

# APPENDIX B REQUIRED FORMS

## REVISED UNDER BULLETIN #4

### 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
- 10 Virtual Hardware and Software Delivery List and Specifications Sheet
- 11 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions [45 C.F.R. Part 76]
- 12 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>

1	<b>Select the option that best defines your firm's business structure:</b>  <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): _____  State of Incorporation: _____  Year of Incorporation: _____  <b>If Limited Partnership or a Sole Proprietorship:</b> Name of proprietor or managing partner: _____  <b>If other:</b> Specify business structure name: _____								
2	<b>Is your firm doing business under one or more DBA's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____  Country of Registration: _____  Year became DBA: _____								
3	<b>Is your firm wholly/majority owned by, or a subsidiary of another firm?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name of Parent Firm and State of Incorporation.  Name of Parent Firm: _____  State of Incorporation or registration of parent firm: _____								
4	<b>Has your firm done business under other names within last five years?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate any other names and the year of name change.  <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Name(s):</td> <td style="width: 30%;">Year(s) of Name Change:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name(s):	Year(s) of Name Change:	_____	_____	_____	_____	_____	_____
Name(s):	Year(s) of Name Change:									
_____	_____									
_____	_____									
_____	_____									

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>	<hr/> <hr/> <hr/> <hr/>
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> <hr/> <hr/> <hr/> <hr/>
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>Email: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

**REQUIRED FORMS – EXHIBIT 2**  
**CERTIFICATION OF COMPLIANCE**

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed 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/Grow 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/GROW 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> <hr/>

**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)**

<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 will 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:			

**REQUIRED FORMS – EXHIBIT 5**

Instructions for Completing Required Form 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: 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: 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 County's sole judgment and its judgment will be final.

**REQUIRED FORMS – EXHIBIT 5**

**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

TITLE		REFERENCE			
1 FIRM / ORGANIZATION INFORMATION		The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation, or disability.			
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"/>	<b>Check if not applicable</b>			
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

**REQUIRED FORMS - EXHIBIT 6**

**MINIMUM MANDATORY REQUIREMENTS (MMRs)**

Revised Under Bulletin #4

Proposer acknowledges and certifies that it meets and will comply with Proposer’s Minimum Mandatory Requirements indicated below and as stated in Paragraph 4.0 [Minimum Mandatory Requirements (MMRs)] of the RFP.

No.	Minimum Mandatory Requirements (MMRs)	Complies with MMR	
		Yes	No
	<b>Proposer’s Minimum Mandatory Requirements</b>		
1	<p>Proposer must be a current established developer, proprietor, integrator, and provider of a COTS Cloud-based Defense and Law Enforcement Solution for a minimum of three years, within the last five years, as outlined in Paragraph 10.0 (Project Assumptions-General) of Exhibit A (Statement of Work) and Exhibit C (Service Level Agreement) to Appendix A (Sample Contract) to this RFP.</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 Solution must currently be in production use and supported by Proposer’s maintenance program with one or more agency(ies), supporting more than 1,000 sworn officers (concurrent users), for at least five cumulative years. 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 fusion center of 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	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 that have been identified by the Auditor-Controller, in an amount over \$100,000. Cost are those that are confirmed to be disallowed cost 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.	<input type="checkbox"/>	<input type="checkbox"/>
Proposer's Solution's Minimum Mandatory Requirements			
4	Proposer's Solution must be Criminal Justice Information Services (CJIS) and Criminal Offender Record Information (CORI) compliant: <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> <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>	<input type="checkbox"/>	<input type="checkbox"/>
5	Proposer's Solution must have a search feature that supports both Boolean logic and a search interface that catalogs and returns relevant data from all law enforcement agencies integrated into the Solution.	<input type="checkbox"/>	<input type="checkbox"/>
6	Proposer's Solution must include a map or graph feature with the "Search Around" capability, allowing users to enter an entity and search within a specific area to determine if other entities or activities have occurred in the same area and/or are associated with an entity.	<input type="checkbox"/>	<input type="checkbox"/>
7	Proposer's Solution must have the ability to search within documents (e.g., PDFs, Microsoft Word, etc.), news articles, social media entries, or email for keywords such as "People of Interest," "Cars," "Businesses," "Events," "Trends," etc., and perform a Boolean search as referenced in Paragraph 4.2.2 above.	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIRED FORMS – EXHIBIT 7**  
**PROPOSER’S LIST OF REFERENCES**

**Proposer's Name:**

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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 4.0 [Minimum Mandatory Requirements (MMRs)] 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.

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

**REQUIRED FORMS – EXHIBIT 7**  
**PROPOSER’S LIST OF REFERENCES**

LAW ENFORCEMENT AGENCY #3	
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	

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.*

Instructions for Completing  
**REQUIRED FORM 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:

\_\_\_\_\_  
\_\_\_\_\_

Instructions for Completing  
**REQUIRED FORM 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.

Instructions for Completing  
**REQUIRED FORM 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.

Instructions for Completing  
**REQUIRED FORM 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)

**PROPOSER'S INSTRUCTIONS:**

Section C.2 (Statement of Work) of the RFP required Proposers to provide a response to Attachment A.1 (Tasks and Deliverables) to Appendix A (Statement of Work). Proposers are instructed to complete this Exhibit 9 ensuring that the Tasks and Deliverables listed below align with their response to Attachment A.1 (Tasks and Deliverables) including any alternative or additional Tasks proposed.

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

Proposer's Name:							Proposer's Comments
Line #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)	
1	SOW Deliverables	Deliverable 1 – Completed Project Control Document	1	LOT		\$ -	
2		Deliverable 2 – Ongoing Project Management **	1	LOT	Included / Not Billable	\$ -	
3		Deliverable 3.1 – Requirements Review	1	LOT		\$ -	
4		Deliverable 3.2 – Completed Requirements Review and Demonstration/Gap Analysis	1	LOT		\$ -	
5		Deliverable 4 – Completed Infrastructure and Technical Assessment	1	LOT		\$ -	
6		Deliverable 5 – Completed Implementation Assessment Document	1	LOT		\$ -	
7		Deliverable 6 – Completed Customized COTS Solution Design Review and Final Design	1	LOT		\$ -	
8		Deliverable 7.1 – Pre-Production Environment Established	1	LOT		\$ -	
9		Deliverable 7.2 – Contractor's Customized COTS Solution Completed	1	LOT		\$ -	
10		Deliverable 7.3 – Contractor's Customized COTS Solution Reviewed/Approved/Certified	1	LOT		\$ -	
11		Deliverable 8.1 – Initial 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 – Completed Integration Tests and Certification	1	LOT		\$ -	
16		Deliverable 9.4 – Completed Initial Operational Readiness Tests and Certification	1	LOT		\$ -	
17		Deliverable 9.5 – Completed Performance Tests and Certification	1	LOT		\$ -	
18		Deliverable 9.6 – Completed and Certified Acceptance Tests and Certification	1	LOT		\$ -	
19		Deliverable 10 .1– Training and Test 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 – Training/Test Environment Established	1	LOT		\$ -	
24		Deliverable 12 – Certification of Production Solution	1	LOT		\$ -	
25		Deliverable 13.1 – Solution Go-Live Completed	1	LOT		\$ -	
26		Deliverable 13.2 – Warranty Period: Maintenance and Support Completed	1	LOT		\$ -	
27		Deliverable 13.3 – Transfer of Solution Administration Responsibilities	1	LOT		\$ -	
28		Deliverable 13.4 – Final Acceptance Certificate	1	LOT		\$ -	
29		Deliverable 14 – Post-Implementation Support	1	LOT		\$ -	
30		Deliverable 15 – Post-Implementation Training Conducted	1	LOT		\$ -	
31					<b>TOTAL</b>	<b>\$ -</b>	

\* Cost - there will be a 20% holdback on all Deliverables, due upon Final Acceptance.  
 \*\* Ongoing Project Management must be included in this implementation engagement.

## REQUIRED FORMS - EXHIBIT 9

### Cost Proposal Form (Page 2 of 4)

### Hardware / Software

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	Virtual Hardware	Primary CJIS-Compliant Cloud Environment (Please refer to Task 7 and 12)	1	LOT		\$ -	
2		Secondary CJIS-Compliant Cloud Environment (Please refer to Task 11)	1	LOT		\$ -	
3		Direct Network Connection to the Cloud and County's Data Centers (Initial Setup)	1	LOT		\$ -	
4						\$ -	
5						\$ -	
6						\$ -	
7						\$ -	
					<b>Subtotal</b>	\$ -	
8	Software	3rd Party Software (e.g., OS), for both Primary and Secondary Data Centers	1	LOT		\$ -	
9		Software for Primary and Secondary Sites for three environments (Production, Recovery, and Test/train at LASD Data Center)	1	LOT		\$ -	
10		Database Software	1	LOT		\$ -	
11		Anti-Virus Software	1	LOT		\$ -	
12		Report Writer Software	1	LOT		\$ -	
13		Laterface Engine Software	1	LOT		\$ -	
14		Dashboard Monitoring				\$ -	
15		Email Notifications				\$ -	
16		Other - Specify				\$ -	
					<b>Subtotal</b>	\$ -	
17					<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 virtual Hardware and Software listed on Page 2 (Hardware\_Software) of this Cost Proposal form.

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	
1	Virtual Hardware	Primary CJIS-Compliant Cloud Environment											
2		Secondary CJIS-Compliant Cloud Environment											
3		Direct Network Connection to the Cloud and County's Data Centers											
4													
5													
6													
7													
8													
9													
10													
11													
<b>Subtotal</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12	Software	3rd Party Software (e.g., OS), for both Primary and Secondary Data Centers											
13		Software for Primary and Secondary Sites for three environments (Production, Recovery, and Test/train at LASD Data Center)											
14		Database Software											
15		Anti-Virus Software											
16		Report Writer Software											
17		Laterface Engine Software											
21		Dashboard Monitoring											
22		Email Notifications											
23		Other - Specify											
24													
<b>Subtotal</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25	Misc.												
26													
27													
28													
29													
<b>Subtotal</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
30	<b>TOTAL</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	<b>GRAND TOTAL</b>
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31	Software Engineering Services - Fixed Hourly Rate				Per Hour	\$ -							
32	Hardware Refresh (Year 4) 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 10**

**VIRTUAL HARDWARE AND SOFTWARE  
DELIVERY LIST AND SPECIFICATIONS SHEET**

Proposer must list all virtual hardware and software specifications required for the Defense and Law Enforcement Solution, where such specifications substantiate Proposer’s pricing quoted in Exhibit 9 (Cost Proposal Form) of Appendix B (Required Forms) to the RFP.

Item #	System Component Description	Qty/ Unit	Make/Model/ Version and Part #	Component Specifications
	Primary and Secondary CJIS-Compliant Cloud Solution for Production, Recovery, and Test/Train Environment			
1.	Cloud Servers			
2.	Software for Primary and Secondary Sites for three environments (Production, Recovery, and Test/Train at LASD Data Center.)			
3.	O/S Software			
4.	Database Software			
5.	Anti-Virus Software (McAfee Endpoint security provided by County for Primary Site)			
6.	Report Writer Software			
7.	Interface Engine Software			
8.	Dashboard monitoring			
9.	Email Notifications			
10.	Direct Network Connection from the Cloud to the County’s Data Center			
11.	Other- Specify			

**(Add more rows if needed)**

\*Cloud servers needed for Proprietary Defense and Law Enforcement Solution, Database, Web Apps, Interfaces, Report Server, Audit History, Dashboard, etc.

Los Angeles County  
Sheriff’s Department

Defense and Law Enforcement Solution  
Appendix B – Required Forms  
RFP 730-SH

**PROPOSER'S ATTESTATION:**

I hereby attest that the hardware and software to be delivered to the County, including all specifications detailed above, will meet or exceed the stated in Schedule C.2 (Solution Response-Time Requirements) to Exhibit C (Service Level Agreement) for the Term of the Contract.

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

## **REQUIRED FORMS – EXHIBIT 11**

### **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)**

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer must provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it must not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Contract, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing will be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under Paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its Subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer must attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation must describe the specific circumstances concerning the inability to certify. It further must identify any owner, officer, partner, director, or other principal of the Proposer and/or Subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation must provide that person's or those persons' job description(s) and function(s) as they relate to the Contract which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

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

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

PRINTED NAME: \_\_\_\_\_

TITLE OF ITS AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

**REQUIRED FORMS – EXHIBIT 12**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-11 IS TRUE AND CORRECT.**

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

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