

PROPOSER'S NAME: _____

RFP No: DMH-1109B2

APPENDIX V

COUNTY REQUIRED FORMS



**Integrated Behavioral Health
Information System**

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
EXHIBIT 1 – PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT	1
EXHIBIT 2 – CERTIFICATION OF INDEPENDENT PRICE DETERMINATION & ACKNOWLEDGMENT OF RFP RESTRICTIONS	6
EXHIBIT 3 – CERTIFICATION OF NO CONFLICT OF INTEREST	7
EXHIBIT 4 – FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION	8
EXHIBIT 5 – COUNTY OF LOS ANGELES COMMUNITY BUSINESS ENTERPRISE (CBE) PROGRAM - REQUEST FOR LOCAL SBE PREFERENCE PROGRAM CONSIDERATION AND CBE FIRM/ORGANIZATION INFORMATION FORM.....	9
EXHIBIT 6 – ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS.....	10
EXHIBIT 7 – COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM - CERTIFICATION FORM AND APPLICATION FOR EXCEPTION.....	11
EXHIBIT 8 – OFFER TO PERFORM AND ACCEPTANCE OF TERMS AND CONDITIONS FOR AN INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM (IBHIS)	12
EXHIBIT 9 – CERTIFICATION OF EMPLOYEE STATUS	13
EXHIBIT 10 – PROPOSER CERTIFICATION	14
EXHIBIT 11 – PROPOSER’S AGREEMENT TO ADHERE TO THE COUNTY’S CHILD SUPPORT COMPLIANCE PROGRAM	15
EXHIBIT 12 – PROPOSER INVOLVEMENT IN LITIGATION/CONTRACT COMPLIANCE DIFFICULTIES	16
EXHIBIT 13 – CURRENT MEMBERS OF BOARD OF DIRECTORS	17
EXHIBIT 14 – (INTENTIONALLY OMITTED)	18
EXHIBIT 15 – CHARITABLE CONTRIBUTIONS CERTIFICATION.....	19
EXHIBIT 16 – CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIERED COVERED TRANSACTIONS (45 C.F.R. PART 76).....	20
EXHIBIT 17 – REQUEST FOR PROPOSAL/GROUNDS FOR REJECTION.....	22
EXHIBIT 18 – PROPOSER’S NONDISCRIMINATION IN SERVICES CERTIFICATION	23
EXHIBIT 19 – TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION.....	24
EXHIBIT 20 – PROPOSER’S REFERENCES.....	25
EXHIBIT 21 – LIST OF SUBCONTRACTORS	29
EXHIBIT 22 – EXCEPTIONS TO APPENDIX E (SAMPLE AGREEMENT), APPENDIX D (MAINTENANCE AND SUPPORT SERVICES) AND APPENDIX A (STATEMENT OF WORK).....	30
EXHIBIT 23 – CERTIFICATION OF COMPLIANCE WITH THE COUNTY’S DEFAULTED PROPERTY TAX REDUCTION PROGRAMS	34



EXHIBIT 1 - PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant to an offer and contract. (Attach additional pages if needed)

1. If your firm is a corporation, state its legal name (as found in your Articles or Certificate of Incorporation) and State of incorporation:
Name: _____
State: _____ Year of Inc. : _____
2. If your firm is a limited liability company (LLC), state its legal name, state of organization and managing member(s) or manager(s):
Name: _____
State: _____ Year of Org. : _____
Name of Manager(s) or Managing Member(s): _____
3. If your firm is a sole proprietorship or a limited partnership, state the name of the proprietor or all partners including limited partners, and identify the managing partner(s):
Name of Proprietor: _____
"or" Name of all Partners: _____
Name of Managing Partner(s): _____
4. If your firm is doing business under one or more DBAs, please list all DBAs and the localities of registration:
Name: _____
Locality of Registration: _____ Year became DBA: _____
Name: _____
Locality of Registration: _____ Year became DBA: _____
5. Is your firm wholly or majority owned by, or a subsidiary of, another entity? Yes No
"If yes", Name of Parent entity: _____
State of incorporation or registration of parent entity: _____
6. Please list any other names your firm has used within the last five (5) years:
Name: _____
Year of Name Change: _____
7. Is your firm considering, discussing, or otherwise in any way involved in any potential or pending acquisition/merger? If yes, describe the proposed transaction and provide the associated company name. (If not applicable, so indicate below.)



EXHIBIT 1 - PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT (continued)

Proposer acknowledges and certifies that it meets and will comply with all of the minimum mandatory requirements listed in Section 3.2 (Minimum Mandatory Requirements), of this Request for Proposal, as listed below. Failure to meet the minimum mandatory requirements will result in elimination from further consideration. *(Check appropriate boxes)*

Minimum Mandatory Requirements

	<u>Yes</u>	<u>No</u>
1. Are you a legal entity licensed to do business in the State of California?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you maintain an office in the United States of America?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your proposed System have a current installation / customer site whose primary business is behavioral health or substance abuse service delivery and administration?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your proposed System run on one of the following production operating system platforms, at the stated version level or higher (e.g., more recent)?	<input type="checkbox"/>	<input type="checkbox"/>
a. IBM AIX 5.3		
b. HP-UX 11i v2		
c. VMware ESX Server 3.5		
d. Microsoft Windows 2003 Server		
e. Red Hat Enterprise Linux 5		
5. Does your proposed System share data across modules and minimize the need for redundant data entry of client demographic data?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your proposed System offer role-based access security (RBAC)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your proposed System have the ability to permit centralized administration and reporting across two (2) or more physical locations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your proposed System include integrated products that provide practice management and claims processing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you currently have a customer that is using the claims processing software of the proposed System, whose annual claims volume is 150,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>



EXHIBIT 1 - PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT (continued)

<u>Key Staff Qualifications</u>	<u>Yes</u>	<u>No</u>
<p>10. Dedicated Participation and English Language Fluency</p> <p>Proposer's core Project Team which have a primary project team role, including without limitation Proposer's Project Manager and technical staff, must be dedicated to the project to the extent necessary to meet project deliverables, deadlines and contractual commitments and must be fluent in spoken and written English.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Proposer's Project Manager Minimum Qualifications</p> <ul style="list-style-type: none"> • Project Manager must have previous experience implementing the proposed System. <input type="checkbox"/> <input type="checkbox"/> • Project Manager must have at least five (5) years of experience managing large software implementation projects. <input type="checkbox"/> <input type="checkbox"/> • Project Manager must have at least five (5) years of experience in the healthcare industry. <input type="checkbox"/> <input type="checkbox"/> 		
<p>12. Proposer's Technical Staff Minimum Qualifications</p> <p>Proposer must complete and submit Appendix B.6 (Proposer's Technical Staff Minimum Qualifications) describing Proposer's technical staff, technical roles and compliance with minimum qualifications and experience requirements.</p> <ul style="list-style-type: none"> • Vendor's technical staff must possess a minimum of two (2) years experience within the last five (5) years for each of the following areas: <ul style="list-style-type: none"> ◦ System Configuration; <input type="checkbox"/> <input type="checkbox"/> ◦ Troubleshooting; <input type="checkbox"/> <input type="checkbox"/> ◦ Interface Development; <input type="checkbox"/> <input type="checkbox"/> ◦ Custom Programming Modifications; <input type="checkbox"/> <input type="checkbox"/> ◦ Business Analysis; <input type="checkbox"/> <input type="checkbox"/> ◦ Testing; <input type="checkbox"/> <input type="checkbox"/> ◦ Quality Assurance; and <input type="checkbox"/> <input type="checkbox"/> ◦ Technical and application training and developing training materials. <input type="checkbox"/> <input type="checkbox"/> • Vendor's technical staff responsible for System configuration and Interface development must have at least six (6) months experience supporting or implementing the proposed System. <input type="checkbox"/> <input type="checkbox"/> • Vendor's technical staff responsible for database administration must have at least two (2) years of experience within the last five (5) years, with at least one (1) year experience on the proposed System in this capacity. <input type="checkbox"/> <input type="checkbox"/> • At least one project team member of vendor's technical staff must have at least two (2) years of experience integrating the Components of the proposed System with other software. <input type="checkbox"/> <input type="checkbox"/> 		



EXHIBIT 1 - PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT (continued)

- At least one project team member of vendor's technical staff **must** have prior paid experience in the applied knowledge of the laws and principles governing State of California Department of Mental Health Medicare and Medi-Cal certification process, eligibility, claiming and billing, and payment rules.

Additional Instructions

Taking into account the structure of the Proposer's organization, Proposer shall determine which of the below referenced supporting documents the County requires. If the Proposer's organization does not fit into one of these categories, upon receipt of the Proposal or at some later time, the County may, in its discretion, request additional documentation regarding the Proposer's business organization and authority of individuals to sign Agreements.

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

Required Support Documents

Corporations or Limited Liability Company (LLC):

The Proposer must submit the following documentation with the bid:

1. A copy of a "Certificate of Good Standing" with the state of incorporation/organization.
2. 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.

Limited Partnership

The Proposer must submit a conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with California Secretary of State and any amendments.



EXHIBIT 1 - PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT (continued)

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, then without limiting County's other remedies in respect thereof, the proposal may be rejected. The evaluation and determination in this area shall be at the County's sole judgment and such judgment shall be final.

The undersigned represents and warrants that he or she is a duly authorized representative of Proposer with all legal rights and authority necessary to fully bind Proposer to this offer and to all conditions hereof.

Proposer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone No.: _____ Fax No.: _____

On behalf of _____
(Proposer's Name)

I _____ (Name of Proposer's authorized representative)

**certify that the information contained in this Proposer's Organization Questionnaire/
Affidavit is true and correct to the best of my information and belief.**

Signature: _____

Title of Authorized Signatory: _____

Internal Revenue Service Employer Identification Number: _____

California Business License Number: _____

County WebVen Number: _____

Date: _____



**EXHIBIT 2 – CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
& ACKNOWLEDGMENT OF RFP RESTRICTIONS**

A. **By submission of this proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.**

B. List all names and telephone number of person legally authorized to commit the Proposer.

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

NOTE: Persons signing on behalf of the Proposer represent and warrant that they are authorized to bind the Proposer.

C. **List names** of all joint ventures, partners, subcontractors, or others having any right or interest in this proposal or any resulting contract or the proceeds thereof. (If not applicable, state "NONE").

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

Proposer's Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 3 – CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated. Proposer certifies that neither it nor any of its employees, agents, partners, principals, shareholders, officers or directors are disqualified from County contracting in accordance with County Code Section 2.180.010.

Proposer's Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 4 – FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

1. It is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
2. That all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and
3. It is not on the County’s Executive Office’s List of Terminated Registered Lobbyists.

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



**EXHIBIT 5 – COUNTY OF LOS ANGELES COMMUNITY BUSINESS ENTERPRISE (CBE) PROGRAM -
REQUEST FOR LOCAL SBE PREFERENCE PROGRAM CONSIDERATION AND
CBE FIRM/ORGANIZATION INFORMATION FORM**

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: _____

COUNTY VENDOR NUMBER: _____

- As a Local SBE, certified by the County of Los Angeles Office of Affirmative Action Compliance, I request this proposal/bid be considered for the Local SBE Preference.
- Attached is my Local SBE Certification letter issued by the County.

II. 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 (Please Specify): _____		

Total Number of Employees (including owners):	_____
---	-------

Race/Ethnic Composition of Firm. Please distribute the above total number of employees 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						

III. 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	%	%	%	%	%	%

IV. 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	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name:	Authorized Signature:	Title:	Date:
------------------------	-----------------------	--------	-------



EXHIBIT 6 – ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer’s employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| A. Proposer has a proven record of hiring GAIN/GROW participants.
<i>(Subject to verification by County.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Proposer is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. “Consider” means that Proposer is willing to interview qualified GAIN/GROW participants. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available. | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If Program Not Available:</i> <input type="checkbox"/> N/A | | |

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Telephone No.: _____ Fax No.: _____

Date: _____



**EXHIBIT 7 - COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM -
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Proposer is excepted from the Program.

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Solicitation for: _____ **Services.**

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program. **'OR'**

Part II: Certification of Compliance

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Proposer's Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____ Date: _____



EXHIBIT 8 – OFFER TO PERFORM AND ACCEPTANCE OF TERMS AND CONDITIONS FOR AN INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM (IBHIS)

Proposer's Company Name: _____

hereby offers to provide and perform the Work set forth in the above-identified Request for Proposal (RFP) for Los Angeles County, under all the terms and conditions specified in the Sample Agreement included therein, except to the extent it has provided, in accordance with the instructions set forth in the body of the RFP, exceptions and proposed replacement language. Proposer hereby agrees that this offer shall be an irrevocable offer which shall remain in full force and effect for a minimum of three hundred ninety (390) days after the proposal submission deadline set forth in Section 1.3 (RFP Timetable), or until execution by County's Board of Supervisors of any resultant Agreement, whichever occurs later.

Proposer's Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 9 – CERTIFICATION OF EMPLOYEE STATUS

Note: *This certification is to be executed and returned to COUNTY with your proposal package. If you are a successful Proposer, your company cannot begin work until COUNTY receives this executed document.*

Should COUNTY receive evidence that this certification is false, your company's proposal may be disqualified or, if awarded an Agreement, COUNTY may suspend, revoke or otherwise terminate said Agreement.

I CERTIFY THAT:

1. I am an officer or partner of Proposer;
2. Except to the extent pre-approved by County in accordance with the Agreement, all individuals who will work on the IBHIS account are employees of this organization (**NOT** subcontracted or leased workers from another company or temporary agency);
3. Applicable State and federal income tax, FICA, unemployment insurance premiums, and worker's compensation insurance premiums, in the correct amounts required by State and federal law, will be withheld as appropriate, and paid by Proposer for the employees who will work on the IBHIS account for the entire time period covered by the Contact.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Financial Officer: _____

Date: _____

Printed Name of Financial Officer: _____

Title: _____

Name of Company: _____



EXHIBIT 10 – PROPOSER CERTIFICATION

Proposer's Company Name: _____

(hereafter "Proposer") hereby certifies that the information submitted by Proposer named above in response to Los Angeles County's Request for Proposal (RFP) for an Integrated Behavioral Health Information System (IBHIS) for the Department of Mental Health (DMH) is true and correct to the best of Proposer's information and belief.

Proposer's Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



**EXHIBIT 11 – PROPOSER’S AGREEMENT TO ADHERE TO THE COUNTY’S
CHILD SUPPORT COMPLIANCE PROGRAM**

The Proposer certifies that it is familiar with the terms of the County of Los Angeles Child Support Compliance Program, Los Angeles Code Chapter 2.200. The Proposer also agrees to adhere to the County’s Child Support Compliance Program if awarded an agreement.

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 12 – PROPOSER INVOLVEMENT IN LITIGATION/CONTRACT COMPLIANCE DIFFICULTIES

Proposer’s Name: _____

Check **YES** or **NO** on the following questions. If a yes answer is checked, please explain the circumstances and include discussion of the potential impact on the business. As part of the project selection process, the County, in its own discretion, may implement procedures to verify the responses made below. The County reserves the right to reject all or part of the proposal if false or incorrect information is submitted by the Proposer.

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Is the Proposer currently, or within the past seven (7) years, involved in litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the Proposer currently, or within the past seven (7) years, involved in litigation related to the administration and operation of a program or organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the Proposer or any member of Proposer’s organization unable to be bonded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have there been unfavorable rulings by a government agency or private business for improper conduct or contract compliance deficiencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the Proposer ever had contract funds withheld, liquidated damages assessed, or a contract terminated in connection with any allegation of inadequate or otherwise unsatisfactory performance, or improper conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the Proposer refused to participate in any fiscal audit or review request by a <u>government</u> agency/private business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the Proposer aware of any contract dispute in which litigation is or may be pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the Proposer involved in a Bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the Proposer planning office closures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the Proposer involved in an impending merger? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the Proposer involved in an Acquisition? | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the above and any explanation attached is true and correct.

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____

EXPLANATION (use separate pages(s))



EXHIBIT 13 – CURRENT MEMBERS OF BOARD OF DIRECTORS

Proposer's Name: _____

Position: _____ Name: _____

I certify that the above is true and correct.

Proposer's Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 14

[INTENTIONALLY OMITTED]



EXHIBIT 15 – CHARITABLE CONTRIBUTIONS CERTIFICATION

Proposer’s Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Internal Revenue Service Employer Identification Number: _____

California Registry of Charitable Trusts “CT” Number: _____
(if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

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

Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above 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 as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 16 – CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIERED COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tiered 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 County 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 County 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 CFR 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 Transaction (45 C.F.R. Part 76), as set forth in the text of the Sample Agreement attached to the Request for Proposals, 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 transaction, unless it knows that the certification is erroneous.
7. Proposer acknowledges that a participant may decide the methods 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.



**EXHIBIT 16 – CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIERED COVERED TRANSACTIONS (45 C.F.R. PART 76)
(continued)**

- 8. 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.
- 9. Expert 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 CFR 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.
- 10. 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 agreement which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tiered 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.

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 17 – REQUEST FOR PROPOSAL/GROUNDS FOR REJECTION

Los Angeles County Code Chapter 2.180.010, "Certain Contracts Prohibited" sets forth, among other things, the following:

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any bid or proposal submitted by the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

- a. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
- b. Profit making firms or businesses in which employees described in subsection (a) serve as officers, principals, partners or major shareholders;
- c. Persons who, within the immediately preceding twelve (12) months, came within the provisions of subsection (a), and who (1) were employed in positions of substantial responsibility in the area of service to be performed by the Contractor, or (2) participated in any way in developing the Contract or its service specification; and
- d. Profit making firms or businesses in which the former employees described in subsection (c) serve as officers, principals, partners or major shareholders.

Proposer hereby certifies that personnel who developed and/or participated in the preparation of the proposal do not fall within scope of Code Section 2.180.010 as outlined above.

Proposer's Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 18 – PROPOSER’S NONDISCRIMINATION IN SERVICES CERTIFICATION

Proposer’s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Internal Revenue Service Employer Identification Number: _____

GENERAL

In accordance with Subchapter VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, the Food Stamp Act of 1977, and the Americans with Disabilities Act of 1990, the Proposer certifies and agrees that all persons serviced by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, color, religion, ancestry, national origin, age, condition of disability, marital status, political affiliation or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

PROPOSER’S CERTIFICATION

(check one)

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. The Proposer has a written policy statement prohibiting discrimination in providing services and benefits. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The Proposer periodically monitors the equal provision of services to ensure nondiscrimination. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Where problem areas are identified in equal provisions of services and benefits, the Proposer has a system for taking reasonable corrective action within a specified length of time. | <input type="checkbox"/> | <input type="checkbox"/> |

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____



EXHIBIT 19 – TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:

I hereby certify that I meet all the requirements for this program:

- My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);
- I have submitted my three most recent annual tax returns with my application;
- I have been in operation for at least one year providing transitional job and related supportive services to program participants; and
- I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REVIEWED BY COUNTY:

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE



EXHIBIT 20 – PROPOSER’S REFERENCES

Proposer’s Name: _____

Provide the following information for a **minimum of three (3) organizations** where most of the proposed Baseline Application Software is in production status. Choose organizations that are most comparable to DMH as an organization. DMH will contact these organizations for reference purposes.

It is the Proposer’s sole responsibility to ensure that each firm’s name, and point of contact name, title and phone number for each reference is accurate and that the point of contact is available to provide a reference for the Proposer when contacted by DMH.

References should be able to describe completed and/or ongoing projects on which they have worked with the Proposer and the size, volume, and scope are the same or similar to the project described in this RFP. References should be able to describe Proposer’s performance and responsiveness to the project.

EXHIBIT 20 – PROPOSER’S REFERENCES (continued)

Reference No. 1

Company/Facility name: _____

Corporate address: _____

City: _____ State: _____ Zip: _____

Customer contact name: _____ Title: _____

Email address: _____

Telephone number: _____ Fax No.: _____

Project name: _____

Project objective: _____

Date of system implementation: _____

Product versions currently being supported:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

List of System Components implemented:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Number of clients: _____

Number of providers: _____

Number of locations/sites for each product provided: _____

Number of System Users for each site and for each Component provided: _____

Line(s) of business:

1. _____ 3. _____

2. _____ 4. _____



EXHIBIT 20 – PROPOSER’S REFERENCES (continued)

Reference No. 2

Company/Facility name: _____

Corporate address: _____

City: _____ State: _____ Zip: _____

Customer contact name: _____ Title: _____

Email address: _____

Telephone number: _____ Fax No.: _____

Project name: _____

Project objective: _____

Date of system implementation: _____

Product versions currently being supported:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

List of System Components implemented:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Number of clients: _____

Number of providers: _____

Number of locations/sites for each product provided: _____

Number of System Users for each site and for each Component provided: _____

Line(s) of business:

1. _____ 3. _____

2. _____ 4. _____



EXHIBIT 20 – PROPOSER’S REFERENCES (continued)

Reference No. 3

Company/Facility name: _____

Corporate address: _____

City: _____ State: _____ Zip: _____

Customer contact name: _____ Title: _____

Email address: _____

Telephone number: _____ Fax No.: _____

Project name: _____

Project objective: _____

Date of system implementation: _____

Product versions currently being supported:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

List of System Components implemented:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Number of clients: _____

Number of providers: _____

Number of locations/sites for each product provided: _____

Number of System Users for each site and for each Component provided: _____

Line(s) of business:

1. _____ 3. _____

2. _____ 4. _____



EXHIBIT 21 – LIST OF SUBCONTRACTORS

Proposer's Name: _____

Proposer must provide the following information, if any Subcontractors will be used to fulfill the requirements of this project. *(Attach additional pages if needed)*

Subcontractor No. 1

Subcontractor name: _____

Address: _____

City: _____ State: _____ Zip: _____

Proposer's contact name: _____ Title: _____

Email address: _____

Telephone number: _____ Fax No.: _____

Project function: _____

Proposer's experience with subcontractor: _____

Subcontractor No. 2

Subcontractor name: _____

Address: _____

City: _____ State: _____ Zip: _____

Proposer's contact name: _____ Title: _____

Email address: _____

Telephone number: _____ Fax No.: _____

Project function: _____

Proposer's experience with subcontractor: _____

Subcontractor No. 3

Subcontractor name: _____

Address: _____

City: _____ State: _____ Zip: _____

Proposer's contact name: _____ Title: _____

Email address: _____

Telephone number: _____ Fax No.: _____

Project function: _____

Proposer's experience with subcontractor: _____



**EXHIBIT 22 – EXCEPTIONS TO APPENDIX E (SAMPLE AGREEMENT),
APPENDIX D (MAINTENANCE AND SUPPORT SERVICES) AND APPENDIX A (STATEMENT OF WORK)**

Complete and submit this Exhibit 22, for **each** exception to Appendix E (Sample Agreement), Appendix D (Maintenance and Support Services) and Appendix A (Statement of Work). As to **each** exception, the Proposer shall provide:

- **Column 1 (Appendix Name):** Name of document.
- **Column 2 (Page No.):** Page number of document.
- **Column 3 (Section No./Par):** Applicable Section number or paragraph where exception is taken.
- **Column 4 (Line No.):** Line number where exception is taken.
- **Column 5 (Proposed Alternative Language):** The proposed alternative language for County's consideration.
- **Column 6 (Reason(s) for Exception/Benefit):** An explanation of the reason(s) for the exception and the benefits to County of the proposed alternative language if any.
- **Column 7 (Price Reduction):** A description of the reduction, if any, to the Proposer's price should the revised proposed alternative language be accepted by County. If the price is ***not impacted***, Proposer shall state to that affect.
- **Column 8 (Project Schedule Impact):** A description of the impact on the project schedule, if any, should County accept Proposer's alternative language.

Note: If necessary, add additional rows. No other templates shall be accepted. Failure to adhere to these procedures may at County's sole discretion render the proposal non-responsive.

**Exceptions to Appendix E (Sample Agreement),
Appendix D (Maintenance and Support Services) and Appendix A (Statement of Work)**

Appendix Name	Page No.	Section No./Par.	Line No.	Proposed Alternative Language	Reason(s) for Exception/Benefits	Price Reduction (if any)	Project Schedule Impact

**Exceptions to Appendix E (Sample Agreement),
Appendix D (Maintenance and Support Services) and Appendix A (Statement of Work)**

Appendix Name	Page No.	Section No./Par.	Line No.	Proposed Alternative Language	Reason(s) for Exception/Benefits	Price Reduction (if any)	Project Schedule Impact

**Exceptions to Appendix E (Sample Agreement),
Appendix D (Maintenance and Support Services) and Appendix A (Statement of Work)**

Appendix Name	Page No.	Section No./Par.	Line No.	Proposed Alternative Language	Reason(s) for Exception/Benefits	Price Reduction (if any)	Project Schedule Impact



EXHIBIT 23 – CERTIFICATION OF COMPLIANCE WITH THE COUNTY’S DEFAULTED PROPERTY TAX REDUCTION PROGRAMS

Proposer’s Company Name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____ Email Address: _____
Solicitation/Contract For: _____ Services

The Proposer/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County’s Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Proposer’s Name: _____

Signature: _____

Print Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Date: _____