

**APPENDIX D**

**REQUIRED FORMS**

**FOR**

**REQUEST FOR PROPOSALS**

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**REQUIRED FORMS - EXHIBIT 1**

**PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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

- 1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

\_\_\_\_\_ Name \_\_\_\_\_ State \_\_\_\_\_ Year Inc.

- 2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

- 3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

- 4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? \_\_\_\_ If yes, Name of parent firm: \_\_\_\_\_

State of incorporation or registration of parent firm: \_\_\_\_\_

- 5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

- 6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

\_\_\_\_\_  
\_\_\_\_\_

Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 1.4 - Minimum Mandatory Requirements, of this Request for Proposals, as listed below.

(list each minimum mandatory requirement stated in Paragraph 1.4). Attach documentation and/or a typewritten description of each mandatory requirement.

Check the appropriate boxes:

Yes  No \_\_\_\_\_ years experience, within the last \_\_\_\_ years

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

\_\_\_\_\_  
Internal Revenue Service  
Employer Identification Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
California Business License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
County WebVen Number

**REQUIRED FORMS - EXHIBIT 2**  
**PROSPECTIVE CONTRACTOR REFERENCES**

**Contractor's Name:** \_\_\_\_\_

List three (3) References where the same or similar scope of services were provided in order to meet the Minimum Mandatory Requirements stated in this solicitation.

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

**REQUIRED FORMS - EXHIBIT 3**  
**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

**Contractor's Name:** \_\_\_\_\_

List of all public entities for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary.

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

**REQUIRED FORMS - EXHIBIT 4**  
**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Contractor's Name:** \_\_\_\_\_

List of all contracts that have been terminated within the past three (3) years.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
Name or Contract No.		Reason for Termination:		
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
Name or Contract No.		Reason for Termination:		
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
Name or Contract No.		Reason for Termination:		
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
Name or Contract No.		Reason for Termination:		

**REQUIRED FORMS - EXHIBIT 5**  
**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 Name

\_\_\_\_\_  
Proposer Official Title

\_\_\_\_\_  
Official's Signature

Cert. of No Conflict of Interest

**REQUIRED FORMS - EXHIBIT 6**

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED FORMS - EXHIBIT 7**  
**PROPOSER'S EEO CERTIFICATION**

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Company Name

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Address

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Internal Revenue Service Employer Identification Number

**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer certifies and agrees that all persons employed 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, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	( )	( )
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	( )	( )
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	( )	( )
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	( )	( )

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Signature

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Date

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Name and Title of Signer (please print)

**REQUIRED FORMS - EXHIBIT 8**  
**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.

A. Proposer has a proven record of hiring GAIN/GROW participants.

\_\_\_\_\_YES (subject to verification by County)      \_\_\_\_\_NO

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.

\_\_\_\_\_YES      \_\_\_\_\_NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

\_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_N/A (Program not available)

Proposer Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Tel.#: \_\_\_\_\_ Fax #: \_\_\_\_\_

**REQUIRED FORMS - EXHIBIT 9**

**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 accepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
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 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.*

Print Name:	Title:
Signature:	Date:

**REQUIRED FORMS - EXHIBIT 10**  
**BUDGET NARRATIVE AND JUSTIFICATION**  
**FISCAL YEARS (FYs) 2014-15 through 2016-17**

Proposer must provide a narrative explaining its proposed budget costs and a justification for the costs.

**I. General Information**

The budget must clearly reflect the Proposer's capability to successfully implement a PATH program for FYs 2014-15, 2015-16 and 2016-17. The budget shall be based on \$380,603 which is the total estimated amount the Proposer will receive to provide PATH program services beginning in FY 2014-15. The total includes \$71,428 County General Funds (CGF), \$71,428 Federal Financial Participation (FFP) and \$178,325 Federal PATH funding. The Federal PATH funding requires a one dollar (\$1) of State or local cash or in-kind non-Federal match which is \$59,422. The in-kind match must be associated with the costs of any of the following:

- Personnel and consultants that provide services to the PATH program target population
- Personnel that oversee or provide clerical support to the PATH program
- PATH program office/outreach supplies
- PATH program staff mileage/telephones

PATH funds cannot be used as Medi-Cal match and PATH match funds cannot be used as match for any other funding such as Medi-Cal.

The Budget Narrative, an attachment to the Budget Form, Exhibit 10.1, must provide the formulas (calculations) showing how each dollar amount that appears on the Budget Form was calculated. All amounts are to be rounded off to the nearest dollar.

Following are explanations of the only allowable line item categories and examples of how line item amounts are calculated. PATH funds cannot be used for administrative overhead costs. The examples show how formulas on the required Budget Narrative and Justification should look. The Proposer is responsible for the accuracy of all information presented in their Budget Schedule and Narrative.

**A. PERSONNEL (SALARIES & EMPLOYEE BENEFITS)**

The salaries & employee benefits for each staff can come from the PATH federal amount, the non-federal match amount or a combination of both.

## **Program Staff Costs**

This includes the salary and benefits (FICA, unemployment insurance, workers' compensation, and health insurance) of each required full time PATH program staff and the salary and benefits and percentage of time of any other program staff that will provide direct services or oversight of the PATH program such as a program director.

### EXAMPLE:

Salary: Case Manager @ \$4,000 mo. X 12 mos. = \$48,000

Employment Benefits: 25% X \$48,000 = \$12,000

Total Case Manager salary and benefits: \$48,000 + \$12,000 = \$60,000

% of work time allocated to the PATH program: 100%

Salary and benefits cost allocated to the PATH program: \$60,000 X 100% = \$60,000

## **Support Staff**

This includes the salary, benefits (FICA, unemployment insurance, workers' compensation, and health insurance) and percentage of time of each support staff.

### EXAMPLE (assumes the staff is employed full time):

Salary: Biller @ \$2,000 mo. X 12 mos. = \$24,000

Employment Benefits: 25% X \$24,000 = \$6,000

Total Biller salary and benefits: \$24,000 + \$6,000 = \$30,000

% of work time allocated to the PATH program: 50%

Salary and benefits cost allocated to the PATH program: \$30,000 X 50% = \$15,000

## **B. SERVICES AND SUPPLIES**

This includes the costs for consultants, office/program supplies and mileage needed to support the PATH program. These costs can come from the PATH federal amount, the non-federal match amount or a combination of both.

### **1. Consultants**

List the type of consultants to be hired, the annual number of hours of consultations purchased, and the consultation rate.

EXAMPLE:

Psychiatrist: 5 hours/week @ \$150/hour = \$39,000

## **2. Office/Program Outreach Supplies**

Specify the costs per month for 12 months.

EXAMPLE:

Water for outreach @ \$50 month X 12 months = \$600

## **3. Mileage**

Specify the total annual proposed cost for each staff person requiring mileage and the basis for computation. Mileage must be computed in accordance with the County's prevailing Rate Schedule.

EXAMPLE:

Rate (\$0.55) x Number of Miles = Total Mileage Cost

## **4. Telephones**

Specify the costs per month for 12 months.

EXAMPLE:

\$160 per month X 12 months = \$1,920

**APPENDIX D EXHIBIT 10.1**

**BUDGET FORM FY 2014-15**

Proposer Name \_\_\_\_\_

BUDGET CATEGORIES			FEDERAL PATH AMOUNT	NON-FEDERAL MATCH AMOUNT	County General Funds (CGF)	Federal Financial Participation (FFP)	
SOURCE OF NON-FEDERAL MATCH AMOUNT: _____							
A.	PERSONNEL	FTEs					
	Required Program Staff						
	Licensed Mental Health Professional	1					
	Certified Substance Abuse Counselor	1					
	Case Manager	1					
	Peer Advocate	1					
	Other Program Staff (List Position Title)						
B.	SERVICES AND SUPPLIES						
	1. Consulting Psychiatrist/Psychiatric Physician Assistant/Psychiatric Nurse Practitioner						
	2. Office/Program Outreach Supplies						
	3. Mileage						
	4. Telephones						
							Total
TOTAL			\$178,325	\$59,422	\$71,428	\$71,428	\$380,603

**APPENDIX D EXHIBIT 10.1**

**BUDGET FORM FY 2015-16**

Proposer Name \_\_\_\_\_

BUDGET CATEGORIES			FEDERAL PATH AMOUNT	NON-FEDERAL MATCH AMOUNT	County General Funds (CGF)	Federal Financial Participation (FFP)	
SOURCE OF NON-FEDERAL MATCH AMOUNT: _____							
A.	PERSONNEL	FTEs					
	Required Program Staff						
	Licensed Mental Health Professional	1					
	Certified Substance Abuse Counselor	1					
	Case Manager	1					
	Peer Advocate	1					
	Other Program Staff (List Position Title)						
B.	SERVICES AND SUPPLIES						
	1. Consulting Psychiatrist/Psychiatric Physician Assistant/Psychiatric Nurse Practitioner						
	2. Office/Program Outreach Supplies						
	3. Mileage						
	4. Telephones						
<b>TOTAL</b>			\$178,325	\$59,422	\$71,428	\$71,428	\$380,603

**APPENDIX D EXHIBIT 10.1**

**BUDGET FORM FY 2016-17**

Proposer Name \_\_\_\_\_

BUDGET CATEGORIES			FEDERAL PATH AMOUNT	NON-FEDERAL MATCH AMOUNT	County General Funds (CGF)	Federal Financial Participation (FFP)	
SOURCE OF NON-FEDERAL MATCH AMOUNT: _____							
A.	<b>PERSONNEL</b>	<b>FTEs</b>					
	<b>Required Program Staff</b>						
	Licensed Mental Health Professional	1					
	Certified Substance Abuse Counselor	1					
	Case Manager	1					
	Peer Advocate	1					
	<b>Other Program Staff (List Position Title)</b>						
B.	<b>SERVICES AND SUPPLIES</b>						
	1. Consulting Psychiatrist/Psychiatric Physician Assistant/Psychiatric Nurse Practitioner						
	2. Office/Program Outreach Supplies						
	3. Mileage						
	4. Telephones						
<b>TOTAL</b>			\$178,325	\$59,422	\$71,428	\$71,428	\$380,603

**REQUIRED FORMS - EXHIBIT 11**  
**CHARITABLE CONTRIBUTIONS CERTIFICATION**

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Company Name

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Address

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Internal Revenue Service Employer Identification Number

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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.

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Signature

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Date

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Name and Title of Signer (please print)

## REQUIRED FORMS EXHIBIT 12

### CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name:		
Company Address:		
City:	State:	Zip Code:
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:

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

Print Name:	Title:
Signature:	Date:

Date: \_\_\_\_\_