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October 3, 2018

**ADDENDUM NUMBER 2  
TO  
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) #2018-005  
FOR  
AS-NEEDED LEAD HAZARD REMEDIATION AND HEALTHY HOMES INTERVENTION  
SERVICES**

On June 15, 2018, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Statement of Qualifications (RFSQ) for As-Needed Lead Hazard Remediation and Healthy Homes Intervention Services.

Pursuant to RFSQ Section 1.8, County Rights and Responsibilities, DPH has the right to amend the RFSQ by written addendum. This Addendum Number 2 amends this RFSQ as indicated below (new or revised RFSQ language is shown in **highlight** or ~~strikethrough~~ for easy reference).

1. RFSQ, Section 1.4, Vendor's Minimum Mandatory Qualifications, Subsection 1.4.1, shall be deleted in its entirety as follows:

~~“1.4.1 Vendor or its principals, partners, or officers must have three (3) years' experience within the last five (5) years providing lead hazard remediation and healthy homes intervention services.”~~

2. RFSQ, Section 2.7.2, Vendor's Qualifications (Section A), is hereby amended to read as follows:

**“2.7.2 Vendor's Qualifications (Section A)**

Demonstrate that the Vendor's organization has the experience to perform the required services. The following sections must be included:

Vendor must provide a Statement of Experience (SOE) that includes sufficient details to demonstrate firm's ability to meet the specialized lead hazard

remediation and healthy homes intervention needs of DPH. Do not merely attest your firm will comply or restate the requirement. In addition, the SOE shall include a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, ~~including years in service,~~ as stated in subparagraph 1.4 of this RFSQ. The SOE must not exceed three (3) pages.”

3. RFSQ, Appendix A, Required Forms, Exhibit 1, Statement of Qualification (SOQ) Checklist has been replaced in its entirety to reflect the revised Minimum Mandatory Qualifications. The revised Appendix A, Exhibit 1 is attached hereto, as Attachment I.
4. RFSQ, Appendix A, Required Forms, Exhibit 2, Vendor’s Organization Questionnaire/Affidavit and CBE Information has been replaced in its entirety to reflect the revised Minimum Mandatory Qualifications. The revised Appendix A, Exhibit 2 is attached hereto, as Attachment II.

Pursuant to RFSQ, Section 1.8, County Rights and Responsibilities, Addendum Number 2 has been made available on Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County’s 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 Addendum Number 1 and 2, there are no other revisions to the RFSQ. All other terms and conditions of the RFSQ remain in full force and effect.

**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)**

Yes  No

**RFSQ, Paragraph 2.7.2, A. Vendor's Background and Experience (Vendor's SOQ Section A.1)**

Exhibit 1: Statement of Qualifications Checklist

Yes  No

Exhibit 2: Vendor's Organization Questionnaire/Affidavit and CBE Information

Yes  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;

Yes  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

Yes  No

3) does not exceed 3 (three) pages.

Yes  No

Vendor furnished a copy of Certificate of Good Standing (if Corporation or LLC)

Yes  No

Or

Vendor furnished a copy of a statement on status of the request

Yes  No

Vendor furnished a copy of Statement of Information (if Corporation or LLC)

Yes  No

Or

Vendor furnished a copy of a statement on status of the request

Yes  No

Vendor furnished a copy of Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership)

Yes  No

Or

Vendor furnished a copy of a statement on status of the request

Yes  No

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

<b>RFSQ, Paragraph 2.7.2, B. Vendor's References (Vendor's SOQ Section A.2)</b>	
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
<b>RFSQ, Paragraph 2.7.2, C. Vendor's Pending Litigation and Judgments (Vendor's SOQ Section A.3)</b>	
Exhibit 17: Prospective Contractor Pending Litigation and Judgments (Section A.3 of SOQ)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RFSQ, Paragraph 2.7.2, D. Vendor's Financial Viability (Vendor's SOQ Section A.4)</b>	
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
<b>RFSQ, Paragraph 2.7.3, Required Forms (Vendor's SOQ Section B)</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

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

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
<b>RFSQ, Paragraph 2.7.4, Proof of Insurability (Vendor's SOQ Section C)</b>	
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
<b>COMMERCIAL GENERAL LIABILITY</b>	
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
<b>AUTO LIABILITY</b>	
Auto Liability: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>WORKERS' COMPENSATION</b>	
Each Accident: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PROFESSIONAL LIABILITY</b>	
Not less than \$1 million per claim and \$3 million aggregate	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RFSQ, Paragraph 2.7.5, Proof of Licenses (Vendor's SOQ Section D)</b>	
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

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

**RFSQ, Paragraph 2.8, SOQ Submission**

Vendor supplied the original SOQ and three (3) numbered copies 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"

Yes  No

**Comments:**

SIGNATURE

DATE

PRINT SIGNATURE'S NAME

TITLE

ADDRESS

CITY, STATE

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
REQUIRED FORMS - EXHIBIT 2 – REVISED  
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

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

Please complete, date and sign this form and place it as the first page of your Statement of Qualification. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Contract.

1. Vendor's form of business entity:

a. Please check box if your firm is one of the following:

- Corporation  
 Limited liability company  
 Non-profit corporation

State its legal name (as found in your Articles of Incorporation) and State of Incorporation:

Legal Name	State	Year Incorporated

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

\_\_\_\_\_  
Name(s)

c. Others (e.g. governmental agencies, school districts, educational institutions, and hospitals, etc.):

\_\_\_\_\_  
Type of entity

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

Name	County of Registration	Year became DBA

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

If yes, name of parent firm: \_\_\_\_\_

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

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

Name	Year of Name Change

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

Yes  No

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH**  
**REQUIRED FORMS - EXHIBIT 2 – REVISED**  
**VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

Vendor acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Qualifications as stated in Paragraph 1.4. of this RFSQ, as listed below. Vendor must meet **each** of the following Minimum Mandatory Qualifications on the day that SOQs are due. **Subcontractor(s) may not be used to meet any of the Vendor’s Minimum Mandatory Qualifications.**

Check box to certify compliance:

Yes  No ~~1.4.1 Vendor or its principals, partners or officers must have three (3) years' experience within the last five (5) years providing lead hazard remediation and healthy homes interventions services.~~

~~\_\_\_\_\_ Years of Experience from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ mm/yr \_\_\_\_\_ mm/yr~~

Yes  No 1.4.2 Vendor’s firm must have a Dun and Bradstreet’s Data Universal Numbering System (DUNS Number) prior to SOQ submission. Vendors who do not possess a DUNS Number may apply for one at <https://fedgov.dnb.com/webform>.

DUNS Number: \_\_\_\_\_

Yes  No 1.4.3 Vendor’s firm must be currently certified with Environmental Protection Agency (EPA) as a Lead Renovation/Abatement Firm. Vendor must include copy of certificate.

Yes  No 1.4.4 One (1) California Department of Public Health (CDPH) Lead Related Construction (LRC) certified Supervisor. Vendor must include copy of certificate.

Yes  No 1.4.5 One (1) CDPH LRC certified Worker. Vendor must include copy of certificate.

Yes  No 1.4.6 State of California Contractor’s General Building Contractor license. Vendor must include copy of certificate.

- Yes  No 1.4.7 Vendor must currently have an office located within the geographic boundaries of Los Angeles County.

Address:

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- Yes  No 1.4.8 Unresolved Disallowed Costs

If Vendor has any County contract that has been reviewed by the Department of the Auditor-Controller within the last 10 years, Vendor does not have unresolved costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

- Vendor **does not** have unresolved disallowed costs as explained above.  
 Vendor **has** unresolved disallowed costs as explained above.

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
REQUIRED FORMS - EXHIBIT 2 – REVISED  
VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

**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.

<b>Business Structure:</b> <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) _____						
<b>Total Number of Employees</b> (including owners):						
<b>Race/Ethnic Composition of Firm.</b> 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

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.

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION IN EXHIBIT 2 IS TRUE AND ACCURATE.**

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