

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

Instructions to Vendors:  
 1. Compare your proposed SOQ to this Exhibit 1, and mark all that apply.  
     - Minimum Qualifications, 1.4.1 through 1.4.8 (applies to all Vendors and their Partner(s), as applicable)  
     - Minimum Qualifications. 1.4.1, a through g (only complete sections in categories you intend to apply for)  
 2. Sign page 8 of 8  
 3. Attach all applicable documents and content in the order and format described in RFSQ, Paragraph 2.7

VENDOR NAME:

<b>RFSQ, Paragraph 2.7.1, Cover Letter</b>		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
A cover letter shall begin Vendor's SOQ response and shall be a maximum of three (3) pages in length on Vendor's letterhead. The letter shall include the following information:		
Full legal name of Vendor/company and name of DBA, company address, telephone number, FAX number, and e-mail address		<input type="checkbox"/>
Category(ies) in which Vendor intends to qualify, including population to be served (adults and/or youth)		<input type="checkbox"/>
Supervisory District (SD) and Service Planning Area (SPA) where Vendor's headquarters is located.		<input type="checkbox"/>
SD and SPA where Vendor is proposing to provide or currently provides services.		<input type="checkbox"/>
Full legal name(s) of Vendor's partner-agencies, their addresses, telephone numbers, FAX numbers, e-mail addresses, and the services they will provide.		<input type="checkbox"/>
Name and title of party authorized to bind Vendor under this SOQ. (If company headquarter address, telephone number, FAX, or e-mail address are different from above, Vendor must provide binding party's information separately.)		<input type="checkbox"/>
Vendor's Executive Director, Chief Executive Officer, or other authorized designee signature on cover letter (signed in blue ink).		<input type="checkbox"/>
<b>RFSQ, Paragraph 2.7.2, Table of Contents (Proposer's SOQ)</b>		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
The Table of Contents must be a comprehensive listing of material included in the SOQ. This section must include a clear definition of the material, identified by sequential page numbers and by section reference numbers. All pages and references in SOQ should be numbered.		
Table of Contents is included in SOQ and in accordance with RFSQ, Paragraph 2.7.2.		<input type="checkbox"/>
<b>RFSQ, Paragraph 2.7.3, A. Vendor's Qualifications (Proposer's SOQ, Section A.1)</b>		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Demonstrate that the Vendor's organization has the experience to perform the required services. The following sections must be included:		
Exhibit 1	Statement Of Qualifications (SOQ) Documentation Checklist	<input type="checkbox"/>
Exhibit 2	Vendor's Organizational Questionnaire/Affidavit	<input type="checkbox"/>
<b>SOQ Category Specific Qualifications</b>		
RFSQ, Minimum Qualifications	Vendor must have four (4) years' experience within the last seven (7) years providing SUD services to adult and/or youth populations (where applicable) in Los Angeles County (County), directly or in partnership with other	<input type="checkbox"/>

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VENDOR NAME:

(MQ) 1.4.1 Vendor(s) in each category for which it is attempting to qualify, and the necessary regulatory agency (including partnering agency(ies)', if applicable) licenses and/or certifications in good standing or provide proof of application for such licenses and/or certifications.

For each category for which Vendor is attempting to qualify, Vendor submitted a Statement of Experience (SOE) that:

**1) has sufficient details to demonstrate firm's ability to carry out the specialized service needs**

	<u>Yes</u>	<u>N/A</u>
a) Outpatient Counseling Services	a) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
b) Intensive Outpatient Treatment Services	b) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
c) Outpatient Narcotic Treatment Program Services	c) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
d) Alcohol and Drug Free Living Centers (Transitional Housing/Sober Living) (ADFLC)	d) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
e) Residential Treatment Services	e) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
f) Medication Assisted Treatment (MAT)	f) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>



RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

g) Residential Medical Detoxification Services

g)

If Yes, information on service and experience is for:

Adults

Youth

**3) has attached proof of applicable licenses/accreditations/ certifications for the provision of services for each category in which Vendor intends to qualify.**

a) Outpatient Counseling Services

Yes N/A  
a)

If Yes, certification(s) are for services to:

Adults

Youth

Attached is a current copy of State certification from Department of Health Care Services (DHCS) Yes  No

If No, Attached is proof of application for such certification, and a timetable for obtaining licenses and certifications Yes  No

b) Intensive Outpatient Treatment Services

b)

If Yes, certification(s) are for services to:

Adults

Youth

Attached is current copy of State certification from Department of Health Care Services (DHCS) Yes  No

If No, Attached is proof of application for such licenses and/or certifications, and a timetable for obtaining licenses and certifications Yes  No

c) Outpatient Narcotic Treatment Program Services

c)

If Yes, license(s) and registration(s) are for services to:

Adults

Youth

Attached is a current copy of State license from Department of Health Care Services (DHCS) and registration from the federal Drug Enforcement Agency Yes  No

If No, Attached is proof of application for such license and registration from the federal Drug Enforcement Agency, and a timetable for obtaining licenses and certifications Yes  No

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

**d) Alcohol and Drug Free Living Centers (Transitional Housing/Sober Living) (ADFLC)** d)

If Yes, compliance with local zoning and occupancy ordinances are for services to :

Adults

Youth

Attached is proof of compliance with local zoning and occupancy ordinances Yes  No

Attached is proof of business license Yes  No

If No, Attached is proof of application for such compliance with local zoning and occupancy ordinances requirements, and a timetable for obtaining clearance Yes  No

Outpatient Counseling Services offered:

Onsite Yes  No

Referral Yes  No

If Onsite, please ensure to include the license/certification as requested under item "a) Outpatient Counseling Services" above

**e) Residential Treatment Services** e)

If Yes, license are for services to:

Adults

Youth

Attached is current copy of State license and certification from Department of Health Care Services (DHCS) and/or California Department of Social Services Yes  No

If No, Attached is proof of application for such licenses and certifications, and a timetable for obtaining licenses and certifications Yes  No

**f) Medication Assisted Treatment (MAT)** f) N/A

**g) Residential Medical Detoxification Services** g)

If Yes, license(s) are for services to:

Adults

Youth

Attached is a current copy a license to operate a chemical dependency recovery hospital or a free standing psychiatric facility from the State Department of Public Health Yes  No

If No, Attached is proof of application for such license from the State Department of Public Health, and a timetable for obtaining license Yes  No

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STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

**4) The SOE for each proposed category does not exceed 3 (three) pages?**

- |   | <u>Yes</u>                  | <u>No</u>                |
|---|-----------------------------|--------------------------|
| a) Outpatient Counseling Services   | a) <input type="checkbox"/> | <input type="checkbox"/> |
| b) Intensive Outpatient Treatment Services  | b) <input type="checkbox"/> | <input type="checkbox"/> |
| c) Outpatient Narcotic Treatment Program Services                                   | c) <input type="checkbox"/> | <input type="checkbox"/> |
| d) Alcohol and Drug Free Living Centers (Transitional Housing/Sober Living) (ADFLC) | d) <input type="checkbox"/> | <input type="checkbox"/> |
| e) Residential Treatment Services   | e) <input type="checkbox"/> | <input type="checkbox"/> |
| f) Medication Assisted Treatment (MAT)  | f) <input type="checkbox"/> | <input type="checkbox"/> |
| g) Residential Medical Detoxification Services                                      | g) <input type="checkbox"/> | <input type="checkbox"/> |

**5) has support documents for Corporations**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| Copy of Certificate of Good Standing with the State of California  | <input type="checkbox"/> | <input type="checkbox"/> |
| Most recent Statement of Domestic (or Foreign) Stock Corporation   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Statement of Domestic (or Foreign) Stock Corporation has only "No Change in Information" box checked, Vendor submitted most recent Statement of Information which includes the list of corporate officers.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <u>Yes</u>               | <u>N/A</u>               |
| If the of above mentioned documents are not available at the time of SOQ submission, Vendors must request appropriate documents from the California Secretary of State. If applicable, Vendor provided a statement on the status of the request. | <input type="checkbox"/> | <input type="checkbox"/> |

RFSQ, MQ1.4.2	SOQ, Section A.1 includes a list of agencies and the type of service and/or relationship that Vendor has with the agency(ies), demonstrating linkages with other departments in the County, community based organizations (CBOs), or other SUD service vendors for addressing the treatment and ancillary needs of clients.	<input type="checkbox"/>
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RFSQ, MQ1.4.3	SOQ, Section A.1 includes supporting documentation for one of the following: <b>(Vendor to mark applicable box)</b>	
	a) A letter from the IRS or the State attesting that Vendor's organization is a tax-exempt, public or incorporated private non-profit 501 (c) organizations (registered with the State of California); or	<input type="checkbox"/>
	b) Municipal charter attesting that Vendor's incorporation is a local municipal government organization; or	<input type="checkbox"/>
	c) Copy of Certificate of Good Standing with the State of California and most recent Statement of Domestic Stock Corporation attesting that Vendor is a California private, for-profit organization.	<input type="checkbox"/>

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VENDOR NAME:		
Other governmental agencies, local educational agencies, and institutions of higher education, are not eligible to apply.		
RFSQ, MQ1.4.4	SOQ, Section A.1 narrative and Exhibit 2 include information that demonstrates Vendor has a business location within the geographical boundaries of Los Angeles County.	<input type="checkbox"/>
RFSQ, MQ1.4.5	SOQ, Section A.1 Statement(s) of Experience (SOE) includes information to support that Vendor has four (4) years' experience within the last seven (7) years serving or having served adult and/or youth populations in the County with SUD or Co-Occurring Disorder needs.	<input type="checkbox"/>
RFSQ, MQ1.4.6	SOQ, Section A.1 SOE includes information to support that Vendor has four (4) years' experience within the last seven (7) years in providing services under a federal, State, or local government contract.	<input type="checkbox"/>
RFSQ, MQ1.4.7	SOQ, Section A.1 SOE includes information to support that Vendor has four (4) years' experience within the last seven (7) years providing SUD services using one or more of the evidence based practices such as, but not limited to, those identified in RFSQ, Section 1.1, Scope of Work.	<input type="checkbox"/>
RFSQ, MQ1.4.8	SOQ, Section A.1 SOE and/or narrative include information to support that Vendor has four (4) years' experience within the last seven (7) years working with the County's Treatment Court Probation eXchange (TCPX) web-based data system and its Secure Identification (ID) Card system as administered by SAPC, or another web-based client data collection system.	<input type="checkbox"/>
<b>RFSQ, Paragraph 2.7.3, B. Vendor's Financial Viability (Proposer's SOQ, Section A.2)</b>		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Proposer has an existing contract and/or Master Agreement with DPH? Vendor furnished copies of the company's most current and prior two (2) fiscal years' financial statements.		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>RFSQ, Paragraph 2.7.3, C. Vendor's References (Proposer's SOQ, Section A.3)</b>		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
RFSQ Appendix A, Exhibit 7, Prospective Contractor List of References. Vendor provided three (3) references where current or past SUD services were provided. References provided are presumed to be knowledgeable about and can therefore verify a performance contract track record of Vendor.		<input type="checkbox"/>
<b>RFSQ, Paragraph 2.7.3, D. Vendor's Pending Litigation and Judgments (Proposer's SOQ, Section A.4)</b>		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
RFSQ Appendix A, Exhibit 15, Arbitration or Litigation History Form. If no pending or threatening litigations/judgments, mark applicable box.		<input type="checkbox"/>
<b>RFSQ, Paragraph 2.7.4, Required Forms (Proposer's SOQ, Section B)</b>		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Exhibit 3, Certification of No Conflict of Interest		<input type="checkbox"/>
Exhibit 4, Vendor's Equal Employment Opportunity (EEO) Certification		<input type="checkbox"/>

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VENDOR NAME:	
Exhibit 5, Request for Local SBE Preference Program Consideration (Intentionally Omitted)	N/A
Exhibit 6, Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/>
Exhibit 10, Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<input type="checkbox"/>
Exhibit 11, Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (Intentionally Omitted)	N/A
Exhibit 12, Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/>
Exhibit 13, County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/>
Exhibit 14, Charitable Contributions Certification	<input type="checkbox"/>
Exhibit 16, Acceptance of Terms and Conditions of RFSQ & Master Agreement	<input type="checkbox"/>
<b>RFSQ, Paragraph 2.7.5, Proof of Insurability (Proposer's SOQ, Section C)</b>	<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Proposer must provide proof that firm meets all insurance requirements set forth in Appendix H, Master Agreement, Paragraphs 8.28 and 8.29; OR	<b>Yes</b> <u>    </u> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>
If no proof of required current coverage, Vendor must submit a letter from a qualified insurance carrier indicating a willingness to provide the required coverage if Vendor is selected to receive a Master Agreement award.	<b>Yes</b> <u>    </u> <b>N/A</b> <input type="checkbox"/> <input type="checkbox"/>
<b>VENDOR SUPPLIED</b>	<b>Yes</b> <u>    </u> <b>No</b>
▶ The original SOQ and two (2) numbered copies enclosed in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "SOQ FOR SUD SERVICES"	<input type="checkbox"/> <input type="checkbox"/>
▶ One (1) electronic copy of SOQ in Adobe Acrobat or Portable Document Format (PDF) on compact disk (CD), properly labeled and provided as part of the SOQ submission.	<input type="checkbox"/> <input type="checkbox"/>
Applicant acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.	
SIGNATURE	DATE
NAME IN PRINT	TITLE
ADDRESS	CITY , STATE



**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

1. If your firm is a corporation, state its legal name (as found in your Articles of Incorporation), State, and date of incorporation:

\_\_\_\_\_

Name	State	Year Inc.
------	-------	-----------

2. If your firm is doing business under one or more DBAs, please list all DBAs and the County(ies) of registration:

<u>Name</u>	<u>County of Registration</u>	<u>Year became DBA</u>
_____	_____	_____

3. Is your firm wholly or majority owned by, or a subsidiary of, another firm?

Yes  No

If yes, please provide the following information:

Name of parent firm: \_\_\_\_\_

State of incorporation or registration of parent firm: \_\_\_\_\_

4. Please list any other names your firm has done business as, within the last five (5) years.

<u>Name</u>	<u>Year of Name Change</u>
_____	_____

5. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, indicate so below.

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

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES**

**VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Vendor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Section 1.4, Vendor's Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below.

Check the appropriate boxes:

**Vendor's Minimum Qualifications (MQ) 1.4.1**

Vendor must have four (4) years' experience within the last seven (7) years providing SUD services to adult and/or youth populations (where applicable) in Los Angeles County (County), directly or in partnership with other Vendor(s) in each category for which it is attempting to qualify, and the necessary regulatory agency (including partnering agency(ies)', if applicable) licenses and/or certifications in good standing or provide proof of application for such licenses and/or certifications.

Category qualifications are defined as follows:

- |  |   |
|--|---|
| a) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <b>a) Outpatient Counseling Services</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Youth   |
| b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <b>b) Intensive Outpatient Treatment Services</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Youth  |
| c) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <b>c) Outpatient Narcotic Treatment Program Services</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Youth                                   |
| d) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <b>d) Alcohol and Drug Free Living Centers (Transitional Housing/Sober Living) (ADFLC)</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Youth |
| e) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <b>e) Residential Treatment Services</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Youth   |
| f) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <b>f) Medication Assisted Treatment (MAT)</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Youth  |
| g) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <b>g) Residential Medical Detoxification Services</b><br><input type="checkbox"/> Adult <input type="checkbox"/> Youth                                      |

Yes     No    **RFSQ, MQ 1.4.2**  
 Proposer has established linkages with other departments in the County, community based organizations (CBOs), or other SUD service vendors for addressing the treatment and ancillary needs of clients.

**RFSQ, MQ 1.4.3**  
 Proposer's organization is **one of the following:**

Yes     No    **a) A tax-exempt, public or incorporated private non-profit 501 (c) organization (registered with the State of California); or**

Yes     No    **b) Agencies of a local municipal government; or**

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES**

**VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Yes  No **c) A California private, for-profit organization.**

Other governmental agencies, local educational agencies, and institutions of higher education, are not eligible to apply.

Yes  No **RFSQ, MQ 1.4.4**  
Vendor has a business location within the geographical boundaries of Los Angeles County.

Yes  No **RFSQ, MQ 1.4.5**  
Vendor has four (4) years' experience within the last seven (7) years serving adult and/or youth populations in the County with SUD or Co-Occurring Disorder needs.

Yes  No **RFSQ, MQ 1.4.6**  
Vendor has four (4) years' experience within the last seven (7) years in providing services under a federal, State, or local government contract.

Yes  No **RFSQ, MQ 1.4.7**  
Vendor has four (4) years' experience within the last seven (7) years providing SUD services using one or more of the evidence based practices such as, but not limited to, those identified in RFSQ Section 1.1, Scope of Work.

Yes  No **RFSQ, MQ 1.4.8**  
Vendor has four (4) years' experience within the last seven (7) years working with the County's Treatment Court Probation eXchange (TCPX) web-based data system and its Secure Identification (ID) Card system as administered by SAPC, or another web-based client data collection system.

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Vendor's Name:

Address:

E-mail address:

Telephone number:

Fax number:

On behalf of (Proposer's Name):

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

I, \_\_\_\_\_ (Name of Vendor's Authorized Representative), certify that the information contained in this Vendor's Organization Questionnaire/ Affidavit is true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Internal Revenue Service

\_\_\_\_\_  
Employer Identification Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
California Business License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
County WebVen Number

R 2-13-15

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
CERTIFICATION OF NO CONFLICT OF INTEREST**

The Los Angeles County Code, Section 2.180.010, provides as follows:

**CONTRACTS PROHIBITED**

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any Statements of Qualifications submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

- 1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
- 2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
- 3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
  - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
  - b. Participated in any way in developing the contract or its service specifications; and
- 4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

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Name of Vendor

---

Title of Vendor's Official/ Authorized Representative

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Signature of Vendor's Official/Authorized Representative

RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
VENDOR'S EEO CERTIFICATION

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Company Name

---

Address

---

Internal Revenue Service Employer Identification Number

**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

**CERTIFICATION**

**YES**

**NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Vendor has written policy statement prohibiting discrimination in all phases of employment.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor periodically conducts a self-analysis or utilization analysis of its work force.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Vendor has a system for determining if its employment practices are discriminatory against protected groups.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When problem areas are identified in employment practices, Vendor has a system for taking reasonable corrective action to include establishment of goal and/or timetables. | <input type="checkbox"/> | <input type="checkbox"/> |

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Signature

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Date

---

Name and Title of Signer (Please print)

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATE**

The Provider certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Provider organization have and will comply with it during the Request for Statement of Qualifications (RFSQ) process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
PROSPECTIVE CONTRACTOR LIST OF REFERENCES**

**Vendor's Name:** \_\_\_\_\_

List a minimum of three (3) references where the same or similar scope of SUD services to adult/youth populations was provided in order to meet the Minimum Requirements stated in this RFSQ.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.



**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
PROSPECTIVE CONTRACTOR'S LIST OF CONTRACTS**

**Vendor's Name:** \_\_\_\_\_

List of all federal, State, or local government contracts for which the Contractor has provided service for a minimum of four (4) years within the last seven (7) years. Use additional sheets if necessary.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.
<b>5. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	# of Years/ Term of Contract	Type of Service		Dollar Amt.

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
PROSPECTIVE CONTRACTOR'S LIST OF TERMINATED CONTRACTS**

**Vendor's Name:** \_\_\_\_\_

List of all contracts that have been terminated within the past three (3) years for non-performance and provide a reason for termination.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	Reason for Termination:			
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	Reason for Termination:			
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	Reason for Termination:			
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	Reason for Termination:			
<b>5. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Name or Contract No.	Reason for Termination:			

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S  
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For: <b>RFSQ for Substance Use Disorder Services (SUD RFSQ 2012-04)</b>		

The Vendor/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Vendor/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Vendor/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

**- OR -**

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

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*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES**

**ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Vendor shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Vendor shall attest to a willingness to provide employed GAIN/GROW participants access to the Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

**Vendors unable to meet this requirement shall not be considered for contract award.**

Vendor shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Vendor has a proven record of hiring GAIN/GROW participants.

YES (subject to verification by County)                       NO

B. Vendor is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Vendor is willing to interview qualified GAIN/GROW participants.

YES                       NO

C. Vendor is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

YES                       NO                       N/A (Program not available)

Vendor Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Tel.#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM  
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County's solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Vendors, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Vendor is exempted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation: <b>RFSQ for Substance Use Disorder Services (SUDRFSQ2012-004)</b>		

***If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.***

**Part I: Jury Service Program is Not Applicable to My Business**

- My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

**"Dominant in its field of operation"** means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

**"Affiliate or subsidiary of a business dominant in its field of operation"** means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

**OR**

**Part II: Certification of Compliance**

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents **or** my company will have and adhere to such a policy prior to award of the contract.

*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:

**RFSQ FOR SUBSTANCE USE DISORDER SERVICES  
CHARITABLE CONTRIBUTIONS CERTIFICATION**

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Company Name

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Address

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Internal Revenue Service Employer Identification Number

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California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

**Check the Certification below that is applicable to your company.**

- Vendor or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Vendor engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

**OR**

- Vendor or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

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Signature

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Name and Title of Signer (please print)

**REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)  
FOR SUBSTANCE USE DISORDER SERVICES  
ARBITRATION OR LITIGATION HISTORY FORM**

**Name of Vendor:** \_\_\_\_\_

Submit a summary of all claims and/or threatened or pending litigation made in the last five (5) years. Summary shall include all claims made through arbitration or litigation against Vendor by clients and against client by Vendor. Indicate final status of each claim. (Attach separate sheet if necessary)

**Any claims which were resolved in favor of the Vendor in litigation or arbitration or which were settled without any payment by Vendor or its insurers shall not be counted as a claim.**

- Check here if no claims have been made in the last five (5) years against Vendor.
- Check here if there are no threatened or pending litigation made in the last five (5) years against Vendor.

Complete the following if appropriate:

NAME: \_\_\_\_\_ CASE # \_\_\_\_\_

COURT LOCATION: \_\_\_\_\_

AMOUNT OF CLAIM: \$ \_\_\_\_\_

NATURE OF CLAIM: \_\_\_\_\_

**FINAL STATUS:** \_\_\_\_\_

NAME: \_\_\_\_\_ CASE # \_\_\_\_\_

COURT LOCATION: \_\_\_\_\_

AMOUNT OF CLAIM: \$ \_\_\_\_\_

NATURE OF CLAIM: \_\_\_\_\_

**FINAL STATUS:** \_\_\_\_\_

NAME: \_\_\_\_\_ CASE # \_\_\_\_\_

COURT LOCATION: \_\_\_\_\_

AMOUNT OF CLAIM: \$ \_\_\_\_\_

NATURE OF CLAIM: \_\_\_\_\_

**FINAL STATUS:** \_\_\_\_\_

NAME: \_\_\_\_\_ CASE # \_\_\_\_\_

COURT LOCATION: \_\_\_\_\_

AMOUNT OF CLAIM: \$ \_\_\_\_\_

NATURE OF CLAIM: \_\_\_\_\_

**FINAL STATUS:** \_\_\_\_\_

**REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)  
FOR SUBSTANCE USE DISORDER SERVICES**

**ACCEPTANCE OF TERMS AND CONDITIONS  
OF RFSQ AND MASTER AGREEMENT**

Vendor \_\_\_\_\_ hereby affirms that it understands

(Vendor's Legal Entity Name)

and agrees that a submission of a Statement of Qualification (SOQ) to this Request for Statement of Qualifications (RFSQ) constitutes acknowledgement and acceptance of, and a willingness to comply with all the terms and conditions contained in the RFSQ and the resultant Master Agreement.

\_\_\_\_\_  
Signature of Authorized Representative of Vendor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Position Title