

APPENDIX D

REQUIRED FORMS

FOR

REQUEST FOR PROPOSALS (RFP)

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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.
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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.

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REQUIRED FORMS - EXHIBIT 1

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 Proposal, as listed below.

(List and attach each minimum requirement stated in Paragraph 1.4). Attach documentation and/or a typewritten description in detail 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

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**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 Requirements stated in this solicitation.

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

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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.

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

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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.

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

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**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

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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: _____

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REQUIRED FORMS - EXHIBIT 7

Use this form for County Solicitations which **are not** subject to the Federal Restriction

**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 individuals 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	Dis-advantaged	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
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**REQUIRED FORMS - EXHIBIT 8
PROPOSER'S EEO CERTIFICATION**

Company Name

Address

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.

CERTIFICATION	YES	NO
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.	()	()

Signature

Date

Name and Title of Signer (please print)

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REQUIRED FORMS - EXHIBIT 9

**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 #: _____

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REQUIRED FORMS - EXHIBIT 10

**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 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 11

CORPORATE CAPABILITY

Please describe the relevant background experience of the organization as a corporate or other entity. Submit the agency’s most current audited financial statement; including a profit and loss statement and balance sheet as prepared by a third party Certified Public Accountant. *

Information included in this section will be used to determine whether the agency can continue in business through the term and can finance all costs of this contract for a period of sixty days at any time during the contract period.

Include the following if agency is a:

- Proprietorship, partnership, corporation, joint venture, for profit or non-profit – if joint venture, indicate the name and type of the organization of the other person(s) and/or other organization(s).
- For-profit organization – list the names of those individuals holding 5% or more interest.
- Corporation – articles of incorporation, by-laws, and a listing of the officers and the board of directors and their titles.

Circle One

Has the agency operated with a deficit during the last three years? (If yes, explain. Describe amount of deficit via attachment.)

Yes No

Submit the agency’s current and prior two (2) fiscal years financial statements, including a profit and loss/revenue and expenditure statement and balance sheet as prepared by a third party Certified Public Accountant within 9 months after close of each fiscal year or 30 days after completion of audit, whichever occurs first. Agencies with average Annual Operating Revenues based on the following parameters shall submit either compiled, reviewed or audited financial statements.*

**Compiled Statements, for agencies with annual operating revenues averaging up to \$49,999*

**Reviewed Statements, for agencies with annual operating revenues averaging from \$50,000 - \$499,999*

**Audited financial statements for agencies with annual operating revenues averaging \$500,000 or more*

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REQUIRED FORMS – EXHIBIT 11

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The financial statements, including a profit and loss/revenue and expenditure statement and balance sheet as prepared by a third party Certified Public Accountant, must be submitted to the Contracts Development and Administration Division for every year that the Agreement is in effect.

Please indicate below, the month in which such annual statement will be available:

_____	2008-09
_____	2009-10
_____	2010-11

REQUIRED FORMS – EXHIBIT 11**AGENCY BOARD OF DIRECTORS/CORPORATE OFFICERS**

Current listing of Agency's Board of Directors (as of January 1, _____).

Authorized number of directors according to agency by-laws:

.

Term of office: Officers, Members of Board

How often did Board meet during last 12 months:

On average, how many members of the Board attended meetings during the last 12 months.

Circle One

Does the Board review agency's annual budget?	Yes	No
Does the Board review agency's contract proposals?	Yes	No
Does the Board review agency's personnel policies and hear appropriate grievances?	Yes	No
Does the Board approve major property rental or purchases?	Yes	No
Does the Board membership include participation by consumer representatives?	Yes	No
Does the Board annually review the agency's mission and plan?	Yes	No
Does the Board annually review third party audited financial statements?	Yes	No

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REQUIRED FORMS – EXHIBIT 12

REQUIRED SUPPLEMENTAL DOCUMENTATION

The following items **must be submitted**. Each item (A – W) must be submitted together with tabbed letter dividers. If any of the following listed documents are not included, please submit an explanation on a separate sheet and include it in the appropriate lettered section. All changes/updates must be submitted at the time of occurrence.

- A. List of Board of Directors/
Corporate Officers
- B. Name and title of person legally
empowered to sign contracts and
supporting documentation
- C. Detailed description of rent and lease agreements
(Shall be made available upon request)
- D. Fully executed contracts (e.g., Consultants, etc.)
(Shall be made available upon request)
- E. Organizational chart
- F. Equipment Lease(s) **(Shall be made available upon request)**
- G. Maintenance Agreement(s) **(Shall be made available upon request)**
- H. Insurance Certificates

<u>Limits:</u>	<u>Expiration Date</u>
----------------	------------------------

- | | |
|---------------------------|--|
| 1. General Liability | <u>\$1,000,000</u> per occurrence; \$2,000,000 aggregate |
| 2. Automobile Liability | <u>\$1,000,000</u> per accident |
| 3. Professional Liability | <u>\$1,000,000</u> per occurrence; \$3,000,000 aggregate |
| 4. Workers' Compensation | <u>\$1,000,000</u> per accident; disease policy limit;
per employee per disease |

Insurer's Financial Ratings

Insurance is to be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than **A:VII**.

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REQUIRED FORMS – EXHIBIT 12

REQUIRED SUPPLEMENTAL DOCUMENTATION (Continued)

Insurer's Endorsement

County of Los Angeles shall be named as additional insured on General Liability coverage.

Insurer's Termination

County shall be notified within 30 days in advance of any modification or termination of any program of insurance.

- I. Articles of Incorporation (After the initial period of submission, shall be resubmitted only if there are any updates or revisions during the remaining period of the contract)
- J. By-Laws and all amendments (After the initial period of submission, shall be resubmitted only if there are any updates or revisions during the remaining period of the contract)
- K. Corporate Seal (if incorporated) (After the initial period of submission, shall be resubmitted only if there are any updates or revisions during the remaining period of the contract)
- L. Form of Business Organization (After the initial period of submission, shall be resubmitted only if there are any updates or revisions during the remaining period of the contract)
- M. Non-Discrimination in Services and Employment Policy Statement
- N. Federal/State Tax Status
- O. Agency Literature
- P. Job Description(s)
- Q. Financial Statements
- R. Other Government Contracts (see form attached)
- S. **County's WebVen Vendor Registration System:** All new contractors are required to register with the County's WebVen Vendor Registration System:
<http://camisvr.co.la.ca.us/webven>.
Identify Vendor Registration No. _____

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REQUIRED FORMS - EXHIBIT 14

**CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
AND ACKNOWLEDGEMENT 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 NUMBER

_____	_____
_____	_____
_____	_____

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

- C. List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, 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.

Name of Firm

Print Name of Signer

Title

Signature

Date

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REQUIRED FORMS - EXHIBIT 15

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

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REQUIRED FORMS - EXHIBIT 16
CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

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.

Signature

Date

Name and Title of Signer (please print)

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REQUIRED FORMS - EXHIBIT 17

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:

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: _____

**APPENDIX D
REQUIRED FORMS – EXHIBIT 18
BUDGET SCHEDULE
FISCAL YEARS (FY) 2012-13 THROUGH 2016-17**

Proposer Name _____

BUDGET CATEGORIES		BUDGET TOTAL EACH FISCAL YEAR	
		Benefits Establishment	Community Education
I. DIRECT COST			
A.	BEAA SPECIALISTS/SUPPORT STAFF		
	1. BEAA SPECIALISTS		
	2. Administration/Support		
	3. Other program support		
B.	SERVICES AND SUPPLIES		
	1. Production/reproduction of Advocacy and teaching materials		
	2. Office Supplies		
	3. Mileage & Travel Costs		
	4. Other (Specify)		
C.	EQUIPMENT		
D.	FACILITY COSTS		
SUBTOTAL			
II. INDIRECT COSTS			
A.	ADMINISTRATION COST		
B.	TOTAL OTHER INDIRECT COSTS		
SUBTOTAL			
TOTAL BUDGET FOR EACH SERVICE			
GRAND TOTAL BUDGET			

**APPENDIX D
REQUIRED FORMS – EXHIBIT 18
BUDGET SCHEDULE
FISCAL YEARS (FY) 2012-13 THROUGH 2016-17**

BUDGET NARRATIVE AND JUSTIFICATION

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

GENERAL INFORMATION

The budget must clearly indicate that a viable program will be operating within the timeframe allotted for the program. **The budget should be based on the annual funding of the BEAA Program.** The Budget Narrative, an attachment to the Budget Form, 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 allowable line item categories and examples of how line item amounts are calculated. The examples show how formulas on the required Budget Narrative and Justification should look. Proposer is responsible for the accuracy of all information presented in its Budget Form or Budget Narrative. Any errors may result in loss of points.

I. DIRECT COSTS

A. PERSONNEL-BEAA SPECIALISTS/SUPPORT STAFF (SALARIES & EMPLOYEE BENEFITS)

1. Program Staff

- Indicate the staff position and salary for each staff person proposed for program.
- Indicate the percentage of Employee/Fringe Benefits for each staff classification. This includes FICA, unemployment insurance, workers' compensation, and health insurance. List total Employee/Fringe Benefit Package costs for each staff position.
- Add the benefit dollar amount to the salary dollar amount to arrive at the combined salary/benefit for each classification.

EXAMPLE:

Salary: BEAA Specialist @ 4,000 mo. X 12 mos. = \$48,000

Employment Benefits: 26% X \$48,000 = \$12,480

Total BEAA Specialist salary and benefits: \$48,000 + \$12,480 = \$60,480

2. Administration/Support

- Indicate the staff position and salary for each staff person proposed for the program.
- Indicate the percentage of Employee/Fringe Benefits for each staff classification. This includes FICA, unemployment insurance, workers' compensation, and health insurance. List total Employee/Fringe Benefit Package costs for each staff position.

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REQUIRED FORMS – EXHIBIT 18
BUDGET SCHEDULE
FISCAL YEARS (FY) 2012-13 THROUGH 2016-17**

- Add the benefit dollar amount to the salary dollar amount to arrive at the combined salary/benefit for each classification.

EXAMPLE:

Salary: Administrative Assistant @ \$2,500 mo. X 12 mos. = \$30,000

Employment Benefits: 26% X \$30,000 = \$7,800

\$30,000 + \$7,800 = Total BEAA Specialist salary and benefits)

3. Other Program Support

- Indicate other applicable costs associated to program support such as hiring of consultant(s) to provide staff development training (e.g., cultural competency, HIPAA, Sexual Harassment) and/or to provide translation services.

B. SERVICES AND SUPPLIES COSTS

Costs for production/re-production of teaching materials, mailing, office supplies, mileage related to the program may be included if they are not included in the overall administrative costs of the program and can be identified as such for invoicing purposes.

1. Production/re-production of Advocacy and teaching materials

- Specify the cost per month for the duration of the program.

2. Office Supplies

- Specify the costs per month for the duration of the program.

EXAMPLE:

Training and Presentation Supplies @100 month X 12 months = \$1,200

3. Mileage and Travel Costs

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

EXAMPLE:

Rate (\$0.35) x Number of Miles = Total Mileage Cost

4. Equipment (valued at or less than \$200)

- Equipment costing \$200 or less than \$200 shall be purchased out of the Services and Supplies Budget. Specify the equipment to be purchased, leased, or rented.

EXAMPLE:

2 Portable DVD Players @ \$150 each = \$300

C. EQUIPMENT (valued over \$200)

**APPENDIX D
REQUIRED FORMS – EXHIBIT 18
BUDGET SCHEDULE
FISCAL YEARS (FY) 2012-13 THROUGH 2016-17**

For this section, “Equipment” means non-expendable personal property, each item of which has (a) a useful life in excess of one year, and (b) a value in excess of Two Hundred Dollars (\$200). Except as provided for in Section 552, Title 9, California Code of Regulations, equipment expenditures for existing services during any fiscal year shall not exceed one percent (1%) of the net budget of such service, and ten percent (10%) of the net budget for those new services which commence subsequent to the beginning of the fiscal year.

- **Purchases:** Identify equipment to be purchased, a justification statement for the purchase, and the cost of each equipment. Equipment purchase requests must be submitted to DMH and may be reportable to the State Department of Mental Health (SDMH) as necessary.
- **Equipment Leases** – Identify equipment to be leased, a justification statement for all leased equipment, and the cost of each lease.

D. FACILITY COSTS

Facility Rent/Lease

- Specify the gross square footage, monthly and yearly gross cost, monthly and yearly cost per square foot.
- If facility is currently being rented, attach a copy of the current lease or rental agreement. Rents and purchase costs applied to the contract will be compared to the guidelines issued by the County of Los Angeles - Internal Services Department for evaluating rent costs in the current budget.

II. INDIRECT COSTS

Allowable administrative costs include accounting, budgeting, financial screening, general administrative personnel, information system, office services, and other such similar services. These costs must be reasonable, be equitably allocated and compliant with federal cost allocation principles. Consult with your accountant. Administrative costs are allowable to the extent they are: 1) reasonable and 2) related to the services provided by the BEAA specialist.

A. ADMINISTRATIVE COSTS

- Administrative costs are the indirect costs related to the implementation and operation of the program. Such costs must be reasonable and include a formula on how the cost was calculated.

B. TOTAL OTHER INDIRECT COSTS

- Specify other indirect costs and provide a justification for such costs and the benefits to the program proposed under this RFP.