

**APPENDIX B**  
**REQUIRED FORMS**  
**for**  
**SOLUTIONS FOR EQUITABLE DIABETES PREVENTION AND**  
**MANAGEMENT: DSMES COMMUNITY OF PRACTICE AND**  
**SUPPORT PROGRAMMING**  
**IFB: #2024-002**

**Exhibits**

- 1) IFB Checklist
- 2) Bidder's Organization Questionnaire/Affidavit
- 3) Certification of Compliance
- 4) Request for Preference Consideration
- 5) Bidder's Debarment History and List of Terminated Contracts
- 6) Community Business Enterprise (CBE) Information (Excel Worksheet)
- 7) Bidder's Affidavit of Adherence to Minimum Mandatory Requirements
- 8) Bidder's Pending Litigation and/or Judgments
- 9) List of References
- 10) Pricing Sheets:
  - 10-1 Pricing Sheet, Date of execution – June 29, 2024 (Period 1)
  - 10-2 Pricing Sheet, June 30, 2024 – June 29, 2025 (Period 2)
  - 10-3 Pricing Sheet, June 30, 2025 – June 29, 2026 (Period 3)
  - 10-4 Pricing Sheet, June 30, 2026 – June 29, 2027 (Period 4)
  - 10-5 Pricing Sheet, June 30, 2027 – June 29, 2028 (Period 5)
- 11) Certification of Independent Price Determination and Acknowledgement of IFB Restrictions
- 12) Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 13) Declaration

**REQUIRED FORMS – EXHIBIT 1****COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH****INVITATION FOR BIDS (IFB) #2024-002****Solutions for Equitable Diabetes Prevention and Management: DSMES Community of Practice and Support Programming****IFB CHECKLIST**

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

Additionally, Bidders are encouraged to complete the optional Bidder Survey Questionnaire on the last page of this Checklist – Exhibit 1 (Attachment A).

BIDDER'S NAME (Legal Full Name):	
IFB Reference, Sub-section 7.6.1: Bid Cover Letter	Included <input type="checkbox"/> Yes
IFB Reference, Sub-section 7.6.2: Table of Contents	<input type="checkbox"/> Yes
IFB Reference, Sub-section 7.6.3: Pricing Sheet (Section A)	
Exhibit 10-1: Pricing Sheet – Period 1	<input type="checkbox"/> Yes
Exhibit 10-2: Pricing Sheet – Period 2	<input type="checkbox"/> Yes
Exhibit 10-3: Pricing Sheet – Period 3	<input type="checkbox"/> Yes
Exhibit 10-4: Pricing Sheet – Period 4	<input type="checkbox"/> Yes
Exhibit 10-5: Pricing Sheet – Period 5	<input type="checkbox"/> Yes
Exhibit 11: Certification of Independent Price Determination and Acknowledgement of IFB Restrictions	<input type="checkbox"/> Yes
IFB Reference, Sub-section 7.6.4, Bidder's Qualifications (Section B)	
A. Bidder's Organization Questionnaire/Affidavit (Section B.1)	
Exhibit 2: Bidder's Organization Questionnaire/Affidavit	<input type="checkbox"/> Yes
Corporations or Limited Liability Company (LLC):	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
a) Furnished a copy of "Certificate of Good Standing" with the state <u>OR</u> provided a statement on status of the request. (if Corporation or LLC)	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes

**REQUIRED FORMS – EXHIBIT 1****COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH****INVITATION FOR BIDS (IFB) #2024-002****Solutions for Equitable Diabetes Prevention and Management: DSMES Community of Practice and Support Programming****IFB CHECKLIST**

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

Additionally, Bidders are encouraged to complete the optional Bidder Survey Questionnaire on the last page of this Checklist – Exhibit 1 (Attachment A).

b) Furnished a copy of “Statement of Information” <u>OR</u> copy of a statement on status of the request. (if Corporation or LLC)	<input type="checkbox"/> Yes
<b>Limited Partnership:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Furnished a conformed copy of the Certificate of Limited Partnership; OR Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments.	<input type="checkbox"/> Yes
<b>B. Bidder’s Affidavit of Adherence to Minimum Mandatory Requirements (Section B.2)</b>	
Exhibit 7: Bidder’s Affidavit of Adherence to Minimum Mandatory Requirements	<input type="checkbox"/> Yes
<b>C. Bidder’s Pending Litigation and Judgments (Section B.3)</b>	
Exhibit 8: Bidder’s Pending Litigation and/or Judgements	<input type="checkbox"/> Yes
<b>D. Bidder’s References (Section B.4)</b>	
Exhibit 9: List of References	<input type="checkbox"/> Yes
<b>E. Bidder’s Debarment History and List of Terminated Contracts (Section B.5)</b>	
Exhibit 5: Bidder’s Debarment History and List of Terminated Contracts	<input type="checkbox"/> Yes
<b>IFB Reference, Sub-section 7.6.5, Required Forms (Section C)</b>	
Exhibit 1: Invitation for Bids (IFB) Checklist	<input type="checkbox"/> Yes
Exhibit 3: Certification of Compliance	<input type="checkbox"/> Yes
Exhibit 4: Request for Preference Consideration	<input type="checkbox"/> Yes
Exhibit 6: Community Business Enterprise (CBE) Information	<input type="checkbox"/> Yes
Exhibit 12: Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)	<input type="checkbox"/> Yes
Exhibit 13: Declaration	<input type="checkbox"/> Yes

## REQUIRED FORMS – EXHIBIT 1

### COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

#### INVITATION FOR BIDS (IFB) #2024-002

#### Solutions for Equitable Diabetes Prevention and Management: DSMES Community of Practice and Support Programming

#### IFB CHECKLIST

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

Additionally, Bidders are encouraged to complete the optional Bidder Survey Questionnaire on the last page of this Checklist – Exhibit 1 (Attachment A).

#### IFB Reference, Sub-section 7.6.6, Proof of Insurability (Section D)

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.

☐ Yes

#### A. COMMERCIAL GENERAL LIABILITY

☐ Yes

General Aggregate: \$2 million

Products/Completed Operations Aggregate: \$1 million

☐ Yes

Personal and Advertising Injury: \$1 million

☐ Yes

Each Occurrence: \$1 million

☐ Yes

#### B. AUTOMOBILE LIABILITY

☐ Yes

Auto Liability: \$1 million

#### C. WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

☐ Yes

Each Accident: \$1 million

#### D. PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS

☐ Yes

Not less than \$ 1million per claim and \$2 million aggregate

#### IFB Reference, Section 7.7, Bid Submission

Submitted one copy of the bid in response to this IFB in the format prescribed herein and clearly marked **"Bid Submission for SOLUTIONS FOR EQUITABLE DIABETES PREVENTION AND MANAGEMENT: DSMES COMMUNITY OF PRACTICE AND SUPPORT PROGRAMMING, IFB: #2024-002,"** in the subject line of the e-mail transmission.

☐ Yes

## **REQUIRED FORMS – EXHIBIT 2**

### **PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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

<b>1</b>	<b>Select the options that best define your firm’s business structure:</b>  <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify)	<b>If Corporation or Limited Liability Company (LLC):</b> Legal Name (as stated in Articles of Incorporation): _____  State if Incorporation: _____ Year of Incorporation: _____  <b>If Limited Partnership or a Sole Proprietorship:</b> Name of proprietor or managing partner: _____  <b>If other:</b> Specify business structure name: _____				
<b>2</b>	<b>Is your firm doing business under one or more DBAs?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Country of Registration: _____ Year became DBA: _____				
<b>3</b>	<b>Is your firm wholly/majority owned by, or a subsidiary of another firm?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name of Parent Firm and State of Incorporation.  Name of Parent Firm: _____  State of Incorporation or registration of parent firm: _____				
<b>4</b>	<b>Has your firm done business as other names within last five years?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate any other names and the year of name change.  <table style="width: 100%;"> <tr> <td style="width: 70%;">Name(s):</td> <td style="width: 30%; text-align: center;">Year(s) of Name Change</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Name(s):	Year(s) of Name Change	_____	_____
Name(s):	Year(s) of Name Change					
_____	_____					

5	<b>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”.</b>	
6	<b>Is your firm involved in any pending acquisition or mergers?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	<b>List all names and contact information of all individuals legally authorized to commit the Proposer.</b>	Name: _____  Title: _____  Phone: _____  Email: _____

## **REQUIRED FORMS – EXHIBIT 3**

### **CERTIFICATION OF COMPLIANCE**

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

	TITLE	REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	<a href="#"><u>LACC 2.180</u></a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<a href="#"><u>LACC 2.160</u></a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<a href="#"><u>Motion</u></a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<a href="#"><u>Board Policy 5.250</u></a>	<b>Certifies Compliance?</b> Yes <input type="checkbox"/> No
5	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)  _____	<a href="#"><u>Board Policy 5.065</u></a>	<b>Check the Certification below that is applicable to your company.</b>  <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.  <b>OR</b>  <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.
6	Attestation of Willingness to Consider Gain/Grow Participants	<a href="#"><u>Board Policy 5.050</u></a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Willing to provide GAIN/GROW participants access to employee mentoring program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
7	Contractor Employee Jury Service Program Certification Form & Application for Exception	<a href="#"><u>LACC 2.203</u></a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If No, identify exemption:</b>  <input type="checkbox"/> My business does not meet the definition of “contractor,” as defined in the Program.  <input type="checkbox"/> My business is a small business as defined in the Program.  <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.

8	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<a href="#">LACC 2.206</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
			<b>If No, identify exemption:</b> <div></div>



## **REQUIRED FORMS – EXHIBIT 4**

### **REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine federal/non-federal preference eligibility.**

☐ **PREFERENCE NOT REQUESTED**

**OR**

☐ **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**

Preference Program		Reference
<input type="checkbox"/>	Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for non-federally funded County solicitations <input type="checkbox"/> Certification for federally funded County solicitations	<a href="#">LACC 2.204</a>
<input type="checkbox"/>	Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for non-federally funded County solicitations <input type="checkbox"/> Certification for federally funded County solicitations	<a href="#">LACC 2.205</a>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<a href="#">LACC 2.211</a>

**Note: In no instance will any of the listed preference programs price or scoring be combined with any other County program to exceed 15% in response to any County solicitation.**

**REQUIRED FORMS – EXHIBIT 5**  
**PROPOSER'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

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

1. DEBARMENT HISTORY (Check one)	YES	NO
Proposer is currently debarred by a public entity	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:		
2. LIST OF TERMINATED CONTRACTS (Check one)	YES	NO
Proposer has contracts that have been terminated in the past three (3) years.	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list all contracts that have been terminated prior to expiration within the last three (3) years.

Service: \_\_\_\_\_ Name of Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Termination Date: \_\_\_\_\_ Name/Contract No: \_\_\_\_\_  
Reason for Termination: \_\_\_\_\_  
\_\_\_\_\_

Service: \_\_\_\_\_ Name of Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Termination Date: \_\_\_\_\_ Name/Contract No: \_\_\_\_\_  
Reason for Termination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED FORMS – EXHIBIT 7

## BIDDER'S AFFIDAVIT OF ADHERENCE TO MINIMUM MANDATORY REQUIREMENTS

Bidder must demonstrate its ability to meet **each** of the Bidder's Minimum Mandatory Requirements outlined in Paragraph 3 of the IFB **by the date on which bids are due**. Bidder should document all relative experience and qualifications in order to demonstrate compliance with the Bidder's Minimum Mandatory Requirements. Bidder acknowledges and certifies that firm meets and will comply with the Minimum Mandatory Requirements as stated in Paragraph 3 of this Invitation for Bids, as listed below. **Subcontractor(s) and/or consultant(s) may not be used to meet any of the Bidder's Minimum Mandatory Requirements.**

**Check the appropriate boxes:** *(Bidder must check a box under each Section below. Failure to check any boxes or provide required responsive information may result in disqualification of your bid as non-responsive.)*

IFB Ref.	BIDDER'S QUALIFICATIONS
3.1	Bidder must have at least 15 years of continuous experience identifying, engaging, recruiting, and enrolling eligible adults in DSMES programming, especially targeting low-income populations (i.e., Medi-Cal eligible) in Los Angeles County (LAC).
<p><b>Check the appropriate box:</b></p> <p><input type="checkbox"/> <b>Yes.</b> Bidder does meet the requirement stated above.</p> <p><input type="checkbox"/> <b>No.</b> Bidder does not meet the requirement stated above.</p> <p>Bidder must document their experience below that clearly demonstrates ability to meet the above-referenced requirement (attach additional sheets as necessary).</p>	
<p>Indicate Years of Experience from _____ to _____</p> <p style="text-align: center;">mm/yr.                      mm/yr.</p>	

<b>3.2</b>	Bidder must hold current accreditation or recognition from either the Association of Diabetes Care & Education Specialists (ADCES) or the American Diabetes Association (ADA) to deliver DSMES programming.
<b>Check the appropriate box:</b>  <input type="checkbox"/> <b>Yes.</b> Bidder does meet the requirement stated above. <input type="checkbox"/> <b>No.</b> Bidder does not meet the requirement stated above.  Bidder must include documentation from either ADCES or ADA showing that they are accredited or recognized, and they are up to date on annual status reporting. <ul style="list-style-type: none"> <li>Proof can be a certificate, formal communication (email/letter) from ADCES/ADA indicating they have achieved accreditation/recognition, or a screenshot from an online portal showing bidder as having active status. Documentation should have dates on accreditation or recognition.</li> </ul>	
<b>Explain document(s) included in bid that shows this requirement and attach a copy</b>	
<b>3.3</b>	Bidder must have prior experience working with and providing technical assistance to clinics and organizations (a minimum of five organizations or clinics) that serve low-income populations in LAC to improve DSMES program delivery.
<b>Check the appropriate box:</b>  <input type="checkbox"/> <b>Yes.</b> Bidder does meet the requirement stated above. <input type="checkbox"/> <b>No.</b> Bidder does not meet the requirement stated above.  Bidder must document their experience below that clearly demonstrates ability to meet the above-referenced requirement (attach additional sheets as necessary).	
<b>Indicate Years of Experience from _____ to _____</b> <div style="text-align: center; margin-top: -10px;"> <span style="margin: 0 20px;">mm/yr.</span> <span>mm/yr.</span> </div>	

<b>3.4</b>	Bidder must have its main office location in Los Angeles County.
<b>Check the appropriate box:</b>  <input type="checkbox"/> <b>Yes.</b> Bidder does meet the requirement stated above. <input type="checkbox"/> <b>No.</b> Bidder does not meet the requirement stated above.	
<div style="border: 1px solid black; padding: 2px;"> <b>Main Office Address:</b> </div>	
<b>3.5</b>	<p><b>Unresolved Disallowed Costs</b></p> <p>If a Bidder's compliance with a County contract has been reviewed by the Department of the Auditor-Controller (A-C) within the last 10 years, Bidder must not have unresolved questioned costs identified by the A-C, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for 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.</p> <p><b>County will verify that Proposer does not have unresolved disallowed costs.</b></p>
<input type="checkbox"/> <i><b>Bidder does not have any unresolved disallowed costs as explained above.</b></i> <input type="checkbox"/> <i><b>Bidder has unresolved disallowed costs as explained above.</b></i>	

Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Proposal are made, the Bid may be rejected. The evaluation and determination in this area shall be at the Department of Public Health Director’s sole judgment and her judgment shall be final.

**BIDDER’S AUTHORIZED REPRESENTATIVE, as defined on Cover Page, SIGNATURE (Identify the person authorized to sign on behalf of the Bidder, able to make representations for the Proposer during contract negotiations, and able to legally bind the Proposer).**

Name:	Title:
Signature:	Date of Signature:

**REQUIRED FORMS – EXHIBIT 8**  
**BIDDER'S PENDING LITIGATION AND/OR JUDGMENTS**

**Bidder's Name:**

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

Name	Date	Case	Pending Litigation	Judgment	Size and Scope

## **REQUIRED FORMS – EXHIBIT 9**

### **PROSPECTIVE CONTRACTOR REFERENCES**

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

Proposer must provide five (5) references. References must be a contractual relationship, in which the Proposer received grant funding for services. Proposer cannot use Public Health's Division of Chronic Disease and Injury Prevention (DCDIP) staff as references. Please let each contact person listed below know to expect a reference request email or phone call from the Department of Public Health Contracts & Grants Division.

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

**REQUIRED FORMS - EXHIBIT 11**

**CERTIFICATION OF INDEPENDENT PRICE DETERMINATION  
& ACKNOWLEDGEMENT OF IFB RESTRICTIONS**

- A. By submission of this bid, Bidder certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Bidder or competitor for the purpose of restricting competition.
- B. List name(s) and telephone number(s) of all persons legally authorized to commit the Bidder.

NAME

PHONE NUMBER

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**NOTE:** Persons signing on behalf of the Contractor will be required to warrant that they are authorized to bind the Contractor.

- C. 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, check "NONE".

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☐ NONE

- D. Bidder acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this IFB. Bidder understands that if it is determined by the County that the Bidder did participate as a consultant in this IFB process, the County shall reject this bid.

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Name of Firm

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Print Name of Signer

Title

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Signature

Date



## **REQUIRED FORMS – EXHIBIT 12**

### **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 Master Agreement, 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 Nonprocurement 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.

**REQUIRED FORMS – EXHIBIT 13**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-12 IS TRUE AND CORRECT.**

PRINT NAME:	TITLE:
SIGNATURE:	DATE: