and Contractor’s Staff agree to report any and all violations of this agreement by Contractor and Contractor’s Staff and/or by any other person of whom Contractor and Contractor’s Staff become aware.

Contractor and Contractor’s Staff acknowledge that violation of this agreement may subject Contractor and Contractor’s Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE OF AUTHORIZED OFFICIAL: ___________________________ DATE: ____________

PRINTED NAME OF AUTHORIZED OFFICIAL: ___________________________

TITLE OF AUTHORIZED OFFICIAL: ___________________________

County of Los Angeles
Sheriff’s Department
SERVICE CATEGORY CHECKLIST

(NOT ATTACHED)
CERTIFICATION OF PRICING

(NOT ATTACHED)
SUBSEQUENT EXECUTED WORK ORDERS

(NOT ATTACHED)