

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
AS-NEEDED TEMPORARY PERSONNEL SERVICES
APPLICATION PACKET**

Exhibits

- 1) Applicant's Organization Questionnaire/Affidavit
- 2) Applicant's Minimum Requirements
- 3) Certification of Compliance
- 4) Application Transmittal Form
- 5) Applicant's Compliance with Encryption Requirements
- 6) Acceptance of Terms and Conditions Affirmation
- 7) Community Business Enterprise (CBE) Information (Excel Worksheet)

Attachment

- A. **Optional** – Applicant Survey Questionnaire

EXHIBIT 1
APPLICANT'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
E-MAIL:	TELEPHONE NUMBER:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1	<p>Select the options that best define your firm's business structure:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Franchise</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>
2	<p>Is your firm doing business under one or more DBA's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p>

		State of Incorporation or registration of parent firm: _____
4	Has your firm done business as other names within last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate any other names and the year of name change. Name: _____ Year(s) of Name Change _____
5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".	
6	Is your firm involved in any pending acquisition or mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	Name: _____ Title: _____ Phone: _____ Email: _____

EXHIBIT 2

APPLICANT'S MINIMUM REQUIREMENTS

APPLICANT (Applicant's Legal Full Name):

INSTRUCTIONS TO APPLICANT: Please thoroughly complete this form. The Application will be scored on a "Pass" or "Fail" basis. Applicants must meet all of the Applicant's Minimum Mandatory Requirements in order to be considered for a contract award. Applications that do not meet the Minimum Requirements shall be deemed unresponsive and shall not be considered for a contract award.

Applicant acknowledges and certifies that on the day on which the Application is submitted, it meets and will comply with all of the Minimum Requirements as listed below. **Subcontractors may not be used to meet any of the Minimum Requirements.**

Please check the appropriate boxes:

RFA Section	Minimum Requirement	Certification
1.3.1	Applicant currently have an As-Needed Temporary Personnel Services Master Agreement in good standing (at the discretion of the Department) with Public Health or Department of Health Services. Contract Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3.2	If Applicant's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Applicant 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 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. <input type="checkbox"/> Applicant <u>does not</u> have unresolved disallowed costs as explained above. <input type="checkbox"/> Applicant <u>has unresolved</u> disallowed costs as explained above. County will verify that Applicant does not have unresolved cost.	

- AND/OR -

RFA Section	Minimum Requirement	Certification
1.3.3	Applicant is not debarred, suspended, or excluded from securing United States Federal Government (federal), State of California (State) and/or County contracts at the time of the Application submission due date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3.4	Applicant maintains and conducts business from an office located within the geographic boundaries of Los Angeles County or an adjacent County. Address of site must be provided on Exhibit 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3.5	Applicant has five years of experience within the last seven years providing professional clinical and/or health related temporary personnel services including recruitment, management and administration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant must document below their ability to meet the above-referenced requirement. Provide dates, name of agencies/department in which Applicant provided the required service that substantiates Applicant meets the above-referenced requirement (attach additional sheets as necessary). Do not merely attest your company, agency, or firm will comply or restate the requirement.

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

Note: Applicant who qualified based on the minimum requirements of Section 1.3.3 to 1.3.5 will be requested to provide copies of the company’s annual financial statements issued for the last three years.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Application are made, the Application 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 (Company Name) _____

I, (Applicant’s Authorized Representative) _____

hereby certify that this Exhibit is true and correct to the best of my information and belief.

Signature _____ Title _____

EXHIBIT 3
CERTIFICATION OF COMPLIANCE

Applicant certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	EEO Certification	Board Policy 4.32.010	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Charitable Contributions Certification Enter the California Registry of Charitable Trusts “CT” number and upload a copy of firm’s 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 (if applicable)	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> 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 <input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document 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.
7	Attestation of Willingness to Consider Gain/Grow Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/GROW participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available

<p>8</p>	<p>Contractor Employee Jury Service Program Certification Form & Application for Exception</p>	<p>LACC 2.203</p>	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</p> <p><input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program.</p> <p><input type="checkbox"/> My business is a small business as defined in the Program.</p> <p><input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.</p>
<p>9</p>	<p>Certification of Compliance with the County's Defaulted Property Tax Reduction Program</p>	<p>LACC 2.206</p>	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption: Click or tap here to enter text.</p>

EXHIBIT 5**APPLICANT'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS**

Applicant shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, applicant 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Will County data stored on your laptop(s) be encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Will County data stored on removable media be encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Will County data be encrypted when transmitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Will Applicant maintain a copy of any validation/attestation reports generated by its encryption tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Will County data be stored on remote servers*? *cloud storage, Software-as-a-Service or SaaS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Applicant Name

 Applicant Official Title

 Official's Signature

EXHIBIT 6

ACCEPTANCE OF TERMS AND CONDITIONS AFFIRMATION

Company Name:

Company Address:

Email Address: _____

Applicant hereby affirms that it understands and agrees that submission of an application in response to this RFA constitutes acknowledgement and acceptance of, and a willingness to comply with all the terms and conditions and criteria contained in the referenced RFA and any addenda thereto.

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

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT.

Authorized Representative:

Signature:	Date:
Print Name:	Title:

ATTACHMENT A**Applicant Survey Questionnaire**

Applicant Survey Questionnaire Optional Survey: Your feedback is greatly appreciated.	
Applicant 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 Applicant 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!	