

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

VENDOR NAME(Legal Full Name):

RFSQ Reference, Sub-section 2.7.1, Table of Contents (Vendor's SOQ)	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ Reference, Sub-section 2.7.2, Vendor's Qualifications (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:	
1) Vendor submitted a Statement of Experience that:	
a) demonstrates ability to carry out the specialized community engagement needs of the County as described in this RFSQ.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, including years of service, as stated in Section 1.4, Sub-section 1.4.1 -1.4.3 of this RFSQ.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) identifies the cities, neighborhoods, and communities where the vendor has conducted community engagement as well as the topic areas the vendor have experience working on (for example, public health, land use, environmental justice, violence prevention, transportation).	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) does not exceed three (3) pages.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Vendor furnished a copy of Certificate of Good Standing (if Corporation or LLC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4) Vendor furnished a copy of Statement of Information (if Corporation or LLC).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) Vendor furnished a copy of Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership) Or	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

Vendor furnished a copy of a statement on status of the request.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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 2.7.2, 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 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

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

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
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, Section 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 COMMUNITY ENGAGEMENT AND RELATED 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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