

**REVISED APPENDIX D**

**REQUIRED FORMS**

**FOR**

**PROMOTING HEALTH CARE ENGAGEMENT  
AMONG VULNERABLE TARGET POPULATIONS  
AT RISK FOR OR LIVING WITH HIV AND STDs**

**RFP NO.: 2015-003**

**REQUIRED FORMS – REVISED EXHIBIT 1A**

**PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT  
CATEGORY 1: HIV AND STD PREVENTION SERVICES FOR YMSM**

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

Name:	State:	Year Inc.:
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2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

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3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name:	County Registration:	Year became DBA:
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Name:	County Registration:	Year became DBA:
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4. Is your firm wholly or majority owned by, or a subsidiary of, another firm?  YES  NO

If yes, Name of parent firm:

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State of incorporation or registration of parent firm:

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5. Please list any other names your firm has done business as within the last five (5) years.

Name:	Year of Name Change:
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Name:	Year of Name Change:
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6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

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Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications listed in Paragraph 3.0 - Minimum Mandatory Qualifications, subparagraph 3.1 – Category 1 (HIV and STD Prevention Services for YMSM) Minimum Mandatory Qualifications of this Request for Proposal (RFP), as listed below. **All requirements must be met on the day in which proposals are due.**

**3.1.1 Experience:** Proposer, or consultant/subcontractor, must have a minimum of three (3) years of experience, within the last five (5) years, working with men who have sex with men and providing youth services for African Americans and/or Latinos, ages 12 – 29, in Los Angeles County.

<b>Does Proposer, or consultant/subcontractor, meet the experience requirement?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**3.1.2 Data Collection:** Proposer, or consultant/subcontractor, must have a minimum of two (2) years of experience, within the last five (5) years, collecting data for the purpose of evaluation and reporting.

<b>Does Proposer, or consultant/subcontractor, meet the data collection requirement?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**3.1.3 Service Delivery Site:** Proposer, or consultant/subcontractor, must have a service delivery site located within an eligible cluster area or an alternate service delivery site within LA County, but adjacent to a specific cluster area<sup>1</sup>for service as described in RFP subparagraph 1.2.4, Location of Service(s) within 90 days from contract execution.

<b>Does Proposer, or consultant/subcontractor, meet the service delivery requirement?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**3.1.4 Community Advisory Board (CAB):** Proposer's CAB must meet the requirements specified under Table 10 - CAB Minimum Requirements for Category 1. Proposer must submit a completed Exhibit 30A, Community Advisory Board Affidavit of Appendix D, Required Forms with its proposal affirming that its CAB meets the requirements specified in Table 10. (**Note:** One (1) CAB is sufficient for submission in response to Category 1).

**Table 10.** Community Advisory Board (CAB) Minimum Requirements for Category 1: HIV and STD Prevention Services for YMSM

MINIMUM REQUIREMENTS
• Include five (5) to eight (8) members, two assigned as co-chairs;
• Members must reside in Los Angeles County;
• Members must be 16 to 29 years of age;
• CAB must consist of 75 percent youth of color (African American or Latino);
• CAB must consist of 50 percent 16 to 24 years of age; and
• CAB must consist of 60 percent YMSM.

<b>Does Proposer's CAB meet the specified requirements?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<sup>1</sup> **Adjacent defined:** where Proposer provides a strong rationale describing how the site is convenient for YMSM and how the location will enhance the proposed intervention's likelihood of success.

### 3.1.5 Maximum Annual Budgets

Tier Level 1 (Central and South Cluster Areas): Tier Level 1 proposal submitted must not exceed an annual amount of seven hundred fifty thousand dollars (\$750,000). (Proposals submitted in excess of this amount will be deemed non-responsive and will be disqualified from further consideration consistent with RFP sub-paragraph 1.2.6, Availability of Funding.)

Tier Level 2 (East, North and Northwest Cluster Areas): Tier Level 2 proposals submitted must not exceed an annual amount of two hundred fifty thousand dollars (\$250,000). (Proposals submitted in excess of this amount will be deemed non-responsive and will be disqualified from further consideration consistent with RFP sub-paragraph 1.2.6, Availability of Funding.)

Does Proposer's <u>Tier Level 1 proposal(s)</u> meet the maximum annual budget amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
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Does Proposer's <u>Tier Level 2 proposal(s)</u> meet the maximum annual budget amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
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### 3.1.6 Mandatory Proposer Conference: Proposer must attend the Mandatory Proposer Conference (MPC) on the date, time, and location specified pursuant to RFP Paragraph 7.6, Mandatory Proposer Conference.

Did Proposer attend the MPC as specified within the requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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-OR-

Did Proposer attend the Alternate MPC, pursuant to the revision of the RFP, Paragraph 7.6, Mandatory Proposer Conference, as outlined in Addendum Number 1?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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### 3.1.7 Letter of Concurrence: Proposer must submit a completed Appendix D, Required Forms, Exhibit 31, Letter of Concurrence (LOC) for each Category 1 proposal submission. Each of Proposer's LOC must be signed by each CAB member, confirming that the CAB member supports and participated in the development of the proposed program(s) submitted by the Proposer in response to this RFP.

Did Proposer submit a Letter of Intent as specified within the requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Proposer's Name:
Address:

E-mail address:	Telephone number:
Fax number:	

On behalf of \_\_\_\_\_ (Proposer's name),  
 I \_\_\_\_\_ (Name of Proposer's authorized representative), certify that  
 the information contained in this Proposer's Organization Questionnaire/Affidavit is true and correct to the  
 best of my information and belief.

Signature:	Internal Revenue Service Employer Identification Number:
Title:	California Business License Number:
Date:	County WebVen Number:

**REQUIRED FORMS – REVISED EXHIBIT 1B  
PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

**CATEGORY 2: HIV AND STD PREVENTION SERVICES FOR TRANSGENDER INDIVIDUALS**

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

Name:	State:	Year Inc.:
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2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

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3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name:	County Registration:	Year became DBA:
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Name:	County Registration:	Year became DBA:
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4. Is your firm wholly or majority owned by, or a subsidiary of, another firm?  YES  NO

If yes, Name of parent firm:

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State of incorporation or registration of parent firm:

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5. Please list any other names your firm has done business as within the last five (5) years.

Name:	Year of Name Change:
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Name:	Year of Name Change:
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6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

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Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications listed in Paragraph 3.0 - Minimum Mandatory Qualifications, subparagraph 3.2 – Category 2 (HIV and STD Prevention Services for Transgender Individuals) Minimum Mandatory Qualifications of this Request for Proposal (RFP), as listed below. **All requirements must be met on the day in which proposals are due.**

**3.2.1 Experience:** Proposer, or consultant/subcontractor, must have a minimum of three (3) years of experience, within the last five (5) years, providing transgender services in Los Angeles County.

Does Proposer, or consultant/subcontractor, meet the experience requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**3.2.2 Data Collection:** Proposer, or consultant/subcontractor, must have a minimum of two (2) years of experience, within the last five (5) years, collecting data for the purpose of evaluation and reporting.

Does Proposer, or consultant/subcontractor, meet the date collection requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**3.2.3 Community Advisory Board (CAB):** Proposer’s CAB must meet the requirements specified under Table 11 - CAB Minimum Requirements for Category 2. Proposer must submit a completed Exhibit 30B, Community Advisory Board Affidavit for Category 2 of Appendix D, Required Forms with its proposal affirming that its CAB meets the requirements specified in Table 11. (**Note:** One (1) CAB is sufficient for submission in response to Category 2).

**Table 11.** Community Advisory Board (CAB) Minimum Requirements for Category 2: HIV and STD Prevention Services Transgender Individuals

MINIMUM REQUIREMENTS
• Include five (5) to eight (8) members, two (2) assigned as co-chairs;
• Members must reside in Los Angeles County; and
• A majority of members must be transgender people who are reflective of the community the proposed program is intended to serve.

Does Proposer’s CAB meet the specified requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**3.2.4 Maximum Annual Budgets:** Proposals submitted must not exceed an annual amount of one million dollars (\$1,000,000). (Proposals submitted in excess of this amount will be deemed non-responsive and will be disqualified from further consideration consistent with RFP Sub-paragraph 1.3.6, Availability of Funding.)

Does Proposer’s budget meet the maximum annual budget amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**3.2.5 Mandatory Proposer Conference:** Proposer must attend the Mandatory Proposer Conference (MPC) on the date, time, and location specified pursuant to RFP Paragraph 7.6, Mandatory Proposer Conference.

<b>Did Proposer attend the MPC as specified within the requirement?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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-OR-

<b>Did Proposer attend the Alternate MPC, pursuant to the revision of the RFP, Paragraph 7.6, Mandatory Proposer Conference, as outlined in Addendum Number 1?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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**3.2.6 Letter of Concurrence:** Proposer must submit a completed Appendix D, Required Forms, Exhibit 31, Letter of Concurrence (LOC) **for each Category 2 proposal submission.** Each of Proposer's LOC must be signed by each CAB member, confirming that the CAB supports and participated in the development of the proposed program(s) submitted by the Proposer in response to this RFP.

<b>Did Proposer submit a Letter of Intent as specified within the requirement?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Proposer's Name:	
Address:	
E-mail address:	Telephone number:
Fax number:	

On behalf of \_\_\_\_\_ (Proposer's name),

I \_\_\_\_\_ (Name of Proposer's authorized representative), certify that the information contained in this Proposer's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature:	Internal Revenue Service Employer Identification Number:
Title:	California Business License Number:
Date:	County WebVen Number:



REQUIRED FORMS - REVISED EXHIBIT 2

PROSPECTIVE CONTRACTOR REFERENCES

Prospective Contractor's Name: \_\_\_\_\_

List Five (5) References where the same or similar scope of services were provided.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
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>	<b>Fax #</b>
_____	_____	_____	_____	_____
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>	<b>Fax #</b>
_____	_____	_____	_____	_____
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
_____	_____	_____	_____	

REQUIRED FORMS - REVISED EXHIBIT 2

**PROSPECTIVE CONTRACTOR REFERENCES**

<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
<hr/>				
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
_____	_____	_____	_____	
<hr/>				
<b>5. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
<hr/>				
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
_____	_____	_____	_____	

**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

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

List of all non-profit and/or public entities for which the Contractor has provided service within the last five (5) years. Use additional sheets if necessary.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
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>	<b>Fax #</b>
_____	_____	_____	_____	_____
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>	<b>Fax #</b>
_____	_____	_____	_____	_____
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
_____	_____	_____	_____	

REQUIRED FORMS - REVISED EXHIBIT 3

**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
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>	<b>Fax #</b>
_____	_____	_____	_____	_____
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
_____	_____	_____	_____	

**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

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

List of all contracts that have been terminated (i.e., due to lack of funding, performance, expiration of term, etc.) within the last five (5).

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
Name or Contract No.		Reason for Termination:		
_____		_____		
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
Name or Contract No.		Reason for Termination:		
_____		_____		
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
_____	_____	_____	_____	_____
Name or Contract No.		Reason for Termination:		
_____		_____		

**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

4. Name of Firm	Address of Firm	Contact Person	Telephone #	Fax #
<hr/>				
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
<hr/>				

**REQUIRED FORMS - REVISED EXHIBIT 5**

**CERTIFICATION OF NO CONFLICT OF INTEREST**

The Los Angeles County Code, Section 2.180.010, provides as follows:

**CONTRACTS PROHIBITED**

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
  - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
  - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Proposer Name:
Proposer Official Title:
Official's Signature:

**REQUIRED FORMS - REVISED EXHIBIT 6**

**FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE  
CERTIFICATION**

The Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature:	Date:
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**REQUIRED FORMS - REVISED EXHIBIT 7**

Use this form for County Solicitations which **are not** subject to the Federal Restriction

**Request for Local SBE Preference Program Consideration and  
CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

**FIRM NAME:** \_\_\_\_\_

**COUNTY VENDOR NUMBER:** \_\_\_\_\_

As a Local SBE, certified by the County of Los Angeles, Department of Consumer and Business Affairs, I request this proposal/bid be considered for the Local SBE Preference.

Attached is my Local SBE Certification letter issued by the County

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

**Business Structure:**  Sole Proprietorship  Partnership  Corporation  Non-Profit  Franchise  
 Other (Please Specify) \_\_\_\_\_

**Total Number of Employees** (including owners):  
 \_\_\_\_\_

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/Associate Partners		Managers		Staff	
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Black/African American	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Hispanic/Latino	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Asian or Pacific Islander	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
American Indian	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Filipino	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
White	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Women	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

REQUIRED FORMS - EXHIBIT 7

Use this form for County Solicitations which **are not** subject to the Federal Restriction

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

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

Print Authorized Name	Authorized Signature	Title	Date

**REQUIRED FORMS - EXHIBIT 7**

Use this form for County Solicitations which are subject to the Federal Restriction

**Request for Local SBE Preference Program Consideration and  
CBE Firm/Organization Information Form**

**INSTRUCTIONS:** All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

**FIRM NAME:**

**CAGE CODE:**

**NAICS CODE:**

As a business registered as 'Small' on the federal Central Contractor Registration (CCR) data base, I request this proposal/bid be considered for the Local SBE Preference.

The NAICS Code shown corresponds to the services in this solicitation.

Attached is my CCR certification page.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<b>Business Structure:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
<b>Total Number of Employees</b> (including owners): _____						
<b>Race/Ethnic Composition of Firm.</b> Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
Black/African American	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Hispanic/Latino	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Asian or Pacific Islander	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
American Indian	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Filipino	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
White	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

**REQUIRED FORMS - EXHIBIT 7**

Use this form for County Solicitations which **are** subject to the Federal Restriction

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	<b>Black/African American</b>	<b>Hispanic/Latino</b>	<b>Asian or Pacific Islander</b>	<b>American Indian</b>	<b>Filipino</b>	<b>White</b>
Men	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Women	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS**

**ENTERPRISES:** *If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

<b>Agency Name</b>	<b>Minority</b>	<b>Women</b>	<b>Dis-advantaged</b>	<b>Disabled Veteran</b>	<b>Expiration Date</b>

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

<b>Print Authorized Name</b>	<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>

**PROPOSER'S EEO CERTIFICATION**

Company Name:
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Address:
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Internal Revenue Service Employer Identification Number:
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**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Proposer 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.

**CERTIFICATION**

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

Signature:	Date:
Name and Title of Signer (please print):	

REQUIRED FORMS - REVISED EXHIBIT 9

**ATTESTATION OF WILLINGNESS TO CONSIDER  
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: [GAINGROW@dpss.lacounty.gov](mailto:GAINGROW@dpss.lacounty.gov).

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

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.	<input type="checkbox"/> YES (subject to verification by County) <input type="checkbox"/> NO
B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Program not available)

Proposer's Organization:	
Signature:	
Print Name:	
Title:	Date:
Telephone No:	Fax No:

## REQUIRED FORMS - REVISED EXHIBIT 10

### COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Invitation for Bids is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Bidders, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Bidder is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

***If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.***

#### **Part I: Jury Service Program is Not Applicable to My Business**

My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

**"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.

My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

**OR**

**Part II: Certification of Compliance**

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents **or** my company will have and adhere to such a policy prior to award of the contract.

*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:



## **REQUIRED FORMS**

**EXHIBITS 11- 14**

## **COST FORMS**

**(Intentionally Omitted)**

## **REQUIRED FORMS - EXHIBITS 15- 19**

### **LIVING WAGE**

**(Intentionally Omitted)**

REQUIRED FORMS - REVISED EXHIBIT 20

**CHARITABLE CONTRIBUTIONS CERTIFICATION**

Company Name:
---------------

Address:
----------

Internal Revenue Service Employer Identification Number:
--

California Registry of Charitable Trusts "CT" number (if applicable):
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The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

**Check the Certification below that is applicable to your company.**

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.

**OR**

Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above 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 as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature:	Date:
Name and Title of Signer (please print):	

**REQUIRED FORMS - EXHIBIT 21**  
**TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM**  
**APPLICATION**

**(INTENTIONALLY OMITTED)**

**REQUIRED FORMS - REVISED EXHIBIT 22**  
**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S**  
**DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		Email address:
Solicitation For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

<input type="checkbox"/>	<p>It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; <b>AND</b></p> <p>To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; <b>AND</b></p> <p>The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.</p>
--------------------------	---

- OR -

<input type="checkbox"/>	<p>I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:</p>    
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*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:

**REQUIRED FORMS - EXHIBIT 23**

**REQUEST FOR DISABLED VETERANS BUSINESS ENTERPRISE PREFERENCE  
PROGRAM CONSIDERATION**

**(INTENTIONALLY OMITTED)**

**REQUIRED FORMS - REVISED EXHIBIT 24 – PROPOSER’S PENDING LITIGATION AND/OR JUDGMENTS**

**Name of Proposer:** \_\_\_\_\_

Complete the following if appropriate. Identify by name, date, case and court jurisdiction any pending litigation in which Proposer is involved, or judgments against Proposer in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the Proposer or principals of the Proposer. Attach additional sheets if necessary. If a Proposer has no Pending Litigation and/or Judgments, please check the box below.

Name	Date	Case	Court Jurisdiction	Pending Litigation	Statement Describing the Size and Scope of the Pending or Threatening Litigation

**Check if applicable:**

**Proposer has no Pending Litigation and/or Judgments.**

<b>Print Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

**REQUIRED FORMS, EXHIBIT 25A  
CATEGORY 1: HIV AND STD PREVENTION SERVICES FOR  
YMSM  
MANDATORY INTENT TO APPLY FORM**

**(Intentionally Omitted)**



**REQUIRED FORMS, EXHIBIT 25B  
CATEGORY 2: HIV AND STD PREVENTION SERVICES FOR  
TRANSGENDER INDIVIUDALS  
MANDATORY INTENT TO APPLY FORM**

**(Intentionally Omitted)**

**REQUIRED FORMS - REVISED EXHIBIT 26A  
 PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS FORM  
 CATEGORY 1: HIV AND STD PREVENTION SERVICES FOR YMSM**

**Instructions:** Proposer must submit a completed Appendix D, Required Forms - Exhibit 26A, Proposer's Minimum Mandatory Qualifications Form for Category 1. Proposer's Exhibit 26A **must** clearly demonstrate that the Proposer/Subcontractor meets the applicable experience, data collection, and service delivery minimum mandatory qualifications, outlined below, pursuant to RFP Paragraph 3.0, Proposer's Minimum Mandatory Qualifications, subparagraph 3.1, Category 1 Minimum Mandatory Qualifications **on the day in which proposals are due**. Proposer should ensure that information provided in its Exhibit 26A supports Proposer's responses provided in its Appendix D, Required Forms, REVISED Exhibit 1A - Proposer's Organization Questionnaire/Affidavit for Category 1.

**PROPOSER'S NAME:** \_\_\_\_\_

RFP Ref.	RFP Requirement
3.1.1	<b>Experience:</b> Proposer, or consultant/subcontractor, must have a minimum of three (3) years of experience, within the last five (5) years, working with men who have sex with men and providing youth services for African Americans and/or Latinos, ages 12 – 29, in Los Angeles County.
<i>Please check the appropriate box:</i>	
1. <input type="checkbox"/> Proposer meets the above-referenced requirement.	
2. <input type="checkbox"/> Subcontractor/consultant meets the above-referenced requirement. (Name of subcontractor/consultant: _____ )	
<b><i>Please document the experience below that clearly demonstrates that Proposer or consultant/subcontractor meets the above-referenced requirement. Please provide dates, name(s) of each agency/department in which Proposer or subcontractor/consultant provided the required services that substantiates Proposer/Subcontractor meets the above-referenced requirement. (Attach additional sheets as necessary).</i></b>	
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**REQUIRED FORMS - REVISED EXHIBIT 26A  
PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS FORM  
CATEGORY 1: HIV AND STD PREVENTION SERVICES FOR YMSM**

RFP Ref.	RFP Requirement
<b>3.1.2</b>	<b>Data Collection:</b> Proposer, or consultant/subcontractor, must have a minimum of two (2) years of experience, within the last five (5) years, collecting data for the purpose of evaluation and reporting.
<b><i>Please check the appropriate box:</i></b>	
<p>1. <input type="checkbox"/> Proposer meets the above-referenced requirement.</p>	
<p>2. <input type="checkbox"/> Subcontractor/consultant meets the above-referenced requirement. (Name of subcontractor/consultant: _____)</p>	
<b><i>Please document the experience below that clearly demonstrates that Proposer or consultant/subcontractor meets the above-referenced requirement. Please provide dates, name(s) of each agency/department in which Proposer or subcontractor/consultant provided the required services that substantiates Proposer/Subcontractor meets the above-referenced requirement. (Attach additional sheets as necessary).</i></b>	

**REQUIRED FORMS - REVISED EXHIBIT 26A  
PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS FORM  
CATEGORY 1: HIV AND STD PREVENTION SERVICES FOR YMSM**

RFP Ref.	RFP Requirement
<b>3.1.3</b>	<p><b>Service Delivery Site:</b> Proposer, or consultant/subcontractor, must have a service delivery site located within an eligible cluster area or an alternate service delivery site within LA County, but adjacent to a specific cluster area<sup>1</sup> for service as described in RFP Paragraph 1.2.4, Location of Service(s) within 90 days from contract execution.</p>
<p><b>Please check the appropriate box:</b></p> <p>1. <input type="checkbox"/> Proposer meets the above-referenced requirement.</p> <p>2. <input type="checkbox"/> Subcontractor/consultant meets the above-referenced requirement. (Name of subcontractor/consultant: _____)</p>	
<p><b>Please provide the following information:</b></p> <p>Name of Delivery Site: _____</p> <p>Delivery Site Address: _____</p> <p>Delivery Site Telephone Number: _____</p> <p>Name of Delivery Site Contact Person: _____</p> <p>Eligible Cluster Area of Delivery Site:</p> <p>(Select only one)</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> East</p> <p><input type="checkbox"/> North</p> <p><input type="checkbox"/> Northwest</p>	

<sup>1</sup> **Adjacent defined:** where Proposer provides a strong rationale describing how the site is convenient for YMSM and how the location will enhance the proposed intervention's likelihood of success.

**REQUIRED FORMS - REVISED EXHIBIT 26B**

**PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS FORM  
CATEGORY 2: HIV AND STD PREVENTION SERVICES FOR TRANSGENDER INDIVIDUALS**

**Instructions:** Proposer must submit a completed Appendix D, Required Forms - Exhibit 26B, Proposer's Minimum Mandatory Qualifications Form for Category 2. Proposer's Exhibit 26B **must** clearly demonstrate that the Proposer/Subcontractor meets the applicable experience and data collection minimum mandatory qualifications, outlined below, pursuant to RFP Paragraph 3.0, Proposer's Minimum Mandatory Qualifications, subparagraph 3.2, Category 2 Minimum Mandatory Qualifications **on the day in which proposals are due**. Proposer should ensure that information provided in its Exhibit 26B supports Proposer's responses provided in its Appendix D, Required Forms, REVISED Exhibit 1B - Proposer's Organization Questionnaire/Affidavit for Category 2.

**PROPOSER'S NAME:** \_\_\_\_\_

RFP Ref.	RFP Requirement
<b>3.2.1</b>	<b>Experience:</b> Proposer, or consultant/subcontractor, must have a minimum of three (3) years of experience, within the last five (5) years, providing transgender services in Los Angeles County.
<i>Please check the appropriate box:</i>	
1. <input type="checkbox"/> Proposer meets the above-referenced requirement.	
2. <input type="checkbox"/> Subcontractor/consultant meets the above-referenced requirement. (Name of subcontractor/consultant: _____)	
<b><i>Please document the experience below that clearly demonstrates that Proposer or consultant/subcontractor meets the above-referenced requirement. Please provide dates, name(s) of each agency/department in which Proposer or subcontractor/consultant provided the required services that substantiates Proposer/Subcontractor meets the above-referenced requirement. (Attach additional sheets as necessary).</i></b>	

REQUIRED FORMS - REVISED EXHIBIT 26B

PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS FORM  
CATEGORY 2: HIV AND STD PREVENTION SERVICES FOR TRANSGENDER INDIVIDUALS

RFP Ref.	RFP Requirement
3.2.2	<b>Data Collection:</b> Proposer, or consultant/subcontractor, must have a minimum of two (2) years of experience, within the last five (5) years, collecting data for the purpose of evaluation and reporting.
<b>Please check the appropriate box:</b>	
<p>1. <input type="checkbox"/> Proposer meets the above-referenced requirement.</p> <p>2. <input type="checkbox"/> Subcontractor/consultant meets the above-referenced requirement. (Name of subcontractor/consultant: _____)</p>	
<b>Please document the experience below that clearly demonstrates that Proposer or consultant/subcontractor meets the above-referenced requirement. Please provide dates, name(s) of each agency/department in which Proposer or subcontractor/consultant provided the required services that substantiates Proposer/Subcontractor meets the above-referenced requirement. (Attach additional sheets as necessary).</b>	
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**REQUIRED FORMS – REVISED EXHIBIT 27  
 PROPOSER’S SAMPLE SCOPE OF WORK AND TEMPLATE  
 PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET  
 POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs  
 RFP NO. 2015-003**

**INSTRUCTIONS FOR COMPLETING PROPOSER’S EXHIBIT 27:** Proposer must submit a completed Scope of Work for each proposed program. Proposer’s Scope of Work should outline the Proposer’s Measureable Objectives; Implementation Activities; Timeline; and Methods of Evaluating Objective(s) and Documentation for a twelve month period. Proposer should develop a plan that incorporates activities which will address all of the specific work requirements covered in Appendix B-1 and B-2, Statement of Work, Section 9.0, Specific Work Requirements. Proposer establishing partnerships and formal agreements with other subcontractors or consultants to accomplish specific work requirements should clearly identify which activities the subcontractor or consultant will accomplish. Proposer’s Scope of Work Template should indicate exactly how the program design will be implemented in practice. To assist Proposer’s in developing their Scope of Work, a “Sample Scope of Work” is provided below and should **only** be used by the Proposer as a guideline. **Proposer is advised that no other format and/or template will be accepted other than Exhibit 27.**

**“SAMPLE SCOPE OF WORK”**

**Goal No. 1:** To provide HIV/STD Prevention Services to African American and Latino Young Men Who Have Sex With Men in Syndemic Cluster Area(s) (Central Cluster) of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.0 By 12/31/15, a minimum of 100 YMSM will attend one event at the youth drop in center or YMSM coffeehouse	1.1 Develop recruitment protocol, referral and linked referral protocol, brief risk screener forms, brief HIV risk assessment, and educational pamphlets. Submit to Division of HIV and STD Programs (DHSP) for approval.  1.2 Schedule recruitment encounters and maintain a calendar with sites, dates, and times.  1.3 Conduct recruitment and brief HIV risk assessment maintain encounter logs including but not limited to: client identification information, sites, dates, demographic information, and materials presented.  1.4 Schedule events at center or coffeehouse and maintain a calendar with dates, and times.  1.5 Conduct events and brief risk screener maintain sign-in sheets and risk screeners.	By 03/01/15    01/01/15 and ongoing   01/01/15 and ongoing   01/01/15 and ongoing   01/01/15 and ongoing	1.1 Letter(s) of DHSP approval and materials will be kept on file.  1.2 Documents will be kept on file and submitted with monthly reports to DHSP.  1.3 Completed materials will be kept on file and number of participants documented in monthly reports to DHSP.  1.4 Documents will be kept on file and submitted with monthly reports to DHSP.  1.5 Completed materials will be kept on file and number of participants documented in monthly reports to DHSP.

**REQUIRED FORMS – REVISED EXHIBIT 27  
 PROPOSER’S SAMPLE SCOPE OF WORK AND TEMPLATE  
 PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET  
 POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs  
 RFP NO. 2015-003**

Proposer:

**Goal No. 1:** To provide HIV/STD Prevention Services to African American and Latino Young Men Who Have Sex With Men in Syndemic Cluster Area(s) (Central Cluster) of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.0 By 12/31/15, a minimum of 50 YMSM will participate in at least three (3) risk-reduction case management sessions.</p> <p>Risk reduction case management sessions must be face-to-face and at least 20 minutes in length. Follow-up sessions shall be conducted after the last session. Follow-up sessions can be conducted face-to-face, online, via phone, and/or twitter, Facebook, etc.</p>	<p>2.1 Develop risk-reduction case management protocol, and forms to include, but not be limited to: client intake form (name or unique identifier, demographics etc.), HIV risk assessment form, client centered service plan form, progress notes forms, case closure summary form, Partner Services (PS). Submit to DHSP for approval.</p> <p>2.2 Schedule risk-reduction case management sessions and maintain a calendar of sites, dates, and times.</p> <p>2.3 Conduct risk-reduction case management activities and obtain sign-in sheets.</p>	<p>By 3/01/15</p> <p>01/01/15 and ongoing</p> <p>01/01/15 and ongoing</p>	<p>2.1 Letter(s) of DHSP approval and materials will be kept on file.</p> <p>2.2 Documents will be kept on file and submitted in monthly reports to DHSP.</p> <p>2.3 Documents will be kept on file and submitted in monthly reports to DHSP.</p>



**REQUIRED FORMS – REVISED EXHIBIT 27  
 PROPOSER’S SAMPLE SCOPE OF WORK AND TEMPLATE  
 PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET  
 POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs  
 RFP NO. 2015-003**

Proposer’s Name:

**Goal No. 1:** To provide HIV/STD Prevention Services to African American and Latino Young Men Who Have Sex With Men in Syndemic Cluster Area(s) (Central Cluster) of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.0 By 12/31/15, a minimum of 95% of YMSM with unknown HIV status or high risk HIV negatives will receive an HIV test.	3.1 Develop Counseling and Testing Services Quality Assurance Plans for each site. Plan should include, but not be limited to, information on client flow, testing process, testing algorithm, partner services plan, and linkage to care. Submit materials to DHSP for approval.  3.2 Schedule HTS activities and maintain calendar of sites, dates, and times.  3.3 Administer DHSP approved consent form and medical release form. Complete client logs  3.4 Administer HIV test. Document test results on data forms. Enter data into database. Analyze results and report to DHSP as follows: <ul style="list-style-type: none"> <li>• Form A: For all HIV-negative testers, on a weekly basis.</li> <li>• Form A &amp; B: For all HIV-positive testers, within 72 hours of the testing session.</li> <li>• Form C: Within two weeks of testing session, or as directed by DHSP.</li> </ul>	By 3/01/15   01/01/15 and ongoing  01/01/15 and ongoing  01/01/15 and ongoing	3.1 Letter(s) of DHSP approval and related material will be kept on file.  3.2 Calendar will be kept on file and submitted with monthly reports to DHSP.  3.3 Completed materials will be kept on file and results documented in monthly reports to DHSP.  3.4 Completed materials will be kept on file and results documented in monthly reports to DHSP.

**REQUIRED FORMS – REVISED EXHIBIT 27  
 PROPOSER’S SAMPLE SCOPE OF WORK AND TEMPLATE  
 PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET  
 POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs  
 RFP NO. 2015-003**

Proposer’s Name:

**Goal No. 1:** To provide HIV/STD Prevention Services to African American and Latino Young Men Who Have Sex With Men in Syndemic Cluster Area(s) (Central Cluster) of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>4.0 By 12/31/15, a minimum of 85% of High Risk-negative, and 95% of HIV positive tested will receive a Disclosure Counseling Session</p> <p>5.0 By 12/31/2015, a minimum of 85% of those testing HIV positive will be linked to medical care.</p> <ul style="list-style-type: none"> <li>• A Linkage to care is the direction of an HIV-positive client to medical care. For all clients identified as HIV-positive, Contractor shall complete a medical care referral within 72 hours of diagnosis, but not longer than ninety (90) days. Staff is expected to provide the client with a medical appointment, unless the client explicitly requests to do it him/her self. Staff shall ensure that the client attends the first medical visit and follow up with client if referral was not completed.</li> </ul> <p>6.0 By 12/31/15, 100% of HIV positive clients who access services through this program will be referred to Partner Services (PS).</p>	<p>4.1 Conduct Disclosure Counseling Session. Document topics discussed. Send data to DHSP.</p> <p>5.1 Develop a Linked Referral Plan to be included in the site specific QA Plan. Documentation should include, but not be limited to; the procedures to verify and document successful referrals to medical care, including the referring agency name, the name and contact information for person verifying the linked medical visit. Submit plan to DHSP for approval.</p> <p>5.2 Conduct Referral Counseling Session. Document referrals made on testing forms. Analyze results and report to DHSP.</p> <p>6.1 Document PS referrals and report to DHSP within 72 hours of testing session.</p>	<p>01/01/15 and ongoing</p> <p>By 3/01/15</p> <p>01/01/15 and ongoing</p> <p>01/01/15 and ongoing</p>	<p>4.1 Documents will be kept on file and results documented in monthly reports to DHSP.</p> <p>5.1 Letter(s) of DHSP approval and related material will be kept on file.</p> <p>5.2 Documents will be kept on file and results documented in monthly reports to DHSP.</p> <p>6.1 Documents will be kept on file and results documented in monthly reports to DHSP.</p>

**REQUIRED FORMS – REVISED EXHIBIT 27  
 PROPOSER’S SAMPLE SCOPE OF WORK AND TEMPLATE  
 PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET  
 POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs  
 RFP NO. 2015-003**

Proposer’s Name:

Category of Service:

Cluster Area/Target Area:

Goal No. 1:

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION

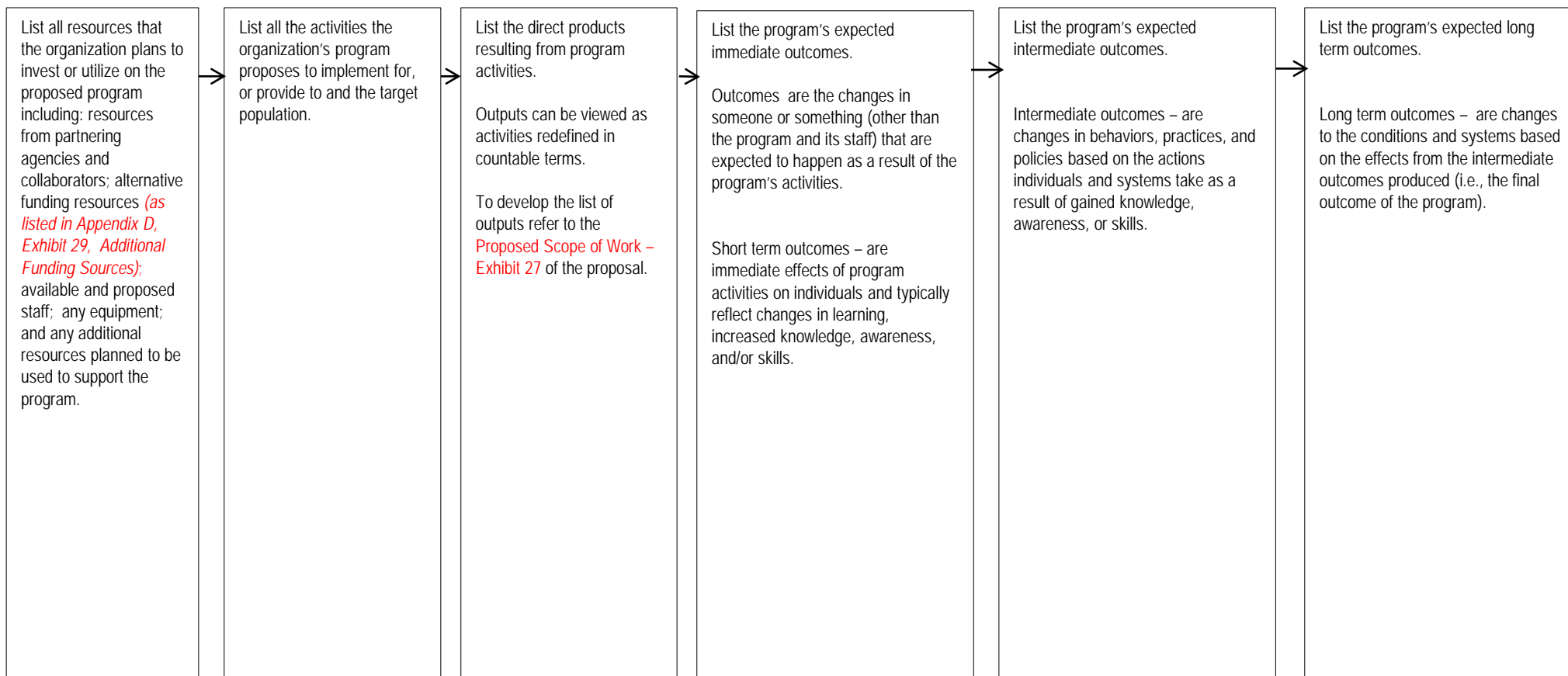
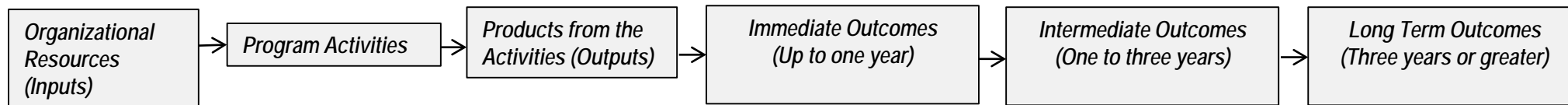
# PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs, RFP NO. 2015-003 REVISED APPENDIX D, REQUIRED FORMS - EXHIBIT 28 LOGIC MODEL INSTRUCTIONS AND TEMPLATE

**Overview:** A logic model is a one page summary which provides a visual depiction of the proposed program's activities – supported by the organization's resources or "inputs" – which will yield certain "outputs" that will then yield in programmatic or health-related "outcomes". Additional resources on logic models can be found at: <http://www.uwex.edu/ces/pdande/evaluation/evallogicbiblio.html>.

## Components of a Logic Model

**Instructions:** Proposer must submit a completed Exhibit 28 for each proposed program. In responding to Exhibit 28, Proposer should use the instructions provided herein as a guide to create a logic model for each proposed program.

**Narrative Box Component:** Proposer's Narrative Box is limited to two (2) paragraphs only with context that further clarifies the conditions that the Proposer's program will function in along with a broad description of how the proposed program's activities will lead to the outcomes listed in the model. Proposer's Narrative Box should: (1) indicate the target population (see RFP Paragraph 1.2.5 and 1.3.5, Categories of Service) and state the need for the proposed program; (2) provide a brief description of the proposed program's main goals and expected outcomes; (3) state one or more social determinants of health (see RFP Paragraph 1.2.2 and 1.3.2, Program Components, Social Determinants of Health) that the proposed program will address; (4) state at least two resiliency and protective factors (see RFP Paragraph 1.2.2 and 1.3.2, Program Components, Promoting Resiliency and Protective Factors) that will be promoted as part of the proposed program activities; and (5) mention previous work, published materials, or other evidence that support a rationale for the proposed program's intended activities.

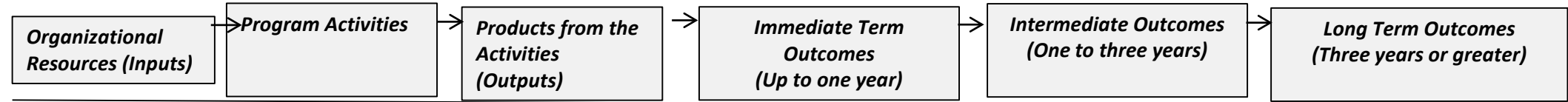


PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs RFP No. 2015-003-  
EXHIBIT 28 LOGIC MODEL INSTRUCTIONS AND TEMPLATE

Proposer's Name \_\_\_\_\_ Category of Service \_\_\_\_\_

Cluster/Target Area \_\_\_\_\_

**Narrative Box Component:**



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**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH**

**REQUIRED FORMS – REVISED EXHIBIT 29  
PROPOSER’S FUNDING DISCLOSURE FORM**

<b>Proposer’s Name:</b>	
<b>Category of Service:</b>	
<b>Cluster/Target Area:</b>	
<b>RFP # 2015-003</b>	<b>PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs</b>

**1.0 Background/Instructions:**

Resources made available as a result of this RFP shall only be used to fund new or enhanced HIV and STD prevention services. They shall in no way supplant existing resources. To assure this, Proposer must disclose all *currently* available or *committed* revenue and funding resources available in each service category in which Proposer now provides services and, for which, Proposer requests funding through this RFP. **Failure to disclose may result in automatic disqualification. Responses are subject to verification.**

**2.0 Definitions:**

**CY:** The abbreviation “CY” stands for Calendar year which is the annual year that begins January 1 of any year and ends December 31 of the same year for example January 1, 2016 – December 31, 2016 is a single Calendar Year or CY.

**FY:** “FY” stands for Fiscal Year which is defined as the year term from July 1 of one year through June 30 of the subsequent year, for example July 1, 2016 – June 30, 2017 is a single Fiscal Year or FY.

**Currently:** For the purposes of this form “currently” is defined as the current County FY 15-16 (July 1, 2015 – June 30, 2016) or if the agency is on CY for its fiscal year it would be the current calendar year, CY 2016 (January 1, 2016 – December 31, 2016). All current resources must be disclosed in Table 1. If none available, state, “Not applicable.”

**Committed:** “Committed” means those resources already budgeted for, and committed to similar services described in this RFP. **This includes forthcoming grant awards or other expected funding awards/sources.**

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH**

**REQUIRED FORMS – REVISED EXHIBIT 29  
PROPOSER’S FUNDING DISCLOSURE FORM**

**Resources:** “Resources” include, but are not limited to, patient/client fees, third-party payer sources, grant resources and agency-raised funds (e.g. individual donations, fundraising activities).

**3.0 Instructions – Table 1: Current Resources Disclosure**

This section addresses current resources and how they are now used. Please complete Table 1 using the following instructions. Attach additional sheets as needed.

1. **Current resources:** Type in the specific HIV and STD prevention resources *currently* available in FY 2015-16 or CY 16 (e.g. CDC Community HIV grant [specify grant name/number], Foundation grant [specify which foundation], private donations). If a resource provides funding to more than one category of service list the resource twice and answer the remaining information. **If your agency has no other HIV and STD prevention resources available, please indicate so by stating, “Not applicable”.**
2. **Current annual amount is:** Enter the annual amount for current services.
3. **Current resources are expected to be available until:** Choose the appropriate fiscal or calendar year from the drop-down menu. If none of the menu choices apply, choose “other” from the drop-down menu and explain your choice in comments.
4. **Comments:** Explain funding details including (if applicable): 1) if current resources are about to end, 2) why “other” was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH**

**APPENDIX D – REQUIRED FORMS – EXHIBIT 29  
PROPOSER’S FUNDING DISCLOSURE FORM**

**Table 1. Current Resources Disclosure**

Current resources	The current annual amount is	Current resources are expected to be available until	Comments
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	



**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH**

**REQUIRED FORMS – REVISED EXHIBIT 29  
PROPOSER’S FUNDING DISCLOSURE FORM**

**4.0 Instructions – Table 2: Committed Resources Disclosure**

This section addresses committed resources and how they are currently budgeted for use. Please complete Table 2 using the following instructions. Attach additional sheets as needed.

1. **Committed revenue or funding source:** Type in the specific resources *committed* to be available (FY 2015-16, CY 15 or beyond) (e.g. CDC Community HIV grant (specify grant name/number), Foundation grant (specify which foundation), private donations).
2. **Committed annual amount is:** Enter the annual amount initially committed.
3. **Revenue committed to be available until:** Choose the appropriate fiscal or calendar year from the drop-down menu. If none of the menu choices apply, choose “other” from the drop-down menu and explain your choice in comments.
4. **Comments:** Explain funding details including (if applicable): 1) if expected resources are short term, 2) why “other” was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH**

**APPENDIX D – REQUIRED FORMS – EXHIBIT 29  
PROPOSER’S FUNDING DISCLOSURE FORM**

**Table 2. Committed Resources Disclosure**

Committed revenue or funding source	The Committed annual amount is	Revenue Committed to be available until	Comments
		Choose an item.	
		Choose an item.	
		Choose an item.	

**5.0 Affirmation and Attestation**

**Affirmation for the Use of DHSP Funds:**

This section is designed to affirm that the resources made available by DHSP through this RFP will enhance, and not supplant, existing resources. By checking the box next to the following statement, Proposer agrees to abide by this statement.

- Proposer affirms that the funding made available through this RFP will only be used to fund new or expanded services for the duration of the contract period.

**Attestation of Full and Complete Disclosure:**

- As a Proposer, I certify that all the information contained in this form, Exhibit 29 is correct and is a full and complete disclosure and that agency will abide by the affirmation for use of funds.

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH**

**REQUIRED FORMS – REVISED EXHIBIT 29  
PROPOSER’S FUNDING DISCLOSURE FORM**

**6.0 Agency Information and Signature:**

<b>Agency Name (Full Legal Name):</b>
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<b>Agency Name (Full Legal Name):</b>
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<b>Name of Contact Person:</b>
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<b>Title of Contact Person:</b>	Contact Person: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
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<b>Phone Number:</b>	<b>Fax Number:</b>
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<b>E-mail Address:</b>
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**Signature of Executive Director, CEO, or designated Board Member:**

<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	<b>Print Title:</b>

**REQUIRED FORMS - REVISED EXHIBIT 30A  
COMMUNITY ADVISORY BOARD AFFIDAVIT FOR CATEGORY 1: HIV AND STD PREVENTION  
SERVICES FOR YMSM**

<b>Proposer:</b>	
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**INSTRUCTIONS:** Proposer must submit a completed Exhibit 30A, Community Advisory Board Affidavit for Category 1 with its proposal affirming that its Community Advisory Board meets the requirements listed below. (**Note:** One (1) CAB is sufficient for all Proposer submissions in response to Category 1)

**Community Advisory Board (CAB) – Category 1**

Proposer’s CAB must meet the requirements, as outlined in the table below:

<b>MINIMUM REQUIREMENTS</b>
• Include five (5) to eight (8) members, two assigned as co-chairs;
• Members must reside in Los Angeles County;
• Members must be 16 to 29 years of age;
• CAB must consist of 75 percent youth of color (African American or Latino);
• CAB must consist of 50 percent 16 to 24 years of age; and
• CAB must consist of 60 percent YMSM.

**List the names of all the CAB members (including the co-chairs)**

No.	Name
1	
2	
3	
4	
5	
6	
7	
8	

Proposer affirms that the Proposer’s Community Advisory Board meets the minimum requirements referenced above. Proposer’s Exhibit 30A must be signed by the Executive Director, CEO, or designated Board Member.

Printed Name and Title:	
Signature:	Date:

**REQUIRED FORMS - REVISED EXHIBIT 30B  
COMMUNITY ADVISORY BOARD AFFIDAVIT FOR CATEGORY 2: HIV AND STD  
PREVENTION SERVICES FOR TRANSGENDER INDIVIDUALS**

<b>Proposer:</b>	
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**INSTRUCTIONS:** Proposer must submit a completed Exhibit 30B, Community Advisory Board Affidavit for Category 2 with its proposal affirming that its Community Advisory Board meets the requirements listed below. (**Note:** One (1) CAB is sufficient for all Proposer submissions in response to Category 2)

**Community Advisory Board (CAB) – Category 2**

Proposer’s CAB must meet the requirements, as outlined in the table below:

<b>MINIMUM REQUIREMENTS</b>	
	• Include five (5) to eight (8) members, two (2) assigned as co-chairs;
	• Members must reside in Los Angeles County; and
	• A majority of members must be transgender people who are reflective of the community the proposed program is intended to serve.

**List the names of all the CAB members (including the co-chairs)**

No.	Name
1	
2	
3	
4	
5	
6	
7	
8	

Proposer affirms that the Proposer’s Community Advisory Board meets the minimum requirements referenced above. Proposer’s Exhibit 30B must be signed by the Executive Director, CEO, or designated Board Member.

Printed Name and Title:	
Signature:	Date:

**REQUIRED FORMS - REVISED EXHIBIT 31**

**LETTER OF CONCURRENCE**

<b>Name of Proposer:</b>	
<b>Category of Service:</b>	
<b>Cluster Area/Target Area:</b>	

**INSTRUCTIONS:** Proposer must submit a completed Exhibit 31, Letter of Concurrence (LOC) for **each** Category 1 and/or Category 2 proposal submission. **Each** Exhibit 31 **must** be signed by **each** Community Advisory Board (CAB) member confirming that each CAB member supports and participated in the development of the proposed program(s) submitted by the Proposer in response to this RFP.

**CAB Member's Affirmation**

CAB Member hereby confirms that member supports and participated in the development of the proposed program(s) submitted by the Proposer in response to this RFP.

No.	Name of CAB Member	CAB Member's Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.*		
9.		
10.		
11.		
12.**		

By signing this letter, Proposer affirms that the each of the CAB members supports and participated in the development of the proposed program(s) submitted by the Proposer in response to this RFP.

**Signature of Executive Director, CEO, or designated Board Member:**

Printed Name and Title:	
Signature:	Date:

**REQUIRED FORMS - REVISED EXHIBIT 32A  
PROGRAM COMPONENT CHECKLIST FOR CATEGORY 1: HIV AND STD PREVENTION SERVICES  
FOR YMSM**

<b>PROPOSER'S NAME:</b>	
<b>CATEGORY OF SERVICE:</b>	
<b>CLUSTER AREA:</b>	

**INSTRUCTIONS:** Proposer must submit a completed Exhibit 32A for **each** proposal submitted under Category 1. For each Program Component, Proposer should check the “Yes” “No,” or “N/A” (Not Applicable), checkbox below. For “No” or “N/A” responses, Proposer should provide a justification in the “Explanation Section” of this Exhibit (**limited to the space on this form only**) that supports why specific Program Component is not addressed or is not applicable. Proposer only needs to provide the **initial page number** where the program component is **first listed** on the submitted proposal – subsequent page numbers and/or references are not needed.

<b>CATEGORY 1: HIV AND STD PREVENTION SERVICES FOR YMSM PROGRAM COMPONENTS</b>	
<b>Program Component</b>	<b>Proposal Page Number</b>
1. Does the proposed program have a component focused on youth development? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Is the proposed program addressing a minimum of one social determinants of health (SDoH)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
1. Is the proposed program promoting at least two (2) resiliency and protective factors for that impact each SDoH Proposer selected to address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Does the proposed program state how it effectively utilizes technology? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>Explanation Narrative:</b>          
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**REQUIRED FORMS - REVISED EXHIBIT 32A  
PROGRAM COMPONENT CHECKLIST FOR CATEGORY 1: HIV AND STD PREVENTION SERVICES  
FOR YMSM**

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Proposer Executive Director Signature:	Date:
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**REQUIRED FORMS - REVISED EXHIBIT 32B  
PROGRAM COMPONENT CHECKLIST FOR CATEGORY 1: HIV AND STD PREVENTION  
SERVICES FOR TRANSGENDER INDIVIDUALS**

<b>PROPOSER'S NAME:</b>	
<b>CATEGORY OF SERVICE:</b>	
<b>TARGET AREA:</b>	

**INSTRUCTIONS:** Proposer must submit a completed Exhibit 32B for **each** proposal submitted under Category 2. For each Program Component, Proposer should check the “Yes” “No,” or “N/A” (Not Applicable), checkbox below. For “No” or “N/A” responses, Proposer should provide a justification in the “Explanation Section” of this Exhibit (**limited to the space on this form only**) that supports why specific Program Component is not addressed or is not applicable. Proposer only needs to provide the **initial page number** where the program component is **first listed** on the submitted proposal – subsequent page numbers and/or references are not needed.

<b>CATEGORY 2: HIV AND STD PREVENTION SERVICES FOR TRANSGENDER INDIVIDUALS PROGRAM COMPONENTS</b>	
<b>Program Component</b>	<b>Proposal Page Number</b>
1. Does the proposed program have a component incorporating youth development? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Is the proposed program addressing a minimum of one (1) social determinants of health (SDoH)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is the proposed program promoting at least two (2) resiliency and protective factors that impact each SDoH Proposer selected to address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Does the proposed program state how it effectively utilizes technology? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Explanation Narrative:**

**REQUIRED FORMS - REVISED EXHIBIT 32B  
PROGRAM COMPONENT CHECKLIST FOR CATEGORY 1: HIV AND STD PREVENTION  
SERVICES FOR TRANSGENDER INDIVIDUALS**

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Proposer Executive Director Signature:	Date:
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**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
REQUIRED FORMS  
REVISED - EXHIBIT 33- PROPOSAL SUBMISSION CHECKLIST**

**PROPOSER'S  
NAME:**

**INSTRUCTIONS:** Proposer must submit Proposal Submission Checklist (REVISED- Exhibit 33) with their proposal to ensure that all required sections, documents, forms, exhibits, appendices, etc. are included in its proposal as required by the RFP. Proposer is to check off the appropriate box indicating that Proposer has completed and submitted the following:

**PREPARATION OF THE PROPOSAL**

RFP Reference	RFP Requirement	Submitted/Included?
Paragraph 7.7	One (1) original single-sided proposal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paragraph 7.7	Four (4) double-sided copies of the original proposal.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PROPOSAL FORMAT**

Paragraph 7.8.1, A	Proposal Title Page	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paragraph 7.8.1, B	Cover Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paragraph 7.8.2	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paragraph 7.8.3	<b>REVISED</b> - Exhibit 33: Proposal Submission Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 1: ADMINISTRATIVE SECTION**

Proposers submitting multiple proposals under Category 1 and/or 2 **only** need to submit a single response to Part 1 sections – **unless otherwise indicated.** Proposers should refer to RFP Paragraph 7.8.4, Part 1: Administrative Section for further information regarding the proposal format for Part 1.

Paragraph 7.8.4.1, A)	<b>Proposer's Qualifications (Section A.1)</b>	
	<b>REVISED</b> - Exhibit 1A: Proposer's Organization Questionnaire/Affidavit for Category 1; <b>and/or</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>REVISED</b> - Exhibit 1B: Proposer's Organization Questionnaire/Affidavit for Category 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>Required Support Documents: Corporations or Limited Liability Company (LLC)</b>	
	Copy: Certificate of Good Standing; <b>or</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Conformed Copy: Statement of Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Determination Letter (granting tax exemption under IRS Section 501(c)(3) status) – if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>Required Support Documents: Limited Partnership</b>	
	Conformed Copy: Certificate of Limited Partnership; <b>or</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Application for Registration of Foreign Limited Partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

	<b>Proposer's Background and Experience (Section A.2)</b>	
7.8.4.1, B)	<b>REVISED</b> Exhibit 26A: Proposer's Minimum Mandatory Qualifications Form for Category 1; <b>and/or</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>REVISED</b> Exhibit 26B: Proposer's Minimum Mandatory Qualifications Form for Category 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	1-Page Narrative for Category 1; <b>and/or</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	1-Page Narrative for Category 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>Proposer's References (Section A.3)</b>	
7.8.4.1, C)	<b>REVISED</b> Exhibit 2: Prospective Contractor References;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>REVISED</b> Exhibit 3: Prospective Contractor List of Contracts; <b>and</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 4: Prospective Contractor List of Terminated Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Proposer's Pending Litigation and Judgments (Section A.4)</b>	
7.8.4.1, D)	<b>REVISED</b> Exhibit 24: Proposer's Pending Litigation and/or Judgments	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Financial Capability (Section B)</b>	
7.8.4.2	Copies: Most current <b>and</b> prior two (2) fiscal years (for example 2012 and 2013) financial statements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Terms and Conditions in Sample Contract, and Requirements of the Statement of Work (SOW): Acceptance of / or Exceptions to (Section C)</b>	
7.8.4.3	Acceptance Statement: Appendix A, Sample Contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Acceptance Statement: Appendix B-1, Statement of Work for Category 1 and/or Appendix B-2, Statement of Work for Category 2; <b>and</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Exception Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<b>Required Forms (Section D)</b>	
7.8.4.4	<b>REVISED</b> - Exhibit 1A: Proposer's Organization Questionnaire/Affidavit for Category 1 ( <b>Include in Section A of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> - Exhibit 1B: Proposer's Organizational Questionnaire / Affidavit for Category 2 ( <b>Include in Section A of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 2: Prospective Contractor References ( <b>Include Section A.3 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 3: Prospective Contractor List of Contracts ( <b>Include in Section A.3 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 4: Prospective Contractor List of Terminated Contracts ( <b>Include in Section A.3 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 5: Certification of No Conflict of Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.8.4.4	<b>REVISED</b> Exhibit 6: Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 7: Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 8: Proposer's EEO Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 9: Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 10: Contractor Employee Jury Service Program – Certification Form and Application for Exception	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Exhibits 11-14: Cost Forms ( <b>Intentionally Omitted</b> )	NOT APPLICABLE
	Exhibits 15 –19: Living Wage Forms ( <b>Intentionally Omitted</b> )	NOT APPLICABLE
	<b>REVISED</b> Exhibit 20: Charitable Contribution Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Exhibit 21: Transitional Job Opportunities Preference Program Application ( <b>Intentionally Omitted</b> )	NOT APPLICABLE
	<b>REVISED</b> Exhibit 22: Certification of Compliance with County's Default Property Tax Reduction Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Exhibit 23: Request for DVBE Preference Program Consideration ( <b>Intentionally Omitted</b> )	NOT APPLICABLE
	<b>REVISED</b> Exhibit 24: Proposer's Pending Litigation and/or Judgments ( <b>Include in Section A.4 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Exhibit 25A: Mandatory Intent to Apply Form for Category 1 ( <b>Intentionally Omitted</b> )	NOT APPLICABLE
	Exhibit 25B: Mandatory Intent to Apply Form for Category 2 ( <b>Intentionally Omitted</b> )	NOT APPLICABLE
	<b>REVISED</b> Exhibit 26A: Proposer's Minimum Mandatory Qualifications Form for Category 1 ( <b>Include in Section A.2 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 26B: Proposer's Minimum Mandatory Qualifications Form for Category 2 ( <b>Include in Section A.2 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 27: Sample Scope of Work and Template ( <b>Include in Section F.5 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 28: Logic Model Instructions and Template ( <b>Include in Section F.1 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 29: Proposer's Funding Disclosure Form for Category 1 ( <b>Include in Section H of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 30A: Community Advisory Board Affidavit for Category 1 ( <b>Include in Section F.3.1 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 30B: Community Advisory Board Affidavit for Category 2 ( <b>Include in Section F.3.1 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 31: Letter of Concurrence ( <b>Include in Section F.3.1 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 32A: Program Components Checklist for Category 1 ( <b>Include in Section F.3.1 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 32B: Program Components Checklist for Category 2 ( <b>Include in Section F.3.1 of proposal</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>REVISED</b> Exhibit 33: Proposal Submission Checklist ( <b>Include after the proposal's Table of Contents</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
REQUIRED FORMS  
REVISED - EXHIBIT 33- PROPOSAL SUBMISSION CHECKLIST**

**PROPOSER'S  
NAME:**

**PART 2: PROPOSED PROGRAM AND BUDGET SECTION – CATEGORY 1: HIV AND STD PREVENTION SERVICES FOR YMSM**

For Part 2 of the proposal, Proposer must note that Proposer s applying for more than one (1) service category and/or cluster area, under Category 1, Proposer must provide a **separate “Part 2” for each service category and/or cluster area for which Proposer is applying for funding.** Proposer should refer to RFP Paragraph 7.8.5, Part 2: Proposed Program and Budget Section – Category 1: HIV and STD Prevention Services for YMSM for further information regarding the proposal format for this section. .

<b>RFP Reference</b>	<b>RFP Requirement</b>	<b>Submitted/Included?</b>
7.8.5.1	Executive Summary – Category 1 (Section E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2	Proposer’s Approach to Provide Required Services Category 1 (Section F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, A)	Logic Model Template – Category 1 (Section F.1), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1) <b>REVISED</b> Exhibit 28: Logic Model Instructions and Template	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, B)	Statement of Need – Category 1 (Section F.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, C)	Program Plan – Category 1 (Section F.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, C, 1)	Program Design – Category 1 (Section F.3.1), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1) <b>REVISED</b> Exhibit 32A: Program Components Checklist for Category 1	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, C, 2)	Expected Outcomes – Category 1 (Section F.3.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, D)	Management Plan – Category 1 (Section F.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, D, 1)	Organizational Capacity and Relationships – Category 1 (Section F.4.1), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1) Job Descriptions/Qualifications/Resumes of key staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) Organizational Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, D, 2)	Staffing and In-kind Support Plan – Category 1 (Section F.4.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, D, 3)	Community Advisory Support Plan – Category 1 (Section F.4.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, D,4)	Data Reporting Plan – Category 1 (Section F.4.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.2, E)	Scope of Work - Units of Service – Category 1 (Section F.5), must also include:	<input type="checkbox"/> Yes <input type="checkbox"/> No

	1) <b>REVISED</b> Exhibit 27: Sample Scope of Work and Template	
7.8.5.3	Evaluation and Quality Management Plan – Category 1 (Section G)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.5.4	Program Budget – Category 1 (Section H), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Budget Forms: Program Concept and Component Related Costs	
	1) <b>REVISED</b> - Appendix C-1A: 1-Page Budget Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) <b>REVISED</b> - Appendix C-1B: Line Item Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) <b>REVISED</b> - Appendix C-1C: Budget Summary Justification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Budget Forms: HIV and STD Program Component Related Costs	
	1) <b>REVISED</b> - Appendix C-1D: 1-Page Budget Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) <b>REVISED</b> - Appendix C-1E: Line Item Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) <b>REVISED</b> - Appendix C-1F: Budget Summary Justification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Budget Forms: Disclosure of Additional Resources for HIV and STD Prevention Services	
	1) <b>REVISED</b> Exhibit 29: Proposer’s Funding Disclosure Form for Category 1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) <b>REVISED</b> - Appendix C-1G: 1-Page Exhibit 29 Supplemental	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Budget Forms: Total Program Costs</u>	
	1) <b>REVISED</b> - Appendix C-1H: Total Program Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
APPENDIX D, REQUIRED FORMS  
REVISED - EXHIBIT 33- PROPOSAL SUBMISSION CHECKLIST**

**PROPOSER'S  
NAME:**

**PART 2: PROPOSED PROGRAM AND BUDGET SECTION – CATEGORY 2: HIV AND STD  
PREVENTION SERVICES FOR TRANSGENDER INDIVIDUALS**

RFP Reference	RFP Requirement	Submitted/Included?
7.8.6.1	Executive Summary – Category 2 (Section E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, A)	Proposer's Approach to Provide Required Services Category 2 (Section F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Logic Model Template – Category 2 (Section F.1), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1) <b>REVISED</b> Exhibit 28: Logic Model Instructions and Template	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, B)	Statement of Need – Category 2 (Section F.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, C, 1)	Program Plan – Category 2 (Section F.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Program Design – Category 2 (Section F.3.1), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1) <b>REVISED</b> Exhibit 32B: Program Components Checklist for Category 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, C, 2)	Expected Outcomes – Category 2 (Section F.3.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, D)	Management Plan – Category 2 (Section F.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, D, 1)	Organizational Capacity and Relationships – Category 2 (Section F.4.1), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1) Job Descriptions/Qualifications/ Resumes of key staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) Organizational Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, D, 2)	Staffing and In-kind Support Plan – Category 2 (Section F.4.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, D, 3)	Community Advisory Support Plan – Category 2 (Section F.4.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, D, 4)	Data Reporting Plan – Category 2 (Section F.4.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.2, E)	Scope of Work - Units of Service – Category 2 (Section F.5), must also include: 1) <b>REVISED</b> Exhibit 27: Sample Scope of Work and Template	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8.6.3	Evaluation and Quality Management Plan – Category 2 (Section G)	<input type="checkbox"/> Yes <input type="checkbox"/> No



7.8.6.4	Program Budget – Category 1 (Section H), <b>must also include:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Budget Forms: Program Concept and Component Related Costs	
	1) <b>REVISED</b> - Appendix C-1A: 1-Page Budget Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) <b>REVISED</b> - Appendix C-1B: Line Item Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) <b>REVISED</b> -Appendix C-1C: Budget Summary Justification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Budget Forms: HIV and STD Program Component Related Costs	
	1) <b>REVISED</b> - Appendix C-1D: 1-Page Budget Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) <b>REVISED</b> - Appendix C-1E: Line Item Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) <b>REVISED</b> - Appendix C-1F: Budget Summary Justification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Budget Forms: Disclosure of Additional Resources for HIV and STD Prevention Services	
	1) <b>REVISED</b> Exhibit 29: Proposer's Funding Disclosure Form for Category 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) <b>REVISED</b> - Appendix C-1G: 1-Page Exhibit 29 Supplemental	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Budget Forms: Total Program Costs</u>	
	1) <b>REVISED</b> -Appendix C-1H: Total Program Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Authorized Representative of Proposing/Contracting Entity:	Date:
Print Name:	Title: