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April 5, 2021

**ADDENDUM NUMBER 2
TO
REQUEST FOR STATEMENT OF QUALIFICATIONS
FOR
EVALUATION SERVICES – RFSQ #2018-013**

On December 21, 2018, the County of Los Angeles (County) Department of Public Health, (now referred to as “Public Health”) released a Request for Statement of Qualifications (RFSQ) for Evaluation Services.

As indicated in the RFSQ, Section 1.8, County Rights and Responsibilities, the County has the right to amend the RFSQ by written addendum. Addendum Number 2 amends the RFSQ in order to: a) add an option to submit a Statement of Qualifications, (SOQ), or abbreviated SOQs, (for Evaluation Services Master Agreement Contractors), in an electronic format; b) revise the County contact information; and, c) make other related changes.

The changes are as indicated below (new or revised language is shown in **highlight** and deleted language is shown in ~~strikethrough~~ for easy reference).

1. All references to the term “DPH” in this RFSQ shall now be amended to read “Public Health”.
2. RFSQ, Section 1.9, Contact with County Personnel, shall be amended as follows:

“1.9 Contact with County Personnel

Any contact regarding this RFSQ or any matter relating thereto must be in writing, and may be mailed, (or e-mailed), as follows:

~~Yvette Humphrey-Jones, Contract Analyst~~ **Maria Agosto, Section Head**
County of Los Angeles, Department of Public Health
Contracts and Grants Division
~~4000 South Fremont Avenue~~

~~Building A-9 East, 5th Floor North
Alhambra, California 91803~~
5555 Ferguson Drive, 2nd Floor, Suite 210
Commerce, California 90022

E-mail: ~~yjones@ph.lacounty.gov~~ Contracts-Grants@ph.lacounty.gov

If it is discovered that a Vendor contacted and received information from any County personnel, other than the person specified above, regarding this solicitation, County, in its sole determination, may disqualify their SOQ from further consideration.”

3. RFSQ, Section 2.7, Preparation and Format of the SOQ, shall be amended as follows:

“2.7 Preparation and Format of the SOQ

~~All SOQs must be unbound and prepared in the prescribed format.~~ Vendors responding to this RFSQ may submit a hard copy **or** an electronic format of their SOQ as described below. Any SOQ that deviates from this format may be rejected without review, at the County’s sole discretion.

1. a) ~~Hard copy of signed SOQ must be One (1) SINGLE-SIDED, unbound, and presented in a folder or three-ring binder, original SOQ package~~ (including all required forms and attachments with original signatures). Do not staple or professionally bind the original SOQ. ~~The original SOQ must be marked as such, e.g., “Original” on the SOQ’s Cover Page.~~

-or-

b) **Portable Document Format (PDF) of signed SOQ (including all required forms and attachments).**

- ~~2. Three (3) DOUBLE-SIDED, unbound and presented in a folder or three-ring binder, copies of the original SOQ package (including copies of all required forms and attachments). Each SOQ copy must be marked as such, e.g., “Copy” on the SOQ’s Cover Page.~~

2. SOQ must be typewritten, single-spaced, with no less than a 11-point font on 8 ½“ by 11” paper.

The content and sequence of the SOQ must be as follows:

- Table of Contents
- Vendor's Qualifications (Section A)
- Required Forms (Section B)
- Proof of Insurability (Section C)
- Proof of Licenses (Section D)"

4. RFSQ, Section 2.8, SOQ submission, shall be amended as follows:

"2.8 SOQ Submission (Hard Copy or Electronic Format)"

Hard Copy Submission

For hard copy submission, the original SOQ ~~and three (3) numbered copies~~ shall be 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 EVALUATION SERVICES"

The hard copy SOQ must be hand-delivered or sent by a delivery service, (excluding United States Postal Service), and received by the deadline specified in Section 2.3, RFSQ Timetable. Send the hard copy SOQ to:

~~Maria Agosto, Section Head~~ ~~Yvette Humphrey-Jones, Contract Analyst~~
County of Los Angeles, Department of Public Health
Contracts and Grants Division
~~1000 South Fremont Avenue~~
~~Building A-9 East, 5th Floor North~~
~~Alhambra, California 91803~~
5555 Ferguson Drive, 2nd Floor, Suite 210
Commerce, California 90022

Electronic Format Submission

For electronic submission, the PDF SOQ shall be submitted with the subject line "SOQ for Evaluation Services," to:

Maria Agosto, Section Head
E-mail: Contracts-Grants@ph.lacounty.gov

~~Timely hand-delivered bids are acceptable.~~ It is the sole responsibility of the submitting Vendor to ensure that its SOQ is received before the submission deadline. Submitting vendors shall bear all risks associated with delays in delivery by any person or entity.

The County may, at its sole discretion, continue to select vendors from this RFSQ process and, depending on service needs, may elect to accept SOQs throughout the duration of the Master Agreement **in order** to qualify vendors.

Until the SOQ submission deadline, errors in SOQs may be corrected by a request in writing to withdraw the SOQ and by submission of another ~~set of~~ SOQ, ~~s~~ with the mistakes corrected. Corrections will not be accepted once the deadline for submission of SOQs has passed.”

5. RFSQ, Section 2.8.3, Master Agreement Contractors Applying for Additional Category(ies) SOQ Preparation and Format, shall be amended as follows:

“2.8.3 Master Agreement Contractors Applying for Additional Category(ies) SOQ Preparation and Format

Master Agreement Contractors applying for additional category(ies) may submit a hard copy **or an electronic format of their abbreviated SOQ.** ~~The original Additional Category(ies) SOQ must be unbound and prepared in the prescribed format.~~ Any Additional Category(ies) **abbreviated** SOQ that deviates from this format may be rejected without review at the County’s sole discretion.

1. **a) Hard copy of signed abbreviated SOQ must be ~~One (1)~~ SINGLE-SIDED**, unbound and presented in a folder or three-ring binder, **original Additional Category(ies) SOQ package** (including ~~copies of~~ all required forms and attachments with original signatures). Do not staple or professionally bind the original Additional Category(ies) SOQ. ~~The original Additional Category(ies) SOQ must be marked as such, e.g., “Original” on the Additional Category(ies) SOQ’s Cover Page.~~

-or-

- b) PDF of signed abbreviated SOQ (including all required forms and attachments).**

2. ~~Three (3) DOUBLE-SIDED, unbound and presented in a folder or three-ring binder, copies of the original Additional Category(ies) SOQ package (including copies of all required forms and attachments). Each Additional~~

~~Category(ies) SOQ copy must be marked as such, e.g., "Copy" on the Additional Category(ies) SOQ's Cover Page.~~

3. Additional Category(ies) SOQ must be typewritten, single spaced, with no less than a 11-point font on 8½" by 11" paper.

The content and sequence of the Additional Category(ies) SOQ must be as follows:

- Table of Contents
- Vendor's Qualifications (Vendor's SOQ Section A)
- Required Forms (Section B.1)
- Proof of Licenses (Vendor's SOQ Section D)"

6. RFSQ, Section 2.8.4, Master Agreement Contractors Applying for Additional Category(ies) SOQ Submission, shall be amended as follows:

"2.8.4 Master Agreement Contractors Applying for Additional Category(ies) SOQ Submission (Hard Copy or Electronic Format)

Hard Copy Submission

For hard copy submission, the abbreviated original SOQ and three (3) numbered copies shall be 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:

"ABBREVIATED SOQ FOR EVALUATION SERVICES – ADDITIONAL CATEGORY(IES)"

The hard copy, The abbreviated SOQ must be hand-delivered or sent by a delivery service (excluding United States Postal Service) to:

~~Maria Agosto, Section Head Yvette Humphrey Jones, Contract Analyst~~
County of Los Angeles, Department of Public Health
Contracts and Grants Division
4000 South Fremont Avenue
Building A-9 East, 5th Floor North
Alhambra, California 91803

5555 Ferguson Drive, 2nd Floor, Suite 210
Commerce, California 90022

Electronic Format Submission

For electronic submission, PDF abbreviated SOQ shall be submitted with the subject line "Abbreviated SOQ for Evaluation Services" to:

Maria Agosto, Section Head
E-mail: Contracts-Grants@ph.lacounty.gov

Note: SOQs that are submitted after the initial due date and time as indicated in Section 2.3, RFSQ Timetable, shall be considered for review at the convenience of the County.

All Additional Category(ies) **abbreviated** SOQs submitted to qualify for additional evaluation service categories are subject to a Modified Review Process consistent with the Review Process referenced in Section 3.1 (sub-sections 3.1.1, 3.1.3, and 3.1.5 of this RFSQ)."

7. RFSQ, Appendix A, Required Forms, Exhibit 1, Statement of Qualifications (SOQ) Checklist, is deleted and replaced in its entirety with **Exhibit 1 (Revised), Statement of Qualifications (SOQ) Checklist**, attached hereto and incorporated by reference. Wherever Exhibit 1 is referenced in the RFSQ shall be deemed amended to read Exhibit 1 (Revised),
8. RFSQ, Appendix A.1, Required Forms, Exhibit 1.1, Statement of Qualifications (SOQ) Additional Categories Checklist, is deleted and replaced in its entirety with, **Exhibit 1.1 (Revised), Statement of Qualifications (SOQ) Additional Categories Checklist**, attached hereto and incorporated by reference. Wherever Exhibit 1.1 is referenced in the RFSQ shall be deemed amended to read Exhibit 1.1 (Revised).

Pursuant to RFSQ, Section 1.8, County Rights and Responsibilities, Addendum Number 2 has been made available on the 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>.

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Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and Addendum Number 2, there are no other revisions to this RFSQ. All terms and conditions of the RFSQ remain in full force and effect.

Attachments (2)

#5281

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

| | |
|--|---|
| VENDOR NAME(Legal Full Name): | Identify Service Category(ies): <input type="checkbox"/> Evaluation Services; <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods |
| RFSQ Reference,Sub-section 2.7.1, Table of Contents (Vendor’s SOQ) | Included <input type="checkbox"/> Yes |
| RFSQ Reference, Sub-section 2.7.2, Vendor’s Qualifications (SOQ Section A.1) | |
| Exhibit 1: Statement of Qualifications Checklist | <input type="checkbox"/> Yes |
| Exhibit 2: Vendor’s Organization Questionnaire/Affidavit and CBE Information | <input type="checkbox"/> Yes |
| For each category that Vendor is attempting to qualify Vendor submitted: | |
| 1) Vendor submitted a Statement of Experience that: a) demonstrates ability to carry out the specialized evaluation needs of the Department: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </div> <div style="width: 35%;"> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A </div> </div> b) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, including years in service, stated in Section 1.4 of this RFSQ: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </div> <div style="width: 35%;"> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A </div> </div> c) does not exceed three (3) pages. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </div> <div style="width: 35%;"> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A </div> </div> | |

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

| | |
|---|---|
| <p>2) A sample evaluation report or article completed within the past five (5) years which demonstrates expertise in the desired category:</p> <p style="text-align: center;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>N/A <input type="checkbox"/>Yes <input type="checkbox"/>N/A <input type="checkbox"/>Yes <input type="checkbox"/>N/A <input type="checkbox"/>Yes <input type="checkbox"/>N/A</p> |
| <p>3) Vendor furnished a copy of Certificate of Good Standing (if Corporation or LLC)</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>N/A</p> |
| <p>4) Vendor furnished a copy of Statement of Information (if Corporation or LLC).</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>N/A</p> |
| <p>5) Vendor furnished a copy of Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership)</p> <p style="text-align: center;">Or</p> <p>Vendor furnished a copy of a statement on status of the request.</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>N/A <input type="checkbox"/>Yes <input type="checkbox"/>N/A</p> |
| RFSQ Reference, Sub-section 2.7.2, B. Vendor's References (Vendor's SOQ Section A.2) | |
| <p>Exhibit 7: Prospective Contractor References</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>Exhibit 8: Prospective Contractor List of Contracts</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>Exhibit 9: Prospective Contractor List of Terminated Contracts</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| RFSQ Reference, Sub-section 2.7.2, C. Vendor's Pending Litigation and Judgments (Vendor's SOQ Section A.3) | |
| <p>Exhibit 17: Prospective Contractor Pending Litigation and Judgments (Section A.3 of SOQ)</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| RFSQ Reference, Sub-section 2.7.2, D. Vendor's Financial Viability (Vendor's SOQ Section A.4) | |
| <p>Vendor provided copies of the company's annual financial statements issued for the last three (3) years.</p> | <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> |

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

RFSQ Reference, Sub-section 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 |
| Exhibit 18: Acceptance of Terms and Conditions in Master Agreement | <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 Reference, Sub-section 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 |

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

| | |
|--|--|
| 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 Reference, Sub-section 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 |
| RFSQ Reference, Section 2.8, SOQ Submission | |
| Vendor hand-delivered or sent by a delivery services the original SOQ in an enclosed 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 EVALUATION SERVICES" -OR- Vendor submitted a PDF SOQ with the above subject line to the email address: Contracts-Grants@ph.lacounty.gov | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comments: | |
| | |

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

APPLICANT 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 OF PUBLIC HEALTH'S SOLE JUDGMENT AND HER JUDGMENT SHALL BE FINAL.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | | |
|------------------------|-----------------------|------|
| SIGNATURE | | DATE |
| PRINT SIGNATURE'S NAME | TITLE | |
| ADDRESS | CITY, STATE, ZIP CODE | |

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF QUALIFICATIONS (SOQ)
ADDITIONAL CATEGORIES CHECKLIST – EXHIBIT 1.1**

| | |
|---|---|
| VENDOR NAME(Legal Full Name): | Identify Service Category(ies): <input type="checkbox"/> Evaluation Services; <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods |
| RFSQ Reference, Sub-section 2.8.3, Table of Contents (Vendor’s SOQ) | Included <input type="checkbox"/> Yes |
| RFSQ Reference, Sub-section 2.8.1-2.8.4, Master Agreement Contractors Applying for Additional Service Category(ies) - Vendor’s Qualification | |
| Exhibit 1.1: Statement of Qualifications Additional Categories Checklist | <input type="checkbox"/> Yes |
| Exhibit 2.1: Vendor’s Organization Questionnaire/Affidavit and CBE Information | <input type="checkbox"/> Yes |
| For each category that Vendor is attempting to qualify Vendor submitted: | |
| 1) Vendor submitted a Statement of Experience that: a) demonstrates ability to carry out the specialized evaluation needs of the Department: <div style="margin-left: 100px;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </div> b) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, including years in service, stated in Section 1.4 of this RFSQ: <div style="margin-left: 100px;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </div> c) does not exceed three (3) pages. <div style="margin-left: 100px;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </div> | <div style="margin-left: 100px;"> <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A <input type="checkbox"/>Yes <input type="checkbox"/> N/A </div> |

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF QUALIFICATIONS (SOQ)
ADDITIONAL CATEGORIES CHECKLIST – EXHIBIT 1.1**

| | |
|---|---|
| <p>2) A sample evaluation report or article completed within the past five (5) years which demonstrates expertise in the desired category:</p> <p style="text-align: center;"> <input type="checkbox"/> Evaluation Services <input type="checkbox"/> Online Assessment Tools and Evaluations of Social Media <input type="checkbox"/> Survey Methods <input type="checkbox"/> Outcome/Impact Assessment Methods </p> | <p> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A </p> |
|---|---|

RFSQ Reference, Sub-section 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 Reference, Sub-section 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 Reference, Sub-section 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 |
|---|--|

RFSQ Reference, Section 2.8.4, Master Agreement Contractors Applying for Additional Category(ies) SOQ Submission

| | |
|---|--|
| <p>Vendor hand-delivered or sent by a delivery services the original abbreviated SOQ in an enclosed sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "Abbreviated SOQ for Evaluation Services - Additional Category(ies)" -OR- Vendor submitted a PDF abbreviated SOQ with the subject line "Abbreviated SOQ for Evaluation Services" to: Contracts-Grants@ph.lacounty.gov.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF QUALIFICATIONS (SOQ)
ADDITIONAL CATEGORIES CHECKLIST – EXHIBIT 1.1**

Comments:

APPLICANT 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 OF PUBLIC HEALTH'S SOLE JUDGMENT AND HER JUDGMENT SHALL BE FINAL.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

| | |
|------------------------|-----------------------|
| SIGNATURE | DATE |
| PRINT SIGNATURE'S NAME | TITLE |
| ADDRESS | CITY, STATE, ZIP CODE |