

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) Contribution and Agent Declaration Form
- 6) Cost Proposal Form
- 7) Hardware and Software Delivery List and Specification Sheet
- 8) Declaration

REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Proposer Name:	County Webven Number:
Address:	
Telephone Number:	Email:
Internal Revenue Service Employer Identification Number:	California Business License Number:

1	Select the option that best defines your firm's business structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify)	If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): State of Incorporation: Year of Incorporation: If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: If other: Specify business structure name:
2	Is your firm doing business under one or more DBA's? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Country of Registration: Year became DBA:
3	Is your firm wholly/majority owned by, or a subsidiary of another firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm: State of Incorporation or registration of parent firm:
4	Has your firm done business under other names within last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate any other names and the year of name change. Name(s): Year(s) of Name Change:

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".	
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	<p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p>

REQUIRED FORMS – EXHIBIT 2

CERTIFICATION OF COMPLIANCE

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

	TITLE	REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Charitable Contributions Certification Enter the California Registry of Charitable Trusts "CT" number and upload a copy of firm's most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586 (if applicable)	Board Policy 5.065	<p>Check the Certification below that is applicable to your company.</p> <p><input type="checkbox"/> Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.</p> <p>OR</p> <p><input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts.</p>
6	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Willing to provide GAIN/START participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available</p>
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</p> <p><input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program.</p> <p><input type="checkbox"/> My business is a small business as defined in the Program.</p> <p><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</p>
8	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	LACC 2.206	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</p>

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.**

☐ **PREFERENCE NOT REQUESTED**

OR

☐ **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**

Preference Program		Reference
<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	LACC 2.204
<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	LACC 2.205
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

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
REQUIRED FORMS - EXHIBIT 4
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

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.

Section 1: FIRM/ORGANIZATION INFORMATION	
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.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Total Number of Employees in California:</td> <td></td> </tr> <tr> <td>Total Number of Employees (including owners):</td> <td></td> </tr> </table>		Total Number of Employees in California:		Total Number of Employees (including owners):													
Total Number of Employees in California:																	
Total Number of Employees (including owners):																	
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:																	
Race/Ethnic Composition	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Owners/Partners/ Associate Partners</th> <th style="width: 15%;">Percentage of how ownership of the firm is distributed</th> </tr> <tr> <td style="text-align: center;">Male Female</td> <td style="text-align: center;">Male Female</td> </tr> </thead> <tbody> <tr> <td>Black/African American</td> <td style="text-align: center;">% %</td> </tr> <tr> <td>Hispanic/Latino</td> <td style="text-align: center;">% %</td> </tr> <tr> <td>Asian or Pacific Islander</td> <td style="text-align: center;">% %</td> </tr> <tr> <td>Native Americans</td> <td style="text-align: center;">% %</td> </tr> <tr> <td>Subcontinent Asian</td> <td style="text-align: center;">% %</td> </tr> <tr> <td>White</td> <td style="text-align: center;">% %</td> </tr> </tbody> </table>	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	% %
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. <div style="text-align: center; margin-top: 20px;"> Check if not applicable </div>																																													
Agency Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Minority</th> <th style="width: 10%;">Women</th> <th style="width: 10%;">Disadvantaged</th> <th style="width: 10%;">Disabled Veteran</th> <th style="width: 10%;">LGBTQQ</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ																																								
Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ																																										

REQUIRED FORMS – EXHIBIT 5

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all Bidders/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 Bidder, 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)" is 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 bid/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 bidders/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.

REQUIRED FORMS – EXHIBIT 5
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.
- 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.

REQUIRED FORMS – EXHIBIT 5

CONTRIBUTION AND AGENT DECLARATION FORM

- 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 requested** contract or project, license, permit, or other entitlement for use.

*(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.)*

- 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.

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.

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*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.

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 5

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 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 this contract, project, permit, license, or other entitlement for use, 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 this 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, license, permit, or entitlement for use.

Signature

Date

REQUIRED FORMS – EXHIBIT 5
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 bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

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 this contract, project, permit, license, or other entitlement for use, 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, license, permit, or entitlement for use.

Signature

Date

REQUIRED FORMS - EXHIBIT 6

Cost Proposal Form (Page 1 of 4)

Statement of Work-Implementation (One-Time Fees)

This Exhibit is available as a fillable form. To request, please contact the County contact listed in Paragraph 6.2 of the RFP.

PROPOSER'S INSTRUCTIONS:

Section C.2 (Statement of Work) of the RFP required Proposers to provide a response to Attachment A.1 (Tasks and Deliverables) to Appendix A (Statement of Work). Proposers are instructed to complete this Exhibit 6 ensuring that the Tasks and Deliverables listed below align with their response to Attachment A.1 (Tasks and Deliverables) including any alternatives or additional Tasks proposed.

Fill in the cost for each of the Deliverables (Paypoints) listed below [as further specified in Attachment A.1 (Tasks and Deliverables) to Appendix A (Statement of Work)]. Add as many rows as needed to ensure all Deliverables and pay points are included.

Proposer's Name:							Proposer's Comments
Task #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)	
1	SOW Deliverables	Deliverable 1 - Completed Project Control Document				\$ -	
2		Deliverable 2 - Ongoing Project Management **	N/A	N/A	Included / Not Billable	\$0.00	
3		Deliverable 3.1 - Requirements Review				\$ -	
4		Deliverable 3.2 - Completed Requirements Review and Demonstration / GAP Analysis				\$ -	
5		Deliverable 4 - Completed Infrastructure and Technical Assessment				\$ -	
6		Deliverable 5 - Completed Implementation Assessment Document				\$ -	
7		Deliverable 6 - Completed Customized COTS Solution Design Review and Final Design				\$ -	
8		Deliverable 7.1 - Pre-Production Environment Established				\$ -	
9		Deliverable 7.2 - Contractor's Customized COTS Solution Completed				\$ -	
10		Deliverable 7.3 - Contractor's Customized COTS Solution Reviewed / Approved / Certified				\$ -	
11		Deliverable 8.1 - Initial Data Conversion Completed and Certified				\$ -	
12		Deliverable 8.2 - Ongoing Data Conversion and Cleansing				\$ -	
13		Deliverable 9.1 - Pre-Production Test Plan Finalized				\$ -	
14		Deliverable 9.2 - System Interfaces Tested and Certified				\$ -	
15		Deliverable 9.3 - Completed Integration Tests and Certification				\$ -	
16		Deliverable 9.4 - Completed Initial Operational Readiness Tests and Certification				\$ -	
17		Deliverable 9.5 - Completed Performance Tests and Certification				\$ -	
18		Deliverable 9.6 - Completed and Certified Acceptance Tests and Certification				\$ -	
19		Deliverable 10.1 - Training Environment Established				\$ -	
20		Deliverable 10.2 - Final Training Plan				\$ -	
21		Deliverable 10.3 - Solution and User Documentation Completed				\$ -	
22		Deliverable 10.4 - Training Completed				\$ -	
23		Deliverable 11 - Secondary Data Center Environment Established				\$ -	
24		Deliverable 12 - Certification of Production Solution				\$ -	
25		Deliverable 13.1 - NLRs Go-Live Completed				\$ -	
26		Deliverable 13.2 - Warranty Period: Maintenance and Support Completed				\$ -	
27		Deliverable 13.3 - Transfer of Solution Administration Responsibilities				\$ -	
28		Deliverable 13.4 - Final Acceptance Certificate				\$ -	
29		Deliverable 14 - Post-Implementation Support				\$ -	
30		Deliverable 15 - Post-Implementation Training Conducted				\$ -	
31	TOTAL					\$ -	

* Cost - there will be a 20% holdback on all, due upon Final Acceptance.

** Ongoing Project Management must be included in this implementation engagement.

REQUIRED FORMS - EXHIBIT 6

Cost Proposal Form (Page 2 of 4)

Hardware / Software

Proposer's Instructions:

Use this form to list all hardware and software being proposed for the System.

The proposed hardware should include servers, workstations, network storage, networking equipment, system, peripherals and any other required hardware. Note: The County reserves the right to purchase hardware from sources other than Proposer.

All hardware and software, as applicable, included must be detailed individually on this form.

Add as many rows as needed to ensure all hardware and software costs are included.

Proposer's Name:							Proposer's Comments
Line #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)	
1	Hardware	e.g.: Server # 1 (Production Environment)				\$ -	
2		e.g.: Server # 2 (Test Environment)				\$ -	
3		e.g.: Server # 3 (Development/Training Environment)				\$ -	
4		e.g.: Server # 4 etc.				\$ -	
5		e.g.: Workstations				\$ -	
6		e.g.: Network Storage				\$ -	
7		e.g.: Networking Equipment				\$ -	
8		e.g.: System Peripherals				\$ -	
9							
10							
11							
					Subtotal	\$ -	
12	Software	e.g.: NLRs Application Software License	1	LOT		\$ -	
13						\$ -	
14						\$ -	
15						\$ -	
16						\$ -	
17						\$ -	
18						\$ -	
19						\$ -	
20						\$ -	
21						\$ -	
22						\$ -	
23						\$ -	
24						\$ -	
					Subtotal	\$ -	
25	Misc.	e.g.: Cloud Services				\$ -	
26						\$ -	
27						\$ -	
28						\$ -	
29						\$ -	
					Subtotal	\$ -	
30	TOTAL					\$ -	

REQUIRED FORMS - EXHIBIT 6

Cost Proposal Form (Page 3 of 4)

Maintenance & Support (M&S)

Proposer's Instructions:

Use this form to list the annual Maintenance and Support (M&S) fees for all hardware and software being proposed for the System.

Add as many rows as needed to ensure all hardware and software costs are included.

Proposer's Name:										Proposer's Comments
Line #	Category	Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6 (Option Term)	Year 7 (Option Term)	
1	Hardware	e.g.: Server # 1 (Production Environment)								
2		e.g.: Server # 2 (Test Environment)								
3		e.g.: Server # 3 (Development/Training Environment)								
4		e.g.: Server # 4 etc.								
5		e.g.: Workstations								
6		e.g.: Network Storage								
7		e.g.: Networking Equipment								
8		e.g.: System Peripherals								
9										
10										
11										
		Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12	Software	e.g.: NLRs Application Software License								
13										
14										
15										
16										
17										
18										
19										
20										
21										
		Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
22	Misc.	e.g.: Cloud Services								
23										
24										
25										
26										
		Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27		TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	GRAND TOTAL
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	Professional Services	Software Configuration - Fixed Hourly Rate								
29		Software Development - Fixed Hourly Rate								
30		Training Services - Fixed Hourly Rate								
31		Hardware Refresh (Year 5) Installation and Configuration Services - Fixed Hourly Rate								

REQUIRED FORMS - EXHIBIT 6
Cost Proposal Form (Page 4 of 4)
Proposer's Total Bid Cost

Proposer's Name:				
Line #	Category	Category Description	Cost From Other Worksheets	Proposer's Comments
	SOW Deliverables	Central Server Equipment, Network Communication, Browser-based Software	\$ -	
	Hardware		\$ -	
	Software License(s) (Perpetual)		\$ -	
	Misc.		\$ -	
	M&S (Hardware and Software for 7 years)	M&S Fees - Including Hardware, Secondary Data Center, NLRs Solution, Direct Network Communication Line, and SLA Service Provisions	\$ -	
		CONTRACT SUM SUBTOTAL	\$ -	
		Pool Dollars (20%)	\$ -	
		MAXIMUM CONTRACT SUM TOTAL	\$ -	

This Cost Proposal represents Proposer's fully burdened firm-fixed price cost for system implementation and annual maintenance and other professional services, all as defined in Appendix A (Sample Contract) including all Exhibits, Attachments, and Schedules thereto. Cost Proposals must be realistic and not capable of being construed as non-responsible for providing the goods and services proposed as part of the system in response to the RFP.

Should Proposer fail to account for any component or services in the Cost Proposal which are necessary to perform the services defined in the RFP, Appendix A (Sample Contract), Exhibit A (Statement of Work), Attachment A.1 (Tasks and Deliverables), and Exhibit B (Solution Requirements Response Matrix), Proposer will be required to provide the same at Proposer's sole expense.

Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for any reason, including the purpose of restricting competition.

Name of Firm

Name/Title of Authorized Representative

Title

Signature

Date

REQUIRED FORMS – EXHIBIT 7

HARDWARE AND SOFTWARE DELIVERY LIST AND SPECIFICATION SHEET

Proposer must list all hardware and software specifications required for the NLRs Solution, where such specifications substantiate Proposer's pricing.

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
Primary LASD SCC Data Center for Production and Test/Train Environment				
1.	Server Rack			
2.	KVM Switch			
3.	Network Hardware			
4.	Cloud, Tape Library, or Backup Array			
5.	Other-Specify			

(Add additional rows as needed)

* Servers are needed for Proprietary NLRs, Database, Web Apps, Interfaces, Report Server, Audit History, Dashboard, etc., using virtualization software. The County and Department security policies must apply to all servers provided.

REQUIRED FORMS – EXHIBIT 7

HARDWARE AND SOFTWARE DELIVERY LIST AND SPECIFICATION SHEET

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
Secondary NLRS CJIS-Compliant Cloud Solution for (Mirrored Production Environment Only)				
6.	Cloud Servers*			
7.	Rack Servers*			
8.	Server Rack			
9.	KVM Switch			
10.	Network Hardware			
11.	Cloud, Tape Library, or Backup Array			
12.	Other-Specify			

(Add additional rows as needed)

* Cloud servers needed for Proprietary NLRS, Database, Web Apps, Interfaces, Report Server, Audit History, Dashboard, etc.

REQUIRED FORMS – EXHIBIT 7

HARDWARE AND SOFTWARE DELIVERY LIST AND SPECIFICATION SHEET

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
Software for Primary and Secondary Sites for three environments (Production AND Test/Train at SCC Data Center, and mirrored Production copy at Secondary Data Center or Cloud)				
13.	Proposer's NLRs Base Software			
14.	O/S Software			
15.	Database Software			
16.	GEO Fencing Software			
17.	NLRs Software (Subscription License)			
18.	VoIP + Analog recording Licensing			
19.	Virtualization Software			
20.	CAD & RMS Integration			
21.	Anti-Virus Software (McAfee endpoint security provided by County for Primary Site)			
22.	Report Writer Software			
23.	Interface Engine Software			
24.	Dashboard monitoring			
25.	Email Notifications			
26.	Other-Specify			

(Add additional rows as needed)

REQUIRED FORMS – EXHIBIT 7

HARDWARE AND SOFTWARE DELIVERY LIST AND SPECIFICATION SHEET

PROPOSER’S ATTESTATION:

I hereby attest that the hardware and software to be delivered to the County, including all specifications detailed herein Exhibit 7, must meet or exceed the stated Service Response Timeframe in Paragraph 5.2.1 (Problem Corrections Priorities) to Exhibit C (Service Level Agreement) for the Term of the Contract.

Name of Firm:	
Name of Authorized Representative:	
Title:	
Signature:	
Date:	

REQUIRED FORMS – EXHIBIT 8

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN **EXHIBITS 1-7** IS TRUE AND CORRECT AND I AM AN AUTHORIZED REPRESENTATIVE OF PROPOSER.

PRINT NAME:	TITLE:
SIGNATURE:	DATE: