APPENDIX D

REQUIRED FORMS

FOR

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

CALFRESH HEALTHY LIVING PROGRAM

RFP 2019-008

APPENDIX D
REQUIRED FORMS
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APPENDIX D -REQUIRED FORMS - EXHIBIT 1
PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

Proposer'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 Proposer and to bind the applicant in a Contract.

1. Proposer'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

APPENDIX D- REQUIRED FORMS - EXHIBIT 1
PROPOSER'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: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Franchise
☐ 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

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 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 ABOVE INFORMATION IS TRUE AND ACCURATE.

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

APPENDIX D - REQUIRED FORMS - EXHIBIT 2

PROPOSER'S AFFIDAVIT OF ADHERENCE TO MINIMUM MANDATORY REQUIREMENTS

Proposer must demonstrate its ability to meet each of the Proposer's Minimum Mandatory Requirements (MMR) for the category(ies) for which they are applying as outlined in Paragraph 3.0, MMR of this Request for Proposals by the date on which proposals are due. Proposer's must provide a summary of relevant background information to demonstrate that the Proposer meets the MMR in Section 7.9.19, Proposer's Background and Experience (Section B-1).

All Proposer's must respond to the following:

1. Proposer must confirm or deny compliance with the following:

☐ Yes ☐ No If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten (10) years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over one hundred thousand ($100,000), that are confirmed to be disallowed costs by DPH, and remain unpaid for six (6) 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.

2. Proposer must:

☐ Yes ☐ No Submit a Certification of Non-Acceptance of Tobacco Fund (Appendix T) certifying to the best of their ability that it does not accept funds from nor have an affiliation or contractual relationship with a tobacco company, any of its subsidiaries or parent company for the direct sale and/or marketing of tobacco products

Category 1: Early Childcare and Education (ECE)

1. Proposer must be one of the following:

☐ Yes ☐ No A licensed Child Care Center serving children 3-5 (operate according to the California Health and Safety Code and Title 22 of the California Code of Regulations) documented by a copy of a license to operate a Child Care Center, provided by the California Department of Social Services; or

☐ Yes ☐ No A Head Start Delegate Agency, documented by a Notice of Award for Head Start funding as a Head Start Delegate Agency; or

☐ Yes ☐ No A Head Start Direct Grantee, as documented by a Notice of Award of Head Start funding as a Head Start Direct Grantee.

2. Proposer must:

☐ Yes ☐ No Have a minimum of ten (10) qualifying sites (Headstart or within a Census tract with >50% of households with incomes <185% of the Federal Poverty Level) within the boundaries of Los Angeles County. Must submit Appendix Q Site Eligibility Documentation. * final sites will be determined in coordination with DPH based on geographic distribution.

Category 2: K-12 Schools and Afterschool Programs

1. Proposer must be the following:

☐ Yes ☐ No A Public-School District within the geographical boundaries of Los Angeles County

2. Proposer must:

☐ Yes ☐ No Have a minimum of five (5) qualifying schools (defined as a minimum of 50% the student population that receives free and reduced-price meals (FRPM)), with a minimum of two (2) elementary schools, one (1) middle school and one (1) high school. Must submit Appendix Q Site Eligibility Documentation.

3. Proposer must:

☐ Yes ☐ No Have an existing partnership with a before and/or after school program provider with capacity to implement CalFresh Healthy Living strategies in three (3) schools.

Category 3: Healthcare Clinics

1. Proposer must be one of the following: (documented with a Notice of Award as a Health Resources and Services Administration (HRSA) Section 330 grant recipient or Notice of Look-Alike Designation)

   ☐ Yes ☐ No A Community Health Center (CHC);

   ☐ Yes ☐ No A HRSA Health Center Program or Health Center Program look-alike;

   ☐ Yes ☐ No A HRSA Federally Qualified Health Center (FQHC) or FQHC look-alike

2. Proposer must:

   ☐ Yes ☐ No Operate a minimum of three (3) eligible healthcare clinic sites within the boundaries of Los Angeles County that target individuals of all ages as their primary patient population. Must submit Appendix Q Site Eligibility Documentation. * final sites will be determined in coordination with DPH based on geographic distribution.

3. Proposer must:

   ☐ Yes ☐ No Have an electronic health record (EHR) system in all three (3) healthcare clinic sites where CalFresh Healthy Living strategies will be implemented

Category 4: Food Banks/Pantries

1. Proposer must be one of the following:

   ☐ Yes ☐ No Non-profit organization with 501(c)(3) status that has been in business for a minimum of two years, documented by a 501(c)(3) Letter of Determination provided by the IRS; or

   ☐ Yes ☐ No Non-profit organization without 501(c)(3) status that has been in business for a minimum of two years and applying through a fiscal sponsor with 501(c)(3) status, documented by 501(c)(3) Letter of Determination provided by the IRS

2. Proposer must:

   ☐ Yes ☐ No Operate a minimum of eight (8) food pantry sites throughout Los Angeles County; or

   ☐ Yes ☐ No Have a minimum of two (2) years of experience collaborating with a minimum of eight (8) food pantry sites to provide programs, services, technical assistance, or other collaborative efforts throughout Los Angeles County.

Category 5: Produce Distribution

1. Proposer must be one of the following:

   ☐ Yes ☐ No Non-profit organization with 501(c)(3) status that has been in business for a minimum of two years, documented by a 501(c)(3) Letter of Determination provided by the IRS; or

   ☐ Yes ☐ No Non-profit organization without 501(c)(3) status that has been in business for a minimum of two years and applying through a fiscal sponsor with 501(c)(3) status, documented by 501(c)(3) Letter of Determination provided by the IRS

2. Proposer must:

   ☐ Yes ☐ No Have a minimum of two (2) years of experience within the last five (5) years working to rescue and/or distribute food at no cost to community-based organizations and/or institutions in low-income communities

3. Proposer must:

   ☐ Yes ☐ No Have licensed vehicle(s) and driver(s) that can transport free produce to 15-25 sites in Los Angeles County

Category 6: Nutrition Education and Physical Activity

1. Proposer must be one of the following:

   ☐ Yes ☐ No Non-profit organization with 501(c)(3) status that has been in business for a minimum of two years, documented by a 501(c)(3) Letter of Determination provided by the IRS; or

   ☐ Yes ☐ No Non-profit organization without 501(c)(3) status that has been in business for a minimum of two years and applying through a fiscal sponsor with 501(c)(3) status, documented by 501(c)(3) Letter of Determination provided by the IRS

2. Proposer must:

   ☐ Yes ☐ No Have a business office within the geographic boundaries of Los Angeles County

3. Proposer must:

   ☐ Yes ☐ No Have a minimum of two (2) years of experience within the last five (5) years providing obesity prevention services in low-income communities through behaviorally focused, skills-based nutrition education; and

   ☐ Yes ☐ No Behaviorally focused, skills-based nutrition education; and

   ☐ Yes ☐ No Behaviorally focused, physical activity promotion

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 Director's sole judgment and his/her judgment shall be final.

On behalf of Proposer and as the Proposer's authorized representative, certify that the information contained in this Proposer's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Name:_____ Title:_____

Email:_____ Fax #:_____ Phone #:_____

Mailing Address:_____ City, State, Zip Code:_____

County WebVen Number:_____

California Business License Number_____

Internal Revenue Service
Employee Identification Number
Signature (blue ink):_____ Date of Signature:_____

.....

APPENDIX D- REQUIRED FORMS - EXHIBIT 3

PROSPECTIVE CONTRACTOR REFERENCES

Proposer's Name:_____

List Five (5) References where the same or similar scope of services was provided. References must be a contractual relationship, in which the Proposer received grant funding for services.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

APPENDIX D REQUIRED FORMS - EXHIBIT 4

PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Proposer's Name:_____

List of all public entities for which the Proposer has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

APPENDIX D - REQUIRED FORMS - EXHIBIT 5

PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

Proposer's Name:_____

List of all contracts that have been terminated within the past five (5) years.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	Reason for Termination:			
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	Reason for Termination:			
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	Reason for Termination:			
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Email**
Name or Contract No.	Reason for Termination:			

APPENDIX D - REQUIRED FORMS – EXHIBIT 6
PROSPECTIVE CONTRACTOR PENDING LITIGATION AND JUDGMENTS

Name of Contractor: _____

Complete the following if appropriate. Identify by name, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer. If a Proposer has no Pending Litigation and/or Judgments, provide a statement indicating so.

Name	Date	Case	Pending Litigation	Judgment	Size and Scope

APPENDIX D - REQUIRED FORMS - EXHIBIT 7

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;

2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;

3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:

    a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or

    b. Participated in any way in developing the contract or its service specifications; and

4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

_____
Proposer Name

_____
Proposer Official Title

_____
Official's Signature

APPENDIX D - REQUIRED FORMS - EXHIBIT 8

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;

2) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and

3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature:_____ Date:_____

APPENDIX D - REQUIRED FORMS - EXHIBIT 9

Request for Preference Program Consideration

INTENTIONALLY OMITTED

APPENDIX D - REQUIRED FORMS - EXHIBIT 10

PROPOSER'S EEO CERTIFICATION

_____
Company Name

_____
Address

_____
Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	☐	☐
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	☐	☐
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	☐	☐
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	☐	☐

_____ _____
Signature Date

_____
Name and Title of Signer (please print)

APPENDIX D - REQUIRED FORMS - EXHIBIT 11

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@dpss.lacounty.gov.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____ YES (subject to verification by County) _____ NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____ YES _____ NO _____ N/A (Program not available)

Proposer's Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No: _____ Fax No: _____

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CALFRESH HEALTHY LIVING PROGRAM RFP 2019-008

APPENDIX D - REQUIRED FORMS - EXHIBIT 12

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of $50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed $50,000). I understand that the exception will be lost, and I must comply with the Program if my revenues from the County exceed an aggregate sum of $50,000 in any 12-month period.

☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are $500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost, and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed $500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

APPENDIX D - REQUIRED FORMS - EXHIBITS 13 – 16: COST FORMS

INTENTIONALLY OMITTED

APPENDIX D- REQUIRED FORMS - EXHIBITS 17 – 20: LIVING WAGE FORMS

INTENTIONALLY OMITTED

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CALFRESH HEALTHY LIVING PROGRAM RFP 2019-008

APPENDIX D - REQUIRED FORMS - EXHIBIT 21

CHARITABLE CONTRIBUTIONS CERTIFICATION

_____
Company Name

_____
Address

_____
Internal Revenue Service Employer Identification Number

_____
California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

☐ Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

☐ Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

_____ _____
Signature Date

_____
Name and Title of Signer (please print)

APPENDIX D - REQUIRED FORMS - EXHIBIT 22

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

INTENTIONALLY OMITTED

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CALFRESH HEALTHY LIVING PROGRAM RFP 2019-008

APPENDIX D - REQUIRED FORMS EXHIBIT 23

CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

☐ I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

_____

_____

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

Date: _____

APPENDIX D - REQUIRED FORMS EXHIBIT 24
REQUEST FOR DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE PROGRAM CONSIDERATION

INTENTIONALLY OMITTED

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CALFRESH HEALTHY LIVING PROGRAM RFP 2019-008

APPENDIX D- REQUIRED FORMS - EXHIBIT 25

ACCEPTANCE OF TERMS AND CONDITIONS AFFIRMATION

Proposer/Contractor, _____ hereby affirms that it
(Proposer's/Contractor's Legal Entity Name)

Understands and agrees that a submission of a proposal response to the County of Los Angeles, Department of Public Health, Request for Proposals ("RFP") for the Champions for Change – Healthy Communities Initiative, constitutes acknowledgment and acceptance of, and a willingness to comply with, all of the terms, conditions, and criteria contained in the referenced RFP, including the Sample Scope of Work, and any addenda thereto.

Signature of Authorized Representative of Proposing/Contracting Entity	Date
Print Name	Title

For each exception, the Proposer shall provide:

- An explanation of the reason(s) for the exception;
- The proposed alternative language; and
- A description of the impact, if any, to the Proposer's price.

Indicate all exceptions to the Sample Contract and/or the Scope of Work by providing a 'red-lined' version of the language in question. The County relies on this procedure and any Proposer who fails to make timely exceptions as required herein, may be barred, at the County's sole discretion, from later making such exceptions.

The County reserves the right to determine if Proposers' exceptions are material enough to deem the proposal non-responsive and not subject to further evaluation.

The County reserves the right to make changes to the Sample Contract and its appendices and exhibits at its sole discretion.

APPENDIX D - REQUIRED FORMS - EXHIBIT 26

ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with Section 5.23 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Contract and agrees that proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

APPENDIX D- REQUIRED FORMS - EXHIBIT 27

PROPOSER'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS

Proposer shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, Proposer certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy 5.200, Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation.

COMPLIANCE QUESTIONS		**Documentation Available**
1) Will County data stored on your workstation(s) be encrypted?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
2) Will County data stored on your laptop(s) be encrypted?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
3) Will County data stored on removable media be encrypted?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
4) Will County data be encrypted when transmitted?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
5) Will Proposer maintain a copy of any validation/attestation reports generated by its encryption tools?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
6) Will County data be stored on remote servers*? *cloud storage, Software-as-a-Service or SaaS	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

_____
Proposer Name

_____
Proposer Official Title

_____
Proposer Signature

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CALFRESH HEALTHY LIVING PROGRAM RFP 2019-008

APPENDIX D - REQUIRED FORMS - EXHIBIT 28

COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer/Contractor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that proposer/contractor and staff performing work under the Contract will be in compliance. Proposer/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

APPENDIX D - REQUIRED FORMS - EXHIBIT 29

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Sample Contract attached to the Request for Proposals, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Dated:_____

_____
Signature of Authorized Representative

_____
Title of Authorized Representative

_____
Printed Name of Authorized Representative