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December 11, 2019

**ADDENDUM NUMBER 1
TO
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)
FOR
AS-NEEDED SUBSTANCE USE PREVENTION SERVICES RFSQ #2019-010**

On November 19, 2019, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Statement of Qualifications (RFSQ) for As-Needed Substance Use Prevention Services.

This Addendum Number 1 is being issued to make modifications to the RFSQ.

As indicated in the RFSQ, Section, 1.8, County Rights and Responsibilities, the County has the right to amend the RFSQ by written addendum. This Addendum Number 1 amends this RFSQ as indicated below (new or revised language is shown in **highlight** and deleted language is shown in ~~strikethrough~~ for easy reference).

1. RFSQ, Section 1.4, Vendor's Minimum Mandatory Qualifications, Subsection 1.4.3, shall be amended as follows:

"1.4.3 Vendor must be **either 1)** tax-exempt, registered non-profit organization qualified under Internal Revenue Service's Code (IRS) – Section 501(c)(3) and must submit a copy of its IRS 501(c)(3) Determination Letter, **or 2) public entity or public agency.**"

2. RFSQ, Section 2.7, Preparation and Format of the SOQ, Subsection 2.7.2, Vendor's Qualifications (Section A), sub-subsection A. 4) Vendor's Organizational Structure, shall be amended as follows:

"4) Vendor's Organizational Structure:

Taking into account the structure of the vendor's organization, vendor shall determine which of the below referenced supporting documents the County requires. If the vendor's organization does not fit into one (1) of these

categories, upon receipt of the SOQ or at some later time, the County may, in its discretion, request additional documentation regarding the vendor's business organization and authority of individuals to sign Master Agreements/MAWOs.

If the below referenced documents are not available at the time of SOQ submission, vendors must request the appropriate documents from the California Secretary of State and provide a statement on the status of the request.

Required Support Documents:

1) Non-Profit Organization:

The vendor must submit the following documentation with the SOQ:

- a. A copy of a "Certificate of Good Standing" with the state of incorporation/organization or provide a copy of a statement on status of the request.
- b. A conformed copy of the most recent "Statement of Information" as filed with the California Secretary of State listing corporate officers or members and managers or provide a copy of a statement on status of the request.
- c. A copy of its "IRS 501(c)(3) Determination Letter" which must state that vendor's organization qualifies for tax-exempt status under section 501(c)(3) status of the Internal Revenue Code.

2) Public Entity or Public Agency:

The vendor must verify they are a public entity or public agency."

3. 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).
4. RFSQ, Appendix A, Required Forms, Exhibit 2, Vendor's Organization Questionnaire/Affidavit and CBE Information, is deleted and replaced in its entirety with Exhibit 2 (Revised), Vendor's Organization Questionnaire/Affidavit and CBE Information, attached hereto and incorporated by reference. Wherever Exhibit 2 is referenced in the RFSQ shall be deemed amended to read Exhibit 2 (Revised).
5. RFSQ, Appendix A, Required Forms, Exhibit 2.1, Additional Categories Vendor's Organization Questionnaire/Affidavit, is deleted and replaced in its entirety with

Exhibit 2.1 (Revised), Additional Categories Vendor's Organization Questionnaire/Affidavit, attached hereto and incorporated by reference. Wherever Exhibit 2.1 is referenced in the RFSQ shall be deemed amended to read Exhibit 2.1 (Revised).

6. RFSQ, Section 2.3, RFSQ Timetable, is hereby amended as follows:

“2.3 RFSQ Timetable

The timetable for this RFSQ is as follows:

- Release of RFSQ 11/19/2019
- Request for a Solicitation Requirements Review Due..... ~~12/05/19~~ 12/17/2019
- Written Questions Due by 4:00 PM (Pacific Time) ~~12/05/19~~ 12/17/2019
- Questions and Answers Released ~~12/19/19~~ 1/10/2020
- *SOQ due by 4:00 PM (Pacific Time)..... ~~01/07/20~~ 1/21/2020

*SOQs that are submitted after the initial due date and time indicated above shall be considered for review at the convenience of the County. Please note the County may at any time issue an addendum as described in Section 1.8 to close this RFSQ.”

Pursuant to RFSQ, Section 1.8, County Rights and Responsibilities, Addendum Number 1 has been made available on the Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

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

Attachments (3)

#04834

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

The purpose of this document is to ensure vendor has submitted all applicable sections, forms, exhibits, attachments, etc. with its SOQ. Please check the appropriate box(es).

Additionally, vendor is encouraged to complete the attached optional Vendor Survey Questionnaire, Exhibit 1 (Attachment A).

<p>VENDOR’S NAME (Legal Full Name):</p>	<p>Identify Service Category(ies):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual Education and Skills Development <input type="checkbox"/> Community Health Promotion <input type="checkbox"/> Provider Education <input type="checkbox"/> Coalition and Network Development <input type="checkbox"/> Organizational Practices and Community Norms <input type="checkbox"/> Policy Advocacy for Environmental Change <input type="checkbox"/> Risk Reduction Initiatives
<p>RFSQ Reference, Sub-section 2.7.1, Table of Contents (Vendor’s SOQ)</p>	<p>Included <input type="checkbox"/> Yes</p>
<p>RFSQ Reference, Sub-section 2.7.2, Vendor’s Qualifications (Vendor’s SOQ Section A.1)</p>	
<p>Exhibit 1: Statement of Qualifications (SOQ) Checklist</p>	<p><input type="checkbox"/> Yes</p>
<p>Exhibit 2: Vendor’s Organization Questionnaire/Affidavit and CBE Information</p>	<p><input type="checkbox"/> Yes</p>
<p>For each category that vendor is attempting to qualify, vendor:</p>	
<p>1) submitted a Statement of Experience (SOE) that:</p> <p>a) demonstrates ability to carry out the substance use prevention services as described in the RFSQ for the following:</p> <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives <p>b) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, including years of experience stated in Section 1.4 of this RFSQ:</p> <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion 	<ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A

<ul style="list-style-type: none"> ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives <p>c) does not exceed three (3) pages.</p> <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives 	<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 <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<p>2) furnished a copy of “Certificate of Good Standing” with the state OR provide a copy of a statement on status of the request</p>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<p>3) furnished a copy of “Statement of Information” as filed with the California Secretary of State OR provide a copy of a statement on status of the request</p>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<p>4) furnished a copy of its “IRS 501(c)(3) Determination Letter” which must state that Vendor’s organization qualifies for tax-exempt status under section 501(c)(3) status of the Internal Revenue Code</p>	<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>	
<p>Exhibit 7: Prospective Contractor References</p>	<input type="checkbox"/> Yes
<p>Exhibit 8: Prospective Contractor List of Contracts</p>	<input type="checkbox"/> Yes
<p>Exhibit 9: Prospective Contractor List of Terminated Contracts</p>	<input type="checkbox"/> Yes
<p>RFSQ Reference, Sub-section 2.7.2, C. Vendor’s Pending Litigation and Judgments (Vendor’s SOQ Section A.3)</p>	
<p>Exhibit 17: Prospective Contractor Pending Litigation and Judgments (Section A.3 of SOQ)</p>	<input type="checkbox"/> Yes
<p>RFSQ Reference, Sub-section 2.7.2, D. Vendor’s Financial Viability (Vendor’s SOQ Section A.4)</p>	
<p>Provided copies of the company’s annual financial statements issued for the last three (3) years.</p>	<input type="checkbox"/> Yes
<p>RFSQ Reference, Sub-section 2.7.3, Required Forms (Vendor’s SOQ Section B)</p>	
<p>Exhibit 3: Certification of No Conflict of Interest</p>	<input type="checkbox"/> Yes
<p>Exhibit 4: Vendor’s Equal Employment Opportunity (EEO) Certification</p>	<input type="checkbox"/> Yes
<p>Exhibit 6: Familiarity with the County Lobbyist Ordinance Certification</p>	<input type="checkbox"/> Yes

Exhibit 10: Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/> Yes
Exhibit 11: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/> Yes
Exhibit 12: Charitable Contributions Certification	<input type="checkbox"/> Yes
Exhibit 13: Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<input type="checkbox"/> Yes
Exhibit 14: Zero Tolerance Policy on Human Trafficking Certification	<input type="checkbox"/> Yes
Exhibit 15: Vendor's Compliance with Encryption Requirements	<input type="checkbox"/> Yes
Exhibit 16: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions	<input type="checkbox"/> Yes
Exhibit 18: Acceptance of Terms and Conditions Affirmation	<input type="checkbox"/> Yes
Exhibit 19: Compliance with Fair Chance Employment Practices	<input type="checkbox"/> Yes
RFSQ Reference, Sub-section 2.7.4, Proof of Insurability (Vendor's SOQ Section C)	
Provided proof of insurability or a letter from a qualified insurance carrier indicating a willingness to provide the required coverage:	<input type="checkbox"/> Yes
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Yes
General Aggregate: \$2 million	
Products/Completed Operations Aggregate: \$1 million	
Personal and Advertising Injury: \$1 million	
Each Occurrence: \$1 million	
AUTO LIABILITY	<input type="checkbox"/> Yes
Auto Liability: \$1 million	
WORKERS' COMPENSATION	<input type="checkbox"/> Yes
Each Accident: \$1 million	
PROFESSIONAL LIABILITY	<input type="checkbox"/> Yes
Not less than \$1 million per claim and \$3 million aggregate	
RFSQ Reference, Section 2.8, SOQ Submission	
Supplied the original SOQ (including all required forms and attachments with original signatures) and three (3) numbered copies 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 AS-NEEDED SUBSTANCE USE PREVENTION SERVICES"	<input type="checkbox"/> Yes

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

Vendor Survey Questionnaire
Optional Survey: Your feedback is greatly appreciated.

Vendor Name (Optional): _____

How did your agency learn about this contracting opportunity with the County of Los Angeles Department of Public Health? Please check box(es) that apply.

❖ Social Media (e.g., Twitter, Facebook, etc.)	<input type="checkbox"/> Yes
❖ Department of Public Health Workshop	<input type="checkbox"/> Yes
❖ County Vendor Fair	<input type="checkbox"/> Yes
❖ Contracting Opportunity flyer	<input type="checkbox"/> Yes
❖ Email Notification	<input type="checkbox"/> Yes
❖ Website (Department of Public Health Contracts and Grants)	<input type="checkbox"/> Yes
❖ Other Website (<i>Please describe below</i>):	<input type="checkbox"/> Yes
❖ Other (<i>Please describe below</i>):	<input type="checkbox"/> Yes

Thank you!

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

Vendor’s Legal Full Name: _____

Please complete, date and sign this form and place it as the first page of your Statement of Qualification. The person signing the form must be authorized to sign on behalf of the vendor and to bind the applicant in a Contract.

1. Vendor’s form of business entity:
- a. Please check **appropriate** box if your firm is one of the following:
- Corporation
 - Limited liability company
 - Non-profit corporation
 - Public Entity or Public Agency**

State its legal name (as found in your Articles of Incorporation) and State of Incorporation:

Legal Name	State	Year Incorporated
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- b. If your firm is a ~~sole proprietor or limited partnership, state the name of the proprietor or managing partner:~~ **non-profit, state the name of the Director or managing partner:**

Name(s)

- c. ~~Others (e.g. governmental agencies, school districts, educational institutions, and hospitals, etc.):~~ **Describe your public entity or public agency:**

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

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

Vendor acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Qualifications as stated in Section 1.4. of this RFSQ, as listed below. Vendor must meet **each** of the following Minimum Mandatory Qualifications on the day that SOQs are due. **The minimum mandatory qualifications may not be met through any collaboration or subcontract relationship between two (2) or more organizations.** Check box to certify compliance.

Yes No 1.4.1 **Experience**

Vendor has three (3) years of experience within the last seven (7) years providing substance use prevention services in each category for which they are attempting to qualify.

Vendor attests it is qualified in:

Individual Education and Skills Development

Years of Experience from _____ to _____
mm/yr mm/yr

Community Health Promotion

Years of Experience from _____ to _____
mm/yr mm/yr

Provider Education

Years of Experience from _____ to _____
mm/yr mm/yr

Coalition and Network Development

Years of Experience from _____ to _____
mm/yr mm/yr

Organizational Practices and Community Norms

Years of Experience from _____ to _____
mm/yr mm/yr

Policy Advocacy for Environmental Change

Years of Experience from _____ to _____
mm/yr mm/yr

Risk Reduction Initiatives

Years of Experience from _____ to _____
mm/yr mm/yr

Yes No 1.4.2

Vendor must have three (3) years of experience within the last seven (7) years implementing behavioral health-related prevention services including scope, time and target population and/or ability collaborating with existing service agencies that provide as-needed substance use prevention services, SUD treatment and recovery support networks, and human and health services, including legal aid, vocational services, and housing to ensure a continuum of services.

Yes No 1.4.3

Vendor must be **either 1)** tax-exempt, registered non-profit organization qualified under Internal Revenue Service’s Code (IRS) – Section 501(c)(3) and must submit a copy of its IRS 501(c)(3) Determination Letter, **or 2) public entity or public agency.**

Yes No 1.4.4 **Office Location**

Vendor must have an operational business office located in Los Angeles County.

Provide vendor's full address of office location:

1.4.5 **Vendor must not have Unresolved Disallowed Costs**

If vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, vendor 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 (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.

County will verify that Vendor does not have unresolved disallowed costs.

Vendor **does not** have unresolved disallowed costs as explained above.

Vendor **has** unresolved disallowed costs as explained above.

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH

VENDOR’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: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> 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

Vendor further 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’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 INFORMATION IN EXHIBIT 2 IS TRUE AND ACCURATE.

VENDOR NAME:		COUNTY WEBVEN NUMBER:	
ADDRESS:			DUNS NUMBER:
PHONE NUMBER:	E-MAIL:		CAGE NUMBER:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:			CALIFORNIA BUSINESS LICENSE NUMBER:
VENDOR’S OFFICIAL NAME AND TITLE (PRINT):			
SIGNATURE			DATE

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
REQUIRED FORMS – EXHIBIT 2.1
ADDITIONAL CATEGORY(IES) VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

VENDOR’S NAME: _____

VENDOR’S ADDRESS: _____
Street Suite

City State Zip Code

VENDOR’S AUTHORIZED REPRESENTATIVE: Please provide the below information as it relates to Vendor’s authorized representative.

Authorized Representative: _____

Title: _____

Address: _____
Street Suite

City State Zip Code

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

VENDOR’S CONTACT PERSON: Please provide the below information as it relates to vendor’s contact person. Vendor’s contact person will serve as the Vendor’s main contact with the County for any matters related to this solicitation.

Contact Representative: _____

Title: _____

Address: _____
State Suite

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
 ADDITIONAL CATEGORIES VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Vendor acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Qualifications as stated in Section 1.4. of this RFSQ, as listed below. Interested and qualified vendors that meet all the Minimum Mandatory Qualifications stated below are highly encouraged to submit an SOQ to qualify in one (1) or more of the seven (7) service categories identified in this RFSQ. **Subcontractor(s) may not be used to meet any of the Vendor’s Minimum Mandatory Qualifications.** Check box to certify compliance:

Check box to certify compliance:

Yes No 1.4.1 **Experience**

Vendor has three (3) years of experience within the last seven (7) years providing as-needed substance use prevention services in each category for which they are attempting to qualify.

Vendor attests it is qualified in:

Individual Education and Skills Development

Years of Experience from _____ to _____
 mm/yr mm/yr

Community Health Promotion

Years of Experience from _____ to _____
 mm/yr mm/yr

Provider Education

Years of Experience from _____ to _____
 mm/yr mm/yr

Coalition and Network Development

Years of Experience from _____ to _____
 mm/yr mm/yr

Organizational Practices and Community Norms

Years of Experience from _____ to _____
 mm/yr mm/yr

Policy Advocacy for Environmental Change

Years of Experience from _____ to _____
 mm/yr mm/yr

Risk Reduction Initiatives

Years of Experience from _____ to _____
 mm/yr mm/yr

APPENDIX A.1 - REQUIRED FORMS – EXHIBIT 2.1 (Revised)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.2	Vendor must have three (3) years of experience within the last seven (7) years implementing behavioral health-related prevention services including scope, time and target population and/or ability collaborating with existing service agencies that provide substance use prevention services, SUD treatment and recovery support networks, and human and health services, including legal aid, vocational services, and housing to ensure a continuum of services.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.3	Vendor must be either 1) tax-exempt, registered non-profit organization qualified under Internal Revenue Service's Code (IRS) – Section 501(c)(3) and must submit a copy of its IRS 501(c)(3) Determination Letter, or 2) public entity or public agency.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.4	Office Location Vendor must have an operational business office located in Los Angeles County.
	1.4.5	Vendors must not have Unresolved Disallowed Costs If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Vendor 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 (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. County will verify that Vendor does not have unresolved disallowed costs. <input type="checkbox"/> Vendor does not have unresolved disallowed costs as explained above. <input type="checkbox"/> Vendor has unresolved disallowed costs as explained above.

Vendor further 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'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 INFORMATION IN EXHIBIT 2.1 IS TRUE AND ACCURATE.

VENDOR'S NAME:		COUNTY WEBVEN NUMBER:	
ADDRESS:		DUNS NUMBER:	
PHONE NUMBER:	E-MAIL:	CAGE NUMBER:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:		CALIFORNIA BUSINESS LICENSE NUMBER:	
VENDOR'S OFFICIAL NAME AND TITLE (PRINT):			
SIGNATURE		DATE	