

STATEMENT OF QUALIFICATIONS (SOQ) CHECKLIST

Date: _____

VENDOR: _____

		INCLUDED		
		YES	NO	N/A
2.7 SOQ FORMAT				
2.7.1	Table of Contents			
2.7.2	Vendor's Qualifications (Proposer's SOQ Section A)			
	Vendor's Background and Experience (Section A.1)			
	Exhibit 1: SOQ Checklist			
	Exhibit 2: Vendor's Organization Questionnaire/Affidavit			
	Exhibit 3: Vendor's Minimum Qualifications Form			
	2.7.2.3: Copy of Medical Clinic License			
	2.7.2.4: Evidence to Bill Any Third-Party Payers			
	Organizational Structure Required Support Documents			
	Vendor's References (Section A.2)			
	Exhibit 8: Prospective Contractor References			
	Exhibit 9: Prospective Contractor List of Contracts			
	Exhibit 10: Prospective Contractor List of Terminated Contracts			
	Vendor's Pending Litigation and Judgments (Section A.3)			
	Exhibit 11 - Vendor's Pending Litigation and Judgments			
	Vendor's Financial Viability (Section A.4) (3 years of financial statements)			
2.7.3	Required Forms (Proposer's SOQ Section B)			
	Exhibit 4: Certification of No Conflict of Interest			
	Exhibit 5: Vendor's EEO Certification			
	Exhibit 6: Request for Local SBE Preference Program Consideration and CBE Firm/organization Information Form - Intentionally Omitted			X
	Exhibit 7: Familiarity with the County Lobbyist Ordinance Certification			
	Exhibit 12: Attestation of Willingness to Consider GAIN/GROW Participants			
	Exhibit 13: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception			
	Exhibit 14: Certification of Compliance with the County's Defaulted Property Tax Reduction Program			
	Exhibit 15: Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76) - Intentionally Omitted			X
	Exhibit 16: Charitable Contributions Certification			
	Exhibit 17: Acceptance of Terms and Conditions in Master Agreement			
	Exhibit 18: Exhibit 18: Request for Disabled Veteran Business Enterprise Preference Program Consideration – Intentionally Omitted			X
2.7.4	Proof of Insurability (Proposer's SOQ, Section C)			
	Vendor furnished a copy of Certificate of Insurance (ACCORD or equivalent form); LA County named additional insured; or a letter from a qualified insurance carrier indicating a willingness to provide the required insurance coverage.			
2.7.5	Proof of Licenses (Proposer's SOQ, Section D)			
	Vendor furnished a copy a valid Business License.			
2.8 VENDOR SUBMITTED				
	Vendor hand-delivered or sent by a delivery services the original SOQ in an enclosed in a sealed envelope or box, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "SOQ FOR BIOMEDICAL HIV PREVENTION SERVICES" -OR- Vendor PDF scanned the original SOQ and electronically submitted with the above subject line to: Contract and Grants Division E-mail address: Contracts-Grants@ph.lacounty.gov			

COMMENTS:

Vendor Signature _____