

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF QUALIFICATIONS (SOQ)
CHECKLIST – EXHIBIT 1 (REVISED)**

VENDOR NAME:	
RFSQ, Paragraph 2.7.1, Table of Contents (Vendor’s SOQ)	<input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ, Paragraph 2.7.2, A. Vendor’s Background and Experience (Vendor’s SOQ Section A.1)	
Exhibit 1: Statement of Qualifications Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 2: Vendor’s Organization Questionnaire/Affidavit and CBE Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor submitted a Statement of Experience that:	
1) demonstrates firm’s ability to carry out the specialized lead hazard remediation and healthy homes intervention needs of the Department;	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, as stated in sub-paragraph 1.4 of this RFSQ; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) does not exceed 3 (three) pages.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor furnished a copy of Certificate of Good Standing (if Corporation or LLC) Or Vendor furnished a copy of a statement on status of the request	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor furnished a copy of Statement of Information (if Corporation or LLC) Or Vendor furnished a copy of a statement on status of the request	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor furnished a copy of Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership) Or Vendor furnished a copy of a statement on status of the request	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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RFSQ, Paragraph 2.7.2, B. Vendor's References (Vendor's SOQ Section A.2)	
Exhibit 7: Prospective Contractor References	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 8: Prospective Contractor List of Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 9: Prospective Contractor List of Terminated Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ, Paragraph 2.7.2, C. Vendor's Pending Litigation and Judgments (Vendor's SOQ Section A.3)	
Exhibit 17: Prospective Contractor Pending Litigation and Judgments (Section A.3 of SOQ)	<input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ, Paragraph 2.7.2, D. Vendor's Financial Viability (Vendor's SOQ Section A.4)	
Vendor provided copies of the company's annual financial statements issued for the last three (3) years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ, Paragraph 2.7.3, Required Forms (Vendor's SOQ Section B)	
Exhibit 3: Certification of No Conflict of Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 4: Vendor's EEO Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 6: Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 10: Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 11: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 12: Charitable Contributions Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 13: Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 14: Zero Tolerance Policy on Human Trafficking Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 15: Vendor's Compliance with Encryption Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 16: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Exhibit 18: Acceptance of Terms and Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 19: Compliance with Fair Chance Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ, Paragraph 2.7.4, Proof of Insurability (Vendor's SOQ Section C)	
Vendor furnished a copy of Certificate of Insurance (ACCORD or equivalent form) or a letter from a qualified insurance carrier indicating a willingness to provide the required coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMERCIAL GENERAL LIABILITY	
General Aggregate: \$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
Products/Completed Operations Aggregate: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal and Advertising Injury: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each Occurrence: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
AUTO LIABILITY	
Auto Liability: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
WORKERS' COMPENSATION	
Each Accident: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROFESSIONAL LIABILITY	
Not less than \$1 million per claim and \$3 million aggregate	<input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ, Paragraph 2.7.5, Proof of Licenses (Vendor's SOQ Section D)	
Vendor furnished a copy of all applicable licenses, certificates, accreditation, and permits for the provision of services for which they intend to qualify which include but are not limited to: a valid Business License,	<input type="checkbox"/> Yes <input type="checkbox"/> No
EPA certification as a Lead Renovation/Abatement Firm	<input type="checkbox"/> Yes <input type="checkbox"/> No
CDPH LRC certified Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No
CDPH LRC certified Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of California Contractor's General Building Contractor license.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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RFSQ, Paragraph 2.8, SOQ Submission

Vendor hand-delivered or sent by a delivery services the original SOQ in an enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "SOQ FOR AS-NEEDED LEAD HAZARD REMEDIATION AND HEALTHY HOMES INTERVENTION SERVICES" -OR- Vendor PDF scanned the original SOQ and electronically submitted with the above subject line to: Contract and Grants Division E-mail address: Contracts-Grants@ph.lacounty.gov

Yes No

Comments:

SIGNATURE

DATE

PRINT SIGNATURE'S NAME

TITLE

ADDRESS

CITY, STATE