

**REQUIRED FORMS- EXHIBIT 2B**  
**PROPOSER'S AFFIDAVIT OF ADHERENCE TO MINIMUM MANDATORY QUALIFICATIONS**  
**FORM FOR CATEGORY 2, SDS**

Proposer demonstrate its ability to meet **each** of the Proposer's Minimum Mandatory Qualifications (MMQs) outlined in Paragraph 3.0, Section 3.2, MMQs for Category 2: Specialty Dentistry Services (SDS) of this Request for Proposals **by the date on which proposals are due**. Proposer's should document all relative experience and qualifications to demonstrate compliance with the Proposer's Minimum Mandatory Qualifications. Proposer acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Qualifications as stated in Paragraph 3.0 of this Request for Proposals, as listed below.

**Check the appropriate boxes:** (Proposer must check a box under each Section below. Failure to check any boxes or provide the required responsive information may result in disqualification of your bid as non-responsive.)

RFP Ref.	RFP QUALIFICATIONS
<b>3.2.1</b>	<p><b>Experience:</b></p> <p><b>3.2.1.1</b> Proposer must have a minimum of three (3) years of experience within the last five (5) years providing HIV services to PLWH;</p>
<p><b>Check the appropriate box:</b></p> <p><input type="checkbox"/> <b>Yes.</b> Proposer does meet the experience requirement stated above.</p> <p><input type="checkbox"/> <b>No.</b> Proposer does not meet the experience requirement stated above.</p> <p><i>Proposer must document their experience below that clearly demonstrates ability to meet the above-referenced requirement. Provide dates, names of each employer, names of organizations/departments, type HIV services provided to PLWH, populations served, etc. (attach additional sheets as necessary).</i></p>	
<p>Indicate Years of Experience from _____ to _____</p> <p style="margin-left: 100px;">mm/yr.                      mm/yr.</p>	

<b>3.2.1</b>	<p><b>Experience:</b></p> <p><b>3.2.1.2</b> Proposer or its Consultant(s)/subcontractor(s) must have a minimum of three (3) years of experience within the last five (5) years providing SDS to PLWH in a minimum of one of the following specialties:</p> <ol style="list-style-type: none"> <li>1.Endodontics</li> <li>2.Oral and Maxillofacial Radiology</li> <li>3.Oral and Maxillofacial Pathology</li> <li>4.Oral and Maxillofacial Surgery</li> <li>5.Orthodontics</li> <li>6.Periodontics</li> <li>7.Prosthodontics</li> </ol>
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**Check the appropriate box:**

- Yes.** Proposer or its Consultant(s)/subcontractor(s) does meet the experience requirement stated above.
- No.** Proposer or its Consultant(s)/subcontractor(s) does not meet the experience requirement stated above.

*Proposer must document the experience below that clearly demonstrates Proposer or consultant/subcontractor ability to meet the above-referenced requirement. Provide dates, names of each employer, names of organizations/departments, type of SDS provided to PLWH, populations served, etc.(attach additional sheets as necessary).*

Indicate Years of Experience from \_\_\_\_\_ to \_\_\_\_\_  
mm/yr. mm/yr.

If Proposer is using consultant(s)/subcontractor(s) to meet the requirement above, list the name of consultant(s)/subcontractor(s): \_\_\_\_\_

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3.2.2

**Licensed Dentist and Specialty Certification:**

- a) Proposers or its consultant(s)/subcontractor(s) must have on staff a minimum of one (1) dentist who possesses a valid General License to Practice Dentistry as set forth by the Dental Board of California. Proposer must submit a copy of current and valid license.

**Check the appropriate box:**

**Yes.** Proposer or its consultant(s)/subcontractor(s) does meet the license requirement stated above. Please complete the chart below:

Dentist Name/Agency Name	P-Proposer S-Consultant(s)/ Subcontractor(s)	Dentist License Number	License Expiration Date	License Attached
	<input type="checkbox"/> P <input type="checkbox"/> S Subcontractor(s) Name: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

**No.** Proposer or its consultant(s)/subcontractor(s) does not meet the license requirement stated above.

3.2.2

**Licensed Dentist and Specialty Certification:**

- b) Proposer or its consultant(s)/subcontractor(s) must have on staff a dentist who possesses a valid dental license/permit and/or certification, as set forth by the Dental Board of California, in a minimum of one of the following area(s) of expertise:

1. Endodontics
2. Oral and Maxillofacial Radiology
3. Oral and Maxillofacial Pathology
4. Oral and Maxillofacial Surgery
5. Orthodontics
6. Periodontics
7. Prosthodontics

Proposer must submit a copy of current and valid dental license/permit and/or certification.

**Check the appropriate box:**

**Yes.** Proposer or its consultant(s)/subcontractor(s) does meet the license/permit and/or certification requirement stated above. Please complete the chart below:

Dentist Name/Agency Name	Specialty	P-Proposer S-Consultant(s)/ Subcontractor(s)	License Expiration Date	License/Permit/ Certification Attached
		<input type="checkbox"/> P <input type="checkbox"/> S Subcontractor(s) Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

**No.** Proposer or its consultant(s)/subcontractor(s) does not meet the license/permit and/or certification requirement stated above.

**3.2.3 State of California Licenses and Permits:**  
 Proposer or its consultant(s)/subcontractor(s) must be properly licensed and/or otherwise legally permitted to operate a clinic(s) in the State of California. Proposer must submit a copy of current and valid license or permit per clinic(s) site where dental services are being proposed which may include but is not limited to clinic license approved by the California Department of Public Health (CDPH) or County of Los Angeles, DPH, Health Facilities Inspection Division for Licensing and Certification, or present documentation showing that it is legally permitted to operate a clinic(s) in the State of California.

**Check the appropriate box:**  
 **Yes.** Proposer or its consultant(s)/subcontractor(s) does meet the license/permit requirement stated above. Please complete the chart below:

<b>Dental Clinic Name</b>	<b>Location Address</b> (please list complete address)	<b>P-Proposer S-Consultant(s)/ Subcontractor(s)</b>	<b>SPA</b>	<b>Health District</b>	<b>License/ Permit/other Attached</b>
		<input type="checkbox"/> <b>P</b> <input type="checkbox"/> <b>S</b> <b>Subcontractor(s) Name:</b> _____			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
		<input type="checkbox"/> <b>P</b> <input type="checkbox"/> <b>S</b> <b>Subcontractor(s) Name:</b> _____			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**No.** Proposer or its consultant(s)/subcontractor(s) does not meet the license/permit requirement stated above.

**3.2.4 Denti-Cal Certification**  
 Proposer or its consultant(s)/subcontractor(s) must:  
 a. Be Denti-Cal certified; or  
 b. Have applied for Denti-Cal certification  
 Proposer must submit evidence of current and valid Denti-Cal certification or proof of application submission

**Check the appropriate box:**  
 **Yes.** Proposer or its consultant(s)/subcontractor(s) does meet the certification requirement stated above and attached a current and valid Denti-Cal certification or proof of application.

**If Proposer is using Consultant(s)/subcontractor(s) to meet the requirement above, list the name of Consultant(s)/subcontractor(s):** \_\_\_\_\_

**No.** Proposer or its consultant(s)/subcontractor(s) does not meet the certification requirement stated above.

**3.2.5 Mandatory Proposer's Conference:**  
 Proposer must attend the Mandatory Proposer's Conference on the date, time, and at the location specified in RFP Section 7.6, Mandatory Proposer's Conference.

**Yes.** Proposer attended the Mandatory Proposer's Conference.  
 **No.** Proposer did not attend the Mandatory Proposer's Conference.

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Ref.

**RFP QUALIFICATIONS**

3.2.6

**Unresolved Disallowed Costs:**

If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned 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 .

County will verify that Proposer does not have unresolved costs.

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

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 DPH Director's sole judgment and her judgment shall be final.

**PROPOSER'S AUTHORIZED REPRESENTATIVE**, as defined on Cover Page, **SIGNATURE** (Identify the person authorized to sign on behalf of the Proposer, able to make representations for the Proposer during contract negotiations, and able to legally bind the Proposer.

Name:

Title:

Signature (blue ink):

Date of Signature: