ATTACHMENT II

REQUIRED FORMS

FOR

REQUEST FOR STATEMENT OF QUALIFICATIONS

TABLE OF CONTENTS

REQUIRED FORMS - EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	**COUNTY VENDOR NUMBER:**
ADDRESS:	
TELEPHONE NUMBER:	**E-MAIL:**

1	**Select the options that best define your firm's business structure:** ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Partnership ☐ Sole Proprietorship ☐ Non-Profit ☐ Franchise ☐ Other (Specify)	**If Corporation or Limited Liability Company (LLC):** Legal Name (as stated in Articles of Incorporation): _____ State of Incorporation: _____ Year of Incorporation: _____ **If Limited Partnership or a Sole Proprietorship:** Name of proprietor or managing partner: _____ **If other:** Specify business structure name:_____
2	**Is your firm doing business under one or more Doing Business As (DBA)?** Yes ☐ No ☐	Name:_____ Country of Registration: _____ + Year became DBA: _____
3	**Is your firm wholly/majority owned by, or a subsidiary of another firm?** Yes ☐ No ☐	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm:_____ State of Incorporation or registration of parent firm: _____

4	**Has your firm done business under other names within last five (5) years?** Yes ☐ No ☐	If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change _____ +
5	**List all names and contact information of all individuals legally authorized to commit the Proposer.**	Name: _____ Title: _____ + Phone: _____ Email: _____

REQUIRED FORMS - EXHIBIT 2

MINIMUM REQUIREMENTS FOR CATEGORIES

Proposer acknowledges and certifies that it meets the Minimum Requirements indicated below and as stated in Paragraph 1.4, of this Request for Statement of Qualifications (RFSQ).

Yes ☐ No ☐ Proposer is currently on federal, State, or local debarment list.

Check all the categories the Proposer proposes to be considered for:

	Minimum Requirements (M/R) for all Categories							
Category Name	1.4.1.1- Proposer must have a current agreement in good standing (at the sole discretion of the County) with a County department, providing the same services described in Attachment I, ARP Support Services; or		1.4.1.2 - Proposer must have three (3) years of experience in the last five (5) years providing any of the same Services described in Attachment I, ARP Support Services, in each category they are applying; or		1.4.1.3 - Proposer's principal, partner or officer must have three (3) years of experience in the last five (5) years providing any of the same services described in Attachment I, ARP Support Services.		1.4.2 If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over $100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Category 1: Marketing and/or Branding Services								
Category 2: Technical Assistance Services								
Category 3: Third-Party Administrator (TPA) Services								
Category 4: Training Support Services								
Category 5: As-Needed Language Assistance Services								
Category 6: Evaluation Categories and Related Services								

REQUIRED FORMS - EXHIBIT 3

PROPOSER'S LIST OF REFERENCES

Proposer's Name: _____

Provide a comprehensive reference list for the same scope of services that were provided by the Proposer. The contact person must be able to answer contractual questions about the services Proposer provides. It is the Proposer's responsibility to ensure accuracy of the information provided below.

REFERENCE FOR:	PRINCIPAL ☐ PARTNER ☐ OFFICER ☐
COMPANY,PRINCIPAL, PARTNER,OFFICER::	
SERVICE TYPE:	
NO. OF YEARS PERF.SERVICES:	
FIRM NAME:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

REFERENCE FOR:	PRINCIPAL ☐ PARTNER ☐ OFFICER ☐
COMPANY,PRINCIPAL, PARTNER,OFFICER	
SERVICE TYPE:	
NO. OF YEARS PERF.SERVICES:	
FIRM NAME:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

REFERENCE FOR:	PRINCIPAL ☐ PARTNER ☐ OFFICER ☐
COMPANY,PRINCIPAL, PARTNER,OFFICER:	
SERVICE TYPE:	
NO. OF YEARS PERF.SERVICES:	
FIRM NAME:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

REFERENCE FOR:	PRINCIPAL ☐ PARTNER ☐ OFFICER ☐
COMPANY,PRINCIPAL, PARTNER,OFFICER:	
SERVICE TYPE:	
NO. OF YEARS PERF.SERVICES:	
FIRM NAME:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

REQUIRED FORMS - EXHIBIT 4

PROPOSER'S TERMINATED CONTRACTS AND PENDING LITIGATION HISTORY

Proposer's Name: ______________________________

1. DEBARMENT STATUS	**YES**	**NO**
Proposer is currently debarred by a public entity.		
If yes, please provide the name of the public entity:		
2. LIST OF TERMINATED CONTRACTS	**YES**	**NO**
Proposer has contracts that have been terminated in the past three (3) years.		

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

SERVICE:	
NAME OF ENTITY:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
TERMINATION DATE:	
NAME/CONTRACT NUMBER:	
REASON FOR TERMINATION:	

SERVICE:	
NAME OF ENTITY:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
TERMINATION DATE:	
NAME/CONTRACT NUMBER:	
REASON FOR TERMINATION:	

SERVICE:	
NAME OF ENTITY:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
TERMINATION DATE:	
NAME/CONTRACT NUMBER:	
REASON FOR TERMINATION:	

SERVICE:	
NAME OF ENTITY:	
ADDRESS:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
TERMINATION DATE:	
NAME/CONTRACT NUMBER:	
REASON FOR TERMINATION:	

3. PENDING LITIGATION AND/OR JUDGMENTS	YES	NO
Proposer has pending litigation and/or judgements.		

If yes, please identify by name, case, and court jurisdiction any pending litigation in which Proposer is involved, or judgements against Proposer in the past five (5) years. Provide a statement describing the size and scope of any litigation against the Proposer, principals, or both.

LITIGATION/JUDGEMENT IS AGAINST:	PROPOSER ☐ PRINCIPAL ☐ BOTH ☐
NAME OF LITIGATION/JUDGEMENT:	
CASE NUMBER:	
COURT OF JURISDICTION:	
SIZE AND SCOPE OF LITIGATION:	

REQUIRED FORMS - EXHIBIT 5

Community Business Enterprise (CBE) Information

TITLE	REFERENCE
1. 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.
Total Number of Employees in California:	
Total Number of Employees (including owners)**:**	

Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Percentage of how ownership of the firm is distributed	
	Male	Female	Male	Female
Black/African American			%	%
Hispanic/Latino			%	%
Asian or Pacific Islander			%	%
American Indian			%	%
Filipino			%	%
White			%	%

TITLE	REFERENCE
2. Certification as Minority, Women, Disadvantaged, Disabled Veteran, And Lesbian, Gay, Bisexual, Transgender, Queer, And Questioning-Owned (LGBTQQ) Business Enterprise	If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ

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

PRINT NAME:	TITLE:
SIGNATURE:	DATE: