



ADOLFO GONZALES
Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY, DOWNEY, CALIFORNIA 90242
(562) 940-2728



October 18, 2021

ADDENDUM NUMBER TWO - REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) #640-21-02 FOR AS-NEEDED POLYGRAPH EXAMINATION SERVICES FOR ADULT SEX OFFENDERS AND POST-CONVICTION SEX OFFENDERS

This is Addendum Two - Request for Statement of Qualifications for As-Needed Polygraph Examination Services for Adult Sex Offenders and Post-Conviction Sex Offenders (RFSQ #640-21-02), which was released on April 7, 2021. For ease of reading, stricken text indicates deleted language and bold and underlined text indicates added language to the RFSQ.

1. RFSQ, page 32, Section 2.8, SOQ Submission.

The SOQ and any related information shall be delivered or mailed to the following:

Los Angeles County Probation Department
Contract & Grants Management Division
9150 East Imperial Highway, Room D 29
Downey, California 90242
Attention: ~~Ingrid Martinez~~ **Oscar Rivas**, Contract Analyst

2. Appendix D, Required Forms **Exhibit 1**, Vendor's Organizationaire/Affidavit, is deleted and replaced in its entirety as attached.

This Addendum is posted on the following websites:

Los Angeles County "Doing Business with Us":
<http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>

Los Angeles County Probation:
<https://probation.lacounty.gov/current-solicitations/>

Sincerely,

Tasha Howard, Director
Contracts & Grants Management Division

REQUIRED FORMS - EXHIBIT 1
PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. Is your firm a corporation or limited liability company (LLC)? ☐ Yes ☐ No

If yes, complete:

Legal Name (found in Articles of Incorporation) _____

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. Is your firm doing business under one or more DBA's? ☐ Yes ☐ No

If yes, complete:

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

4. Is your firm wholly/majority owned by, or a subsidiary of another firm? ☐ Yes ☐ No

If yes, complete:

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Has your firm done business as other names within last five (5) years? ☐ Yes ☐ No

If yes, complete:

Name _____ Year of Name Change _____

Name _____ Year of Name Change _____

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?

☐ Yes ☐ No If yes, provide information:

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The Proposer acknowledges and certifies that firm meets and will comply with the Proposer's Minimum Mandatory Qualifications as stated in Paragraph 3 of this Request for Proposal, as listed below.

Check the appropriate boxes:

- ☐ **Yes** ☐ **No** Subparagraph 1.4.1 Vendor must have a service area site within the Service Areas listed in Technical Exhibit 2 (Service Areas) of Appendix C (Statement of Work Technical Exhibits) of this RFSQ, for which services are being proposed. The address to the service areas site(s) **must** be included in Exhibit 1 (Vendor's Organization Questionnaire/Affidavit) of Appendix D (Required Forms), of this RFSQ.

Vendor must check the applicable box under the Service Areas listed below for which the SOQ is being submitted (more than one box may be checked).

- ☐ **Service Area 1 (Bell/Commerce/East Los Angeles Area and contiguous cities)**

Address: _____

City: _____

Zip Code: _____

- ☐ **Service Area 2 (San Gabriel Valley/Pomona Area and contiguous cities)**

Address: _____

City: _____

Zip Code: _____

- ☐ **Service Area 3 (Inglewood/Florence/Culver City Area and contiguous cities)**

Address: _____

City: _____

Zip Code: _____

- ☐ **Service Area 4 (Carson/Compton/Lynwood Area and contiguous cities)**

Address: _____

City: _____

Zip Code: _____

- ☐ **Service Area 5 (Hollywood/Fairfax/Venice Area and contiguous cities)**

Address: _____

City: _____

Zip Code: _____

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PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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- ☐ Service Area 6 (San Fernando Valley Area and contiguous cities)

Address: _____

City: _____

Zip Code: _____

- ☐ Service Area 7 (Norwalk/Cerritos/Whittier Area and contiguous cities)

Address: _____

City: _____

Zip Code: _____

- ☐ Service Area 8 (Torrance/Long Beach/Lakewood Area and contiguous cities)

Address: _____

City: _____

Zip Code: _____

- ☐ Service Area 9 (Glendale/Pasadena/Arcadia Area and contiguous cities)

Address: _____

City: _____

Zip Code: _____

- ☐ Service Area 10 (Antelope Valley Area and contiguous cities)

Address: _____

City: _____

Zip Code: _____

- ☐ Yes ☐ No Subparagraph 1.4.2 Vendor must have successfully graduated from a polygraph training course, recognized and accredited by the American Polygraph Association (APA), California Association of Polygraph Examinees, or the American Associates of Police Polygraphists. Vendor must submit copies of diploma and/or certificate.

- ☐ Yes ☐ No Subparagraph 1.4.3 Vendor must be active in the administration of polygraph examinations for Adult Sex Offenders and Post-Conviction Sex Offenders. To qualify for this status, the Vendor must meet the following criteria:

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PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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- a. Vendor must have completed no less than 200 actual polygraph examinations using a validated polygraph technique as taught at an APA-accredited school.
- b. Of the total documented polygraph examinations, Vendor must have administered a minimum of one-hundred (100) polygraph exams for a law enforcement agency or agencies.
- c. Completed a minimum of 40 hours of specialized instruction, beyond basic polygraph training course requirements, through Post-Conviction Sex Offender Testing (PCSOT) approved by one of the below professional polygraph examiner associations listed in Sub-paragraph 1.4.4.
- d. Completed within the last two (2) years, 20 hours of specialized sex offender polygraph training approved by one of the below professional polygraph examiner associations listed in Sub-paragraph 1.4.4.

Vendor must provide documentation, training certificates and references to meet criteria *a through d*.

☐ Yes ☐ No Subparagraph 1.4.4

Vendor must be a current member, in good standing, with one of the following professional polygraph examiner associations:

- American Polygraph Association
- California Association of Polygraph Examiners
- American Association of Police Polygraphists

Vendor must provide a copy of membership.

☐ Yes ☐ No Subparagraph 1.4.5

If Vendor's compliance with a County agreement has been reviewed by the Department of the Auditor-Controller within the last 10 years, Vendor 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 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.

REQUIRED FORMS – EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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- I. 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: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Franchise ☐ Other (Specify) _____						
Total Number of Employees (including owners): _____						
Race/Ethnic Composition of Firm. 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						

- II. 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	%	%	%	%	%	%

- III. 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	Other

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.

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

PROPOSER NAME:		COUNTY WEBVEN NUMBER:
ADDRESS:		
PHONE NUMBER:	E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:	
PROPOSER OFFICIAL NAME AND TITLE (PRINT):		
SIGNATURE		DATE

REQUIRED FORMS – EXHIBIT 1a COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

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Instructions for Completing Form

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Proposer 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.

**REQUIRED FORMS – EXHIBIT 1a
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

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COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

TITLE		REFERENCE			
1		The information requested below is for statistical			
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	