

APPENDIX B
REQUIRED FORMS
FOR
CESSATION CAPACITY BUILDING LEARNING
COLLABORATIVES FOR PRIORITY POPULATIONS
INVITATION FOR BIDS
IFB #2024-011

Exhibits

- 1) IFB Checklist
- 2) Organization Questionnaire/Affidavit
- 3) Certification of Compliance
- 4) Request for Preference Consideration
- 5) Debarment History and List of Terminated Contracts
- 6) Declaration
- 7) Community Business Enterprise (CBE) Information (Excel)
- 8) Bidder's Affidavit of Adherence to Minimum Mandatory Requirements
- 9) Budget (Excel)
- 10) Certification of Independent Price Determination and Acknowledgement of IFB Restrictions
- 11) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower-Tier Covered Transactions (45 C.F.R. Part 76.)
- 12) Contribution and Agent Declaration Form

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
INVITATION FOR BIDS (IFB) #2024-011
CESSATION CAPACITY BUILDING LEARNING COLLABORATIVES
CHECKLIST – EXHIBIT 1**

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 9: Budget	<input type="checkbox"/> Yes
Exhibit 10: 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: 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
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
Limited Partnership:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Furnished a confirmed 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. Minimum Mandatory Requirements (Section B.2)	
Exhibit 8: Affidavit of Adherence to Minimum Mandatory Requirements	<input type="checkbox"/> Yes
C. Bidder's Pending Litigation and Judgments (Section B.3)	
Bidder's Pending Litigation and Judgments Statement Note: Per the IFB, Section 7.6.4.3, Bidder's Pending Litigation and Judgments, Bidder must provide a separate statement describing the size and scope of any pending or threatening litigation against the Bidder or principals of the Bidder or a statement verifying Bidder has no pending litigations or judgments.	<input type="checkbox"/> Yes
D. Bidder's Debarment History and List of Terminated Contracts (Section B.5)	
Exhibit 5: Debarment History and List of Terminated Contracts	<input type="checkbox"/> Yes
IFB Reference, Sub-section 7.6.5: Required Forms (Section C)	
Exhibit 1: This 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: Declaration	<input type="checkbox"/> Yes
Exhibit 7: Community Business Enterprise (CBE) Information (Excel)	<input type="checkbox"/> Yes
Exhibit 11: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower-Tier Covered Transactions (45 C.F.R. Part 76.)	<input type="checkbox"/> Yes
Exhibit 12: Contribution and Agent Declaration Form	<input type="checkbox"/> Yes
IFB Reference, Sub-section 7.6.6: Proof of Insurability (Section D)	
Bidder 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.	<input type="checkbox"/> Yes
A. COMMERCIAL GENERAL LIABILITY	
General Aggregate: \$2 million	<input type="checkbox"/> Yes
Products/Completed Operations Aggregate: \$1 million	<input type="checkbox"/> Yes
Personal and Advertising Injury: \$1 million	<input type="checkbox"/> Yes
Each Occurrence: \$1 million	<input type="checkbox"/> Yes

B. AUTO LIABILITY	<input type="checkbox"/> Yes
Auto Liability: \$1 million	
C. WORKERS' COMPENSATION	<input type="checkbox"/> Yes
Each Accident: \$1 million per accident	
	<input type="checkbox"/> Yes
Bidder submitted one copy of the bid in response to this IFB in the format prescribed herein and clearly marked " Bid Submission for Cessation Capacity Building Learning Collaboratives For Priority Populations, IFB: #2024-011 " in the subject line of the e-mail transmission.	<input type="checkbox"/> Yes

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
INVITATION FOR BIDS (IFB)

CHECKLIST – EXHIBIT 1

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

Bidder 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 |
| ❖ E-mail Notification | <input type="checkbox"/> Yes |
| ❖ Website (Department 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!

REQUIRED FORMS – EXHIBIT 2
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Bidder Name:	County Webven Number:
Address:	
Telephone Number:	Email:
Internal Revenue Service Employer Identification Number:	California Business License Number:

1	<p>Select the option that best defines 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 of Incorporation: 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> <p>State of Incorporation or registration of parent firm:</p>
4	<p>Has your firm done business under other names within last five (5) years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <p>Name(s):</p> <p>Year(s) of Name Change:</p>

REQUIRED FORMS – EXHIBIT 2
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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	<p>Is your firm involved in any pending acquisition or mergers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	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 Bidder.	<p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p> <p>Name: Title: Phone: Email:</p>

REQUIRED FORMS – EXHIBIT 3

CERTIFICATION OF COMPLIANCE

Bidder 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	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"/> Bidder 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 Bidder 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"/> Bidder 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/START Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START participants access to employee mentoring program? <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	LACC 2.203	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <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	LACC 2.206	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption:
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REQUIRED FORMS – EXHIBIT 4

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Bidders requesting preference consideration must complete and include this form in their bid. Bidders may request consideration for one or more preference programs. **In order to qualify for preference, a 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

<input type="checkbox"/> 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	<u>LACC 2.204</u>
<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	<u>LACC 2.205</u>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<u>LACC 2.211</u>

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
DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Bidder's Name: [Click or tap here to enter text.](#)

1. DEBARMENT HISTORY (Check one)	YES	NO
Bidder 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
Bidder 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:	

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

REQUIRED FORMS – EXHIBIT 6

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-5 IS TRUE AND CORRECT.

PRINT NAME: _____	TITLE:
SIGNATURE: _____	DATE:

REQUIRED FORMS – EXHIBIT 8

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 the IFB, as listed below.

Subcontractor(s)/consultant(s) may not be used to meet any of the Minimum Mandatory Requirements listed below.

Please check the box immediately below to identify the priority population bidder is applying for:

- SPA 1 Rural Communities
- SPA 2 People experiencing homelessness or At risk for homelessness
- SPA 3 Asian and Asian American
- SPA 4 Latin X
- SPA 5 LGBTQ+
- SPA 6 African Americans
- SPA 7 Persons experiencing mental health issues and substance abuse
- SPA 8 Pacific Islander, Native Hawaiian, American Indian, and Alaskan Native

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 the bid as non-responsive.*)

MMR 3.1	Experience: Bidder must have a minimum of two years of experience within the last three years in evidenced based tobacco cessation and behavioral interventions.
Check the appropriate box: <input type="checkbox"/> Yes. Bidder does meet the requirement stated above. (If yes, indicate the number of years of experience and describe experience below.) <input type="checkbox"/> No. 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).	
Indicate Years of Experience from _____ mm/yr. to _____ mm/yr.	
Describe Experience:	

MMR 3.2	<p>Experience:</p> <p>Bidder must have a minimum of two years of experience within the last three years organizing traditional and non-traditional providers/subject matter experts, and community-based organizations to work together in learning collaboratives to support practice changes and systems transformation.</p>
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Check the appropriate box:

Yes. Bidder does meet the requirement stated above. (If yes, indicate the number of years of experience and describe experience below.)

No. 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).

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

Describe Experience:

MMR 3.3	<p>Experience:</p> <p>Bidder must have a minimum of two years of experience in the last three years working with the following priority populations in the Service Planning Area (SPA) listed below:</p> <ul style="list-style-type: none"> • SPA 1: Rural Communities • SPA 2: People experiencing homelessness or at risk for homelessness • SPA 3: Asian and Asian American • SPA 4: Latin X • SPA 5: LGBTQ+ • SPA 6: African Americans • SPA 7: Persons experiencing mental health issues and substance abuse • SPA 8: Pacific Islander, Native Hawaiian, American Indian, and Alaskan Native
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Check the appropriate box:

Yes. Bidder does meet the requirement stated above. (If yes, indicate the number of years of experience and describe experience below.)

No. 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).

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

Describe Experience in the SPA/Population of your bid:

MMR 3.4 Bidder must have an office location in Los Angeles County.

Check the appropriate box:

Yes. Bidder does meet the requirement stated above. (If yes, provide address of office(s) location below)

No. Bidder does not meet the requirement stated above.

Office(s) Address:

MMR 3.5	<p><u>Unresolved Disallowed Costs:</u> If a Bidder's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Bidder must not have unresolved questioned costs identified by the Auditor-Controller, 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>
<input type="checkbox"/> <i>Bidder does not have any unresolved disallowed costs as explained above.</i> <input type="checkbox"/> <i>Bidder has unresolved disallowed costs as explained above.</i>	

Bidder further acknowledges that any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Bid may be cause for rejecting the Bid. The evaluation and determination in this area will be at the Director's sole judgment, which will be final.

On behalf of (Bidder's Name):			
I, (Bidder's Authorized Representative):			
hereby certify that this Bidder's Affidavit is true and correct to the best of my information and belief.			
Signature		Title	

REQUIRED FORMS - EXHIBIT 10

**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 to a contract.

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____

NOTE: Persons signing on behalf of the Bidder warrant that they are authorized to bind the Bidder in a contract.

- 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".

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 will reject this bid.

Name of Firm

Print Name of Signer Title

Signature Date

**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 Bidder 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. Bidder must provide immediate written notice to the person to whom this Bid is submitted if at any time Bidder 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,” “Bid,” 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 Bid is submitted for assistance in obtaining a copy of those regulations.
4. Bidder agrees by submitting this Bid that, should the proposed covered transaction be entered into, it will 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. Bidder further agrees by submitting this Bid 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 solicitation, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Bidder 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. Bidder acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Bidder acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

Exhibit 11

7. Nothing contained in the foregoing will 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 Bidder and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Bidder must attach a written explanation to its Bid in lieu of submitting this Certification. Bidder's written explanation must describe the specific circumstances concerning the inability to certify. It further must identify any owner, officer, partner, director, or other principal of the Bidder and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation must 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 solicitation.

Bidder 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.

Signature of Authorized Representative

Date

Title of Authorized Representative

Printed Name of Authorized Representative

Exhibit 12

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act ([Government Code Section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State "none" if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal: _____
- b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months: _____
- c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

b) Subsidiaries:

c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

Exhibit 12

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

INDIVIDUAL BIDDERS OR APPLICANTS

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date