

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

**APPENDIX D - REQUIRED FORMS - EXHIBIT 5 (REVISED)  
PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Proposer's Name:** \_\_\_\_\_

List of all contracts ~~that have been~~ terminated **prior to their expiration**, within the past five (5) years, **including reason for termination**.

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