

# **APPENDIX B**

## **REQUIRED FORMS**

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

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

|    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 Bidder.</p>                                                                            | <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> |
| 8. | <p>Name and contact information of the proposed Contractor Project Manager who will be responsible for day-to-day administration of the Contract.</p>                                | <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>                                                                                                                                                                 |

## REQUIRED FORMS – EXHIBIT 2

### CERTIFICATION OF COMPLIANCE

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

| TITLE |                                                                                         | REFERENCE                          | CERTIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------|-----------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Certification of No Conflict of Interest                                                | <a href="#">LACC 2.180</a>         | Certifies Compliance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2.    | Familiarity with the County Lobbyist Ordinance Certification                            | <a href="#">LACC 2.160</a>         | Certifies Compliance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3.    | Zero Tolerance Policy on Human Trafficking Certification                                | <a href="#">Motion</a>             | Certifies Compliance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4.    | Compliance with Fair Chance Employment Hiring Practices Certification                   | <a href="#">Board Policy 5.250</a> | Certifies Compliance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5.    | Attestation of Willingness to Consider GAIN/START Participants                          | <a href="#">Board Policy 5.050</a> | Certifies Compliance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Willing to provide GAIN/START participants access to employee mentoring program?<br><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>         | Certifies Compliance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If No, identify exemption:<br><input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program.<br><input type="checkbox"/> My business is a small business as defined in the Program.<br><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>         | Certifies Compliance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If No, identify exemption:<br><br>_____                                                                                                                                                                                                                                                                                                                                                                                |

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

Bidder's Name: \_\_\_\_\_

**INSTRUCTIONS:** Bidders requesting preference consideration must complete and include this form in their bid. Bidders 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. Please reference your Certification Letter issued by the County to determine Federal/Non-Federal preference eligibility.**

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

**OR**

| <input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b> |                                                                                                                                                                                                                                                   |                                   |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|                                                                              | <b>Preference Program</b>                                                                                                                                                                                                                         | <b>Reference</b>                  |
| <input type="checkbox"/>                                                     | Request for Local Small Business Enterprise (LSBE) Program Preference<br><input type="checkbox"/> Certification for Non-Federally Funded County Solicitations<br><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<br><input type="checkbox"/> Certification for Non-Federally Funded County Solicitations<br><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**

Bidder's Name: \_\_\_\_\_

| <b>1. DEBARMENT HISTORY</b>                                                                                  |  | <b>YES</b>               | <b>NO</b>                |
|--------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|
| Bidder is currently debarred by a public entity                                                              |  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide the name of the public entity:                                                        |  |                          |                          |
| <b>2. LIST OF TERMINATED CONTRACTS</b>                                                                       |  | <b>YES</b>               | <b>NO</b>                |
| Bidder 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:                                                                                                   |  |                          |                          |
| E-mail:                                                                                                      |  |                          |                          |
| Termination Date:                                                                                            |  |                          |                          |
| Name/Contract No:                                                                                            |  |                          |                          |
| Reason(s) for Termination:                                                                                   |  |                          |                          |
|                                                                                                              |  |                          |                          |
| Service:                                                                                                     |  |                          |                          |
| Name of Entity:                                                                                              |  |                          |                          |
| Address:                                                                                                     |  |                          |                          |
| Contact:                                                                                                     |  |                          |                          |
| Telephone:                                                                                                   |  |                          |                          |
| E-mail:                                                                                                      |  |                          |                          |
| Termination Date:                                                                                            |  |                          |                          |
| Name/Contract No:                                                                                            |  |                          |                          |
| Reason(s) for Termination:                                                                                   |  |                          |                          |
|                                                                                                              |  |                          |                          |
| Service:                                                                                                     |  |                          |                          |
| Name of Entity:                                                                                              |  |                          |                          |
| Address:                                                                                                     |  |                          |                          |
| Contact:                                                                                                     |  |                          |                          |
| Telephone:                                                                                                   |  |                          |                          |
| E-mail:                                                                                                      |  |                          |                          |
| Termination Date:                                                                                            |  |                          |                          |
| Name/Contract No:                                                                                            |  |                          |                          |
| Reason(s) for Termination:                                                                                   |  |                          |                          |

Instructions for Completing  
**REQUIRED 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:<br/>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:<br/>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. |

Bidder acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with its bid are made, its bid 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**

Bidder's Name: \_\_\_\_\_

| TITLE                                                                                                                   |                                     | REFERENCE                                                                                                                                                                                                                                                           |                                                        |        |  |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------|--|
| 1.<br>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.<br>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**

Bidder's Name: \_\_\_\_\_

Bidder acknowledges and certifies that it meets and will comply with Bidders Minimum Mandatory Requirements indicated below and as stated in Paragraph 3.0 (Minimum Mandatory Requirements), of the IFB.

| No. | Minimum Mandatory Requirement(s) (MMR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Complies with MMR        |                          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                      | No                       |
| 3.1 | <p>Bidder must have a minimum of five consecutive years of experience, within the last seven years, providing bus transportation Services for public/government organizations and/or custody facility(ies) equivalent or similar to the services identified in Exhibit A (Statement of Work) to Appendix A (Contract) to this IFB.</p> <p>Bidder must complete Exhibit 8 (List of References) of Appendix B (Required Forms) to this IFB listing all references necessary to verify this Minimum Mandatory Requirement.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | <p>Bidder must have a fleet of at least five buses with a minimum capacity of 43 passengers, one of which must be handicap accessible.</p> <p>Bidder must complete Exhibit 8 (List of References) of Appendix B (Required Forms) to this IFB listing all references necessary to verify this Minimum Mandatory Requirement.</p>                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | <p>Bidder must possess a valid Transportation Charter Party (TCP) permit issued by the California Public Utilities Commission (CPUC).</p> <p>Bidder must complete Exhibit 7 (Licenses, Certifications, Registrations, and Credentials) of Appendix B (Required Forms) to this IFB and provide a copy of the permit to verify this Minimum Mandatory Requirement.</p>                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | <p>Bidder must operate a dispatch office within the County or an adjacent county.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |

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

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                          |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3.5 | <p>If Bidder’s compliance with a County Contract has been reviewed by the Department of the Auditor-Controller (A-C) within the last ten years, then Bidder must not have unresolved questioned costs identified by the A-C in an amount over \$100,000. Costs include those 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 the A-C Report, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|

**REQUIRED FORMS – EXHIBIT 7**

**LICENSES, CERTIFICATIONS, REGISTRATIONS AND CREDENTIALS**

Bidder's Name: \_\_\_\_\_

Bidder providing services under the Contract must possess, comply with, and keep current all applicable licenses, certifications, and credentials. Attach copies of all applicable documents with this form.

Attach additional pages to this form if necessary.

| <b>List of all required licenses, certifications, registrations and credentials:</b> |
|--------------------------------------------------------------------------------------|
|                                                                                      |
|                                                                                      |
|                                                                                      |
|                                                                                      |
|                                                                                      |
|                                                                                      |
|                                                                                      |
|                                                                                      |
|                                                                                      |

## REQUIRED FORMS - EXHIBIT 8

### LIST OF REFERENCES

Bidder's Name: \_\_\_\_\_

Bidder must provide three references for which the same or similar scope of services equivalent or similar to the services described in Exhibit A (Statement of Work) to Appendix A (Contract) to the IFB, were provided. References will be used to verify the Minimum Mandatory Requirements stated in Paragraph 3.0 (Minimum Mandatory Requirements) of the IFB. It is Bidder's responsibility to ensure accuracy of the information provided below.

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

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

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

Instructions for Completing  
**REQUIRED FORM EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

This form must be completed separately by all Bidders, including all prime Contractors and subcontractors, and by all applicants for Contracts 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 Bidder, any paid agent of Bidder, 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 bid, or the denial of your application for a Contract or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a Bidder to disqualification from the procurement.**

***This material is intended for use by Vendors, 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 9**  
**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 bid:

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

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:

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

**REQUIRED FORMS – EXHIBIT 9**

**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 the Contract or other entitlement for use.

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

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

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**B. CONTRIBUTIONS**

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

**REQUIRED FORMS – EXHIBIT 9**

**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 bid or delays in the processing of the requested Contract or other entitlement.

**REQUIRED FORMS – EXHIBIT 9**

**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 the 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 the 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

**INDIVIDUAL BIDDERS**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS - EXHIBIT 10  
PRICE SHEET**

| BUS TYPE                                                                                 | CONTRACT YEAR |          |            |                 |                 |                   |
|------------------------------------------------------------------------------------------|---------------|----------|------------|-----------------|-----------------|-------------------|
|                                                                                          | Year One      | Year Two | Year Three | Option Year One | Option Year Two | Option Year Three |
|                                                                                          | PDC           | PDC      | PDC        | PDC             | PDC             | PDC               |
| Cost per bus per <b>FULL DAY</b><br>(More than 4 hours upon arrival)                     | \$0.00        | \$0.00   | \$0.00     | \$0.00          | \$0.00          | \$0.00            |
| Cost per handicap accessible bus per <b>FULL DAY</b><br>(More than 4 hours upon arrival) | \$0.00        | \$0.00   | \$0.00     | \$0.00          | \$0.00          | \$0.00            |
| Cost per bus per <b>HALF DAY</b><br>(4 hours or less upon arrival)                       | \$0.00        | \$0.00   | \$0.00     | \$0.00          | \$0.00          | \$0.00            |
| Cost per handicap accessible bus per <b>HALF DAY</b><br>(4 hours or less upon arrival)   | \$0.00        | \$0.00   | \$0.00     | \$0.00          | \$0.00          | \$0.00            |

\* The above rates will also apply to As-Needed Services, as described in Paragraph 4.4 of the Statement of Work.

**CERTIFICATION**

By submission of this Bid, Bidder certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Bidder or competitor for the purpose of restricting competition. All prices and fees will be firm and fixed for the Term of the resultant Contract.

BIDDER NAME: \_\_\_\_\_

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

PRINT NAME: \_\_\_\_\_

TITLE OF AUTHORIZED AGENT: \_\_\_\_\_

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

**REQUIRED FORMS – EXHIBIT 11**

**DECLARATION**

Bidder's Name: \_\_\_\_\_

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-10 IS TRUE AND CORRECT.**

|             |        |
|-------------|--------|
| PRINT NAME: | TITLE: |
| SIGNATURE:  | DATE:  |