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June 25, 2018

**ADDENDUM NUMBER 1
TO
REQUEST FOR PROPOSALS
FOR
COMPREHENSIVE TOBACCO CONTROL SERVICES
IN LOS ANGELES COUNTY RFP #2018-004**

On May 25, 2018, the Los Angeles County Department of Public Health (DPH) released a Request for Proposals (RFP) for Comprehensive Tobacco Control Services in Los Angeles County.

This addendum consists of two (2) parts as outlined below:

- PART 1 - Modifications and Revisions to RFP
- PART 2 - Responses to Proposers' Questions

PART 1 - MODIFICATIONS AND REVISIONS TO RFP

As indicated in the RFP, Section 4.0, COUNTY'S RIGHTS AND RESPONSIBILITIES, subsection 4.4, County's Right to Amend Request for Proposals, the County has the right to amend the RFP by written addendum. This Addendum Number 1 amends the RFP as indicated below (new or revised language is highlighted for easy reference):

1. Section 1.0 INTRODUCTION, Subsection 1.1 Purpose, shall be deleted in its entirety and replaced by the following:

1.1 Purpose

The County of Los Angeles (County) Department of Public Health (DPH) is issuing this Request for Proposals (RFP) to solicit proposals from qualified agencies (Proposers) to implement a Policy Adoption Model (PAM)-based campaign. The implementation of a PAM-based policy campaign will employ evidence based strategies in select jurisdictions in the County in the following four (4) funding categories:

- 1) Funding Category 1: Reduce Youth Access to Tobacco Products: New Tobacco Retail Licenses;
- 2) Funding Category 2: Reduce Youth Access to Tobacco Products: Strengthen Tobacco Retail Licenses;
- 3) Funding Category 3: Reduce Exposure to Secondhand Smoke in Multi-Unit Housing; and
- 4) Funding Category 4: Reduce Exposure to Secondhand Smoke in Outdoor Areas.

Interested and qualified organizations may submit only one (1) complete proposal under this RFP. The proposal must identify only one (1) Funding Category. Section 1.3 of this RFP provides a description of each of these funding categories.

Proposals for each Funding Category will be evaluated separately.

This RFP establishes guidelines, criteria, and procedures for submitting responses (proposals) for required services.

Note: Proposer may not use subcontractors for the services solicited under this RFP and any resulting contract.

2. “Subsection 1.4.3” of RFP Section 8.4 is revised to correct a typographical error and shall be referred to as “Subsection 8.4.3”.
3. Exhibit 1 of Appendix E, Required Forms, has been revised to correct a typographical error and is attached hereto.
4. Exhibit 2 of Appendix E, Required Forms, has been revised and is attached hereto.
5. Exhibit 26 of Appendix E, Required Forms, has been revised and is attached hereto.

PART 2 - RESPONSE TO PROPOSERS' QUESTIONS

As stated in the RFP, Section 7.0, PROPOSAL SUBMISSION REQUIREMENTS, subsection 7.4, Proposers' Questions, questions received by the deadline specified in Section 7.2, RFP Timetable, and corresponding answers are being issued as part of this Addendum as follows:

GENERAL QUESTIONS

Q1. Will you be providing fillable forms for Exhibits 1-26, including the budget and budget narrative? If so, how should we obtain them?

A1. Attached are Exhibits 1-26 of Appendix E in a fillable form format. See Part 1 - Modifications and Revisions to RFP, item 3, of this Addendum for information on revisions to Exhibit 1.

Appendix D, Budget and Budget Justifications, is **not** available in a fillable form format.

Q2. Would we be allowed to subcontract some of the work out to a partnering community organization?

A2. No, subcontracting is not allowed. See Part 1 - Modifications and Revisions to RFP, item 1, of this Addendum.

SECTION 1.8 – FUNDING

Q3. Could you share when the grant would start once a group is selected to be a grantee?

Funding Start Date - Page 19, Section 1.8 “Funding” - It states that the RFPs are for \$250,000 per year for a total of \$750,000, implying the grant is for three years. If the end date is June 30, 2021, is it safe to assume the awarded grants will begin in July 1, 2018 (next month?). Considering the due date for the RFP is mid-July, will the start date be pushed back? If so, will the funding end date also move back? If the first year is less than 12 months, will we still receive \$250,000 or a smaller portion?

A3. Pursuant to RFP Section 2.1.1, Anticipated Contract Term, the Contract term shall be effective following approval by the Board of Supervisors, and shall continue through June 30, 2021.

DPH anticipates a recommendation to award contracts to the Board of Supervisors no later than November 2018, and expects Year 1 funding to remain at \$250,000.

SECTION 7.9 – PROPOSAL FORMAT

Q4. 7.9.3 Proposer’s Qualifications (Section A), B. Proposer’s References (Section A.2), Exhibit 2, Prospective Contractor References, Appendix E, Required Forms: Proposer must provide five (5) relationship, in which the Proposer received grant funding for services. Proposer cannot use DPH’s DCDIP staff as reference on Exhibit 2. What if DPH DCDIP is our main contractor for these similar types of services/contracts? Who/what entities are we allowed to use as a reference?

- A4. Pursuant to RFP Section 7.9.3, Proposer's Qualifications (Section A), Sub-Section B, Proposers References (Section A.2), Proposer cannot use DPH's Division of Chronic Disease and Injury Prevention (DCDIP) staff as references on Exhibit 2. Proposer may list any other entities with whom Proposer had a contractual relationship in which Proposer received grant funding for services.

References do not need to be for the same or similar scopes of services. See Part 1 - Modifications and Revisions to RFP, item 4, of this Addendum.

- Q5. On page 48 i Exhibit 2, Prospective Contractor References, Appendix E, Required Forms: Can Proposer list School District as one of its references? Can Proposer list same agency for two references if two different funding streams and two different names?**

- A5. A Proposer may list school districts as references where services were provided through a contractual relationship in which Proposer received grant funding for services.

A Proposer may identify the same entity as separate references if the contractual relationship is for different programs.

SECTION 8.0 – SELECTION PROCESS AND EVALUATION CRITERIA

- Q6. In regards to evaluation for the different project activities, who will be creating and processing these evaluation instruments (i.e.: key informant interview questions, public opinion surveys...etc.) – will it be the County or would we be required to hire a third party? Our organization has a general policy where all our grants need to be reviewed by an evaluator we use nationally. As per the grant budget requirements, would we be able to bring on this evaluator, if even for a tiny fraction to review our materials alongside the County?**

- A6. Under any resultant contract(s), DPH will create evaluation instruments and process data collected on all evaluation activities in the Scope of Work for each Funding Category. DPH will train contractors on data collection protocols, however, contractors will be responsible for all data collection requirements in the Scope of Work. These services do not require an outside evaluator.

APPENDIX E – REQUIRED FORMS

- Q7. Exhibit 26 – Proposed Jurisdiction List for the above-referenced RFP:**
- a. **Are proposers required or encouraged to list six (6) eligible jurisdictions where they can provide the required services for the selected funding category or can they just list the minimum two (2) jurisdictions where they believe they will be most effective?**

b. If proposers are required to list six (6) eligible jurisdictions, shall they provide them in the order of preference?

Is there a maximum number of jurisdictions that proposers recommended for a contract will be expected to provide services in? Is there a possibility in which a proposer recommended for a contract will need to provide services in all 6 listed jurisdictions?

How many jurisdictions does the RFP require us to do? In our application, should we just put in one jurisdiction or can we provide a few examples (i.e.: “Cities such as...”). Are we expected to work only in the jurisdiction we select in the RFP or, if awarded the grant, would we have the flexibility to change?

- A7. Proposer shall complete Exhibit 26 Proposed Jurisdiction List and shall select one (1) Funding Category and identify six (6) eligible jurisdictions where the PAM-based campaign could take place. Proposers are encouraged to identify the six (6) eligible jurisdictions in the order of preference.

Pursuant to RFP Section 7.9.1, the information provided on the completed Proposed Jurisdiction List form will be used during contract negotiations to determine the cities where services will be provided by selected Proposer.

Proposers recommended for a contract will provide services in a minimum of two (2) jurisdictions. DPH does not anticipate any Proposer working in more than three (3) jurisdictions. See Part 1 - Modifications and Revisions to RFP, item 5, of this Addendum.

Pursuant to RFP, Section 4.0, COUNTY’S RIGHTS AND RESPONSIBILITIES, Subsection 4.4, County’s Right to Amend Request for Proposals, Addendum Number 1 has been posted on the Los Angeles County Department of Public Health Contracts and Grants Division website at: <http://publichealth.lacounty.gov/cg/index.htm> and on the Los Angeles County-Doing Business with Us website at: <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in this Addendum Number 1, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.

Attachment

APPENDIX E

REQUIRED FORMS

FOR

**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH**

**COMPREHENSIVE TOBACCO CONTROL SERVICES IN
LOS ANGELES COUNTY**

RFP #2018-004

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

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REQUIRED FORMS - EXHIBIT 1 (REVISED)

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND COMMUNITY BUSINESS
ENTERPRISE (CBE) INFORMATION

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. Is your firm a corporation or limited liability company (LLC)? Yes No

If yes, complete:

Legal Name (found in Articles of Incorporation) _____

State _____ Year Inc. _____

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. Is your firm doing business under one or more DBA's? Yes No

If yes, complete:

Name	County of Registration	Year became DBA
------	------------------------	-----------------

_____	_____	_____
_____	_____	_____

4. Is your firm wholly/majority owned by, or a subsidiary of another firm? Yes No

If yes, complete:

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Has your firm done business as other names within last five (5) years? Yes No

If yes, complete:

Name _____ Year of Name Change _____

Name _____ Year of Name Change _____

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?

Yes No If yes, provide information:

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 1 (REVISED)

Proposer acknowledges and certifies that firm meets and will comply with the Proposer's Minimum Mandatory Requirements as stated in Paragraph 3.0, of this Request for Proposal, as listed below.

Check the appropriate boxes:

1. Proposer must have:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	At least one (1) year experience within the last (5) five years in health policy advocacy or prevention interventions.
2. Proposer must be one of the following:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A non-profit organization that is certified by the Federal Internal Revenue Services as a 501(c)3 organization and has been in business for a minimum of five (5) years;
or		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A California private, for-profit organization that has been in business for more than two (2) years.
3. The proposer must have:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A business office in operation located in Los Angeles County.
		Provide address:
4. The proposer must attach a Certification of Non-Acceptance of Tobacco Funds (Appendix R):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prosper certifies that it does not accept funds from nor have any affiliation or contractual relationship with a tobacco company, any of its subsidiaries or parent company; OR
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Certification for University/Colleges ONLY</u> Proposer certifies that the Principal Investigator, or any investigator of the university or college that he/she has not received funding from nor had an affiliation or contractual relationship with a tobacco company, any of its subsidiaries or parent company within the last five (5) years from release date of this Request for Proposals.

Dated: _____

 Proposer Name

 Proposer Official Title

 Official's Signature

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 1 (REVISED)

I. 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.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify) _____						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

II. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

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

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

PROPOSER NAME:		COUNTY WEBVEN NUMBER:	
ADDRESS:		DUNS NUMBER:	
PHONE NUMBER:		CAGE NUMBER:	
E-MAIL:			
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:		CALIFORNIA BUSINESS LICENSE NUMBER:	
PROPOSER OFFICIAL NAME AND TITLE (PRINT):			
SIGNATURE		DATE	

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

**REQUIRED FORMS - EXHIBIT 2 (REVISED)
 PROSPECTIVE CONTRACTOR REFERENCES**

Contractor's Name: _____

List five (5) References where services were provided through a contractual relationship in which Proposer received grant funding for services.

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

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 3

PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name: _____

List of all public entities for which the Contractor has provided service in Los Angeles County within the last five (5) years. Use additional sheets if necessary.

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

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

**REQUIRED FORMS - EXHIBIT 4
PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

Contractor's Name: _____

List of all contracts that have been terminated within the past three (3) years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS – EXHIBIT 5

PROSPECTIVE CONTRACTOR PENDING LITIGATION AND JUDGMENTS

Name of Contractor: _____

Complete the following if appropriate. Identify by name, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer. **If a Proposer has no Pending Litigation and/or Judgments, provide a statement indicating so.**

Name	Date	Case	Pending Litigation	Judgment	Size and Scope

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

**REQUIRED FORMS - EXHIBIT 6
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 proposals 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.

Proposer Name

Proposer Official Title

Official's Signature

REQUIRED FORMS - EXHIBIT 7

**FAMILIARITY WITH THE COUNTY
LOBBYIST ORDINANCE CERTIFICATION**

The Proposer 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 Proposer organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____ Date: _____

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 8

Use this form for County Solicitations **Not** subject to the Federal Restriction

REQUEST FOR PREFERENCE CONSIDERATION

INTENTIONALLY OMITTED

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

**REQUIRED FORMS - EXHIBIT 9
PROPOSER'S EEO CERTIFICATION**

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

Signature

Date

Name and Title of Signer (please print)

REQUIRED FORMS - EXHIBIT 10
ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Proposer 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, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@dpss.lacounty.gov and BSERVICES@wdacs.lacounty.gov.

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

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

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

_____ YES (subject to verification by County) _____ NO

B. Proposer is willing to provide DPSS with all job openings and job requirements 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 Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

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

_____ YES _____ NO _____ N/A (Program not available)

Proposer's Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No: _____ Fax No: _____

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 11

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
 CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, 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 proposer is given an exemption from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

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:

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

**REQUIRED FORMS - EXHIBIT 12-15: COST FORMS
*INTENTIONALLY OMITTED***

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 16-20: LIVING WAGE FORMS

INTENTIONALLY OMITTED

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

**REQUIRED FORMS - EXHIBIT 21
CHARITABLE CONTRIBUTIONS CERTIFICATION**

Company Name

Address

Internal Revenue Service Employer Identification Number

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.

- Proposer 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 Proposer 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

- Proposer 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.

Signature

Date

Please Print Name and Title of Signer

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 22

**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 _____ Services:		

The Proposer/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 Proposer/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 Proposer/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:

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:

REQUIRED FORMS - EXHIBIT 23

**ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING
 CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with Section 8.54 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Contract and agrees that proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 24

ACCEPTANCE OF TERMS AND CONDITIONS AFFIRMATION

Proposer/Contractor, _____ hereby affirms that it
(Proposer's/Contractor's Legal Entity Name)

Understands and agrees that a submission of a proposal response to the County of Los Angeles, Department of Public Health, Request for Proposals ("RFP") for Comprehensive Tobacco Control Services in Los Angeles County, constitutes acknowledgment and acceptance of, and a willingness to comply with, all of the terms, conditions, and criteria contained in the referenced RFP, including the Sample Scope of Work, and any addenda thereto.

Signature of Authorized Representative of
Proposing/Contracting Entity

Date

Print Name

Title

Check here if the Proposer has exceptions to the County's terms, conditions, and requirements and attach the information below:

For each exception, the Proposer shall provide:

- An explanation of the reason(s) for the exception;
- The proposed alternative language; and
- A description of the impact, if any, to the Proposer's price.

Indicate all exceptions to the Sample Contract and/or the Scope of Work by providing a 'red-lined' version of the language in question. The County relies on this procedure and any Proposer who fails to make timely exceptions as required herein, may be barred, at the County's sole discretion, from later making such exceptions.

The County reserves the right to determine if Proposers' exceptions are material enough to deem the proposal non-responsive and not subject to further evaluation.

The County reserves the right to make changes to the Sample Contract and its appendices and exhibits at its sole discretion.

REQUIRED FORMS - EXHIBIT 25

VENDOR'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS

Vendor shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, vendor certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy 5.200, Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation.

COMPLIANCE QUESTIONS

**Documentation
Available**

- | | | |
|---|--|--|
| 1) Will County data stored on your workstation(s) be encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Will County data stored on your laptop(s) be encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Will County data stored on removable media be encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Will County data be encrypted when transmitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Will Proposer maintain a copy of any validation/attestation reports generated by its encryption tools? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Will County data be stored on remote servers*?
*cloud storage, Software-as-a-Service or SaaS | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Vendor Name

Vendor Official Title

Official's Signature

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 COMPREHENSIVE TOBACCO CONTROL SERVICES IN LOS ANGELES COUNTY RFP #2018-004**

REQUIRED FORMS - EXHIBIT 26 (REVISED)

PROPOSED JURISDICTION LIST

Proposer's/Agency Name:	
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SECTION A: PROPOSER'S AUTHORIZED PERSON AND SIGNATURE (Identify the person authorized to sign on behalf of the Proposer and to bind the applicant in the Contract.)

Name:	Title:
Email:	Phone #:
Mailing Address:	City, State, Zip Code:
Signature (blue ink):	Date of Signature:

INSTRUCITONS:

Select only one (1) Funding Category and identify six (6) eligible jurisdictions from the corresponding Appendix Q, as identified in Section B below, where the PAM-based policy campaign could take place. Proposers recommended for a contract will provide services in a minimum of two (2) jurisdictions*. The list below will be utilized for contract negotiations to determine the cities where services may be provided. The County retains the right to assign eligible jurisdictions, in its sole discretion, if it is in the best interests of the County to address a geographical need.

SECTION B: Indicate the funding category (select ONLY one) for which the Proposal is submitted:

<input type="checkbox"/>	Funding Category 1: Reduce Youth Access to Products: New Tobacco Retail License (See Appendix Q-1 for list of eligible jurisdictions)	<input type="checkbox"/>	Funding Category 2: Reduce Youth Access to Products: Strengthen Tobacco Retail License (See Appendix Q-2 for list of eligible jurisdictions)
<input type="checkbox"/>	Funding Category 3: Reduce Exposure to Secondhand Smoke in Multi-Unit Housing (See Appendix Q-3 for list of eligible jurisdictions)	<input type="checkbox"/>	Funding Category 4: Reduce Exposure to Secondhand Smoke in Outdoor Areas (See Appendix Q-4 for list of eligible jurisdictions)

SECTION C: Proposer shall identify six (6) eligible jurisdictions where it can provide the required services for the funding category identified in Section B above:

Eligible Jurisdiction 1:	
Eligible Jurisdiction 2:	
Eligible Jurisdiction 3:	
Eligible Jurisdiction 4:	
Eligible Jurisdiction 5:	
Eligible Jurisdiction 6:	

*DPH does not anticipate any Proposer working in more than three (3) jurisdictions.