

# APPENDIX B REQUIRED FORMS

## Exhibits

- 1) Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Community Business Enterprise (CBE) Information
- 5) Pricing Schedules
  - 5a. Telephone Rates and Payment Schedule
  - 5b. Tablet Rates and Payment Schedule
  - 5c. Digitized Inmate Postal Mail Services Rates and Payment Schedule
  - 5d. Inmate Population and Call Volume
- 6) Contribution and Agent Declaration Form
- 7) Declaration

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>Proposer Name:</b> _____	<b>County Webven Number:</b> _____	
<b>Address:</b> _____		
<b>Telephone Number:</b> _____	<b>Email:</b> _____	
<b>Internal Revenue Service Employer Identification Number:</b> _____	<b>California Business License Number:</b> _____	
1	<p>Select the option that best defines your firm's business structure:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Franchise</p> <p><input type="checkbox"/> Other (Specify)</p>	<p><b>If Corporation or Limited Liability Company (LLC):</b>  Legal Name (as stated in Articles of Incorporation): _____  State of Incorporation: _____  Year of Incorporation: _____</p> <p><b>If Limited Partnership or a Sole Proprietorship:</b>  Name of proprietor or managing partner:  _____</p> <p><b>If other:</b> Specify business structure name:  _____</p>
2	<p>Is your firm doing business under one or more DBA's?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm:  _____</p>
4	<p>Has your firm done business under other names within last five years?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <p>Name(s): _____</p> <p>Year(s) of Name Change: _____</p>

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".	<hr/> <hr/> <hr/>
6	Is your firm involved in any pending acquisition or mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger. <hr/>
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	Name: _____ Title: _____ Phone: _____ Email: _____  Name: _____ Title: _____ Phone: _____ Email: _____  Name: _____ Title: _____ Phone: _____ Email: _____

## REQUIRED FORMS – EXHIBIT 2

### CERTIFICATION OF COMPLIANCE

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

TITLE		REFERENCE	CERTIFICATION
1	Certification of No Conflict of Interest	<a href="#">LACC 2.180</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<a href="#">LACC 2.160</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<a href="#">Motion</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<a href="#">Board Policy 5.250</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Attestation of Willingness to Consider GAIN/START Participants	<a href="#">Board Policy 5.050</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Willing to provide GAIN/START participants access to employee mentoring program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
6	Contractor Employee Jury Service Program Certification Form & Application for Exception	<a href="#">LACC 2.203</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b> <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program
7	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<a href="#">LACC 2.206</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b>

**REQUIRED FORMS – EXHIBIT 3**  
**REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

<input type="checkbox"/> <b>PREFERENCE NOT REQUESTED</b>
--

**OR**

<input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b>	
<b>Preference Program</b>	<b>Reference</b>
<input type="checkbox"/> Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.204</u></a>
<input type="checkbox"/> Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.205</u></a>
<input type="checkbox"/> Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<a href="#"><u>LACC 2.211</u></a>

**Note: In no instance should any of the listed preference programs price or scoring be combined with any other County program to exceed 15% in response to any county solicitation.**

### Instructions for Completing Exhibit 4 - CBE Form

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

<b>Section 1: FIRM/ORGANIZATION INFORMATION</b>	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

### **Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE**

If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area will be at the County's sole judgment and its judgment will be final.

**REQUIRED FORMS – EXHIBIT 4**

**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

TITLE		REFERENCE			
1 FIRM/ORGANIZATION INFORMATION		The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.			
<b>Total Number of Employees in California:</b>					
<b>Total Number of Employees</b> (including owners):					
<b>Race/Ethnic Composition of Firm.</b> Enter the make-up of Owners/ Partners/Associate Partners into the following categories:					
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Percentage of how ownership of the firm is distributed		
	Male	Female	Male	Female	
Black/African American			%	%	
Hispanic/Latino			%	%	
Asian or Pacific Islander			%	%	
Native Americans			%	%	
Subcontinent Asian			%	%	
White			%	%	

TITLE		REFERENCE				
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE		If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.				
		<input type="checkbox"/> <b>Check if not applicable</b>				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

**REQUIRED FORMS - EXHIBIT 5  
RATES AND PAYMENT SCHEDULE**

**5a. TELEPHONE RATES AND PAYMENT SCHEDULE**

PROPOSER: \_\_\_\_\_

**A. TELEPHONE BILLING CALL TYPES AND COUNTY-PAY TELEPHONE FIXED RATE-PER-MINUTE:**

The fixed call rate per-minute for Inmate telephone call charges to the County must include the following telephone call types: (1) All Intrastate Domestic Calls, (2) All Interstate Domestic Calls, and (3) All International Calls.

Proposer must provide its proposed fixed rate per-minute for all telephone billing call types identified above.

PROPOSED FIXED RATE PER-MINUTE FOR ALL TELEPHONE BILLING CALL TYPES: \$\_\_\_\_\_ (not to exceed \$0.042)

**B. NO COST CALLS TO COUNTY:**

In addition to the calls specified in Paragraphs 4.1.13. (Speed Dial, No-Cost Calls to the County), 4.1.14 (Booking Calls), and 4.1.15 (Release Area Calls) of Exhibit A (Statement of Work) to the Contract, Contractor must allow one no-cost call per week to each Inmate, at no cost to the County, with the condition that the call will be limited to five minutes in length and all other provisions of the Contract will be enforced.

Contractor must also provide all phone calls placed by detainees in the Probation Facilities free of charge to Juvenile detainees, and at no cost to the County.

**C. TAXES AND REGULATORY FEES:**

Contractor must charge the County only those mandatory applicable pass-through Taxes and regulatory fees as expressly authorized by the CPUC and/or FCC as well as any applicable taxes and fees including payments in support of statutory or regulatory programs mandated by governmental or quasi-governmental authorities, such as the Federal Universal Service Fee, incurred by Contractor. Such mandatory applicable pass-through Taxes and regulatory fees will be applied separately and passed through the County directly with no mark-up. The telephone billing rates charged for all call types listed in Section A (Telephone Billing Call Types and County-Pay Telephone Fixed Rate-Per-Minute) above, are exclusive of mandatory applicable pass-through Taxes and regulatory fees collected by Contractor on behalf of federal, state, or local governments. No Taxes or regulatory fees will be charged to the County unless authorized by the CPUC and/or FCC and compliant with all CPUC and/or FCC mandates.



**REQUIRED FORMS - EXHIBIT 5  
RATES AND PAYMENT SCHEDULE**

**5a. TELEPHONE RATES AND PAYMENT SCHEDULE**

PROPOSER: \_\_\_\_\_

**D. CERTIFICATION**

By submission of this Telephone Rates and Payment Schedule, Proposer certifies that the telephone rates and payment schedule proposed herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitors for the purpose of restricting competition.

PROPOSER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE OF AUTHORIZED AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**REQUIRED FORMS - EXHIBIT 5**  
**RATES AND PAYMENT SCHEDULE**

**5b. TABLET RATES AND PAYMENT SCHEDULE**

PROPOSER: \_\_\_\_\_

**A. COMMISSION RATE:** The County's required minimum revenue percentage is 50%.

The County tablet services revenue rate expressed as a percentage of the total billable Tablet Services amount for each year of the Contract. The total billable tablet services amount must be independent of the total billable telephone amount. The County Inmate Welfare Fund Tablet Revenue Share Rate amount owed by Contractor will be due to the County on a monthly basis, unless otherwise determined by the County.

\_\_\_\_\_ % (must be provided with no more than one decimal place)

**B. TABLET SUBSCRIPTIONS, BUNDLES AND SERVICES:**

**Proposers must indicate only ONE rate charge for each category type. Additional rate charges or format will not be considered for evaluation.**

1. Tablet Subscriptions and Bundles Charges.

<b>Tablet Subscription Charges</b>					
Tablet Service Subscription Items	3 hours	1 Day	7 Day	14 Day	30 Day
Game Center		\$ _____	\$ _____	\$ _____	\$ _____
Unlimited Music		\$ _____	\$ _____	\$ _____	\$ _____
Unlimited eBooks		\$ _____	\$ _____	\$ _____	\$ _____
Audio Books			\$ _____	\$ _____	\$ _____
FM Radio		\$ _____	\$ _____	\$ _____	\$ _____
Unlimited TV Audio		\$ _____	\$ _____	\$ _____	\$ _____
Unlimited Podcast		\$ _____	\$ _____	\$ _____	\$ _____
NewsFeed		\$ _____	\$ _____	\$ _____	\$ _____
Unlimited Movies	\$ _____	\$ _____			
<b>Tablet Subscription Bundles</b>					
Bundles			Frequency	Total Fee	
Bundle 1 - Game Center, Unlimited Music, Unlimited eBooks, Newsfeed			Same Day	\$ _____	
Bundle 2 - Game Center, Unlimited Music, Unlimited eBooks, FM Radio, Unlimited TV Audio, Unlimited Podcast, Newsfeed			Same Day	\$ _____	

**REQUIRED FORMS - EXHIBIT 5**  
**RATES AND PAYMENT SCHEDULE**

**5b. TABLET RATES AND PAYMENT SCHEDULE**

PROPOSER: \_\_\_\_\_

2. Tablet Services

<b>Tablet Services</b>	
Electronic Message (Email)	\$_____ Per Message
Electronic Message (Email) - Photo Attachment	\$_____ Per Attachment
Electronic Message (Email) - Video Attachment	\$_____ Per Attachment
<b>No Charge Tablet Services</b>	
Phone App	No Charge
Request App	No Charge
Grievance App	No Charge
Dictionary App	No Charge
Medical, Dental, and Mental Health App	No Charge
Tele Visit App	No Charge
Calculator App	No Charge
Calendar App	No Charge
Commissary App	No Charge
Daily Newspaper PDF (Spanish/English)	No Charge
Los Angeles County Law Library Access	No Charge
Education App	No Charge
Document Link/App	No Charge
Multi Language Religious Material	No Charge
Collection of Free Games	No Charge
Free eBooks	No Charge
Free Music	No Charge
	No Charge
	No Charge
	No Charge

**C. TAXES AND REGULATORY FEES:**

Contractor must charge only those mandatory applicable pass-through Taxes and regulatory fees as expressly authorized by the FCC. Such mandatory applicable pass-through Taxes and regulatory fees must be applied separately and passed through to Inmates and Customers directly with no mark-up. The inmate tablet billing rates charged in Section B (Tablet Subscriptions Charges, Bundles and Services) are exclusive of mandatory applicable pass-through Taxes and regulatory fees collected by Contractor on behalf of federal, state, or local governments. No Taxes or regulatory fees will be charged unless authorized by the FCC and compliant with all FCC mandates.

**REQUIRED FORMS - EXHIBIT 5**  
**RATES AND PAYMENT SCHEDULE**

**5b. TABLET RATES AND PAYMENT SCHEDULE**

PROPOSER: \_\_\_\_\_

**D. CERTIFICATION**

By submission of this Tablet Rates and Payment Schedule, Proposer certifies that the tablet rates and payment schedule proposed herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitors for the purpose of restricting competition.

PROPOSER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE OF ITS AUTHORIZED AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**REQUIRED FORMS - EXHIBIT 5**  
**RATES AND PAYMENT SCHEDULE**

**5c. DIGITIZED INMATE POSTAL MAIL SERVICES RATES AND PAYMENT SCHEDULE**

PROPOSER: \_\_\_\_\_

**A. DIGITIZED INMATE POSTAL MAIL SERVICES (DIPMS)**

Proposer must provide its proposed fixed rate per-Inmate for DIPMS through the method of delivery identified below.

**METHOD OF DELIVERY**

DIPMS printed mail delivery: \$\_\_\_\_\_ per Inmate a month.

DIPMS print-ready output: \$\_\_\_\_\_ per Inmate a month.

**B. CERTIFICATION**

By submission of this DIPMS Rates and Payment Schedule, Proposer certifies that the DIPMS rates and payment schedule proposed herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitors for the purpose of restricting competition.

PROPOSER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE OF ITS AUTHORIZED AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**REQUIRED FORMS - EXHIBIT 5**  
**RATES AND PAYMENT SCHEDULE**

**5d. INMATE POPULATION AND CALL VOLUME**

**A. ADIP TABLE**

This yearly Average Daily Inmate Population (ADIP) is provided to give Proposers estimates of the County's average Inmate population, which may be used to complete Exhibits 5a through 5c, at Proposer's sole discretion. These numbers are not to be considered by Proposer as a guarantee of the County's daily Inmate population.

<u>YEAR</u>	<u>ADIP</u>		
	<u>SHERIFF'S DEPARTMENT</u>	<u>PROBATION DEPARTMENT</u>	
		<u>Juvenile Halls</u>	<u>Camps</u>
2011	15,014	1113	1126
2012	18,043	966	1106
2013	18,687	885	875
2014	18,681	788	707
2015	17,049	721	594
2016	16,613	643	555
2017	17,024	688	452
2018	17,099	612	345
2019	16,671	581	287
2020	14,212	378	220
2021	14,576	263	136
2022	13,807	326	110
2023	13,241	347	154
2024	12,561	355	159

**B. CALL DATA AND STATISTICS**

In the 2023 calendar year, the Sheriff's Department had approximately 9,173,880 total inmate calls, totaling 137,278,570 minutes, placed from the 4,060 inmate

**REQUIRED FORMS - EXHIBIT 5**  
**RATES AND PAYMENT SCHEDULE**

**5d. INMATE POPULATION AND CALL VOLUME**

telephones located throughout the Sheriff's Department's custody and detention facilities, as listed in Attachment G.1 (Sheriff Facilities and Inmate Phone Locations) of Exhibit A (Statement of Work) to the RFP.

In the 2023 calendar year, the Probation Department had approximately 251,114 total inmate calls, totaling 3,905,195 minutes, placed from the 187 inmate telephones located throughout the Probation Department's detention and camp facilities, as listed in Attachment G.2 (Probation Facilities and Inmate Phone Locations) of Exhibit A (Statement of Work) to the RFP.

Call data and statistics are provided to give potential Proposers historical information. The County makes no representation or guarantee of the future call volume, as the total call volume depends upon multiple factors outside the control of the County. These statistics do not, and must not be construed by Proposer, as any guarantee of call volume.

**REQUIRED FORMS – EXHIBIT 6****CONTRIBUTION AND AGENT DECLARATION FORM**

This form must be completed separately by all Proposers, including all prime Contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act ([Government Code Section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$500 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the Proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

**State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.**

**You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.**

**An affirmative response to any questions will not automatically cause the disqualification of your proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a Proposer to disqualification from the procurement.**

*This material is intended for use by Proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.*

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**REQUIRED FORMS – EXHIBIT 6**

**CONTRIBUTION AND AGENT DECLARATION FORM**

Complete each section below. State “none” if applicable.

**A. COMPANY OR APPLICANT INFORMATION**

1) Declarant Company or Applicant Name:

\_\_\_\_\_

a) If applicable, identify all subcontractors that have been or will be named in your proposal: \_\_\_\_\_.

b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months: \_\_\_\_\_.

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

\_\_\_\_\_

**[IF A COMPANY, ANSWER QUESTIONS 2 - 3]**

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

\_\_\_\_\_

b) Subsidiaries:

\_\_\_\_\_

c) Related Business Entities:

\_\_\_\_\_

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

\_\_\_\_\_

**REQUIRED FORMS – EXHIBIT 6**

**CONTRIBUTION AND AGENT DECLARATION FORM**

- 4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.
- 

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of the Contract.

*(Do **not** list individuals and/or firms who, as part of their profession, either 1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** 2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

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- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.
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**REQUIRED FORMS – EXHIBIT 6**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**B. CONTRIBUTIONS**

1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

<b>Date</b> (contribution solicited, or directed)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*Please attach an additional page, if necessary.

2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

<b>Date</b> (contribution made)	<b>Name</b> (of the contributor)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*Please attach an additional page, if necessary.

**REQUIRED FORMS – EXHIBIT 6**

**CONTRIBUTION AND AGENT DECLARATION FORM**

C. **DECLARATION**

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are \_\_\_\_\_ additional pages attached to this Contribution Declaration Form.

**COMPANY BIDDERS OR APPLICANTS**

I, \_\_\_\_\_ (Authorized Representative), on behalf of \_\_\_\_\_ (Declarant Company), at which I am employed as \_\_\_\_\_ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about the Contract, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about the contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested Contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS – EXHIBIT 6**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**INDIVIDUAL BIDDERS OR APPLICANTS**

I, \_\_\_\_\_, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my proposal or delays in the processing of the requested Contract.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about the Contract, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested Contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS – EXHIBIT 7**  
**DECLARATION**

**DECLARATION:**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-6 IS TRUE AND CORRECT.**

PRINT NAME:	TITLE
SIGNATURE:	DATE: