

# APPENDIX B - REQUIRED FORMS

## REVISED UNDER BULLETIN #8

### Exhibits

- 1) Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Debarment History and List of Terminated Contracts
- 5) Community Business Enterprise (CBE) Information
- 6) Minimum Mandatory Requirements – Revised Under Bulletin #4
- 7) Proposer's List of References
- 8) Contribution and Agent Declaration Form
- 9) Cost Proposal Form - Revised Under Bulletin #8
- 10) Statement of Work Response Form and Certification
- 11) Solution Environment and Software Delivery List and Specification Sheet  
- Revised Under Bulletin #4
- 12) Sample Contract Certification
- 13) Confidentiality and Non-Disclosure Agreement
- 14) 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>E-mail:</b>
<b>Internal Revenue Service Employer Identification Number:</b>	<b>California Business License Number:</b>

<b>1</b>	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)	<b>If Corporation or Limited Liability Company (LLC)</b> Legal Name (as stated in Articles of Incorporation): <hr/> State of Incorporation: <hr/> Year of Incorporation: <hr/> <b>If Limited Partnership or a Sole Proprietorship</b> Name of proprietor or managing partner: <hr/> <b>If other:</b> Specify business structure name: <hr/>
<b>2</b>	Is your firm doing business under one or more DBA's?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: <hr/> Country of Registration: <hr/> Year became DBA: <hr/>
<b>3</b>	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: <hr/> State of Incorporation or registration of parent firm: <hr/>

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

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>
5	<p>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".</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
6	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide additional information regarding the pending merger.</p> <p>_____</p> <p>_____</p> <p>_____</p>
7	<p>List all names and contact information of all individuals legally authorized to commit the Proposer.</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
8	<p>Name and contact information of the proposed Contractor Project Manager who will be responsible for day-to-day administration of the Contract.</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</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	<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> <a href="#">Click or tap here to enter text.</a>

### **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	<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.**

## REQUIRED FORMS – EXHIBIT 4

### DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: \_\_\_\_\_

1. DEBARMENT HISTORY	YES	NO
Proposer is currently debarred by a public entity	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:		
2. LIST OF TERMINATED CONTRACTS	YES	NO
Proposer has contracts that have been terminated in the past three years.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list all contracts that have been terminated prior to expiration within the last three years, with specific details of the reason(s) for termination:		
Service:		
Name of Entity:		
Address:		
Contact:		
Telephone:		
E-mail:		
Termination Date:		
Name/Contract No:		
Reason(s) for Termination:		
Service:		
Name of Entity:		
Address:		
Contact:		
Telephone:		
E-mail:		
Termination Date:		
Name/Contract No:		
Reason(s) for Termination:		
Service:		
Name of Entity:		
Address:		
Contact:		
Telephone:		
E-mail:		
Termination Date:		
Name/Contract No:		
Reason(s) for Termination:		

Instructions for Completing  
**REQUIRED FORMS - EXHIBIT 5**  
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.

<b>Section 1:</b> <b>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%.

<b>Section 2:</b> <b>CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE</b>
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 5**

**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

Proposer's Name: \_\_\_\_\_

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.			
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	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"/>	Check if not applicable			
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	



**REQUIRED FORMS – EXHIBIT 6**  
**MINIMUM MANDATORY REQUIREMENTS**

**Revised Under Bulletin #4**

Proposer acknowledges and certifies that it meets and will comply with the Minimum Mandatory Requirements indicated below and as stated in Paragraph 3.0 (Minimum Mandatory Requirements) of the Request for Proposals (RFP).

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	<p>Proposer must be a current established developer, proprietor, integrator and provider of a COTS ABIS [including ten print, latent, and investigative tools as well as professional services (which includes maintenance and support) as outlined in Paragraph 9.0 (Project Assumptions-General) of Exhibit A (Statement of Work) and Exhibit C (Service Level Agreement) to Appendix A (Sample Contract) to this RFP] for a minimum of seven years within the last ten years, with a minimum of 25 employees.</p> <p>Proposer must list references on Exhibit 7 (Proposer's List of References) of Appendix B (Required Forms) to verify this Minimum Mandatory Requirement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
2	<p>Proposer's proposed COTS software must currently be in production use and being serviced by Proposer's maintenance program for not less than two consecutive years, at a minimum of one agency supporting more than 30 concurrent users. (In this context, agency is defined as: a) a single law enforcement agency operating under a single enterprise installation of Proposer's proposed COTS solution, or b) a consortium of law enforcement agencies operating under a centrally managed, single enterprise installation of Proposer's COTS solution.)</p> <p>Proposer must list references on Exhibit 7 (Proposer's List of References) of Appendix B (Required Forms) to verify this Minimum Mandatory Requirement.</p>	<input type="checkbox"/>	<input type="checkbox"/>

3	<p>Proposer must have a minimum of three successful ABIS implementations of the proposed software (current or one major version prior) within the last ten years. (A successful implementation is defined as one that has achieved final acceptance from the customer, has been in production use for a minimum of one year without any major deficiencies, and is being serviced by Proposer's maintenance program).</p> <p>Proposer must list references on Exhibit 7 (Proposer's List of References) of Appendix B (Required Forms) to verify this Minimum Mandatory Requirement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4	<p>If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, then Proposer must not have unresolved questions regarding costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of County.</p>	<input type="checkbox"/>	<input type="checkbox"/>
5	<p>Proposer ABIS Solution must be Criminal Justice Information Services (CJIS) and Criminal Offender Record Information (CORI) compliant:</p> <p><a href="https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center">https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center</a></p> <p><a href="https://oag.ca.gov/sites/all/files/agweb/pdfs/Conditions-for-Release-CORI.pdf">https://oag.ca.gov/sites/all/files/agweb/pdfs/Conditions-for-Release-CORI.pdf</a></p>	<input type="checkbox"/>	<input type="checkbox"/>
6	<p>Proposer's ABIS Solution must support multimodal [e.g., fingerprints, irises, and facial recognition (FR)] functionality.</p>	<input type="checkbox"/>	<input type="checkbox"/>
7	<p>Proposer's ABIS Solution must include identification and investigative tools for ten-print and latent fingerprint searches.</p>	<input type="checkbox"/>	<input type="checkbox"/>
8	<p>Proposer's ABIS Solution must include an Evergreen IT CJIS-compliant fingerprint-matching algorithm.</p>	<input type="checkbox"/>	<input type="checkbox"/>

9	<p>Proposer's ABIS Solution must include an Evergreen IT CJIS-compliant FR algorithm, which has been tested by the National Institute of Standards and Technology (NIST) and listed on the Federal Bureau of Investigations' (FBI) Face Recognition Technology Evaluation (FRTE): 1:N Identification:</p> <p><a href="https://pages.nist.gov/frvt/html/frvt1N.html">https://pages.nist.gov/frvt/html/frvt1N.html</a></p> <p>Proposer's selected FR algorithms must be from a commercial organization which scored at or above the following factors in the FBI's FRTE 1:N Identification "Investigation by Developer":</p> <ul style="list-style-type: none"> <li>a. Mugshot to Mugshot "N = 12,000,000" – within the top 75, and</li> <li>b. Mugshot to Webcam "N = 1,600,000" – within the top 50</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
10	<p>Proposer's ABIS Solution must include an Evergreen IT NIST rated IRIS matcher.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIRED FORMS - EXHIBIT 7**  
**PROPOSER'S LIST OF REFERENCES**

**Proposer's Name:** \_\_\_\_\_

List at least three United States (U.S.) public safety/law enforcement agency references where the same or similar scope of services were provided by Proposer, as those being requested in this RFP. At least one reference must verify that Proposer meets the Minimum Mandatory Requirements listed in Paragraph 3.0 (Minimum Mandatory Requirements) of the RFP. If additional space is needed, please list information on a blank sheet and attach it to this document.

LAW ENFORCEMENT AGENCY #1	
Law Enforcement References (U.S. Only)	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Number of concurrent users in the System	
Project Scope and magnitude, and other pertinent information	

**REQUIRED FORMS - EXHIBIT 7**  
**PROPOSER'S LIST OF REFERENCES**

If additional space is needed, please list information on a blank sheet and attach it to this document.

LAW ENFORCEMENT AGENCY #2	
<b>Law Enforcement References (U.S. Only)</b>	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Number of concurrent users in the System	
Project Scope and magnitude, and other pertinent information	

**REQUIRED FORMS - EXHIBIT 7**  
**PROPOSER'S LIST OF REFERENCES**

If additional space is needed, please list information on a blank sheet and attach it to this document.

<b>LAW ENFORCEMENT AGENCY #3</b>	
<b>Law Enforcement References (U.S. Only)</b>	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Number of concurrent users in the System	
Project Scope and magnitude, and other pertinent information	

Instructions for Completing  
**REQUIRED FORM EXHIBIT 8**  
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 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)" 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 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 8**

### **CONTRIBUTION AND AGENT DECLARATION FORM**

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

#### **A. COMPANY OR APPLICANT INFORMATION**

1) Declarant Company or Applicant Name:

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

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

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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:

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#### **[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):

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b) Subsidiaries:

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c) Related Business Entities:

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## **REQUIRED FORMS – EXHIBIT 8**

### **CONTRIBUTION AND AGENT DECLARATION FORM**

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

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- 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.

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- 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 **this** contract.

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*(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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#### **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.

## **REQUIRED FORMS – EXHIBIT 8**

### **CONTRIBUTION AND AGENT DECLARATION FORM**

<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.

#### **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.

## **REQUIRED FORMS – EXHIBIT 8**

### **CONTRIBUTION AND AGENT DECLARATION FORM**

#### **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, 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **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 this 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 9**  
**Cost Proposal Form (Page 1 of 4)**  
**SOW Deliverables (One-Time Fees)**

Revised Under Bulletin #8

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	SOW Deliverables	Deliverable 1 – Project Control Document	1	LOT		\$ -		
2		Deliverable 2 – Ongoing Project Management **	1	LOT	Included / Not Billable	\$ -		
3		Deliverable 3.1 – Requirements Review Report	1	LOT		\$ -		
4		Deliverable 3.2 – Requirements Review and Demonstration / Gap Analysis	1	LOT		\$ -		
5		Deliverable 4 – Infrastructure and Technical Assessment	1	LOT		\$ -		
6		Deliverable 5 – Implementation Assessment and Strategies Document	1	LOT		\$ -		
7		Deliverable 6 - Customized COTS Solution Design Review and Final Design	1	LOT		\$ -		
8		Deliverable 7.1 – Pre-Production Environment Established	1	LOT		\$ -		
9		Deliverable 7.2 – Customized COTS Solution Completed	1	LOT		\$ -		
10		Deliverable 7.3 – Customized COTS Solution Reviewed / Approved / Certified	1	LOT		\$ -		
11		Deliverable 8.1 – Data Conversion Completed and Certified	1	LOT		\$ -		
12		Deliverable 8.2 – Ongoing Data Conversion and Cleansing	1	LOT		\$ -		
13		Deliverable 9.1 – Pre-Production Test Plan Finalized	1	LOT		\$ -		
14		Deliverable 9.2 – System Interfaces Tested and Certified	1	LOT		\$ -		
15		Deliverable 9.3 – Intergration Test Completed	1	LOT		\$ -		
16		Deliverable 9.4 – Initial Operational Readiness Tests and Certification	1	LOT		\$ -		
17		Deliverable 9.5 – Performance Tests and Certification	1	LOT		\$ -		
18		Deliverable 9.6 – User Acceptance Test (UAT) Completed and Certified	1	LOT		\$ -		
19		Deliverable 10 .1 – Test / Training Environment Established	1	LOT		\$ -		
20		Deliverable 10 .2 – Final Training Plan	1	LOT		\$ -		
21		Deliverable 10 .3 – Solution and User Documentation Completed	1	LOT		\$ -		
22		Deliverable 10 .4 – Training Completed	1	LOT		\$ -		
23		Deliverable 11 – Cloud–Based Environment Established	1	LOT		\$ -		
24		Deliverable 12 – Certificate of Production Solution Completed	1	LOT		\$ -		
25		Deliverable 13.1 – ABIS Go–Live	1	LOT		\$ -		
26		Deliverable 13.2 – Warranty Period: Maintain and Support	1	LOT		\$ -		
27		Deliverable 13.3 – Transfer of Solution Administration Responsibilities	1	LOT		\$ -		
28		Deliverable 14 – Post-Implementation Support	1	LOT		\$ -		
29		Deliverable 15 – Post-Implementation Training Completed	1	LOT		\$ -		
30					TOTAL	\$ -		
* Cost - there will be a 20% holdback on all Deliverables due upon Final Acceptance.								
** Ongoing Project Management must be included as part of this implementation.								

# REQUIRED FORMS - EXHIBIT 9

## Cost Proposal Form (Page 2 of 4)

### Hardware / Software

**Proposer's Instructions:**  
Add additional rows as needed.

<b>Proposer's Name:</b>							<b>Proposer's Comments</b>
<b>Line #</b>	<b>Category</b>	<b>Item Description</b>	<b>Quantity</b>	<b>Unit of Measure (UOM)</b>	<b>Proposer's Unit Price</b>	<b>Cost * (Qty x Unit Price)</b>	
1	<b>Cloud Environment Components</b>	Primary CJIS-Compliant Cloud Environment (Please refer to Task 7 and 11)	1	LOT		\$ -	
2		Secondary CJIS-Compliant Cloud Environment (Please refer to Task 11)	1	LOT		\$ -	
3		Direct Network Connections to Primary and Secondary Cloud Sites <i>(Initial Setup)</i>	1	LOT		\$ -	
4						\$ -	
5						\$ -	
6						\$ -	
7						\$ -	
8						\$ -	
					<b>Subtotal</b>	\$ -	
9	<b>Solution Software</b>	ABIS Software Components and Functions	1	LOT		\$ -	
10		3rd Party Software (e.g., OS), for both Primary and Secondary Cloud Sites	1	LOT		\$ -	
11		Biometric Algorithm(s)	1	LOT		\$ -	
12						\$ -	
13						\$ -	
14						\$ -	
15						\$ -	
16						\$ -	
					<b>Subtotal</b>	\$ -	
17	<b>Workstation</b>	Biometric Workstations (Including ABIS Solution/Licenses/3rd Party Software)					
18		Tenprint BW (Finger and Palm)	30	EACH		\$ -	
19		Latent BW (Finger and Palm)	70	EACH		\$ -	
20		Tenprint & Latent BW (Finger and Palm)	15	EACH		\$ -	
21		Virtual Workstation	25	EACH		\$ -	
22		Widescreen 27" Viewable Monitor (Touchscreen)	230	EACH		\$ -	
23		Flatbed Scanner	115	EACH		\$ -	
24		UPS	115	EACH		\$ -	
25		Printers	50	EACH		\$ -	
					<b>Subtotal</b>	\$ -	
					<b>TOTAL</b>	\$ -	

REQUIRED FORMS - EXHIBIT 9  
Cost Proposal Form (Page 3 of 4)  
Maintenance & Support (M&S)

**Proposer's Instructions:**  
Use this form to list all maintenance and support fees for **all** Hardware and Software listed on Page 2 (Hardware\_Software) of this Cost Proposal form.  
Add additional rows as needed.

Proposer's Name:															Proposer's Comments
Line #	Category	Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	
1	Cloud Environment Components	Primary CJIS-Compliant Cloud Environment													
2		Secondary CJIS-Compliant Cloud Environment													
3		Direct Network Connections to Primary and Secondary Cloud Sites													
4															
5															
6															
7															
Subtotal			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8	Solution Software	ABIS Software Components and Functions													
9		3rd Party Software (e.g., OS), for both Primary and Secondary Cloud Sites													
10		Biometric Algorithm(s)													
11															
12															
13															
14															
15															
Subtotal			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
16	Workstation	Biometric Workstations (Including ABIS Solution/Licenses/3rd Party Software)													
17		Tenprint BW (Finger and Palm)													
18		Latent BW (Finger and Palm)													
19		Tenprint & Latent BW (Finger and Palm)													
20		Virtual Workstation													
21		Widescreen 27" Viewable Monitor (Touchscreen)													
22		Flatbed Scanner													
23		UPS													
24	Printers														
Subtotal			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25	Misc.														
26															
27															
28															
29															
Subtotal			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	GRAND TOTAL
30	TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31	Software Engineering Services - Fixed Hourly Rate				Per Hour	\$ -									
32	Technology Refresh (Year 6) Installation and Configuration Services - Fixed Hourly Rate				Per Hour	\$ -									
33	Training Services - Fixed Hourly Rate				Per Hour	\$ -									
34	Misc. Services - Fixed Hourly Rate				Per Hour	\$ -									
35	Registration Fee for County Staff Attending Contractor's Annual User Conference (for the full event)				Per Attendee	\$ -									

# REQUIRED FORMS - EXHIBIT 9

## Cost Proposal Form (Page 4 of 4)

### Proposer's Total Bid Cost

<b>Proposer's Name:</b>				
<b>Line #</b>	<b>Tab Name</b>	<b>Category Description</b>	<b>Cost From Other Worksheets</b>	<b>Proposer's Comments</b>
1	SOW Deliverables	SOW Deliverables	\$ -	
2	Cloud Infrastructure and Software	Compute Instances Network Infrastructure Algorithms Customized Software Solution	\$ -	
3	M&S	M&S Fees - Including: Compute Instances Customized Software Solution Direct Network Communication Line(s) SLA Service Provisions	\$ -	
4		<b>CONTRACT SUM SUBTOTAL</b>	<b>\$ -</b>	
		Pool Dollars (20%)	\$ -	
5		<b>MAXIMUM CONTRACT SUM TOTAL</b>	<b>\$ -</b>	
6		Fixed Hourly Rate for Software Engineering Services	\$ -	
7		Fixed Hourly Rate for Technology Refresh Install/Config Services	\$ -	
8		Fixed Hourly Rate for Training Services	\$ -	
9		Fixed Rate for Misc. Services	\$ -	
10		Fixed Rate for User Conferences	\$ -	

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

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Name/Title of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 1

**TASK TITLE:** Project Planning – Project Control Document (PCD)

**TASK NARRATIVE:** Each Task to be performed by both Contractor and County staff will be specifically addressed in a Project Control Document (PCD). The PCD will include the general order in which the Tasks and Subtasks will be performed (some Tasks may be conducted in parallel) and the order in which the Deliverables must be produced.

**PROPOSER’S UNDERSTANDING OF TASK:**

--

**HOW STATEMENT:**

--

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY



## **REQUIRED FORMS – EXHIBIT 10**

### **STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 2

**TASK TITLE:** Ongoing Project Management

**TASK NARRATIVE:** Throughout the entire Term of the Contract, under the direction of County Project Manager, Contractor must apply requisite technical and management skills and techniques to assure satisfactory, timely completion of Project Tasks and Deliverables, and establish a Project control and reporting system which will provide routine and realistic assessments of progress against the approved PCD's Detailed Work Plan. Contractor must completely manage Project activities and resources, and track project status. This must include those identified in the Statement of Work.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 3

**TASK TITLE:** Requirements Review and Demonstration/Gap Analysis

**TASK NARRATIVE:** The Functional and Technical Requirements (Requirements) review and resultant gap analysis determines the degree of “fit” between Contractor’s Proposed COTS software and the County’s Requirements. The County will provide the facilities for conducting the Requirements review, demonstration, and gap analysis sessions.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 4

**TASK TITLE:** Infrastructure and Technical Assessment

**TASK NARRATIVE:** Contractor must perform a comprehensive assessment of the County's readiness to implement Contractor's proposed Solution in a fully Cloud environment.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

## **REQUIRED FORMS – EXHIBIT 10**

### **STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 5

**TASK TITLE:** Implementation Assessment Document (IAD)

**TASK NARRATIVE:** This Task 5 includes the strategies for Contractor's Customized COTS Solution's implementation and transition to Production, which are based on the findings of the Final Solution Requirements document (Task 3), and the Infrastructure and Technical Assessment (Task 4). These implementation strategies form a critical component of the PCD (Task 1). The implementation strategies must take into consideration County's organizational and Project constraints, while addressing County's Final Solution Requirements. Contractor must submit a draft of each of the implementation strategies for County review and approval as they are prepared. This Task 5 culminates with the creation of a comprehensive final IAD. The final IAD must open with an executive summary that includes key findings and recommendations, and must include the strategies and plans identified in the Statement of Work.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

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\*ATTACH ADDITIONAL PAGES AS NECESSARY

## **REQUIRED FORMS – EXHIBIT 10**

### **STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 6

**TASK TITLE:** Design Review of Contractor's Customized COTS Solution, Final Design

**TASK NARRATIVE:** Contractor must update the Review/Demonstration Environment COTS software installed for the gap analysis, as applicable, and load an additional sample of legacy system data as necessary, to support the design review. Contractor must conduct a design review of the proposed Programming Modifications to Contractor's COTS software with key Users, based on the identified gaps. The design review will be with County Project Manager as well as key Users identified by the County.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

## **REQUIRED FORMS – EXHIBIT 10**

### **STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 7

**TASK TITLE:** Pre-Production Environment and COTS Solution Programming Modifications (Customization/Configuration)

**TASK NARRATIVE:** While the County is not responsible for the Programming Modifications effort (e.g., Customizations, Configurations, etc.), the purpose of this Task is to assist Contractor in ensuring that the Programming Modifications effort is timely completed in satisfaction of the Requirements specified in Contractor's Customized COTS Solution, and the agreed upon final design.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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**Assumptions:**

☐

**Resource Allocations:**

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**Timeline to Completion:**

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\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 8

**TASK TITLE:** Data Conversion

**TASK NARRATIVE:** Upon completing Contractor's Customized COTS Solution, Contractor must extract, cleanse, transform, and load the legacy system data in the pre-Production Environment.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

## **REQUIRED FORMS – EXHIBIT 10**

### **STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 9

**TASK TITLE:** Pre-Production Testing of Contractor's Customized COTS Solution

**TASK NARRATIVE:** Pre-production testing process ensures that all components of Contractor's Customized COTS Solution required at Go-Live are thoroughly tested and that the implemented Solution consists of high-quality, reliable Software. The testing process must take into account the unique testing requirements of the Solution that is based upon a customized version of the originally proposed Contractors' COTS software. NOTE: The testing of individual components must be conducted by Contractor as part of the Programming Modification effort. To the extent possible, the County will participate in testing. Based upon the testing results and the County's input, Contractor must make all changes required and resolve all issues.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

--

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

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\*ATTACH ADDITIONAL PAGES AS NECESSARY



## **REQUIRED FORMS – EXHIBIT 10**

### **STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 10

**TASK TITLE:** Training and Documentation

**TASK NARRATIVE:** Contractor must design the Training and Documentation process to ensure successful planning and delivery of training before Final System Acceptance. This involves creating a comprehensive training and documentation plan based on the strategies outlined in Paragraph 5.1.10 (Training and Documentation Strategy, Updated). The plan should include the development of training materials and the provision of training for end-users, system administrators, and application administrators. Additionally, Contractor must prepare documentation to support system operation, user desk references, and application administration.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

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\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 11

**TASK TITLE:** Establish the Production, Test, and Failover Environments

**TASK NARRATIVE:** Contractor must establish the Production, Test/Training, and Failover Environments based on the specifications in the TAD and IAD. Contractor must ensure that the cloud-based services are appropriately configured and managed to support these deployments.

**PROPOSER’S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 12

**TASK TITLE:** Solution Go-Live

**TASK NARRATIVE:** Contractor must execute the approved cutover strategy as defined and presented in the AID. Contractor must update the IAD as necessary, or at the direction of County Project Manager. Contractor and the County will coordinate all the steps required for the ABIS Solution's Go-Live. All ABIS Interfaces identified as required at Go-Live must be operational and Deficiency-free.

**PROPOSER'S UNDERSTANDING OF TASK:**

**HOW STATEMENT:**

***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

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\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 13

**TASK TITLE:** Solution Warranty Period and Final Acceptance

**TASK NARRATIVE:** Contractor must maintain and support the ABIS Solution during the Warranty Period upon Go-Live.

**PROPOSER’S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 14

**TASK TITLE:** Post-Implementation Maintenance and Support [Ongoing]

**TASK NARRATIVE:** Contractor must provide post-implementation M&S Services as specified in Exhibit C (Service Level Agreement) to the Contract, for the valuable consideration as specified in Exhibit I (Pricing Schedule) to the Contract.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

**REQUIRED FORMS – EXHIBIT 10**

**STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

**TASK NUMBER:** 15

**TASK TITLE:** Post-Implementation Professional Services, As-Needed

**TASK NARRATIVE:** Contractor must deliver as-needed Professional Services to provide Optional Work which may include, among other things, additional training. The Optional Work process as defined in Paragraph 3.3.4 (Optional Work) of the Contract.

**PROPOSER'S UNDERSTANDING OF TASK:**

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**HOW STATEMENT:**

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***Assumptions:***

☐

***Resource Allocations:***

☐

***Timeline to Completion:***

☐

\*ATTACH ADDITIONAL PAGES AS NECESSARY

## **REQUIRED FORMS – EXHIBIT 10**

### **STATEMENT OF WORK RESPONSE FORM AND CERTIFICATION**

Please complete, date and sign this form. The person signing the form must be authorized to certify on behalf of Proposer.

I certify on behalf of Proposer that (check applicable box and sign below):

- ☐ Proposer: (i) agrees to provide all Tasks, Subtasks, deliverables, goods, Services and other Work as specified in Exhibit A (Statement of Work) and Attachment A.1 (Tasks and Deliverables) to the RFP, as such may be modified by the County following the release of the RFP prior to the commencement of contract negotiations or execution of the resultant contract, and (ii) must not raise any exceptions or objections to such Statement of Work, as such may be modified by the County, if the County elects to negotiate with Proposer and award Proposer the resultant contract.
- ☐ Proposer: (i) proposes revisions to Exhibit A (Statement of Work) and Attachment A.1 (Tasks and Deliverables) to the RFP in accordance with Paragraph 7.6.7 [Exceptions to Terms and Conditions of Contract and/or Requirements of Statement of Work and Attachments (Section E)] of the RFP, while preserving the scope and format of the Statement of Work and its Tasks and Deliverables, which proposed revisions are attached to Proposer's Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer's evaluation score, as further specified in Paragraph 7.6.7.5 [Statement of Work (Section E.2)] of the RFP.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORM - EXHIBIT 11**

**SOLUTION ENVIRONMENT AND SOFTWARE DELIVERY  
LIST AND SPECIFICATION SHEET**

**Revised Under Bulletin #4**

Proposer must list all Solution environment and software specifications required for the ABIS Solution, where such specifications substantiate Proposer's pricing quoted in Exhibit 9 (Cost Proposal Form) of Appendix B (Required Forms) to the RFP.

Item #	Cloud Environment Components	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
1.	<b>CJIS-Compliant Cloud Infrastructure for Primary environment(s):</b> <ul style="list-style-type: none"><li>• Production</li><li>• Test/Train</li></ul>			Requirement # TE-176
	• Compute Instances *			
	• Network Infrastructure			
	• Immutable Cloud Backup			
	• Load Balancers			
	• Firewalls			
	• Storage Solutions			
2.	<b>CJIS-Compliant Cloud Infrastructure for Secondary environment(s):</b> <ul style="list-style-type: none"><li>• Recovery</li></ul>			Requirement # TE-197
	• Compute Instances *			
	• Network Infrastructure			
	• Immutable Cloud Backup			
	• Load Balancers			
	• Firewalls			
	• Storage Solutions			
3.	<b>Direct Network Connections to Cloud Sites</b>			Requirement # TE-206

\* Compute Instances required for running key components such as ABIS, databases, web applications, interfaces, report servers, audit history, and dashboards.



**REQUIRED FORM - EXHIBIT 11**

**SOLUTION ENVIRONMENT AND SOFTWARE DELIVERY  
LIST AND SPECIFICATION SHEET**

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
4.	<b>Cloud Software for Primary and Secondary environments:</b> <ul style="list-style-type: none"> <li>• Production</li> <li>• Recovery</li> <li>• Test/Train</li> </ul>			Requirement # TE-176
	• ABIS Solution Software			
	(a) Core Functionality			
	(b) Additional Modules			
	(c) Custom Integrations			
	• Operating System (O/S) Software			
	• Database Software			
	• Report Writer Software			
	• Interface Engine Software			
	• Dashboard monitoring Software			
	• Email Notification Software			
	• Facial Recognition Algorithm Software (Subscription License)			
	• Fingerprint Algorithm Software (Subscription License)			
	• Pattern-Matching Algorithm for SMTs Software (Subscription License)			
5.	<b>Other-Specify</b>			
6.	“Biometric Workstations (Including ABIS			Requirement # TE-35

**REQUIRED FORM - EXHIBIT 11**

**SOLUTION ENVIRONMENT AND SOFTWARE DELIVERY  
LIST AND SPECIFICATION SHEET**

<b>Item #</b>	<b>System Component Description</b>	<b>Qty/ Unit</b>	<b>Make/Model/ Version and Part #</b>	<b>Component Specifications</b>
	Solution/License/3 <sup>rd</sup> Party Software))			
	<ul style="list-style-type: none"><li>• Tenprint BW (Finger and Palm)</li></ul>			
	<ul style="list-style-type: none"><li>• Latent BW (Finger and Palm)</li></ul>			
	<ul style="list-style-type: none"><li>• Tenprint &amp; Latent BW (Finger and Palm)</li></ul>			
	<ul style="list-style-type: none"><li>• Virtual Workstation</li></ul>			
	Touchscreen Monitor			
	Flatbed Scanner			
	UPS			
	Printers			

**(Add additional rows as needed)**

**REQUIRED FORM - EXHIBIT 11**

**SOLUTION ENVIRONMENT 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 in this Exhibit 11, will meet or exceed the stated in Attachment C.1 (Solution Response Time-Requirements) to Exhibit C (Service Level Agreement) for a period of five years from Final Acceptance based on LACRIS' volume and anticipated growth stated in Paragraph 3.0 (Legacy System(s) to be Replaced) of Exhibit A (Statement of Work).

<b>Name of Firm:</b>	
<b>Name of Authorized Representative:</b>	
<b>Title:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**REQUIRED FORMS – EXHIBIT 12**  
**SAMPLE CONTRACT CERTIFICATION**

Proposer's Name: \_\_\_\_\_

Please complete, date, and sign this form. The person signing the form must be authorized to certify on behalf of Proposer.

I certify on behalf of Proposer that (check applicable box and sign below):

- ☐ Proposer: (i) accepts all terms and conditions specified in Appendix A (Sample Contract) to the RFP including all Appendices, Exhibits, Attachments, and Schedules thereto, as such may be modified by the County following the release of the RFP prior to the commencement of contract negotiations or execution of the resultant contract, and (ii) must not raise **any** exceptions or objections to the Sample Contract, as such may be modified by the County, if the County elects to negotiate with Proposer and award Proposer the resultant contract.
- ☐ Proposer: (i) takes exceptions and proposes revisions to Appendix A (Sample Contract) to the RFP or to any of the Appendices, Exhibits, or Attachments attached thereto in accordance with Paragraph 7.6.7 [Exceptions to Terms and Conditions of Contract and/or Requirements of Statement of Work and Attachments (Section E)] of the RFP, which exceptions and proposed revisions are attached to Proposer's Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such exceptions and/or proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer's evaluation score, as further specified in Paragraph 7.6.7.5 [Statement of Work (Section E.2)] of the RFP.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**REQUIRED FORMS - EXHIBIT 13**  
**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**  
**FISCAL ADMINISTRATION**  
**CONTRACTS UNIT**



**CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

---

Project Number: **729-SH** Project Title: **AUTOMATED BIOMETRIC IDENTIFICATION SYSTEM**

This Confidentiality and Non-Disclosure Agreement (NDA) is intended to protect, in part, the integrity of the contracting process associated with this project as well as various proprietary confidential law enforcement materials developed by the County of Los Angeles (County), Sheriff's Department.

The County strives to ensure that there is no actual or perceived conflict of interest or bias in the contracting process. The County also strives to ensure that the County's proprietary confidential materials so-identified by the County and received by prospective Proposer or its employees or agents during or after the proposal submission process, remain confidential and are not disclosed, published, nor made available to any third party in any form.

By signing this NDA, I hereby certify and acknowledge on behalf of Proposer the following:  
Initials of Authorized Representative

\_\_\_\_\_ I hereby agree that NO confidential County materials associated with this project received by me, or our company, at the Mandatory Proposers' Conference or at any time thereafter, no matter how trivial, must be directly or indirectly communicated by Proposer to any third party in any form, nor to any persons employed by Proposer who are not directly engaged in contributing to the proposal submission process for the subject project.

\_\_\_\_\_ I further agree, in the event of inadvertent disclosure, Proposer must immediately notify the Department's Contracts Unit. In the event of a need to disclose such information or materials to a third party not directly engaged in the proposal submission process, Proposer must immediately notify and seek approval from the Contracts Unit prior to such disclosure.

**I HAVE READ AND UNDERSTOOD THE ABOVE, AND HEREBY AGREE TO COMPLY WITH THE TERMS OF THIS NDA:**

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of its Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Role On Project

**REQUIRED FORMS – EXHIBIT 14**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-14 IS TRUE AND CORRECT AND I AM AN AUTHORIZED REPRESENTATIVE OF RESPONDENT.**

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

NAME OF FIRM:	DATE:
NAME OF ITS AUTHORIZED REPRESENTATIVE:	TITLE:
SIGNATURE:	ROLE ON PROJECT: