

# **APPENDICES A - F & H - L**

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**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

|                                                                                                                  |                                                                                             |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Proposer Name:</b> <a href="#">Click or tap here to enter text.</a>                                           | <b>County Webven Number:</b> <a href="#">Click or tap here to enter text.</a>               |
| <b>Address:</b> <a href="#">Click or tap here to enter text.</a>                                                 |                                                                                             |
| <b>Telephone Number:</b> <a href="#">Click or tap here to enter text.</a>                                        | <b>Email:</b> <a href="#">Click or tap here to enter text.</a>                              |
| <b>Internal Revenue Service Employer Identification Number:</b> <a href="#">Click or tap here to enter text.</a> | <b>California Business License Number:</b> <a href="#">Click or tap here to enter text.</a> |

|   |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Select the option that best defines your firm's business structure:<br><br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Liability Company (LLC)<br><input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Non-Profit<br><input type="checkbox"/> Franchise<br><input type="checkbox"/> Other (Specify) | <b>If Corporation or Limited Liability Company (LLC):</b><br>Legal Name (as stated in Articles of Incorporation): <a href="#">Click or tap here to enter text.</a><br>State of Incorporation: <a href="#">Click or tap here to enter text.</a><br>Year of Incorporation: <a href="#">Click or tap here to enter text.</a><br><br><b>If Limited Partnership or a Sole Proprietorship:</b><br>Name of proprietor or managing partner: <a href="#">Click or tap here to enter text.</a><br><br><b>If other:</b> Specify business structure name: <a href="#">Click or tap here to enter text.</a> |
| 2 | Is your firm doing business under one or more DBA's?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                 | Name: <a href="#">Click or tap here to enter text.</a><br><br>Country of Registration: <a href="#">Click or tap here to enter text.</a><br><br>Year became DBA: <a href="#">Click or tap here to enter text.</a>                                                                                                                                                                                                                                                                                                                                                                               |
| 3 | Is your firm wholly/majority owned by, or a subsidiary of another firm?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                              | If yes, indicate name of Parent Firm and State of Incorporation.<br><br>Name of Parent Firm: <a href="#">Click or tap here to enter text.</a><br><br>State of Incorporation or registration of parent firm: <a href="#">Click or tap here to enter text.</a>                                                                                                                                                                                                                                                                                                                                   |
| 4 | Has your firm done business under other names within last five (5) years?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            | If yes, indicate any other names and the year of name change.<br><br>Name(s): <a href="#">Click or tap here to enter text.</a><br><br>Year(s) of Name Change: <a href="#">Click or tap here to enter text.</a>                                                                                                                                                                                                                                                                                                                                                                                 |

**REQUIRED FORMS – EXHIBIT 1**

APPENDIX A

**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

|   |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE". | <a href="#">Click or tap here to enter text.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 6 | Is your firm involved in any pending acquisition or mergers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                      | If yes, please provide additional information regarding the pending merger.<br><br><a href="#">Click or tap here to enter text.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7 | List all names and contact information of all individuals legally authorized to commit the Proposer.                                                                          | Name: <a href="#">Click or tap here to enter text.</a><br>Title: <a href="#">Click or tap here to enter text.</a><br>Phone: <a href="#">Click or tap here to enter text.</a><br>Email: <a href="#">Click or tap here to enter text.</a><br><br>Name: <a href="#">Click or tap here to enter text.</a><br>Title: <a href="#">Click or tap here to enter text.</a><br>Phone: <a href="#">Click or tap here to enter text.</a><br>Email: <a href="#">Click or tap here to enter text.</a><br><br>Name: <a href="#">Click or tap here to enter text.</a><br>Title: <a href="#">Click or tap here to enter text.</a><br>Phone: <a href="#">Click or tap here to enter text.</a><br>Email: <a href="#">Click or tap here to enter text.</a> |

[illegible]

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

**Instructions for Completing Form**

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

**Section 1: FIRM/ORGANIZATION INFORMATION**

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

**Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE**

If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

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

**REQUIRED FORMS – EXHIBIT 2 - CERTIFICATION OF COMPLIANCE**

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

| TITLE |                                                                                                                                                                                                                                                                                                                                                                                              | REFERENCE                          | CERTIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1     | Certification of No Conflict of Interest                                                                                                                                                                                                                                                                                                                                                     | <a href="#">LACC 2.180</a>         | <b>Certifies Compliance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2     | Familiarity with the County Lobbyist Ordinance Certification                                                                                                                                                                                                                                                                                                                                 | <a href="#">LACC 2.160</a>         | <b>Certifies Compliance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3     | Zero Tolerance Policy on Human Trafficking Certification                                                                                                                                                                                                                                                                                                                                     | <a href="#">Motion</a>             | <b>Certifies Compliance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4     | Compliance with Fair Chance Employment Hiring Practices Certification                                                                                                                                                                                                                                                                                                                        | <a href="#">Board Policy 5.250</a> | <b>Certifies Compliance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5     | Charitable Contributions Certification<br><br>Enter the California Registry of Charitable Trusts "CT" number and upload a copy of firm's most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586 (if applicable)<br><br><a href="#">Click or tap here to enter text.</a> | <a href="#">Board Policy 5.065</a> | <b>Check the Certification below that is applicable to your company.</b><br><br><input type="checkbox"/> Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.<br><br><b>OR</b><br><br><input type="checkbox"/> Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts. |
| 6     | Attestation of Willingness to Consider GAIN/START Participants                                                                                                                                                                                                                                                                                                                               | <a href="#">Board Policy 5.050</a> | <b>Certifies Compliance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Willing to provide GAIN/START participants access to employee mentoring program?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7     | Contractor Employee Jury Service Program Certification Form & Application for Exception                                                                                                                                                                                                                                                                                                      | <a href="#">LACC 2.203</a>         | <b>Certifies Compliance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If No, identify exemption:</b><br><input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program.<br><input type="checkbox"/> My business is a small business as defined in the Program.<br><input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8     | Certification of Compliance with the County's Defaulted Property Tax Reduction Program                                                                                                                                                                                                                                                                                                       | <a href="#">LACC 2.206</a>         | <b>Certifies Compliance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If No, identify exemption:</b><br><a href="#">Click or tap here to enter text.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**REQUIRED FORMS - EXHIBIT 3**  
**APPLICANT'S EEO CERTIFICATION**

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Company Name

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Address

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Internal Revenue Service Employer Identification Number

**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Applicant certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

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

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Signature

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Date

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Name and Title of Signer (please print)



**REQUIRED FORMS - EXHIBIT 4**

**INTENTIONALLY OMITTED**

**REQUIRED FORMS – EXHIBIT 5**  
**REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

☐ **PREFERENCE NOT REQUESTED**

**OR**

| <input type="checkbox"/> <b>PREFERENCE REQUESTED (SELECT ALL THAT APPLY)</b> |                                                                                                                                                                                                                                                   |                                   |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Preference Program</b>                                                    |                                                                                                                                                                                                                                                   | <b>Reference</b>                  |
| <input type="checkbox"/>                                                     | Request for Local Small Business Enterprise (LSBE) Program Preference<br><input type="checkbox"/> Certification for Non-Federally Funded County Solicitations<br><input type="checkbox"/> Certification for Federally Funded County Solicitations | <a href="#"><u>LACC 2.204</u></a> |
| <input type="checkbox"/>                                                     | Request for Social Enterprise (SE) Program Preference<br><input type="checkbox"/> Certification for Non-Federally Funded County Solicitations<br><input type="checkbox"/> Certification for Federally Funded County Solicitations                 | <a href="#"><u>LACC 2.205</u></a> |
| <input type="checkbox"/>                                                     | Request for Disabled Veterans Business Enterprise (DVBE) Program Preference                                                                                                                                                                       | <a href="#"><u>LACC 2.211</u></a> |

**Note: In no instance should any of the listed preference programs price or scoring be combined with any other County program to exceed fifteen percent (15%) in response to any county solicitation.**

**REQUIRED FORMS - EXHIBIT 6**

**INTENTIONALLY OMITTED**

**REQUIRED FORMS - EXHIBIT 7**  
**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

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

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

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

# **REQUIRED FORMS - EXHIBIT 8** **PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Applicant's Name:** \_\_\_\_\_

List all contracts that have been terminated with the past three (3) years. Use additional sheets if necessary.

|                                                                                                                                                        |                        |                       |                             |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------------------|-----------------------|
| <b>1. Name of Firm</b>                                                                                                                                 | <b>Address of Firm</b> | <b>Contact Person</b> | <b>Telephone #</b><br>(   ) | <b>Fax #</b><br>(   ) |
| <hr/> <div style="display: flex; justify-content: space-between;"> <span>Name or Contract No.</span> <span>Reason for Termination:</span> </div> <hr/> |                        |                       |                             |                       |
| <b>2. Name of Firm</b>                                                                                                                                 | <b>Address of Firm</b> | <b>Contact Person</b> | <b>Telephone #</b><br>(   ) | <b>Fax #</b><br>(   ) |
| <hr/> <div style="display: flex; justify-content: space-between;"> <span>Name or Contract No.</span> <span>Reason for Termination:</span> </div> <hr/> |                        |                       |                             |                       |
| <b>3. Name of Firm</b>                                                                                                                                 | <b>Address of Firm</b> | <b>Contact Person</b> | <b>Telephone #</b><br>(   ) | <b>Fax #</b><br>(   ) |
| <hr/> <div style="display: flex; justify-content: space-between;"> <span>Name or Contract No.</span> <span>Reason for Termination:</span> </div> <hr/> |                        |                       |                             |                       |
| <b>4. Name of Firm</b>                                                                                                                                 | <b>Address of Firm</b> | <b>Contact Person</b> | <b>Telephone #</b><br>(   ) | <b>Fax #</b><br>(   ) |
| <hr/> <div style="display: flex; justify-content: space-between;"> <span>Name or Contract No.</span> <span>Reason for Termination:</span> </div> <hr/> |                        |                       |                             |                       |
| <b>5. Name of Firm</b>                                                                                                                                 | <b>Address of Firm</b> | <b>Contact Person</b> | <b>Telephone #</b><br>(   ) | <b>Fax #</b><br>(   ) |
| <hr/> <div style="display: flex; justify-content: space-between;"> <span>Name or Contract No.</span> <span>Reason for Termination:</span> </div> <hr/> |                        |                       |                             |                       |

**REQUIRED FORMS – EXHIBIT 9****CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND  
VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS  
(45 C.F.R. PART 76)**

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

**REQUIRED FORMS – EXHIBIT 10****DECLARATION**

**DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-10 IS TRUE AND CORRECT.

|                                                                 |                                                            |
|-----------------------------------------------------------------|------------------------------------------------------------|
| PRINT NAME:<br><a href="#">Click or tap here to enter text.</a> | TITLE:<br><a href="#">Click or tap here to enter text.</a> |
| SIGNATURE:                                                      | DATE:<br><a href="#">Click or tap here to enter text.</a>  |



|                     |                   |
|---------------------|-------------------|
| Applicant Name:     | Date of Request:  |
| Solicitation Title: | Solicitation No.: |

Date Transmittal Received by County: \_\_\_\_\_ Date Solicitation Released: \_\_\_\_\_

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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 revenues
- 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 Applicants 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 Applicants, address subcontracting and conduct business with our Applicants, 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

Page 1 of 3

**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.

Title 2 ADMINISTRATION  
Chapter 2.203.010 through 2.203.090  
CONTRACTOR EMPLOYEE JURY SERVICE

Page 2 of 3

- 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)

Title 2 ADMINISTRATION  
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CONTRACTOR EMPLOYEE JURY SERVICE

Page 3 of 3

**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 revenues 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 revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, exceed \$500,000.

“Affiliate or subsidiary of a business dominant in its field of operation” means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation. (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:

<https://doingbusiness.lacounty.gov/listing-of-contractors-debarred-in-los-angeles-county/>

# IRS NOTICE 1015

Latest version is available from IRS website at



## Department of the Treasury Internal Revenue Service

### Notice 1015

(Rev. December 2020)

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

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#### 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 Certificate.

**Note:** You are encouraged to notify each employee whose wages for 2020 are less than \$56,844 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 8, 2021.

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](http://www.irs.gov/FormsPubs). Or you can go to [www.irs.gov/OrderForms](http://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 Forms 1040 and 1040-SR.

#### How Do My Employees Claim the EIC?

An eligible employee claims the EIC on his or her 2020 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 2020 and owes no tax but is eligible for a credit of \$800, he or she must file a 2020 tax return to get the \$800 refund.

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Notice **1015** (Rev. 12-2020)  
Cat. No. 205991

<http://www.irs.gov/pub/irs-pdf/n1015.pdf>

## **BACKGROUND AND RESOURCES: CALIFORNIA CHARITIES REGULATION**

Page 1 of 2

There is a keen public interest in preventing misuse of charitable contributions. California's "Supervision of Trustees and Fundraisers for Charitable Purposes Act" regulates those raising and receiving charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) tightened Charitable Purposes Act requirements for charitable organization administration and fundraising.

The Charitable Purposes Act rules cover California public benefit corporations, unincorporated associations, and trustee entities. They may include similar foreign corporations doing business or holding property in California. Generally, an organization is subject to the registration and reporting requirements of the Charitable Purposes Act if it is a California nonprofit public benefit corporation or is tax exempt under Internal Revenue Code § 501(c)(3), and not exempt from reporting under Government Code § 12583. Most educational institutions, hospitals, cemeteries, and religious organizations are exempt from Supervision of Trustees Act requirements.

Key new Charitable Purposes Act requirements affect executive compensation, fund-raising practices and documentation. Charities with over \$2 million of revenues (excluding grants and service-contract funds a governmental entity requires to be accounted for) have new audit requirements. Charities required to have audits must also establish an audit committee whose members have no material financial interest in any entity doing business with the charity.

Organizations or persons that receive or raise charitable contributions are likely to be subject to the Charitable Purposes Act. An Applicant to a Los Angeles County contract must determine if it is subject to the Charitable Purposes Act and certify either that:

- It is not presently subject to the Act, but will comply if later activities make it subject, or,
- If subject, it is currently in compliance.

### **RESOURCES**

The following references to resources are offered to assist Applicants who engage in charitable contributions activities. Each Applicant, however, is ultimately responsible to research and determine its own legal obligations and properly complete its compliance certification (Appendix A, Exhibit 11 – Charitable Contributions Certification).

In California, supervision of charities is the responsibility of the Attorney General, whose website, <http://oag.ca.gov/> contains much information helpful to regulated charitable organizations.

#### **1. LAWS AFFECTING NONPROFITS**

The "Supervision of Trustees and Fundraisers for Charitable Purposes Act" is found at California Government Code §§ 12580 through 12599.7. Implementing regulations are found at Title 11, California Code of Regulations, §§ 300 through 312. In California, charitable solicitations ("advertising") are governed by Business & Professions Code §§ 17510 through 17510.95. Regulation of nonprofit corporations is found at Title 11, California Code of Regulations, §§ 999.1 through 999.5. (Amended regulations are pending.) Links to all of these rules are at: <http://oag.ca.gov/charities/laws>



## **2. SUPPORT FOR NONPROFIT ORGANIZATIONS**

Several organizations offer both complimentary and fee-based assistance to nonprofits, including in Los Angeles, the Center for Nonprofit Management, 606 S. Olive St #2450, Los Angeles, CA 90014 (213) 623-7080 <http://www.cnmsocal.org/> and statewide, the California Association of Nonprofits, <http://www.calnonprofits.org/>. Both organizations' websites offer information about how to establish and manage a charitable organization.

***The above information, including the organizations listed, provided under this sub-section of this Appendix H is for informational purposes only. Nothing contained in this sub-section shall be construed as an endorsement by the County of Los Angeles of such organizations.***

Title 2 ADMINISTRATION  
Chapter 2.206  
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

- 2.206.010 Findings and declarations.**
- 2.206.020 Definitions.**
- 2.206.030 Applicability.**
- 2.206.040 Required solicitation and contract language.**
- 2.206.050 Administration and compliance certification.**
- 2.206.060 Exclusions/Exemptions.**
- 2.206.070 Enforcement and remedies.**
- 2.206.080 Severability.**

**2.206.010 Findings and declarations.**

The Board of Supervisors finds that significant revenues 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.

Title 2 ADMINISTRATION  
Chapter 2.206  
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

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.)

Title 2 ADMINISTRATION  
Chapter 2.206  
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

APPENDIX I

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**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.)

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
MINIMUM MANDATORY QUALIFICATIONS**

**ACRONYMS**

CDPH - California Department of Public Health  
 CMS - Centers for Medicare & Medicaid Services  
 CCL - Community Care Licensing  
 DHCS - Department of Health Care Services

DSS - Department of Social Services  
 eHR – Electronic Health Record  
 LPS - Lanterman-Petris-Short (LPS)

- *Programs with 16 beds or fewer require Medi-Cal certification. This process shall commence upon contract execution.*
- *Medi-Cal certification process and requirements can be accessed [here](#).*

| <b>SOW 1124 -<br/>Mental Health<br/>Rehabilitation<br/>Center<br/>(MHRC)</b> | <b>16 Beds and Under</b> <ol style="list-style-type: none"> <li>Must have eHR.<br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment I-1a – MMQ”</i></li> <li>Must be licensed by the California DHCS as MHRC defined by Title 9, Article 22, Chapter 3.5 Section 782.34.<br/><i>Applicants must submit a copy of this DHS license and label as “Attachment I-2a – MMQ”.</i></li> <li>Must be LPS designated.<br/><i>Applicants must submit copy of LPS designation document and label as “Attachment I-3a – MMQ”</i></li> </ol> | <b>More than 16 Beds</b> <ol style="list-style-type: none"> <li>Must be licensed by California DHCS as MHRC defined by Title 9, Article 22, Chapter 3.5 Section 782.34;<br/><i>Applicants must submit a copy of this DHCS license and label as “Attachment I-1b – MMQ”</i></li> <li>Must have current fire clearance.<br/><i>Applicants must submit proof of current fire clearance and label as “Attachment I-2b – MMQ”</i></li> <li>Must be LPS designated.<br/><i>Applicants must submit copy of LPS designation document and label as “Attachment I-3b – MMQ”</i></li> </ol> |
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
MINIMUM MANDATORY QUALIFICATIONS**

**ACRONYMS**

CDPH - California Department of Public Health  
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| <b>SOW 1125 -<br/>Psychiatric<br/>Health<br/>Facility<br/>(PHF)</b> | <b>16 Beds and Under</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>More than 16 Beds</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                     | <div><div>1. Must have eHR.<br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment II-1a – MMQ”</i></div><div>2. Must be licensed by DHCS as PHF defined by Chapter 9, Division 5 of Title 22 beginning with section 77001.<br/><i>Applicants must submit a copy of this DHCS license and label as “Attachment II-2a – MMQ”</i></div><div>3. Must be certified by CMS.<br/><i>Applicants must submit a copy of this CMS certification document and label as “Attachment II-3a – MMQ”</i></div><div>4. Must be LPS designated.<br/><i>Applicant must submit a copy of LPS designation document and label as “Attachment II-4a – MMQ”</i></div></div> | <div><div>1. Must be licensed by DHCS as PHF defined by Chapter 9, Division 5 of Title 22 beginning with section 77001.<br/><i>Applicants must submit a copy of this DHCS license and label as “Attachment II-1b – MMQ”</i></div><div>2. Must be certified by CMS.<br/><i>Applicants must submit a copy of this CMS certification document and label as “Attachment II-2b – MMQ”</i></div><div>3. Must be LPS designated<br/><i>Applicants must submit a copy of LPS designation document and label as “Attachment II-3b – MMQ”</i></div><div>4. Must have current fire clearance.<br/><i>Applicants must submit proof of current fire clearance and label as “Attachment II-4b – MMQ”</i></div></div> |

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
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| <b>SOW 1127 -<br/>Skilled<br/>Nursing<br/>Facility<br/>(SNF)<br/>Special<br/>Treatment<br/>Program<br/>(STP)</b> | <b>16 Beds and Under</b> <ol style="list-style-type: none"> <li>Must have eHR.<br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment III-1a – MMQ”</i></li> <li>Must be licensed by CDPH as a SNF-STP as defined by Chapter 3, Division 5 of Title 22 beginning with Section 72443.<br/><i>Applicants must submit a copy of this CDPH license and label as “Attachment III-2a – MMQ”</i></li> <li>Mental health program must be certified by DHCS.<br/><i>Applicants must submit a copy of this DHCS certification document and label as “Attachment III-3a – MMQ”</i></li> <li>Program Director must have two years of experience leading certified mental health programs.<br/><i>Applicants must submit a copy of the Program Director’s resume and label as “Attachment III-4a – MMQ”</i></li> <li>Must be LPS designated<br/><i>Applicants must submit a copy of LPS designation document and label as “Attachment III-5a – MMQ”</i></li> </ol> | <b>More than 16 Beds</b> <ol style="list-style-type: none"> <li>Must be licensed by CDPH as a SNF-STP as defined by Chapter 3, Division 5 of Title 22 beginning with Section 72443.<br/><i>Applicant must submit a copy of this CDPH license and label as “Attachment III-1b – MMQ”</i></li> <li>Mental health program must be certified by DHCS.<br/><i>Applicant must submit a copy of this DHCS certification document and label as “Attachment III-2b – MMQ”</i></li> <li>Program Director must have two years of experience leading certified mental health programs.<br/><i>Applicant must submit a copy of Program Director’s resume and label as “Attachment III-3b – MMQ”</i></li> <li>Must be LPS designated<br/><i>Applicants must submit a copy of LPS designation document and label as “Attachment III-4b – MMQ”</i></li> <li>Must have current fire clearance<br/><i>Applicants must submit proof of current fire clearance and label as “Attachment III-5b – MMQ”</i></li> </ol> |
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
MINIMUM MANDATORY QUALIFICATIONS**

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| <p><b>SOW 1136 -<br/>Crisis<br/>Residential<br/>Treatment<br/>Program<br/>(CRTP)</b></p> | <p><b>16 Beds and Under</b></p> <ol style="list-style-type: none"> <li>1. Must have eHR.<br/> <i>Applicants must submit a copy of the eHR contract and label as “Attachment IV-1 – MMQ”</i></li> <li>2. Must be licensed by the California Department of Social Services (DSS) Community Care Licensing (CCL) Division as a Social Rehabilitation Program as defined by Title 9, Division 1, Article 2, section 1810.208<br/> <i>Applicants must submit a copy of this DSS CCL license and label as “Attachment IV-2 – MMQ”</i></li> <li>3. Mental Health Program must be certified by DHCS.<br/> <i>Applicants must submit a copy of this DHCS certification document and label as “Attachment IV-3 – MMQ”</i></li> </ol> |
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
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| <p><b>SOW 1126 -<br/>Enriched<br/>Residential<br/>Services<br/>(ERS)</b></p> | <p><b>Any Number of Beds</b></p> <ol style="list-style-type: none"> <li>1. Must have eHR.<br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment V-1 – MMQ”</i></li> <li>2. Must be licensed by CCL as a Social Rehabilitation Program.<br/><i>Applicants must submit a copy of this CCL license and label as “Attachment V-2 – MMQ”</i></li> <li>3. Mental Health Program must be certified by DHCS.<br/><i>Applicants must submit a copy of this DHCS certification document and label as “Attachment V-3 – MMQ”</i></li> <li>4. If agency meets definition of Adult Residential Facility: <i>Applicants must submit a copy of licensing/certification and label as “Attachment V-4 – MMQ”</i><br/>If not, this item is not applicable.</li> </ol> |
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
MINIMUM MANDATORY QUALIFICATIONS**

**ACRONYMS**

CDPH - California Department of Public Health  
 CMS - Centers for Medicare & Medicaid Services  
 CCL - Community Care Licensing  
 DHCS - Department of Health Care Services

DSS - Department of Social Services  
 eHR – Electronic Health Record  
 LPS - Lanterman-Petris-Short (LPS)

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| <p style="text-align: center;"><b>SOW 1135 -<br/>Medical Skilled<br/>Nursing Facility<br/>(SNF)</b></p>       | <p><b>More than 16 Beds</b></p> <ol style="list-style-type: none"> <li>Must have eHR.<br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment VI-1 – MMQ”</i></li> <li>Must be licensed with CDPH as a skilled nursing facility as defined by HSC 1250.<br/><i>Applicants must submit a copy of this CDPH license and label as “Attachment VI-2 – MMQ”</i></li> <li>Must provide psychiatric services including psychotropic medication management and group therapy.<br/><i>Applicant must submit copies of treatment programming schedules and label as “Attachment VI-3 – MMQ”</i></li> </ol> |
| <p style="text-align: center;"><b>SOW 1134 -<br/>Mental Health<br/>Congregate-Style<br/>Care Services</b></p> | <p><b>16 Beds and Under</b></p> <ol style="list-style-type: none"> <li>Must have eHR.<br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment VII-1 – MMQ”</i></li> <li>Must be licensed by CCL.<br/><i>Applicants must submit a copy of this CCL license and label as “Attachment VII-2 – MMQ”</i></li> </ol>                                                                                                                                                                                                                                                                                   |

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
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| <p><b>SOW 1149 –<br/>Crisis<br/>Stabilization<br/>Units (CSU) -<br/>Psychiatric<br/>Urgent Care<br/>Centers (UCC)</b></p>                              | <ol style="list-style-type: none"> <li>1. <b>Must have eHR.</b><br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment VIII-1 – MMQ”</i></li> <li>2. <b>Must be licensed by CCL</b><br/><i>Applicants must submit a copy of this CCL license and label as “Attachment VIII-2 – MMQ”</i></li> <li>3. <b>Must provide psychiatric services including psychotropic medication management and crisis stabilization</b><br/><i>Applicants must submit a copy and label as “Attachment VIII-3 – MMQ”</i></li> <li>4. <b>Must be LA County DMH Medi-Cal Certified</b><br/><i>Applicant must submit copies of certification and label as “Attachment VIII-4 – MMQ”</i></li> </ol>   |
| <p><b>SOW 1149 –<br/>Crisis<br/>Stabilization<br/>Units (CSU) -<br/>Psychiatric<br/>Urgent Care<br/>Centers (UCC)<br/>Emergency<br/>Department</b></p> | <ol style="list-style-type: none"> <li>1. <b>Must have eHR.</b><br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment VIII -1 – MMQ”</i></li> <li>2. <b>Must be licensed by CCL</b><br/><i>Applicants must submit a copy of this CCL license and label as “Attachment VIII -2 – MMQ”</i></li> <li>3. <b>Must provide psychiatric services including psychotropic medication management and crisis stabilization</b><br/><i>Applicants must submit a copy and label as “Attachment VIII-3 – MMQ”</i></li> <li>4. <b>Must be LA County DMH Medi-Cal Certified</b><br/><i>Applicant must submit copies of certification and label as “Attachment VIII-4 – MMQ”</i></li> </ol> |

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
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| <p><b>SOW 1150 –<br/>Intermediate Care<br/>Facilities -<br/>Developmental<br/>Delay &amp;<br/>Psychiatric<br/>Services</b></p> | <ol style="list-style-type: none"> <li>1. <b>Must have eHR.</b><br/><i>Applicants must submit a copy of the eHR contract and label as “Attachment IX-1 – MMQ”</i></li> <li>2. <b>Must be licensed with CDPH as an Intermediate Care Facility for Developmentally Disabled</b><br/><i>Applicants must submit a copy of this CDPH license and label as “Attachment IX-2 – MMQ”</i></li> <li>3. <b>Must provide psychiatric services including psychotropic medication management and group therapy</b><br/><i>Applicant must submit copies of treatment programming schedules and label as “Attachment IX-3 – MMQ”</i></li> </ol> |
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT  
MINIMUM MANDATORY QUALIFICATIONS**

**ACRONYMS**

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| <b>Acute<br/>Inpatient<br/>Psychiatry</b> | <p><b>16 Beds and Under</b></p> <p>All hospital facilities are required by law to be licensed. They are licensed, regulated, inspected, and/or certified by numerous public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&amp;C) and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). CDPH and CMS collaborate to make sure health care facilities meet federal requirements for accepting Medicare and Medi-Cal payments. In California, the Medicaid program is referred to as Medi-Cal.</p> <p>Must be LPS designated.</p> <ol style="list-style-type: none"> <li>1. <i>Applicants must submit a copy of the eHR contract and label as "Attachment A-1a – MMQ"</i></li> <li>2. <i>Applicants must submit a copy of their CDPH license and label as "Attachment A-2a – MMQ"</i></li> <li>3. <i>Applicants must submit a copy of this CMS certification document and label as "Attachment A-3a – MMQ"</i></li> <li>4. <i>Applicants must submit a copy of LPS designation document and label as "Attachment A-4a – MMQ"</i></li> </ol> | <p><b>More than 16 Beds</b></p> <p>All hospital facilities are required by law to be licensed. They are licensed, regulated, inspected, and/or certified by numerous public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&amp;C) and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). CDPH and CMS collaborate to make sure health care facilities meet federal requirements for accepting Medicare and Medi-Cal payments. In California, the Medicaid program is referred to as Medi-Cal.</p> <p>Must be LPS designated.</p> <ol style="list-style-type: none"> <li>1. <i>Applicants must submit a copy of their CDPH license and label as "Attachment A-1b – MMQ"</i></li> <li>2. <i>Applicants must submit a copy of this CMS certification document and label as "Attachment A-2b – MMQ"</i></li> <li>3. <i>Applicants must submit a copy of LPS designation document and label as "Attachment A-3b – MMQ"</i></li> </ol> |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**REQUEST FOR APPLICATIONS  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and  
ACUTE PSYCHIATRIC INPATIENT CONTRACT  
APPLICATION CHECKLIST  
RFA No. DMH091521B1**

|                                                             |                                        |
|-------------------------------------------------------------|----------------------------------------|
| Applicant Name and Doing Business As (DBA) (if applicable): |                                        |
| Headquarter (HQ) Address:                                   |                                        |
| Supervisorial District of HQ Address:                       | Service Area of HQ Address:            |
| Name of Director, President or Chief Executive Officer:     | Contact Number:<br><br>E-mail Address: |
| Date Application Submitted:                                 | WebVen ID Number:                      |

This serves as an application for the 24-Hour Residential Treatment Contract and/or the Acute Psychiatric Inpatient Contract. All details about this Request for Applications are available at:

- LACDMH - <https://dmh.lacounty.gov/contract-opportunities/>
- LA County Doing Business With Us - <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>

To complete the Application, please check off all applicable boxes.

1. Please check the appropriate box if you are currently a DMH provider as a:

- |                                                                                     |                    |
|-------------------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Legal Entity/Mental Health Services provider               | Contract No. _____ |
| <input type="checkbox"/> Legal Entity/Institution for Mental Disease (IMD) provider | Contract No. _____ |
| <input type="checkbox"/> Fee-For-Service Individual or Group provider               | Contract No. _____ |
| <input type="checkbox"/> Consultant provider - please describe: _____               | Contract No. _____ |
| <input type="checkbox"/> Other provider or N/A - please describe: _____             | Contract No. _____ |

2. Please check the appropriate box pertaining to a Settlement Agreement with DMH:

- ☐ **No, I do not** have a current Settlement Agreement with DMH.
- ☐ **Yes, I do** have a current Settlement Agreement with DMH and am aware that there is a moratorium on expansion and/or implementation of any new programs during the Settlement Agreement's repayment period and that any exemption from this penalty requires justification that this restriction will negatively impact planned program services.

3. Please check the appropriate box for your agency:

- ☐ For Profit                      ☐ Nonprofit                      ☐ For Profit with a Nonprofit parent company or affiliate

4. Please check all Los Angeles County Supervisorial Districts where you provide services and those Service Areas where you do not currently provide services, but have an interest in providing services. You will be considered only for the Supervisorial Districts checked below.

- |                                                   |                                                   |                                                   |
|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Supervisorial District 1 | <input type="checkbox"/> Supervisorial District 3 | <input type="checkbox"/> Supervisorial District 5 |
| <input type="checkbox"/> Supervisorial District 2 | <input type="checkbox"/> Supervisorial District 4 |                                                   |

5. Please check all Service Areas where you provide services and those Service Areas where you do not currently provide services, but have an interest in providing services. You will be considered only for Service Areas checked below.

- |                                                               |                                                             |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Service Area 1 (Antelope Valley)     | <input type="checkbox"/> Service Area 5 (West Los Angeles)  |
| <input type="checkbox"/> Service Area 2 (San Fernando Valley) | <input type="checkbox"/> Service Area 6 (South Los Angeles) |
| <input type="checkbox"/> Service Area 3 (San Gabriel Valley)  | <input type="checkbox"/> Service Area 7 (East Los Angeles)  |
| <input type="checkbox"/> Service Area 4 (Metro)               | <input type="checkbox"/> Service Area 8 (South Bay/Harbor)  |
| <input type="checkbox"/> Out of County                        |                                                             |

**REQUEST FOR APPLICATIONS**  
**24-HOUR RESIDENTIAL TREATMENT CONTRACT and**  
**ACUTE PSYCHIATRIC INPATIENT CONTRACT**  
**APPLICATION CHECKLIST**  
**RFA No. DMH091521B1**

6. As referenced in Section 1.1 (Scope of Work) of the RFA, below are the residential and acute psychiatric treatment types of service. Please check all categories for which your entity is qualified:

| 24-Hour Residential Treatment Contract<br>Residential Treatment Services                                                      |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mental Health Rehabilitation Center (MHRC) – 16 Beds and Under                                       | <input type="checkbox"/> Mental Health Rehabilitation Center (MHRC) – More than 16 Beds                     |
| <input type="checkbox"/> Psychiatric Health Facility (PHF) – 16 Beds and Under                                                | <input type="checkbox"/> Psychiatric Health Facility (PHF) – More than 16 Beds                              |
| <input type="checkbox"/> Skilled Nursing Facility (SNF) Special Treatment Program (STP) – 16 Beds and Under                   | <input type="checkbox"/> Skilled Nursing Facility (SNF) Special Treatment Program (STP) – More than 16 Beds |
| <input type="checkbox"/> Crisis Residential Treatment Program (CRTP) – 16 Beds and Under                                      | <input type="checkbox"/> Enriched Residential Services (ERS) – Any Number of Beds                           |
| <input type="checkbox"/> Medical Skilled Nursing Facility (SNF) – More than 16 Beds                                           | <input type="checkbox"/> Mental Health Congregate-Style Care Services – 16 Beds and Under                   |
| <input type="checkbox"/> Crisis Stabilization Units (CSU) - Psychiatric Urgent Care Centers (UCC)                             | <input type="checkbox"/> Intermediate Care Facilities - Developmental Delay & Psychiatric Services          |
| <input type="checkbox"/> Crisis Stabilization Units (CSU) - Psychiatric Urgent Care Centers (UCC) <i>Emergency Department</i> |                                                                                                             |
| Acute Psychiatric Inpatient Contract<br>Inpatient Services                                                                    |                                                                                                             |
| <input type="checkbox"/> Acute Psychiatric Inpatient Services – 16 Beds and Under                                             | <input type="checkbox"/> Acute Psychiatric Inpatient Services – More than 16 Beds                           |
| <input type="checkbox"/> Acute Psychiatric Inpatient Services – Psychiatric Diversion Programs - IMD Exclusion                | <input type="checkbox"/> Acute Psychiatric Inpatient Services – Behavioral Health & Physical Health         |
| <input type="checkbox"/> Acute Psychiatric Inpatient Services – Child and Adolescent Inpatient Psychiatric Services           | <input type="checkbox"/> Acute Psychiatric Inpatient Services – Guaranteed Bed Agreement                    |
| <input type="checkbox"/> Acute Psychiatric Inpatient Services – Release Bed Agreement                                         | <input type="checkbox"/> Acute Psychiatric Inpatient Services – Surge Inpatient Psychiatric Services        |

7. ☐ **Yes**, my organization is qualified to provide the types of services checked above and I am able to provide all appropriate and valid licensures, certifications, and/or documentation for any and all types of service as described in Appendix J, Minimum Mandatory Qualifications.

Continued on Page 3



**REQUEST FOR APPLICATIONS  
24-HOUR RESIDENTIAL TREATMENT CONTRACT and  
ACUTE PSYCHIATRIC INPATIENT CONTRACT  
APPLICATION CHECKLIST  
RFA No. DMH091521B1**

Please sign this Application Short Form and attach the Settlement Agreement justification (if applicable) and all required forms listed under the RFA's Section 2.7 (Preparation and Format of the Application) and Section 2.8 (Application Submission). Incomplete forms or forms lacking necessary documentation will not be considered.

☐ I hereby acknowledge and confirm understanding that the submission of this Application constitutes acknowledgement and acceptance of, and willingness to comply with all terms and conditions of Appendix G – Sample 24-Hour Residential Treatment Contract and/or Appendix G-1 – Sample Acute Psychiatric Inpatient Contract should a contract be eventually awarded by the County to provide services. Neither the RFA nor this Application constitutes a Request for Proposal, Request for Services/Work Order solicitation or an offer of a contract.

On behalf of \_\_\_\_\_,  
(Applicant's Name)

I, \_\_\_\_\_, certify that all statements made in this Application  
(Name of Applicant's Authorized Official)

submitted by my organization are true and complete to the best of my knowledge and belief. I understand that any false statement(s) of material facts or omissions may be subject to disqualification.

Submitted by: \_\_\_\_\_  
Print Name and Title of Authorized Agency Representative

\_\_\_\_\_  
Signature of Authorized Agency Representative

\_\_\_\_\_  
Application Submission Date

