

APPENDIX B

REQUIRED FORMS

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REQUIRED FORMS – EXHIBIT 1
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Proposer Name:	County Webven Number:
Address:	
Telephone Number:	Email:
Unique Entity Identifier (UEI):	California Business License Number:
Internal Revenue Service Employer Identification Number:	

1	<p>Select the option that best defines your firm's business structure:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Franchise</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC):</p> <p>Legal Name (as stated in Articles of Incorporation):</p> <p>_____</p> <p>State of Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship:</p> <p>Name of proprietor or managing partner:</p> <p>_____</p> <p>If other specify business structure name:</p> <p>_____</p>
2	<p>Is your firm doing business under one or more DBAs?</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>
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm:</p> <p>_____</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> <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>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	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250 LACC 8.300	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Attestation of Willingness to Consider GAIN/START Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
6	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <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	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <hr/> <hr/> <hr/>

REQUIRED FORMS – EXHIBIT 3

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Proposers requesting preference consideration must complete and include this form in its proposal. Proposers may request consideration for one or more preference programs. **To qualify for preference, firm must be certified by the County of Los Angeles. Please reference your Certification Letter issued by the County 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	<u>LACC 2.204</u>
<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	<u>LACC 2.205</u>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<u>LACC 2.211</u>

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 (Check one)		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 (Check one)		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.			
Service:			
Name of Entity:			
Address:			
Contact:			
Telephone:			
Email:			
Termination Date:			
Name/Contract No:			
Reason(s) for Termination:			
Service:			
Name of Entity:			
Address:			
Contact:			
Telephone:			
Email:			
Termination Date:			
Name/Contract No:			
Reason(s) for Termination:			
Service:			
Name of Entity:			
Address:			
Contact:			
Telephone:			
Email:			
Termination Date:			
Name/Contract No:			
Reason(s) for Termination:			

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.

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

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with its proposal are made, its 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/Proposer 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

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

No.	Minimum Mandatory Requirements (MMR)	Complies with MMR	
		Yes	No
3.1	Proposer must demonstrate a minimum of five years’ experience, within the last ten years, directly providing comprehensive fleet services for a fleet of at least 500 vehicles at no less than one repair location. Such experience must include servicing a minimum of 50 police emergency response vehicles.	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Proposer must demonstrate a minimum of one year of experience, within the last five years, directly providing comprehensive fleet services at no less than three repair locations simultaneously, servicing a combined total of at least 500 vehicles.	<input type="checkbox"/>	<input type="checkbox"/>
3.3	If Proposer’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00. Costs that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for a period of 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"/>

REQUIRED FORMS – EXHIBIT 7

LIST OF REFERENCES

Proposer's Name: _____

Proposer must provide three references for which the same or similar scope of services were provided by Proposer. At least one reference must verify that Proposer meets the Minimum Mandatory Requirements listed in Paragraph 3.0 (Minimum Mandatory Requirements) of the RFP. It is Proposer's responsibility to ensure accuracy of the information provided below.

REFERENCE ONE Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
Contact Email Address:	
Contract Start Date (Month/Year):	
Contract End Date (Month/Year):	
Contract Amount:	
Number of Vehicle Serviced:	
Number of Police Emergency Response Vehicles Serviced:	

REFERENCE TWO Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
Contact Email Address:	
Contract Start Date (Month/Year):	
Contract End Date (Month/Year):	
Contract Amount:	
Number of Vehicle Serviced:	
Number of Police Emergency Response Vehicles Serviced:	

REFERENCE THREE Check one: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Firm	
Name of Corp./Entity:	
Address:	
Contact Name and Number:	
Contact Email Address:	
Contract Start Date (Month/Year):	
Contract End Date (Month/Year):	
Contract Amount:	
Number of Vehicle Serviced:	
Number of Police Emergency Response Vehicles Serviced:	

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.

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 and other entitlements for use if the County Officer received more than \$500 in contributions in the past 12 months from Proposer, any paid agent of 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)" is defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your 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 shareholders), identify the majority shareholder.

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

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

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

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

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

B. CONTRIBUTIONS

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

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

*Please attach an additional page, if necessary.

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

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

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 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 PROPOSERS

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

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

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

Signature

Date

REQUIRED FORMS – EXHIBIT 8

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL PROPOSERS

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 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 Contract or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the 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 or entitlement for use.

Signature

Date

REQUIRED FORMS - EXHIBIT 9
PRICE SHEET INSTRUCTIONS

Proposer must complete pages 1 - 6 of this Exhibit 9 (Price Sheet). All data entered in pages 1 - 6 will be automatically summarized in page 7 (Roll-Up).

Proposer's annual Fixed-Price per-unit and Fee-for-Service hourly labor rates as requested within this Exhibit 9 (Price Sheet) must represent Proposer's fully burdened all-inclusive pricing for the Fleet Maintenance Services described in Exhibit A (Statement of Work) and all attachments thereto. The total cost submitted must be realistic and reflect Proposer's full responsibility for providing the goods and services under the resultant contract.

Any additional expenses that arise throughout the term of the contract that were not included by Proposer as part of their response to this Exhibit 9 (Price Sheet), must be remedied by awarded Contractor at its sole expense.

REQUIRED FORMS - EXHIBIT 9
PRICE SHEET (Page 2 of 7)
Fixed-Price Group 1

Instructions:

Proposer must list its annual fixed-price fees based on the current number of units identified below.

Proposer's Name:								
Fleet Group Description	CURRENT NUMBER OF UNITS	Year 1 Per-Unit Price	Year 2 Per-Unit Price	Year 3 Per-Unit Price	Year 4 Per-Unit Price	Year 5 (Option Term) Per-Unit Price	Year 6 (Option Term) Per-Unit Price	Year 7 (Option Term) Per-Unit Price
GROUP 1 - Non-ERV sedans, SUVs, trucks, vans, and other vehicles/equipment with a GVWR of 10,000 lbs. or less, and all on-road trailers.	1947							

TYPE CODE & VEHICLE/EQUIPMENT DESCRIPTION	QTY
04 - Pickup, B/W, Two-Wheel Drive	19
07 - Pickup, B/W, Four-Wheel Drive	11
10 - Van, B/W, 12 Passenger	25
11 - Van, Solid, Inmate Transport, 12 Passengers	22
12 - Compact, Electric Vehicle (EV), Solid	13
13 - Van, B/W, 15 Passenger	27
39 - Display Vehicles	1
40 - Sedan, Solid, Large (e.g., Charger, Crown Victoria)	397
41 - Sedan, Solid, Large, All-Wheel Drive (e.g., Ford Sedan PI)	78
42 - Sedan, Hybrid, Solid, Police Responder	43
43 - Sedan, Solid, Medium (e.g., Impala, Altima, Taurus)	164
45 - Sedan, Hybrid, Solid, (e.g., Chevrolet Volt, Toyota Prius)	51
46 - Sedan, Solid, Small (e.g., Chevrolet Cruze, Ford Fusion)	9
47 - SUV, Solid, 2-Wheel Drive	156
48 - SUV, Solid, 4-Wheel Drive	50
49 - Sedan, Solid, Marked, C.S.O., P.C.O. (Decals, Lightbar)	50
50 - Sedan, Solid, V.O.P. (Volunteers on Patrol) 2005 Program	5
51 - SUV, Solid, All-Wheel Drive (e.g., Ford Explorer)	44

TYPE CODE & VEHICLE/EQUIPMENT DESCRIPTION	QTY
52 - Sedan, Solid, C.S.O., P.C.O.	34
55 - Sedan, Solid, C.S.O.	73
58 - Sedan, Solid, V.O.P. (Volunteers on Patrol)	26
61 - Van, Solid, 12 Passenger	179
62 - Truck, Electric Vehicle (EV), Solid	4
64 - Van, Solid, 15 Passenger	3
65 - Van, Electric Vehicle (EV), Solid	1
67 - Van, Solid, Cargo, GVWR 10,000 or Less	113
70 - Truck, Utility, GVWR 10,000 or Less	14
71 - Van, Utility, GVWR 10,000 or Less	50
73 - Pickup Truck, Solid, GVWR 10,000 or Less	211
91 - Trailer, Semi, Flatbed	2
92 - Trailer, Semi, Container	20
93 - Trailer, Semi, Refrigerated	9
94 - Trailer, Semi, Tanker	1
95 - Trailer, Utility, Two or Four Wheel	34
96 - Trailer, Recreational Vehicle (RV)	6
98 - Misc. Vehicle/Equip. (e.g., pallet jacks, golf carts...)	2

REQUIRED FORMS - EXHIBIT 9
PRICE SHEET (Page 3 of 7)
Fixed-Price Group 2

Instructions:

Proposer must list its annual fixed-price fees based on the current number of units identified below.

Proposer's Name:								
Fleet Group Description	CURRENT NUMBER OF UNITS	Year 1 Per-Unit Price	Year 2 Per-Unit Price	Year 3 Per-Unit Price	Year 4 Per-Unit Price	Year 5 (Option Term) Per-Unit Price	Year 6 (Option Term) Per-Unit Price	Year 7 (Option Term) Per-Unit Price
GROUP 2 - ERV sedans, SUVs, trucks, and vans with a GVWR of 10,000 lbs. or less, as well as all on and off-road motorcycles, and ATVs.	1805							

TYPE CODE & VEHICLE/EQUIPMENT DESCRIPTION	QTY
01 - Sedan, B/W, Emergency Response Vehicle	107
02 - Sedan, Solid, Emergency Response Vehicle	49
08 - Pickup, Solid, Emergency Response Vehicle	7
09 - SUV, B/W, All-Wheel Drive, Emergency Response Vehicle	1115
15 - Motorcycle, Solid, On-Road	14
16 - Motorcycle, B/W, On-Road, Emergency Response Motorcycle	10
19 - SUV, B/W, 2-Wheel Drive, Emergency Response Vehicle	151
20 - SUV, Solid, 2-Wheel Drive, Emergency Response Vehicle (e.g., Chevrolet Tahoe)	104
21 - Pickup, B/W, Emergency Response Vehicle	0
22 - SUV, B/W, 4-Wheel Drive, Emergency Response Vehicle (e.g., Ford Expedition)	44
23 - SUV, Solid, 4-Wheel Drive, Emergency Response Vehicle (e.g., Ford Expedition)	8
24 - SUV, Solid, All-Wheel Drive, Emergency Response Vehicle (e.g., Ford Utility)	114
26 - SUV, Hybrid, B/W, Emergency Response Vehicle	36
27 - SUV, Hybrid, Solid, Emergency Response Vehicle	38
28 - Rescue Truck, B/W, 4X4, GVWR 10,000 or Less, Emergency Response Vehicle	8

REQUIRED FORMS - EXHIBIT 9
PRICE SHEET (Page 4 of 7)
Fixed-Price Group 3

Instructions:

Proposer must list its annual fixed-price fees based on the current number of units identified below.

Proposer's Name:								
Fleet Group Description	CURRENT NUMBER OF UNITS	Year 1 Per-Unit Price	Year 2 Per-Unit Price	Year 3 Per-Unit Price	Year 4 Per-Unit Price	Year 5 (Option Term) Per-Unit Price	Year 6 (Option Term) Per-Unit Price	Year 7 (Option Term) Per-Unit Price
GROUP 3 - Trucks, some buses, and other vehicles/equipment with a GVWR of 10,001 lbs. or greater.	246							

TYPE CODE & VEHICLE/EQUIPMENT DESCRIPTION	QTY
03 - Special Purpose Vehicle, GVWR 10,001 to 18,000	7
05 - Special Purpose Vehicle, GVWR 18,001 - 35,000	30
06 - Special Purpose Vehicle, GVWR 35,001 or Higher	2
29 - Rescue Truck, GVWR 10,001 or Higher, Emergency Response Vehicle	16
30 - Bus, Para-Transit, GVWR 10,001 or Higher (Wheel-Chair Transport)	4
66 - Van, Food	1
68 - Van, Step	8
72 - Truck, Utility, GVWR 10,001 or Higher but Less Than 35,000	78
75 - Pickup Truck, Solid, GVWR 10,001 or Higher	16
76 - Truck, Cargo, Bobtail	26
79 - Truck, Cargo, Stake side	14
82 - Truck, Refrigerated	11
85 - Truck, Dump	12
86 - Truck, Boom, Hydraulic, Electric Attach.	3
87 - Truck, Utility, GVWR 35,000 or Higher	1
88 - Truck, Tanker	5
90 - Truck, Tractor	12

REQUIRED FORMS - EXHIBIT 9
PRICE SHEET (Page 5 of 7)
Fixed-Price Group 4

Instructions:

Proposer must list its annual fixed-price fees based on the current number of units identified below.

Proposer's Name:								
Fleet Group Description	CURRENT NUMBER OF UNITS	Year 1 Per-Unit Price	Year 2 Per-Unit Price	Year 3 Per-Unit Price	Year 4 Per-Unit Price	Year 5 (Option Term) Per-Unit Price	Year 6 (Option Term) Per-Unit Price	Year 7 (Option Term) Per-Unit Price
GROUP 4 - Local and statewide inmate buses.	32							

TYPE CODE & VEHICLE/EQUIPMENT DESCRIPTION	QTY
34 - Bus, B/W, 36-49 Passenger	14
37 - Bus, B/W, 50-60 Passenger	18

REQUIRED FORMS - EXHIBIT 9
PRICE SHEET (Page 6 of 7)
Fee-for-Service Rates
Amended under Bulletin #4

Instructions:

Proposer must list its annual Fee-for-Service hourly labor rates for the fleet categories listed below.

Proposer's Name:														
Fleet Category Description	Year 1 Hourly Labor Rate		Year 2 Hourly Labor Rate		Year 3 Hourly Labor Rate		Year 4 Hourly Labor Rate		Year 5 Hourly Labor Rate (Option Term)		Year 6 Hourly Labor Rate (Option Term)		Year 7 Hourly Labor Rate (Option Term)	
	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime
CATEGORY 1 MECHANICAL REPAIR Light and medium vehicles, trailers, RV trailers - GVWR up to 10,000 lbs. and all boats. Repairs include but are not limited to: new vehicle processing, PM, outfitting, special events, preparation for decommissioning/disposal.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 2 MECHANICAL REPAIR Heavy vehicles, buses, trailers, semi-trailers, and RV trailers - GVWR greater than 10,000 lbs. Repairs include but are not limited to: new vehicle processing, PM, outfitting, special events, preparation for decommissioning/disposal.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 3 BODY REPAIR/PAINTING Light and medium vehicles, trailers and RV trailers - GVWR up to 10,000 lbs., and all boats.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 4 BODY REPAIR/PAINTING Heavy vehicles, trailers, semi-trailers, RV trailers, and buses - GVWR greater than 10,000 lbs.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 5 MECHANICAL REPAIR AND BODY REPAIR/PAINTING On and off-road motorcycles and ATVs.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 6 MECHANICAL REPAIR AND BODY REPAIR/PAINTING Off-road and auxiliary equipment.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 7 CAR WASH/DETAIL All vehicles and equipment.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SINGLE-STAGE PAINT RATE (MATERIALS)*	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
MULTIPLE-STAGE PAINT RATE (MATERIALS)*	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	

* Paint rates must be in accordance with the California Department of Insurance's prevailing rates.

REQUIRED FORMS - EXHIBIT 9
PRICE SHEET (Page 7 of 7)
Cost Proposal Summary
Amended under Bulletin #4

Proposer's Name: _____

ONE-TIME START-UP COSTS **\$0.00**

ANNUAL FIXED-PRICE FEES

Fleet Group Description	CURRENT NUMBER OF UNITS	Year 1 Per-Unit Price	Year 2 Per-Unit Price	Year 3 Per-Unit Price	Year 4 Per-Unit Price	Year 5 (Option Term) Per-Unit Price	Year 6 (Option Term) Per-Unit Price	Year 7 (Option Term) Per-Unit Price
GROUP 1	1,947	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GROUP 2	1,805	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GROUP 3	246	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GROUP 4	32	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	4,030	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7 Year Total								\$0.00

ANNUAL FEE-FOR-SERVICE HOURLY RATES

Fleet Category Descriptions	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime	Regular	Overtime
CATEGORY 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CATEGORY 7	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SINGLE-STAGE PAINT RATE (MATERIALS)*	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
MULTIPLE-STAGE PAINT RATE (MATERIALS)*	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	

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.

Signature of Authorized Official

Date

Printed Name and Title

REQUIRED FORMS – EXHIBIT 10

**LIVING WAGE PROGRAM
APPLICATION FOR EXEMPTION**

The Contract to be awarded pursuant to the County’s solicitation is subject to the County’s 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 solicitation document.** Upon review of the submitted LW Program Application for Exemption, the County department will determine, at its sole discretion, whether Contractor and/or subcontractor is/are exempt from the LW Program.

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 11
LIVING WAGE PROGRAM STAFFING PLAN

Proposer:

FACILITY NAME/LOCATION	ADDRESS	CITY	POSITION TITLE	HOURLY RATE	FULL/PART	WORK SCHEDULE	HOURS							WEEKLY HOURS			
							SUN	MON	TUE	WED	THU	FRI	SAT	COUNTY	NON-COUNTY	TOTAL	
CARSON STATION	21356 SOUTH AVALON BOULEVARD	CARSON	Light/Medium Technician		Full Time	0600 - 1430	8	8	8	8	8	8			40		
CARSON STATION	21356 SOUTH AVALON BOULEVARD	CARSON	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
CENTURY STATION	11703 SOUTH ALAMEDA STREET	LYNWOOD	Data Entry Clerk (Parts Runner)		Full Time	0800 - 1630		8	8	8	8	8			40		
CENTURY STATION	11704 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
CENTURY STATION	11705 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
CENTURY STATION	11706 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
CENTURY STATION	11707 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
CENTURY STATION	11708 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	1400 - 2230		8	8	8	8	8			40		
CENTURY STATION	11709 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	1400 - 2230		8	8	8	8	8			40		
CENTURY STATION	11710 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	1400 - 2230		8	8	8	8	8			40		
CENTURY STATION	11711 SOUTH ALAMEDA STREET	LYNWOOD	Light/Medium Technician		Full Time	1400 - 2230		8	8	8	8	8			40		
CRESCENTA VALLEY STATION	4554 NORTH BRIGGS AVENUE	LA CRESCENTA	Heavy/Bus Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
CRESCENTA VALLEY STATION	4554 NORTH BRIGGS AVENUE	LA CRESCENTA	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EAST LOS ANGELES STATION	5019 EAST THIRD STREET	LOS ANGELES	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EAST LOS ANGELES STATION	5019 EAST THIRD STREET	LOS ANGELES	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Project Director		Full Time	0630 - 1500		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Project Manager		Full Time	0730 - 1600		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Data Entry Clerk (DMV)		Full Time	0600 -1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Data Entry Clerk		Full Time	0600 -1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Data Entry Clerk		Full Time	0600 -1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Data Entry Clerk		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Data Entry Clerk		Full Time	1430 - 2300		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	IT Assistant System Administrator		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	IT Systems Administrator		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Office Administrator		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Office Clerk		Full Time	0700 -1530		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Quality Control		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Safety, Environmental, & Training Administrator		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Supervisor		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Supervisor (Heavy Vehicle & Motorcycle)		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Supervisor		Full Time	1430 - 2300		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Supervisor (East Zone)		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Supervisor (North Zone)		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Supervisor (West Zone)		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Generalist		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Heavy/Bus Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Heavy/Bus Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Heavy/Bus Technician		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Heavy/Bus Technician		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0600 - 1430		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0800 - 1630		8	8	8	8	8			40		
EASTERN AVENUE	1104 NORTH EASTERN AVENUE	LOS ANGELES	Light/Medium Technician		Full Time	0230 - 2300		8	8	8	8	8			40		

REQUIRED FORMS – EXHIBIT 11
LIVING WAGE PROGRAM STAFFING PLAN

Proposer:

FACILITY NAME/LOCATION	ADDRESS	CITY	POSITION TITLE	HOURLY RATE	FULL/PART	WORK SCHEDULE	HOURS							WEEKLY HOURS			
							SUN	MON	TUE	WED	THU	FRI	SAT	COUNTY	NON-COUNTY	TOTAL	
LAKEWOOD STATION	5130 NORTH CLARK AVENUE	LAKEWOOD	Light/Medium Technician			Full Time	0600 - 1430	8	8	8	8	8			40		
LAKEWOOD STATION	5130 NORTH CLARK AVENUE	LAKEWOOD	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LAKEWOOD STATION	5130 NORTH CLARK AVENUE	LAKEWOOD	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LANCASTER STATION	501 WEST LANCASTER BOULEVARD	LANCASTER	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LANCASTER STATION	501 WEST LANCASTER BOULEVARD	LANCASTER	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LANCASTER STATION	501 WEST LANCASTER BOULEVARD	LANCASTER	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LANCASTER STATION	501 WEST LANCASTER BOULEVARD	LANCASTER	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LENNOX STATION	4331 LENNOX BOULEVARD	INGLEWOOD	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LOMITA STATION	26123 SOUTH NARBONNE AVENUE	LOMITA	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LOST HILLS STATION	27050 AGOURA ROAD	AGOURA	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
LOST HILLS STATION	27050 AGOURA ROAD	AGOURA	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Data Entry Clerk (Parts Runner)			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Boat Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Boat Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Boat Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Boat Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Generalist			Full Time	0600 - 1430		8	8	8	8	8		40		
MARINA DEL REY STATION	13483 FIJI WAY	MARINA DEL REY	Painter/Fabricator Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Supervisor			Full Time	0400 - 1230		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Supervisor			Full Time	1200 - 2030		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Supervisor			Full Time	2000 - 0430	8		8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Data Entry Clerk (Parts Runner)			Full Time	0800 - 0430		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Generalist			Full Time	0800 - 0430		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	0500 - 1330		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	0500 - 1330		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	0700 - 1530		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	1000 - 1830		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	1000 - 1830		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	1200 - 2030		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	1200 - 2030		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	2100 - 0530	8		8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Heavy/Bus Technician			Full Time	2100 - 0530	8		8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Light/Medium Technician			Full Time	0500 - 1330		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Light/Medium Technician			Full Time	0700 - 1530		8	8	8	8	8		40		
MEN'S CENTRAL JAIL	441 BAUCHET STREET	LOS ANGELES	Light/Medium Technician			Full Time	0900 - 1730		8	8	8	8	8		40		
NORWALK STATION	12335 CIVIC CENTER DRIVE	NORWALK	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
NORWALK STATION	12335 CIVIC CENTER DRIVE	NORWALK	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
PALMDALE STATION	750 EAST AVENUE Q	PALMDALE	ATV/Off-Road/On-Road Motorcycle Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
PALMDALE STATION	750 EAST AVENUE Q	PALMDALE	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
PALMDALE STATION	750 EAST AVENUE Q	PALMDALE	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
PALMDALE STATION	750 EAST AVENUE Q	PALMDALE	Light/Medium Technician			Full Time	0800 - 1630		8	8	8	8	8		40		
PICO RIVERA STATION	6631 SOUTH PASSONS BOULEVARD	PICO RIVERA	Light/Medium Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Data Entry Clerk (Parts Runner)			Full Time	0700 - 1530		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Supervisor			Full Time	0600 - 1430		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Boat Technician			Full Time	0600 - 1430		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Generalist			Full Time	0700 - 1530		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Heavy/Bus Technician			Full Time	0530 - 1400		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Heavy/Bus Technician			Full Time	0700 - 1530		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Heavy/Bus Technician			Full Time	0700 - 1530		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Heavy/Bus Technician			Full Time	0700 - 1530		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Heavy/Bus Technician			Full Time	0700 - 1530		8	8	8	8	8		40		
PITCHESS DETENTION CENTER	29380 THE OLD ROAD	CASTAIC	Heavy/Bus Technician			Full Time	0700 - 1530		8	8	8	8	8		40		

REQUIRED FORMS – EXHIBIT 12

BUDGET SHEET

INDIRECT COST (List all appropriate)

General Accounting/Bookkeeping	
Management Overhead (Specify)	

TOTAL INDIRECT COSTS \$0.00

TOTAL DIRECT AND INDIRECT COST \$0.00

PROFIT (Please enter percentage) \$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

Healthcare (name): _____	
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? Employees participating in the Affordable Care Act health insurance pay 9.02% of their gross wages.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dental (name): _____	
Retirement (457/401, other): Employees can also participate in an employer sponsored 401K plan. _____	
Paid Time Off: (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: _____
Additional Comments/Information: _____	

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 OF APPENDIX B (REQUIRED FORMS) IS TRUE AND CORRECT.

SIGNATURE OF AUTHORIZED OFFICIAL:	DATE:
PRINT NAME:	
TITLE:	