REVISED MARCH 2025

RFSQ #104731
TELECOMMUNICATIONS SERVICES

LIST OF APPENDICES AND EXHIBITS

REQUIRED FORMS — EXHIBIT 6D-1 — CLOUD CONTACT CENTER SERVICES
REQUIRED FORMS — EXHIBIT 6D-2 — CLOUD CONTACT CENTER SERVICES
REQUIRED FORMS — EXHIBIT 6D-A — SMS OUTBOUND TEXT MESSAGE SOLUTION
REQUIRED FORMS — EXHIBIT 7D-A — SMS OUTBOUND TEXT MESSAGE SOLUTION
REQUIRED FORMS — EXHIBIT 6D-A1 — SMS OUTBOUND TEXT MESSAGE SOLTION
REQUIRED FORMS — EXHIBIT 6D-A2 — SMS OUTBOUND TEXT MESSAGE SOLUTION
REQUIRED FORMS — EXHIBIT 6E — LEGACY SERVICES
REQUIRED FORMS — EXHIBIT 7E — LEGACY SERVICES
REQUIRED FORMS — EXHIBIT 6E-1 — LEGACY SERVICES
REQUIRED FORMS — EXHIBIT 6E-2 — LEGACY SERVICES
REQUIRED FORMS — EXHIBIT 8
PROSPECTIVE VENDOR LIST OF TERMINATED CONTRACTS
REQUIRED FORMS — EXHIBIT 9
ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/START PARTICIPANTS
REQUIRED FORMS — EXHIBIT 10
COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION
REQUIRED FORMS — EXHIBIT 12
CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM
REQUIRED FORMS — EXHIBIT 13
ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING
CERTIFICATION
REQUIRED FORMS — EXHIBIT 14
COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION
REQUIRED FORMS — EXHIBIT 15
CONTRACTOR'S ADMINISTRATION
REQUIRED FORMS — EXHIBIT 16
AUTHORIZATION OF MASTER AGREEMENT
REQUIRED FORMS — EXHIBIT 17
CONTRACTOR'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS
REQUIRED FORMS — EXHIBIT 18
CONTRIBUTION AND AGENT DECLARATION FORM
REQUIRED FORMS — EXHIBIT 19
DECLARATION

Contractor Name

APPENDIX B

APPENDIX C

POLICY ON DOING BUSINESS WITH SMALL BUSINESS

APPENDIX D

CONTRACTOR EMPLOYEE JURY SERVICE

APPENDIX E

LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY

APPENDIX F

IRS NOTICE 1015

APPENDIX G

APPENDIX I

DEFAULTED PROPERTY TAX REDUCTION PROGRAM

APPENDIX A

RFSQ REQUIRED FORMS

APPENDIX A
REQUIRED FORMS
TABLE OF CONTENTS

EXHIBITS

REQUIRED FORMS — EXHIBIT 1
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Vendor 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**
_____	_____	_____
_____	_____	_____

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:

   _____

   _____

7. Vendor acknowledges and certifies that firm meets and will comply with the Vendor's Minimum Qualifications as stated in Section 1.4 (Vendor's Minimum Qualifications), of this Request for Statement of Qualifications, as listed below.

☐ **Yes** ☐ **No** Vendor does not have unresolved questioned cost, as 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 a period of 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.

A vendor can apply for any of the four Categories according to the requirements, below.

Check the appropriate boxes:

☐ **Yes**☐ **No** Vendor has provided **Category 1 — Data Network Services** over the last ten (10) years.

☐ **Yes**☐ **No** To meet minimum qualification for **Category 1 — Data Network Services**, the vendor must identify five (5) client contracts, over the last ten (10) years, for Data Network Services, each with more than 200 client sites in the United States. Any two (2) of these five (5) contracts must be for U.S. Public Entity clients and any two (2) of these five (5) contracts must be for clients (either commercial or Public Entity) each with more than 50 client sites in California.

☐ **Yes**☐ **No** Vendor has provided **Category 2 — Secure Web Gateway Services** over the last five (5) years.

☐ **Yes**☐ **No** To meet minimum qualification for **Category 2 — Secure Web Gateway Services**, the vendor must identify five (5) client contracts, over the last five (5) years, for Secure Web Gateway Services, each for more than 100 sites or more than 2,000 users, in the United States. Any two (2) of these five (5) client contracts must be for the U.S. Public Entity clients.

☐ **Yes**☐ **No** Vendor has provided **Category 3 — UC Cloud VoIP Services** over the last ten (10) years.

☐ **Yes**☐ **No** To meet the minimum qualification for **Category 3 — UC Cloud VoIP Services**, the vendor must identify five (5) client contracts, over the last ten (10) years, for cloud-based VoIP infrastructure services, each for more than 3,000 phones in the United States. Any two (2) of these five (5) contracts must be for the U.S. Public Entity clients.

☐ **Yes**☐ **No** Vendor has provided **Category 4 — Cloud Contact Center Services** over the last ten (10) years.

☐ **Yes**☐ **No** To meet the minimum qualification for **Category 4 — Cloud Contact Center Services**, the vendor must identify five (5) client contracts, over the last ten (10) years, for cloud-based contact center infrastructure services that can support more than 200 call takers in the United States. Any two (2) of these five (5) contracts must be for the U.S. Public Entity clients.

☐ **Yes**☐ **No** Vendor has provided **Category 4A — SMS Outbound Text Message Solution** over the last 5 (5) years.

☐ **Yes**☐ **No** To meet the minimum qualification for **Category 4A – SMS Outbound Text Message Solution**, the vendor must identify three (3) client contracts, within the past five (5) years, for SMS Outbound Text Message Solution that can support more than 10 million SMS outbound text messages per month in English and translated, at a minimum, in eleven (11) different languages with archival retention of at least two (2) years with 24/7 support in the U.S. One (1) of these three (3) contracts must

be with a U.S. public entity client. The vendor must also provide written confirmation that their team is consists exclusively of US-based resources.

☐ **Yes**☐ **No** Vendor has provided **Category 5 — Legacy Services** over the last five (5) years.

☐ **Yes**☐ **No** To meet the minimum qualification for **Category 5 — Legacy Services**, the vendor must identify five (5) client contracts for Legacy Services (as defined in Section 4.5 (Category 5 Description-Legacy Services) within the last five (5) years, *each of which must have 1,000 or more Legacy Service lines, 1,000 or more Legacy Service circuits, or a combination of 1,000 or more Legacy Service lines or Legacy Service circuits*. All Legacy Service lines and Legacy Service circuits must be in the United States (U.S.). Two (2) of these five (5) contracts must be with U.S. public entity clients.

REQUIRED FORMS — EXHIBIT 1
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ 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.

<table>
<tr><td colspan="2">VENDOR NAME:</td><td>COUNTY WEBVEN NUMBER:</td></tr>
<tr><td colspan="3">ADDRESS:</td></tr>
<tr><td>PHONE NUMBER:</td><td colspan="2">EMAIL:</td></tr>
<tr><td colspan="2">INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</td><td>CALIFORNIA BUSINESS LICENSE NUMBER:</td></tr>
<tr><td colspan="3">VENDOR OFFICIAL NAME AND TITLE (PRINT):</td></tr>
<tr><td colspan="3">SIGNATURE DATE</td></tr>
</table>

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

COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION (attached separately)

REQUIRED FORMS — EXHIBIT 2

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 SOQs 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.

_____

Vendor Name

_____

Vendor Official Title

_____

Official's Signature

REQUIRED FORMS — EXHIBIT 3

CONTRACTOR'S EEO CERTIFICATION
MASTER AGREEMENT – EXHIBIT C

(PLEASE RETURN ONE ORIGINAL)

CONTRACTOR'S EEO CERTIFICATION

Contractor Name

Address

Internal Revenue Service Employer Identification Number

GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the contractor, supplier, or vendor 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.

CONTRACTOR'S SPECIFIC CERTIFICATIONS

1.	The Contractor has a written policy statement prohibiting discrimination in all phases of employment.	Yes ☐	No ☐
2.	The Contractor periodically conducts a self analysis or utilization analysis of its work force.	Yes ☐	No ☐
3.	The Contractor has a system for determining if its employment practices are discriminatory against protected groups.	Yes ☐	No ☐
4.	Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables.	Yes ☐	No ☐

Authorized Official's Printed Name and Title

Authorized Official's Signature

Date

REQUIRED FORMS — EXHIBIT 4
For County Solicitations subject to the Federal Restriction
REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Businesses requesting preference consideration must complete and return this form for proper consideration of the bid. Businesses may request consideration for one or more preference programs. Check all certifications that apply.*

I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS BID BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.

☐ **Request for Local Small Business Enterprise (LSBE) Program Preference**

- ☐ Meets the revenue and employee size criteria of the federal Small Business Administration and maintains an active registration as a small business in the System for Award Management (SAM) data base; **and**
- ☐ Certified as a LSBE by the DCBA.

☐ **Request for Social Enterprise (SE) Program Preference**

- ☐ A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; **and**
- ☐ Certified as a SE business by the DCBA.

☐ **Request for Disabled Veterans Business Enterprise (DVBE) Program Preference**

- ☐ Certified by the State of California, **or**
- ☐ Certified by U.S. Department of Veterans Affairs as a DVBE; **or**
- ☐ Certified as a DVBE with other certifying agencies under to DCBA's inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration: and
- ☐ Certified as a DVBE by the DCBA.

***BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.**

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

☐ **DCBA certification is attached.**

Name of Firm		County Webven No.	
Print Name:		Title:	
Signature:		Date:	
Reviewer's Signature	**Approved**	**Disapproved**	**Date**

REQUIRED FORMS — EXHIBIT 4

Use this form for County Solicitations **Not** subject to the Federal Restriction

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Businesses requesting preference consideration must complete and return this form for proper consideration of the bid. Businesses may request consideration for one or more preference programs. Check all certifications that apply.*

I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS BID BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.

☐ Request for Local Small Business Enterprise (LSBE) Program Preference

- ☐ Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one (1) year; **or**
- ☐ Certified as a LSBE with other certifying agencies under DCBA's inclusion policy that has its principal place of business located in Los Angeles County and has revenue and employee size that meet the State's Department of General Services requirements; **and**
- ☐ Certified as a LSBE by the DCBA.

☐ Request for Social Enterprise (SE) Program Preference

- ☐ A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; **and**
- ☐ Certified as a SE business by the DCBA.

☐ Request for Disabled Veterans Business Enterprise (DVBE) Program Preference

- ☐ Certified by the State of California, **or**
- ☐ Certified by U.S. Department of Veterans Affairs as a DVBE; **or**
- ☐ Certified as a DVBE with other certifying agencies under DCBA's inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration: and
- ☐ Certified as a DVBE by the DCBA.

***BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.**

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

☐ **DCBA certification is attached.**

Name of Firm	County Webven No.
Print Name:	Title:
Signature:	Date:

Reviewer's Signature	Approved	Disapproved	Date

REQUIRED FORMS — EXHIBIT 5

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Vendor 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 Vendor 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 6A — DATA NETWORK SERVICES
PROSPECTIVE VENDOR REFERENCES

Vendor's Name: _____

List five (5) references where the vendor provided a similar scope of services that meet the **Minimum Qualifications for Data Network Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 7A — DATA NETWORK SERVICES
PROSPECTIVE VENDOR LIST OF PUBLIC ENTITY CONTRACTS

Vendor's Name: _____

List a minimum of two (2) Public Entity references where a similar scope of services were provided to meet the **Minimum Qualifications for Data Network Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 6A-1 — DATA NETWORK SERVICES
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Data Network Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Transition	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Project Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Order Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Operations	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Network Monitoring	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Incident Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Problem Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Change Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Capacity Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Performance Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
System Maintenance and Support	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Billing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6A-2 — DATA NETWORK SERVICES
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Data Network Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
MPLS Services					
· T1 or multiples	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Ethernet Services					
· 5-50 Mbps	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
· 50-500 Mbps	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
· 1-100 Gbps	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Internet Access Services					
· 5 — 50 Mbps	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
· Over 50 Mbps	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Fiber Services					
· Dark Fiber Service	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
· Lambda Service	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
· Fiber Channel	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Cellular Data Network	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6B — SECURE WEB GATEWAY (SWG) SERVICES
PROSPECTIVE VENDOR REFERENCES

Vendor's Name: _____

List five (5) references where a similar scope of services were provided to meet the **Minimum Qualifications for Secure Web Gateway Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 7B — SECURE WEB GATEWAY (SWG) SERVICES
PROSPECTIVE VENDOR LIST OF PUBLIC ENTITY CONTRACTS

Public Entity Vendor's Name: _____

List a minimum of two (2) Public Entity references where a similar scope of services were provided to meet the **Minimum Qualifications for Secure Web Gateway Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 6B-1 — SECURE WEB GATEWAY (SWG) SERVICES PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Secure Web Gateway	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Transition	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Project Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Order Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Operations	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Monitoring	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Maintenance	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Incident Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Problem Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Capacity Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Performance Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Billing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6B-2 — SECURE WEB GATEWAY (SWG) SERVICES PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Secure Web Gateway	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG General Security Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Security Policy Compliance	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG URL Filtering	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Billing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Options — On-premises	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Options — SWG Cloud	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Options — SWG Hybrid	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
URL Filtering	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Signature-Based Malware Detection	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Mobile Access — Windows OS	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Mobile Access — OS X MacBooks.	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Mobile Access — Apple iOS	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Mobile Access — Android	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SSL/TLS Decryption	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Advanced Threat Defense	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Sandboxing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SWG Traffic Analysis	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Application Control	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Data Loss Prevention (DLP) Support	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Bandwidth Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Service Integration	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Management and Security	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Proof of Concept	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6C — UC CLOUD VOIP SERVICES
PROSPECTIVE VENDOR REFERENCES

Vendor's Name: _____

List five (5) references where a similar scope of services were provided to meet the **Minimum Qualifications for UC Cloud VoIP Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 7C — UC CLOUD VOIP SERVICES
PROSPECTIVE VENDOR LIST OF PUBLIC ENTITY CONTRACTS

Public Entity Vendor's Name: _____

List a minimum of two (2) Public Entity references where a similar scope of services were provided to meet the **Minimum Qualifications for UC Cloud VoIP Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 6C-1 — UC CLOUD VOIP SERVICES
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

UC Cloud VoIP Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Transition	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Project Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Order Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Operations — Cloud VoIP Platform	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Incident Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Problem Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Change Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Performance Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
System Maintenance and Support	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Billing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6C-2– UC CLOUD VOIP SERVICES
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

UC Cloud VoIP Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Endpoints (Desk Phones and Softphones)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Voicemail	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Conferencing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Call Routing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Security	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
System Management Tools	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Training	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6D — CLOUD CONTACT CENTER SERVICES
PROSPECTIVE VENDOR REFERENCES

Vendor's Name: _____

List five (5) references where a similar scope of services were provided to meet the **Minimum Qualifications for Cloud Contact Center Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 7D — CLOUD CONTACT CENTER SERVICES
PROSPECTIVE VENDOR LIST OF PUBLIC ENTITY CONTRACTS

Public Entity Vendor's Name: _____

List a minimum of two (2) Public Entity references where a similar scope of services were provided to meet the **Minimum Qualifications for Cloud Contact Center Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 6D-1 — CLOUD CONTACT CENTER SERVICES PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Cloud Contact Center Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Transition	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Project Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Order Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Operations — Cloud Contact Center Platform	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Incident Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Problem Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Change Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Performance Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
System Maintenance and Support	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Billing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6D-2 — CLOUD CONTACT CENTER SERVICES PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Cloud Contact Center Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Endpoints (Desk Phones and Softphones)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Voicemail	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Automated Call Distribution (ACD)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Interactive Voice Response (IVR)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Computer Telephony Integration (CTI)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Inbound Email Routing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Outbound Dialer	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Outbound Email Routing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Outbound SMS Routing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Web Chat Routing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Security	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Supervisor Desktop Tools	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
System Management Tools	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Training	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6D-A — SMS OUTBOUND TEXT MESSAGE SOLUTION PROSPECTIVE VENDOR REFERENCES

Vendor's Name: _____

List three (3) references where a similar scope of services were provided to meet the **Minimum Qualifications for SMS Outbound Text Message Solution** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 7D-A — SMS OUTBOUND TEXT MESSAGE SOLUTION
PROSPECTIVE VENDOR LIST OF PUBLIC ENTITY CONTRACTS

Public Entity Vendor's Name: _____

List a minimum of one (1) Public Entity references where a similar scope of services were provided to meet the **Minimum Qualifications for SMS Outbound Text Message Solution** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 6D-A1 — SMS OUTBOUND TEXT MESSAGE SOLTION
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Cloud Contact Center Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Project Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Order Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Operations	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Incident Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Problem Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Change Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Performance Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Billing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6D-A2 — SMS OUTBOUND TEXT MESSAGE SOLUTION
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Cloud Contact Center Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
End-to-End delivery of SMS including API Native integration	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Delivery exception reporting, integrated advanced analytics	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Metering of SMS messages to adapt to allowed capacity and compliance needs, for multiple levels	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Fully integrated managed service of the campaign manager and carrier platform, including level 1 support	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
SMS maintenance	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Return receipt confirmation for each message sent	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Two (2) short code for message delivery	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6E — LEGACY SERVICES
PROSPECTIVE VENDOR REFERENCES

Vendor's Name: _____

List five (5) references where a similar scope of services were provided to meet the **Minimum Qualifications for Legacy Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 7E — LEGACY SERVICES
PROSPECTIVE VENDOR LIST OF PUBLIC ENTITY CONTRACTS

Public Entity Vendor's Name: _____

List a minimum of two (2) Public Entity references where a similar scope of services were provided to meet the **Minimum Qualifications for Legacy Services** stated in this solicitation, within the last five (5) years.

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

REQUIRED FORMS — EXHIBIT 6E-1 — LEGACY SERVICES
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Legacy Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Transition Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Project Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Order Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Operations	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Incident Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Problem Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Change Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Performance Management	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Billing	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 6E-2 — LEGACY SERVICES
PROSPECTIVE VENDOR REFERENCE CONTRACTS

Vendors are required to confirm what services were delivered to each reference client. Vendors are **not** required to provide all of these services for each reference client. Using the drop-down function, indicate Yes or No in each cell.

Legacy Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Name					
Is this a Public Entity?	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Voice Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Business Lines	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Trunking	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Centrex-like Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Calling Features	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Foreign Exchange Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Remote Call Forwarding	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- System Features	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
○ Automated Attendant	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
○ Automatic/Uniform Call Distribution (ACD/UCD)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
○ Interactive Voice Response (IVR)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Voicemail	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

Legacy Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
- Integrated Services Digital Network (ISDN)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Hosted Voice Over Internet Protocol	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Session Internet Protocol (SIP)	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Calling Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Directory Assistance	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Operator Assistance	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Dialing Assistance	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Collect Calls	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Third-Party Calls	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Station Call Detail	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Authorization Codes	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Call Control Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
Data Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Switched 56 Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Private Line Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Digital Private Lines	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Frame Relay Service	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- DSL Service	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

Legacy Services	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
- ATM Service	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Metro Ethernet	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Multi-Protocol Label Switching (MPLS) Services	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Managed Router Solution	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**
- Virtual Private Network	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**	**Choose Yes/No**

REQUIRED FORMS — EXHIBIT 8
PROSPECTIVE VENDOR LIST OF TERMINATED CONTRACTS

Vendor's Name: _____

List all contracts that have been terminated with the past five (5) years.

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

REQUIRED FORMS — EXHIBIT 9

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/START PARTICIPANTS

As a threshold requirement for consideration of a Master Agreement, Vendors shall demonstrate a proven record of hiring participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) or Skills and Training to Achieve Readiness for Tomorrow (START) Program or shall attest to a willingness to consider GAIN/START participants for any future employment openings if they meet the minimum qualifications for that opening. Vendors shall attest to a willingness to provide employed GAIN/START participants access to the Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities. Vendors who are unable to meet this requirement shall not be considered for a Master Agreement.

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

Vendor shall complete all of the following information, sign where indicated below, and return this form with any resumes and/or fixed price bid being submitted:

A. Vendor has a proven record of hiring GAIN/START participants.

_____YES (subject to verification by County)_____NO

B. Vendor is willing to provide DPSS with all job openings and job requirements to consider GAIN/START participants for any future employment openings if the GAIN/START participant meets the minimum qualifications for the opening. "Consider" means that Vendor is willing to interview qualified GAIN/START participants.

_____YES _____NO

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

_____YES _____NO _____N/A (Program not available)

Vendor Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No.: _____ Fax No.: _____

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 Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Vendors, 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 Vendor is given an exemption 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 revenue 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 revenue 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 revenue exceed the above limits.

  "Dominant in its field of operation" means having more than ten employees and annual gross revenue 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 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:

_____

_____

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 13

ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING CERTIFICATION

Company Name:		
Company Address:		
City:	State:	ZIP Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

VENDOR CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Vendor acknowledges and certifies compliance with Section 8.53 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Contract and agrees that vendor or a member of his staff performing work under the proposed Contract will be in compliance. Vendor further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS — EXHIBIT 14

COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer/Contractor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that proposer/contractor and staff performing work under the Contract will be in compliance. Proposer/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS — EXHIBIT 15

CONTRACTOR'S ADMINISTRATION MASTER AGREEMENT – EXHIBIT B

CONTRACTOR'S ADMINISTRATION

_____
CONTRACTOR'S NAME

MASTER AGREEMENT NO. _____ DATE _____

CONTRACTOR'S PROJECT DIRECTOR:

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

CONTRACTOR'S PROJECT MANAGER:

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

CONTRACTOR'S AUTHORIZED OFFICIAL(S)

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Notices to Contractor shall be sent to the following address:

Name: _____

Title: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

REQUIRED FORMS — EXHIBIT 16

AUTHORIZATION OF MASTER AGREEMENT FOR TELECOMMUNICATIONS SERVICES

MASTER AGREEMENT – SIGNATURE PAGE (LAST PAGE OF MASTER AGREEMENT)

(PLEASE RETURN ONE ELECTRONICALLY SIGNED)

AUTHORIZATION OF MASTER AGREEMENT FOR

TELECOMMUNICATION SERVICES

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Master Agreement to be executed by the Director, Internal Services Department or designee and approved by County Counsel, and Contractor has caused this Master Agreement to be executed in its behalf by its duly authorized officer, this _____ day of _____, 20_____.

COUNTY OF LOS ANGELES

By_____

Director

Internal Services Department

By_____

Contractor

Signed:_____

Printed: _____

Title: _____

APPROVED AS TO FORM:

_____

DAWYN R. HARRISON

County Counsel

By_____

Principal County Counsel

REQUIRED FORMS — EXHIBIT 17

CONTRACTOR'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS FOR TELECOMMUNICATIONS SERVICES

EXHIBIT L TO THE MASTER AGREEMENT

EXHIBIT L

CONTRACTOR'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS

Contractor shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, Contractor certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy 5.200**,** Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation.

			DOCUMENATION AVAILABLE	
COMPLIANCE QUESTIONS	**YES**	**NO**	**YES**	**NO**
1). Will County data be encrypted in storage?	☐	☐	☐	☐
2). Will County data stored on removable media be encrypted?	☐	☐	☐	☐
3). Will County data be encrypted when transmitted?	☐	☐	☐	☐
4). Will Contractor maintain a copy of any validation/attestation reports generated by its encryption tools?	☐	☐	☐	☐
5). Will County data be stored on remote servers*? **Cloud storage, Software-as-a-Service or* SaaS	☐	☐	☐	☐

Contractor Name

Contractor Official Title

Official's Signature

REQUIRED FORMS – EXHIBIT 18

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

I, Click or tap here to enter text., declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

_____ Click or tap here to enter text.

Signature Date

REQUIRED FORMS – EXHIBIT 19

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-18 IS TRUE AND CORRECT.

PRINT NAME: Click or tap here to enter text.	TITLE: Click or tap here to enter text.
SIGNATURE:	DATE: Click or tap here to enter text.

APPENDIX B

REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)
TRANSMITTAL TO REQUEST A SOLICITATION REQUIREMENTS REVIEW

Vendor requesting a Solicitation Requirements Review must submit this form to the County within the timeframe identified in the solicitation document

Vendor Name:	Date of Request:
Solicitation Title:	Solicitation No.:

A **Solicitation Requirements Review** is being requested because the Vendor asserts that they are being unfairly disadvantage for the following reason(s): *(check all that apply)*

- ☐ Application of **Minimum Requirements**
- ☐ Application of **Business Requirements**
- ☐ Due to **unclear instructions**, the process may result in the County not receiving the best possible responses

For each area contested, Vendor must explain in detail the factual reasons for the requested review. *(Attach supporting documentation.)*

Request submitted by:

_____ _____

(Name) *(Title)*

For County use only

Date Transmittal Received by County:_____ Date Solicitation Released:_____

Reviewed by: _____

COUNTY OF LOS ANGELES
POLICY ON DOING BUSINESS WITH SMALL BUSINESS

Forty-two percent of businesses in Los Angeles County have five or fewer employees. Only about four percent of businesses in the area exceed 100 employees. According to the Los Angeles Times and local economists, it is not large corporations, but these small companies that are generating new jobs and helping move Los Angeles County out of its worst recession in decades.

WE RECOGNIZE. . . .

The importance of small business to the County. . .

- in fueling local economic growth
- providing new jobs
- creating new local tax revenue
- offering new entrepreneurial opportunity to those historically under-represented in business

The County can play a positive role in helping small business grow. . .

- as a multi-billion dollar purchaser of goods and services
- as a broker of intergovernmental cooperation among numerous local jurisdictions
- by greater outreach in providing information and training
- by simplifying the bid/proposal process
- by maintaining selection criteria which are fair to all
- by streamlining the payment process

WE THEREFORE SHALL:

1. Constantly seek to streamline and simplify our processes for selecting our vendors and for conducting business with them.

2. Maintain a strong outreach program, fully-coordinated among our departments and districts, as well as other participating governments to: a) inform and assist the local business community in competing to provide goods and services; b) provide for ongoing dialogue with and involvement by the business community in implementing this policy.

3. Continually review and revise how we package and advertise solicitations, evaluate and select prospective vendors, address subcontracting and conduct business with our vendors, in order to: a) expand opportunity for small business to compete for our business; and b) to further opportunities for all businesses to compete regardless of size.

4. Insure that staff who manage and carry out the business of purchasing goods and services are well trained, capable and highly motivated to carry out the letter and spirit of this policy.

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

2.203.010 Findings.

The board of supervisors makes the following findings. The county of Los Angeles allows its permanent, full-time employees unlimited jury service at their regular pay. Unfortunately, many businesses do not offer or are reducing or even eliminating compensation to employees who serve on juries. This creates a potential financial hardship for employees who do not receive their pay when called to jury service, and those employees often seek to be excused from having to serve. Although changes in the court rules make it more difficult to excuse a potential juror on grounds of financial hardship, potential jurors continue to be excused on this basis, especially from longer trials. This reduces the number of potential jurors and increases the burden on those employers, such as the county of Los Angeles, who pay their permanent, full-time employees while on juror duty. For these reasons, the county of Los Angeles has determined that it is appropriate to require that the businesses with which the county contracts possess reasonable jury service policies. (Ord. 2002-0015 § 1 (part), 2002)

2.203.020 Definitions.

The following definitions shall be applicable to this chapter:

A. "Contractor" means a person, partnership, corporation or other entity which has a contract with the county or a subcontract with a county contractor and has received or will receive an aggregate sum of $50,000 or more in any 12-month period under one or more such contracts or subcontracts.

B. "Employee" means any California resident who is a full-time employee of a contractor under the laws of California.

C. "Contract" means any agreement to provide goods to, or perform services for or on behalf of, the county but does not include:

1. A contract where the board finds that special circumstances exist that justify a waiver of the requirements of this chapter; or

2. A contract where federal or state law or a condition of a federal or state program mandates the use of a particular contractor; or

3. A purchase made through a state or federal contract; or

4. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, or reseller, and must match and inter-member with existing supplies, equipment or systems maintained by the county pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-3700 or a successor provision; or

5. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, Section 4.4.0 or a successor provision; or

6. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-2810 or a successor provision; or

7. A non-agreement purchase with a value of less than $5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section A-0300 or a successor provision; or

8. A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section PP-1100 or a successor provision.

D. "Full time" means 40 hours or more worked per week, or a lesser number of hours if:

1. The lesser number is a recognized industry standard as determined by the chief administrative officer, or

2. The contractor has a long-standing practice that defines the lesser number of hours as full time.

E. "County" means the county of Los Angeles or any public entities for which the board of supervisors is the governing body. (Ord. 2002-0040 § 1, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.030 Applicability.

This chapter shall apply to contractors who enter into contracts that commence after July 11, 2002. This chapter shall also apply to contractors with existing contracts which are extended into option years that commence after July 11, 2002. Contracts that commence after May 28, 2002, but before July 11, 2002, shall be subject to the provisions of this chapter only if the solicitations for such contracts stated that the chapter would be applicable. (Ord. 2002-0040 § 2, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.040 Contractor Jury Service Policy.

A contractor shall have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees' regular pay the fees received for jury service. (Ord. 2002-0015 § 1 (part), 2002)

2.203.050 Other Provisions.

A. Administration. The chief administrative officer shall be responsible for the administration of this chapter. The chief administrative officer may, with the advice of county counsel, issue interpretations of the provisions of this chapter and shall issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other county departments.

B. Compliance Certification. At the time of seeking a contract, a contractor shall certify to the county that it has and adheres to a policy consistent with this chapter or will have and adhere to such a policy prior to award of the contract. (Ord. 2002-0015 § 1 (part), 2002)

2.203.060 Enforcement and Remedies.

For a contractor's violation of any provision of this chapter, the county department head responsible for administering the contract may do one or more of the following:

1. Recommend to the board of supervisors the termination of the contract; and/or,

2. Pursuant to chapter 2.202, seek the debarment of the contractor. (Ord. 2002-0015 § 1 (part), 2002)

2.203.070. Exceptions.

A. Other Laws. This chapter shall not be interpreted or applied to any contractor or to any employee in a manner inconsistent with the laws of the United States or California.

B. Collective Bargaining Agreements. This chapter shall be superseded by a collective bargaining agreement that expressly so provides.

C. Small Business. This chapter shall not be applied to any contractor that meets all of the following:

1. Has ten or fewer employees during the contract period; and,

2. Has annual gross revenue in the preceding twelve months which, if added to the annual amount of the contract awarded, are less than $500,000; and,

3. Is not an affiliate or subsidiary of a business dominant in its field of operation.

“Dominant in its field of operation” means having more than ten employees and annual gross revenue 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. (Ord. 2002-0015 § 1 (part), 2002)

2.203.090. Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. 2002-0015 § 1 (part), 2002)

LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY

List of Debarred Contractors in Los Angeles County may be obtained by going to the following website:

http://doingbusiness.lacounty.gov/DebarmentList.htm

IRS NOTICE 1015

Latest version is available from IRS website at
http://www.irs.gov/pub/irs-pdf/n1015.pdf

Department of the Treasury
Internal Revenue Service

Notice 1015

(Rev. December 2016)

Have You Told Your Employees About the Earned Income Credit (EIC)?

What is the EIC?

The EIC is a refundable tax credit for certain workers.

Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whose wages you did not withhold income tax. However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate.

Note: You are encouraged to notify each employee whose wages for 2016 are less than $53,505 that he or she may be eligible for the EIC.

How and When Must I Notify My Employees?

You must give the employee one of the following.

- The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.
- A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.
- Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).
- Your written statement with the same wording as Notice 797.

If you give an employee a Form W-2 on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If you give an employee a substitute Form W-2, but it does not have the required information, you must notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 7, 2017.

You must hand the notice directly to the employee or send it by first-class mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can download copies of the notice at *www.irs.gov/formspubs*. Or you can go to *www.irs.gov/orderforms* to order it.

How Will My Employees Know If They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see Pub. 596, Earned Income Credit (EIC), or the instructions for Form 1040, 1040A, or 1040EZ.

How Do My Employees Claim the EIC?

An eligible employee claims the EIC on his or her 2016 tax return. Even an employee who has no tax withheld from wages and owes no tax may claim the EIC and ask for a refund, but he or she must file a tax return to do so. For example, if an employee has no tax withheld in 2016 and owes no tax but is eligible for a credit of $800, he or she must file a 2016 tax return to get the $800 refund.

INTENTIONALLY OMITTED

Title 2 ADMINISTRATION
Chapter 2.206
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

2.206.010 Findings and declarations.

The Board of Supervisors finds that significant revenue are lost each year as a result of taxpayers who fail to pay their tax obligations on time. The delinquencies impose an economic burden upon the County and its taxpayers. Therefore, the Board of Supervisors establishes the goal of ensuring that individuals and businesses that benefit financially from contracts with the County fulfill their property tax obligation. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.020 Definitions.

The following definitions shall be applicable to this chapter:

A. “Contractor” shall mean any person, firm, corporation, partnership, or combination thereof, which submits a bid or proposal or enters into a contract or agreement with the County.

B. “County” shall mean the county of Los Angeles or any public entities for which the Board of Supervisors is the governing body.

C. “County Property Taxes” shall mean any property tax obligation on the County's secured or unsecured roll; except for tax obligations on the secured roll with respect to property held by a Contractor in a trust or fiduciary capacity or otherwise not beneficially owned by the Contractor.

D. “Department” shall mean the County department, entity, or organization responsible for the solicitation and/or administration of the contract.

E. “Default” shall mean any property tax obligation on the secured roll that has been deemed defaulted by operation of law pursuant to California Revenue and Taxation Code section 3436; or any property tax obligation on the unsecured roll that remains unpaid on the applicable delinquency date pursuant to California Revenue and Taxation Code section 2922; except for any property tax obligation dispute pending before the Assessment Appeals Board.

F. “Solicitation” shall mean the County’s process to obtain bids or proposals for goods and services.

G. “Treasurer-Tax Collector” shall mean the Treasurer and Tax Collector of the County of Los Angeles. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.030 Applicability.

This chapter shall apply to all solicitations issued 60 days after the effective date of the ordinance codified in this chapter. This chapter shall also apply to all new, renewed, extended,

and/or amended contracts entered into 60 days after the effective date of the ordinance codified in this chapter. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.040 Required solicitation and contract language.

All solicitations and all new, renewed, extended, and/or amended contracts shall contain language which:

A. Requires any Contractor to keep County Property Taxes out of Default status at all times during the term of an awarded contract;

B. Provides that the failure of the Contractor to comply with the provisions in this chapter may prevent the Contractor from being awarded a new contract; and

C. Provides that the failure of the Contractor to comply with the provisions in this chapter may constitute a material breach of an existing contract, and failure to cure the breach within 10 days of notice by the County by paying the outstanding County Property Tax or making payments in a manner agreed to and approved by the Treasurer-Tax Collector, may subject the contract to suspension and/or termination. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.050 Administration and compliance certification.

A. The Treasurer-Tax Collector shall be responsible for the administration of this chapter. The Treasurer-Tax Collector shall, with the assistance of the Chief Executive Officer, Director of Internal Services, and County Counsel, issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other departments.

B. Contractor shall be required to certify, at the time of submitting any bid or proposal to the County, or entering into any new contract, or renewal, extension or amendment of an existing contract with the County, that it is in compliance with this chapter is not in Default on any County Property Taxes or is current in payments due under any approved payment arrangement. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.060 Exclusions/Exemptions.

A. This chapter shall not apply to the following contracts:
   1. Chief Executive Office delegated authority agreements under $50,000;
   2. A contract where federal or state law or a condition of a federal or state program mandates the use of a particular contractor;
   3. A purchase made through a state or federal contract;
   4. A contract where state or federal monies are used to fund service related programs, including but not limited to voucher programs, foster care, or other social programs that provide immediate direct assistance;

5. Purchase orders under a master agreement, where the Contractor was certified at the time the master agreement was entered into and at any subsequent renewal, extension and/or amendment to the master agreement.
6. Purchase orders issued by Internal Services Department under $100,000 that is not the result of a competitive bidding process.
7. Program agreements that utilize Board of Supervisors' discretionary funds;
8. National contracts established for the purchase of equipment and supplies for and by the National Association of Counties, U.S. Communities Government Purchasing Alliance, or any similar related group purchasing organization;
9. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, reseller, and must match and inter-member with existing supplies, equipment or systems maintained by the county pursuant to the Los Angeles Purchasing Policy and Procedures Manual, section P-3700 or a successor provision;
10. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, section 4.6.0 or a successor provision;
11. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, section P-2810 or a successor provision;
12. A non-agreement purchase worth a value of less than $5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, section A-0300 or a successor provision; or
13. A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual section P-0900 or a successor provision;
14. Other contracts for mission-critical goods and/or services where the Board of Supervisors determines that an exemption is justified.

B. Other laws. This chapter shall not be interpreted or applied to any Contractor in a manner inconsistent with the laws of the United States or California. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.070 Enforcement and remedies.

A. The information furnished by each Contractor certifying that it is in compliance with this chapter shall be under penalty of perjury.

B. No Contractor shall willfully and knowingly make a false statement certifying compliance with this chapter for the purpose of obtaining or retaining a County contract.

C. For Contractor's violation of any provision of this chapter, the County department head responsible for administering the contract may do one or more of the following:

1. Recommend to the Board of Supervisors the termination of the contract; and/or,

2. Pursuant to chapter 2.202, seek the debarment of the contractor; and/or,

3. Recommend to the Board of Supervisors that an exemption is justified pursuant to Section 2.206.060.A.14 of this chapter or payment deferral as provided pursuant to the California Revenue and Taxation Code. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.080 Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. No. 2009-0026 § 1 (part), 2009.)