

# **APPENDIX B REQUIRED FORMS**

## **REVISED UNDER BULLETIN #3**

### **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
- 7) Proposer's List of References
- 8) Contribution and Agent Declaration Form
- 9) Price Sheet – Revised Under Bulletin #3
- 10) Application for Exemption
- 11) Staffing Plan
- 12) Budget Sheet
- 13) Proposer Information Sheet – Revised Under Bulletin #3
- 14) Declaration - Revised Under Bulletin #2

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

**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>
7	<p>List all names and contact information of all individuals legally authorized to commit 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>

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

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

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

**OR**

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

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

**REQUIRED FORMS – EXHIBIT 4**  
**DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

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

<b>1. DEBARMENT HISTORY (Check one)</b>	<b>YES</b>	<b>NO</b>
Proposer is currently debarred by a public entity	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:		
<b>2. LIST OF TERMINATED CONTRACTS (Check one)</b>	<b>YES</b>	<b>NO</b>
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 within the last three years prior to expiration.

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**

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

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

<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 6**  
**MINIMUM MANDATORY REQUIREMENTS**

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) (MMR)	Complies with M/R	
		Yes	No
	<b>Armed and Unarmed Security Guard Services</b>		
3.1	<p>Proposer must have a minimum of five consecutive years' experience, within the last seven years, providing both armed and unarmed security guard services equivalent or similar to the services identified in Exhibit A (Statement of Work) to this RFP.</p> <p>Proposer's five consecutive years' of experience must have been providing a minimum of 300 armed and unarmed Security Guards, located in one or multiple Locations.</p> <p>Proposer must provide reference(s) that verify this minimum mandatory requirement and include complete start dates, complete end dates, name of agency, number of armed and unarmed Security Guards, and a description of services provided.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<p>Proposer must have a minimum of five consecutive years' experience, within the last seven years, providing both armed and unarmed security guard services to at least one of the following facilities: a health facility, health clinic for mental or behavioral health, or either a correctional or custody facility.</p> <p>Proposer must provide reference(s) to verify this minimum mandatory requirement and include complete start dates, complete end dates, name of agency, number of armed and unarmed Security Guards, and a description of services provided.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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

No.	Minimum Mandatory Requirement(s) (MMR)	Complies with M/R	
		Yes	No
	<b>Armed and Unarmed Security Guard Services</b>		
3.3	<p>Proposer must have the capability to provide a minimum of ten percent additional Security Guards and Security Guard Supervisors who are trained, certified, and equipped to be deployed at Locations within the County, and throughout the term of the Contract.</p> <p>Verification of this minimum mandatory requirement will be conducted with a review of Proposer's submitted Exhibit 12 (Staffing Plan) for the concerned Area.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	<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 questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00. Costs include those 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 the County.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Proposer must provide three references from different companies where the same or similar scope of services were provided during the previous seven years. Although one reference may satisfy both requirements listed under Paragraphs 3.1 and 3.2 of Paragraph 3.0 (Minimum Mandatory Requirements) of the RFP, a total of three references from different companies are still required for evaluation. Proposer must provide a comprehensive reference list and ensure the accuracy of the information provided below.

<b>REFERENCE ONE</b>	Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm
Service Type:	
Contract Term:	
Start Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
E-mail Address:	

<b>REFERENCE TWO</b>	Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm
Service Type:	
Contract Term:	
Start Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
E-mail Address:	

<b>REFERENCE THREE</b>	Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm
Service Type:	
Contract Term:	
Start Date (Month/Year):	
End Date (Month/Year):	
Contract Amount:	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
E-mail Address:	

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

**Instructions for Completing  
REQUIRED FORMS – 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 (Board), 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 Proposer, any paid agent of the Proposer, 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 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:

\_\_\_\_\_

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 shareholder(s), identify the majority shareholder.

\_\_\_\_\_

**REQUIRED FORMS – EXHIBIT 8**

**CONTRIBUTION AND AGENT DECLARATION FORM**

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

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

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- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.
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**REQUIRED FORMS – EXHIBIT 8**  
**CONTRIBUTION AND AGENT DECLARATION FORM**

**B. CONTRIBUTIONS**

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

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

- 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(s), if necessary.

**REQUIRED FORMS – EXHIBIT 8**

**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.

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

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about the requested 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 Board, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about the requested Contract, 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 8**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**INDIVIDUAL BIDDERS OR APPLICANTS**

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

NORTH AREA - SPAS ONE, TWO, THREE, FOUR, AND FIVE

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	556.19	6674.28		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	7439.05	89266.60		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	958.00	11496.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	556.19	6674.28		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
North Area - SPA One Projected Totals	9509.43	114113.16		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	869.05	10428.60		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	8412.38	100948.56		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	1462.62	17551.44		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	708.27	8499.24		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
North Area - SPA Two Projected Totals	11452.32	137427.84		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	347.62	4171.44		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	1564.29	18771.48		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	383.00	4596.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	1460.00	17520.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
North Area - SPA Three Projected Totals	3754.91	45068.92		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

REQUIRED FORMS - EXHIBIT 9  
PRICE SHEET

NORTH AREA - SPAS ONE, TWO, THREE, FOUR, AND FIVE

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	3893.33	46719.96		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	12444.76	149337.12		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	2989.62	35875.44		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	903.81	10845.72		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
North Area - SPA Four Projected Totals	20231.52	242778.24		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	521.43	6257.16		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	2085.71	25028.52		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	316.00	3792.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	4623.33	55479.96		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
North Area - SPA Five Projected Totals	7546.47	90557.64		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



REQUIRED FORMS - EXHIBIT 9  
PRICE SHEET

SOUTH AREA - SPAS THREE, FOUR, FIVE, SIX, SEVEN, AND EIGHT

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	1251.43	15017.16		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	2294.29	27531.48		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	480.00	5760.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	730.00	8760.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
South Area - SPA Three Projected Totals	4755.72	57068.64		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	695.24	8342.88		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	3754.29	45051.48		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	524.00	6288.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	486.67	5840.04		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
South Area - SPA Four Projected Totals	5460.20	65522.40		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	1049.43	12593.16		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	736.57	8838.84		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	204.00	2448.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol		0.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
South Area - SPA Five Projected Totals	1990.00	23880.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

REQUIRED FORMS - EXHIBIT 9  
PRICE SHEET

SOUTH AREA - SPAS THREE, FOUR, FIVE, SIX, SEVEN, AND EIGHT

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	3302.38	39628.56		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	10741.43	128897.16		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	3244.81	38937.72		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol		0.00		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
South Area - SPA Six Projected Totals	17288.62	207463.44		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	2042.26	24507.12		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	13174.76	158097.12		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	2252.82	27031.44		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol	2442.02	29304.24		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
South Area- SPA Seven Projected Totals	19911.66	238939.92		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	HOURLY RATE	1ST ANNUAL	HOURLY RATE	2ND ANNUAL	HOURLY RATE	3RD ANNUAL	HOURLY RATE	4TH ANNUAL	HOURLY RATE	5TH ANNUAL	HOURLY RATE	1ST OPTION	HOURLY RATE	2ND OPTION	
Unarmed Security Guard	2676.67	32120.04		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Armed Security Guard	6500.48	78005.76		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Security Guard Supervisor	1320.81	15849.72		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
Vehicle Patrol		0.00		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -
South Area - SPA Eight Projected Totals	10497.96	125975.52		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	\$ -

REQUIRED FORMS - EXHIBIT 9  
PRICE SHEET

SOUTH AREA - SPAS THREE, FOUR, FIVE, SIX, SEVEN, AND EIGHT

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2		CONTRACT TOTAL
	MONTHLY	ANNUAL	1ST ANNUAL	2ND ANNUAL	3RD ANNUAL	4TH ANNUAL	5TH ANNUAL	1ST OPTION		2ND OPTION							
								HOURLY OT RATE	ANNUAL	HOURLY OT RATE	ANNUAL						
Unarmed Security Guard	11017.41	132208.92	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	37201.82	446421.84	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	8026.24	96314.88	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol	3658.69	43904.28	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
South Area - SPAs Three, Four, Five, Six, Seven, and Eight Projected Totals	59904.16	718849.92	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

POSITION	PROJECTED HOURS		1ST YEAR TOTAL		2ND YEAR TOTAL		3RD YEAR TOTAL		4TH YEAR TOTAL		5TH YEAR TOTAL		OPTION PERIOD 1		OPTION PERIOD 2	
	MONTHLY	ANNUAL	1ST ANNUAL	2ND ANNUAL	3RD ANNUAL	4TH ANNUAL	5TH ANNUAL	1ST OPTION		2ND OPTION						
								HOURLY OT RATE	ANNUAL	HOURLY OT RATE	ANNUAL					
Unarmed Security Guard	1234.74	14816.88	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Armed Security Guard	5592.59	67111.08	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Security Guard Supervisor	86.90	1042.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Patrol		0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
South Area Overtime Rates - SPAs Three, Four, Five, Six, Seven, and Eight Projected Totals	6914.23	82970.76	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**REQUIRED FORMS – EXHIBIT 10**

**APPLICATION FOR EXEMPTION  
LIVING WAGE PROGRAM**

The Contract to be awarded pursuant to the County's Request for Proposals (RFP) No. 692-SH is subject to the County of Los Angeles Living Wage Program (LW Program) ([Los Angeles County Code, Chapter 2.201](#)). Contractors and Subcontractors must apply individually for consideration for an exemption from the LW Program. To apply, Contractors must complete and submit this form with supporting documentation to the County by the due date set forth in the RFP. Upon review of the submitted Application for Exemption, the County will determine, in its sole discretion, whether Contractor and/or Subcontractor is/are exempt from the LW Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
My business has received an aggregate sum of less than \$25,000 during the preceding 12 months under one or more Proposition A contracts and/or cafeteria services contracts, including the proposed contract amount.		<input type="checkbox"/> Yes <input type="checkbox"/> No

**I am requesting an exemption from the LW Program for the following reason(s) (*attach all documentation that supports your claim to this form*). Please check all that apply:**

- My business is subject to or intends to enter into a bona fide Collective Bargaining Agreement (*attach agreement*); **AND**
  - the Collective Bargaining Agreement expressly provides that it supersedes all the provisions of the Living Wage Program, **OR**
  - the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement).



**REQUIRED FORMS – EXHIBIT 12  
SAMPLE BUDGET SHEET**

**Proposer:** \_\_\_\_\_

**AREA (NORTH OR SOUTH):** \_\_\_\_\_

**DIRECT COST** (List each staff classification)

Payroll Title	FTE*	Hourly Rate	Monthly Salary
Employee Classification		\$0.00	\$0.00
Employee Classification		\$0.00	\$0.00
Others (Please continue to list)		\$0.00	\$0.00
<b>Total Salaries and Wages</b>			<b>\$0.00</b>

\*FTE = Full Time Equivalent Positions.

Employee Benefits	No. of Employees	Monthly Cost per FTE	Total Monthly Cost
Medical Insurance (ACA gold plan coverage)		\$0.00	\$0.00
Dental Insurance		\$0.00	\$0.00
Life Insurance		\$0.00	\$0.00
Other (list)		\$0.00	\$0.00
<b>Total Benefits</b>			<b>\$0.00</b>

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)	
	\$0.00
	\$0.00
	\$0.00
<b>Total Payroll Taxes</b>	<b>\$0.00</b>

Insurance (List Type/Coverage. See Contract, Paragraph 8.25, Insurance Coverage Requirements)	
	\$0.00
	\$0.00
	\$0.00
Vehicles	\$0.00
Supplies	\$0.00
Services	\$0.00
Office Equipment	\$0.00
Telephone/Utilities	\$0.00
Other (please continue to list)	\$0.00
<b>Total Insurance/Misc. S &amp; S</b>	<b>\$0.00</b>

**TOTAL DIRECT COSTS** \_\_\_\_\_ **\$0.00**

**INDIRECT COST** (List all appropriate)

General Accounting/Bookkeeping	\$0.00
Management Overhead (Specify)	\$0.00
Other (Specify)	\$0.00

**TOTAL INDIRECT COSTS** \_\_\_\_\_ **\$0.00**

**TOTAL DIRECT AND INDIRECT COST** \_\_\_\_\_ **\$0.00**

PROFIT (Please enter percentage) 0.00% \_\_\_\_\_ **\$0.00**

**TOTAL MONTHLY COSTS** \_\_\_\_\_ **\$0.00**

**REQUIRED FORMS – EXHIBIT 13  
COMPANY INFORMATION SHEET**

**Company Name:** \_\_\_\_\_

Please provide the information requested below.

**PART A**

Is your company unionized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What are the current hourly wages and/or wage scales?		
Are healthcare benefits currently provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are dental benefits currently provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are retirement benefits currently provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(If yes to any of the three questions, please complete Part B below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PART B**

<b>Healthcare (name):</b> _____	
Affordable Care Act Benefits Tier Level:	<input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM <input type="checkbox"/> OTHER: _____
Is healthcare insurance 100% employer-paid for full-time employees and their dependents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employees participating in the Affordable Care Act health insurance pay 9.02% of their gross wages.	
<b>Dental (name):</b> _____	
<b>Retirement (457/401, other):</b> Employees can also participate in an employer sponsored 401K plan.	
<b>Paid Time Off:</b> (Check all that apply)	<input type="checkbox"/> Five or more paid sick days per year. <input type="checkbox"/> Six or more paid holidays per year. <input type="checkbox"/> Five or more vacation days per year. <input type="checkbox"/> Other: _____
<b>Additional Comments/Information:</b>  	

**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 1-13 IS TRUE AND CORRECT AND I AM AN AUTHORIZED REPRESENTATIVE OF RESPONDENT.**

<b>PRINT NAME:</b>	<b>TITLE</b>
<b>SIGNATURE:</b>	<b>DATE:</b>

<b>NAME OF FIRM:</b>	<b>DATE:</b>
<b>NAME OF ITS AUTHORIZED REPRESENTATIVE:</b>	<b>TITLE:</b>
<b>SIGNATURE:</b>	<b>ROLE ON PROJECT:</b>