

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
 REQUIRED FORMS - EXHIBIT 2
 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 proposal. 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
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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

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

<u>Name</u>	<u>Year of Name Change</u>
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5. Is your firm involved in any pending acquisition or merger, including the associated company name?

Yes No

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.1 Experience</p> <p>Vendor must have five (5) years’s experience within the last seven (7) years providing responsive service and analyses of lead dust wipe and lead soil samples.</p>
<p><i>Proposer must document their experience below that clearly demonstrates ability to meet the above-referenced requirement. Provide dates, name of agencies/department in which Vendor provided the required service that substantiates Vendor meets the above-referenced requirement (attach additional sheets as necessary).</i></p>	
<p>Years of Experience from _____ to _____ mm/yr mm/yr</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.2 Vendor must be accredited by the National Lead Laboratory Accrediation Program</p> <p>Vendor submitted poof of active accreditation from the National Lead Laboratory Accrediation Program.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.3 Vendor must currently have a lab located in California where services will be performed.</p> <p>Lab Address:</p>
<p>1.4.4 Vendors with Unresolved Disallowed Costs</p> <p>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.</p> <p><input type="checkbox"/> Vendor does not have unresolved disallowed costs as explained above.</p> <p><input type="checkbox"/> Vendor has unresolved disallowed costs as explained above.</p>	

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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.

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

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this bid are made, the bid 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.

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