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February 15, 2022

**ADDENDUM NUMBER 5  
TO  
REQUEST FOR STATEMENT OF QUALIFICATIONS  
FOR  
AS-NEEDED LANGUAGE ASSISTANCE SERVICES – RFSQ 2019-006**

On July 31, 2019, the County of Los Angeles (County) Department of Public Health (now referred to as “Public Health”) released a Request for Statement of Qualifications (RFSQ) for As-Needed Language Assistance Services.

As indicated in the RFSQ, Section 1.8, County Rights and Responsibilities, the County has the right to amend the RFSQ by written addendum. This Addendum Number 5 amends the RFSQ to: a) require submission of a Statement of Qualifications (SOQ), or abbreviated SOQ (for As-Needed Language Assistance Services Master Agreement Contractors), in an electronic format; b) update the County contact information; and, c) make other related changes.

The changes are as indicated below (new or revised language is shown in **highlight** and deleted language is shown in ~~strikethrough~~ for easy reference).

1. All references to the term “DPH” in this RFSQ shall now be deemed to read “Public Health”.
2. RFSQ, Section 1.9, Contact with County Personnel, shall be amended as follows:

**“1.9 Contact with County Personnel**

Any contact regarding this RFSQ or any matter relating thereto must be in writing **via e-mail** ~~and may be mailed or e-mailed~~ as follows:

~~Norma Banuelos, Contract Analyst~~  
County of Los Angeles, Department of Public Health  
Contracts and Grants Division  
~~1000 South Fremont Avenue”~~  
~~Building A-9 East, 5th Floor North~~

~~Alhambra, California 91803~~

~~E-mail: nbanuelos@ph.lacounty.gov~~

**E-mail address: Contracts-Grants@ph.lacounty.gov**

**Attention: Division Chief**

If it is discovered that a Vendor contacted and received information from any County personnel, other than the person specified above, regarding this solicitation, County, in its sole determination, may disqualify their SOQ from further consideration.”

3. RFSQ, Section 2.7, Preparation and Format of the SOQ, shall be amended as follows:

**“2.7 Preparation and Format of the SOQ**

~~All SOQs must be unbound and prepared in the prescribed format. Any SOQ that deviates from this format may be rejected without review at the County's sole discretion.~~

Vendors responding to this RFSQ shall submit **an electronic format** of their SOQ as described below. Any SOQ that deviates from the formats described may be rejected without further review, at the County's sole discretion.

~~1. One (1) SINGLE-SIDED original SOQ package, **unbound, and presented in a folder or three-ring binder**, (including all required forms and attachments with original signatures). **Do not staple or professionally bind the original SOQ.** The original SOQ must be marked as such, e.g., “Original” on the SOQ's Cover Page.~~

~~2. Three (3) DOUBLE-SIDED copies of the original SOQ package, **unbound and presented in a folder or three-ring binder**, (including copies of all required forms and attachments). Each SOQ copy must be marked as such, e.g., “Copy” on the SOQ's Cover Page.”~~

~~3.~~ **1.** SOQ must be typewritten, single spaced, with no less than 11-point font on 8 1/2” by 11” **(letter size) paper.**

The content and sequence of the SOQ must be as follows:

- Table of Contents
- Vendor's Qualifications (Section A)
- Required Forms (Section B)
- Price Sheet(s) (Section C)
- Proof of Insurability (Section D)

- Proof of Licenses (Section E)

Complete and signed SOQ scanned in Portable Document Format (PDF) (SINGLE-SIDED including all required forms and attachments) in the prescribed format.”

4. RFSQ, Section 2.8, SOQ Submission, shall be amended as follows:

**“2.8 SOQ Submission (Electronic Format)**

~~The original SOQ and three (3) numbered copies shall be enclosed in a sealed envelope or box, plainly marked in the upper left hand corner with the name and address of the vendor and bear the words:~~

~~“SOQ FOR AS-NEEDED LANGUAGE ASSISTANCE SERVICES”~~

~~The SOQ must be hand-delivered or sent by a delivery service (excluding United States Postal Service) and received by the deadline specified in Section 2.3, RFSQ Timetable, to:~~

~~Banuelos, Contract Analyst  
County of Los Angeles, Department of Public Health  
Contracts and Grants Division  
1000 South Fremont Avenue  
Building A-9 East, 5<sup>th</sup> Floor North  
Alhambra, California 91803~~

The PDF scanned SOQ in the format prescribed herein, shall be submitted electronically with the subject line “SOQ for As-Needed Language Assistance Services” to:

E-mail address: [Contracts-Grants@ph.lacounty.gov](mailto:Contracts-Grants@ph.lacounty.gov)  
Attention: Division Chief

**~~Timely hand-delivered bids are acceptable.~~ It is the sole responsibility of the submitting vendor to ensure that its SOQ is received before the submission deadline. Submitting vendors shall bear all risks associated with delays in delivery by any person or entity.**

The County may at its sole discretion continue to select vendors from this RFSQ process and, depending on service needs, may elect to accept SOQs throughout the duration of the Master Agreement **in order** to qualify vendors.

Until the SOQ submission deadline, errors in SOQs may be corrected by a request in writing to withdraw the SOQ, and by submission of another ~~set of~~

SOQs, with the mistakes corrected. Corrections will not be acceptable once the deadline of submission of SOQs has passed.”

5. RFSQ, Section 4.0, Master Agreement Contractors Applying for Additional As-Needed Language Assistance Services Category(ies), shall be renamed to read “**Existing Master Agreement Contractors Applying for Additional As-Needed Language Assistance Services Category(ies).**”
6. RFSQ, Section 4.1, Preparation and Format of the Additional Category(ies) Abbreviated SOQ, shall be amended as follows:

**“4.1 Preparation and Format of the Additional Category(ies) Abbreviated SOQ**

All ~~original~~ Additional Category(ies) abbreviated SOQs must be ~~unbound and~~ prepared in the prescribed format **and submitted in PDF**. Any Additional Category(ies) abbreviated SOQ that deviates from this format may be rejected without review at the County’s sole discretion.

~~1. One (1) SINGLE-SIDED original Additional Category(ies) abbreviated SOQ package, unbound, and presented in a folder or three-ring binder, (including all required forms and attachments with original signatures). Do not staple or professionally bind the original Additional Category(ies) abbreviated SOQ. The original Additional Category(ies) abbreviated SOQ must be marked as such, e.g., “Original” on the Additional Category(ies) abbreviated SOQ’s Cover Page.~~

~~2. Three (3) DOUBLE-SIDED copies of the original Additional Category(ies) abbreviated SOQ package, unbound and presented in a folder or three-ring binder, (including copies of all required forms and attachments). Each Additional Category(ies) abbreviated SOQ copy must be marked as such, e.g., “Copy” on the Additional Category(ies) abbreviated SOQ’s Cover Page.~~

~~3.~~ **1.** Additional Category(ies) abbreviated SOQ must be typewritten, single spaced, with no less than 11-point font on 8 1/2” by 11” **(letter size)** paper.

The content and sequence of the Additional Category(ies) abbreviated SOQ must be as follows:

- Table of Contents
- Vendor’s Qualifications (Section A)

- Price Sheet(s) (Section B)
- Proof of Licenses (Section C)”

7. RFSQ, Section 4.1.5, Master Agreement Contractors Applying for Additional Category(ies) Abbreviated SOQ Submission, shall be amended follows:

**“4.1.5 Existing Master Agreement Contractors Applying for Additional Category(ies) Abbreviated SOQ Submission (Electronic Format)**

The PDF scanned SOQ in the format prescribed herein, shall be submitted electronically with the subject line “Abbreviated SOQ for As-Needed Language Assistance Services – Additional Category(ies)” to:

~~The original Additional Category(ies) abbreviated SOQ and three (3) numbered copies shall be enclosed in a sealed envelope or box, plainly marked in the upper left hand corner with the name and address of the Vendor and bear the words:~~

~~“ABBREVIATED SOQ FOR AS-NEEDED LANGUAGE ASSISTANCE SERVICES – ADDITIONAL CATEGORY(IES)”~~

~~The Additional Category(ies) abbreviated SOQ must be hand-delivered or sent by a delivery service (excluding United States Postal Service) to:~~

~~Norma Banuelos, Contract Analyst  
County of Los Angeles, Department of Public Health  
Contracts and Grants Division  
1000 South Fremont Avenue  
Building A-9 East, 5<sup>th</sup> Floor North  
Alhambra, California 91803~~

**E-mail address: [Contracts-Grants@ph.lacounty.gov](mailto:Contracts-Grants@ph.lacounty.gov)**

**Attention: Division Chief**

**Note: Additional Category(ies) abbreviated SOQs shall be considered for review at the convenience of the County.**

All Additional Category(ies) abbreviated SOQs submitted to qualify for additional As-needed Language Assistance Services categories are subject to a Modified Review Process consistent with the Review Process referenced in Section 3.1 (sub-sections 3.1.1, 3.1.3, 3.1.4 and 3.1.6 of this RFSQ).

Please note that the abbreviated SOQs are still subject to Section 2.10, SOQ Withdrawals and Section 3.2, Disqualification Review.

Public Health will inform **Existing** Master Agreement Contractors deemed

qualified for the additional category(ies) and will issue an amendment to their Master Agreement to add the additional services.”

8. RFSQ, Appendix A, Required Forms, Exhibit 1, SOQ Checklist has been replaced in its entirety to reflect the option to submit applications in an electronic format (Attachment I).
9. RFSQ, Appendix A.1, Required Forms, Exhibit 1.1, SOQ Additional Categories Checklist has been replaced in its entirety to reflect the option to submit applications in an electronic format (Attachment II).

Pursuant to RFSQ, Section 1.8, County Rights and Responsibilities, Addendum Number 5 has been made available on the Department of Public Health Contracts and Grants Division website at: <http://publichealth.lacounty.gov/cg/index.htm>, and on the Los Angeles County – Doing Business With Us website at: <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum 1, Addendum 2, Addendum 3, Addendum 4, and in this Addendum Number 5, there are no other revisions to this RFSQ. All terms and conditions of the RFSQ remain in full force and effect.

Attachments (2)

#05281

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
STATEMENT OF QUALIFICATIONS (SOQ)  
CHECKLIST – EXHIBIT 1**

VENDOR NAME( Legal Full Name):	Identify Service Category(ies): <input type="checkbox"/> Document Translation; <input type="checkbox"/> In-Person Oral Interpretation <input type="checkbox"/> Telephonic and Video Remote Interpretation <input type="checkbox"/> Simultaneous Interpretation <input type="checkbox"/> Sign Language Interpretation
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<b>RFSQ Reference, Sub-section 2.7.1, Table of Contents (Vendor’s SOQ)</b>	Included <input type="checkbox"/> Yes
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**RFSQ Reference, Sub-section 2.7.2, Vendor’s Qualifications (Vendor’s SOQ Section A.1)**

Exhibit 1: Statement of Qualifications Checklist	<input type="checkbox"/> Yes
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Exhibit 2: Vendor’s Organization Questionnaire/Affidavit and CBE Information	<input type="checkbox"/> Yes
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**For each category that Vendor is attempting to qualify Vendor submitted:**

1) Vendor submitted a Statement of Experience that:  a) demonstrates ability to carry out the as-needed language assistance services needs of the Department:  <div style="margin-left: 40px;"> <input type="checkbox"/> Document Translation;  <input type="checkbox"/> In-Person Oral Interpretation  <input type="checkbox"/> Telephonic and Video Remote Interpretation  <input type="checkbox"/> Simultaneous Interpretation  <input type="checkbox"/> Sign Language Interpretation                 </div> b) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, including years in service, stated in Section 1.4 of this RFSQ:  <div style="margin-left: 40px;"> <input type="checkbox"/> Document Translation;  <input type="checkbox"/> In-Person Oral Interpretation  <input type="checkbox"/> Telephonic and Video Remote Interpretation  <input type="checkbox"/> Simultaneous Interpretation  <input type="checkbox"/> Sign Language Interpretation                 </div> c) does not exceed three (3) pages.  <div style="margin-left: 40px;"> <input type="checkbox"/> Document Translation;  <input type="checkbox"/> In-Person Oral Interpretation  <input type="checkbox"/> Telephonic and Video Remote Interpretation  <input type="checkbox"/> Simultaneous Interpretation  <input type="checkbox"/> Sign Language Interpretation                 </div>	<div style="margin-bottom: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A                 </div> <div style="margin-bottom: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A                 </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A                 </div>
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**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
STATEMENT OF QUALIFICATIONS (SOQ)  
CHECKLIST – EXHIBIT 1**

2) Vendor furnished a copy of Certificate of Good Standing (if Corporation or LLC)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
3) Vendor furnished a copy of Statement of Information (if Corporation or LLC).	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
4) Vendor furnished a copy of Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership)  Or Vendor furnished a copy of a statement on status of the request.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>RFSQ Reference, Sub-section 2.7.2, B. Vendor's References (Vendor's SOQ Section A.2)</b>	
Exhibit 7: Prospective Contractor References	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 8: Prospective Contractor List of Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 9: Prospective Contractor List of Terminated Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RFSQ Reference, Sub-section 2.7.2, C. Vendor's Pending Litigation and Judgments (Vendor's SOQ Section A.3)</b>	
Exhibit 17: Prospective Contractor Pending Litigation and Judgments (Section A.3 of SOQ)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RFSQ Reference, Sub-section 2.7.3, Required Forms (Vendor's SOQ Section B)</b>	
Exhibit 3: Certification of No Conflict of Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 4: Vendor's EEO Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 6: Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 10: Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 11: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 12: Charitable Contributions Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 13: Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<input type="checkbox"/> Yes <input type="checkbox"/> No



**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
STATEMENT OF QUALIFICATIONS (SOQ)  
CHECKLIST – EXHIBIT 1**

Exhibit 14: Zero Tolerance Policy on Human Trafficking Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 15: Vendor’s Compliance with Encryption Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 16: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 18: Acceptance of Terms and Conditions in Master Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 19: Compliance with Fair Chance Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vendor completed and included one Price Sheet for the following category(ies): <input type="checkbox"/> Document Translation; <input type="checkbox"/> In-Person Oral Interpretation <input type="checkbox"/> Telephonic and Video Remote Interpretation <input type="checkbox"/> Simultaneous Interpretation <input type="checkbox"/> Sign Language Interpretation	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A
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**RFSQ Reference, Sub-section 2.7.5, Proof of Insurability (Vendor’s SOQ Section D)**

Vendor furnished a copy of Certificate of Insurance (ACCORD or equivalent form) or a letter from a qualified insurance carrier indicating a willingness to provide the required coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate: \$2 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
Products/Completed Operations Aggregate: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal and Advertising Injury: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each Occurrence: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>AUTO LIABILITY</b>	
Auto Liability: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>WORKERS’ COMPENSATION</b>	
Each Accident: \$1 million	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PROFESSIONAL LIABILITY</b>	
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**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
STATEMENT OF QUALIFICATIONS (SOQ)  
CHECKLIST – EXHIBIT 1**

Not less than \$1 million per claim and \$3 million aggregate	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**RFSQ Reference, Sub-section 2.7.6, Proof of Licenses (Vendor’s SOQ Section E)**

Vendor furnished a copy of all applicable licenses, certificates, accreditation, and permits for the provision of services for which they intend to qualify which include but are not limited to: a valid Business License.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**RFSQ Reference, Section 2.8, SOQ Submission**

<p style="color: red; font-size: small;">Vendor supplied the original SOQ and three (3) numbered copies enclosed in a sealed envelope or box, plainly marked in the upper left hand corner with the name and address of the Vendor and bear the words: “SOQ FOR AS-NEEDED LANGUAGE ASSISTANCE SERVICES”</p> <p style="background-color: yellow; font-size: small;">Vendor PDF scanned the SOQ and electronically submitted with the subject line "SOQ FOR AS-NEEDED LANGUAGE ASSISTANCE SERVICES" to: Contract and Grants Division E-mail address: Contracts-Grants@ph.lacounty.gov</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Comments:**

APPLICANT ACKNOWLEDGES THAT IF ANY FALSE, MISLEADING, INCOMPLETE, OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS SOQ ARE MADE, THE SOQ MAY BE REJECTED. THE EVALUATION AND DETERMINATION IN THIS AREA SHALL BE AT THE DIRECTOR OF PUBLIC HEALTH’S SOLE JUDGEMENT AND HER JUDGEMENT SHALL BE FINAL.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE	DATE
-----------	------

PRINT SIGNATURE’S NAME	TITLE
------------------------	-------

ADDRESS	CITY, STATE, ZIP CODE
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DPH Master Agreement Number: PH- \_\_\_\_\_

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH**  
**ABBREVIATED STATEMENT OF QUALIFICATIONS (SOQ)**  
**ADDITIONAL CATEGORIES CHECKLIST – EXHIBIT 1.1**

c) does not exceed three (3) pages.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Document Translation; <input type="checkbox"/> In-Person Oral Interpretation <input type="checkbox"/> Telephonic and Video Remote Interpretation <input type="checkbox"/> Simultaneous Interpretation <input type="checkbox"/> Sign Language Interpretation	
<b>RFSQ Reference, Sub-section 4.1.2, B. Vendor's References (Vendor's Abbreviated SOQ Section A.2)</b>	
Exhibit 7.1: Prospective Contractor References	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 8.1: Prospective Contractor List of Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibit 9.1: Prospective Contractor List of Terminated Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RFSQ Reference, Sub-section 4.1.2, C. Vendor's Pending Litigation and Judgments (Vendor's Abbreviated SOQ Section A.3)</b>	
Exhibit 17.1: Prospective Contractor Pending Litigation and Judgments <del>(Section A.3 of SOQ)</del>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RFSQ Reference, Sub-section 4.1.3, Price Sheet(s) (Vendor's Abbreviated SOQ Section B)</b>	
Vendor completed and included one Price Sheet for the following category(ies):	
<input type="checkbox"/> Document Translation; <input type="checkbox"/> In-Person Oral Interpretation <input type="checkbox"/> Telephonic and Video Remote Interpretation <input type="checkbox"/> Simultaneous Interpretation <input type="checkbox"/> Sign Language Interpretation	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>RFSQ Reference, Sub-section 4.1.4, Proof of Licenses (Vendor's Abbreviated SOQ Section C)</b>	
Vendor furnished a copy of all applicable licenses, certificates, accreditation, and permits for the provision of services for which they intend to qualify which include but are not limited to: a valid Business License.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DPH Master Agreement Number: PH- \_\_\_\_\_

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH**  
**ABBREVIATED STATEMENT OF QUALIFICATIONS (SOQ)**  
**ADDITIONAL CATEGORIES CHECKLIST – EXHIBIT 1.1**

**RFSQ Reference, Sub-section 4.1.5, Master Agreement Contractors Applying for Additional Category(ies) **Abbreviated** SOQ Submission**

~~Vendor supplied the original SOQ and three (3) numbered copies enclosed in a sealed envelope or box, plainly marked in the upper left hand corner with the name and address of the Vendor and bear the words: "SOQ FOR AS-NEEDED LANGUAGE ASSISTANCE SERVICES – ADDITIONAL CATEGORY(IES)"~~

Vendor PDF scanned the abbreviated SOQ and electronically submitted with the subject line "ABBREVIATED SOQ FOR AS-NEEDED LANGUAGE ASSISTANCE SERVICES" to: Contract and Grants Division E-mail address: [Contracts-Grants@ph.lacounty.gov](mailto:Contracts-Grants@ph.lacounty.gov).

Yes  No

**Comments:**

APPLICANT ACKNOWLEDGES THAT IF ANY FALSE, MISLEADING, INCOMPLETE, OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS SOQ ARE MADE, THE SOQ MAY BE REJECTED. THE EVALUATION AND DETERMINATION IN THIS AREA SHALL BE AT THE DIRECTOR OF PUBLIC HEALTH'S SOLE JUDGEMENT AND HER JUDGEMENT SHALL BE FINAL.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE	DATE
PRINT SIGNATURE'S NAME	TITLE
ADDRESS	CITY, STATE, ZIP CODE