

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

The purpose of this document is to ensure vendor has submitted all applicable sections, forms, exhibits, attachments, etc. with its SOQ. Please check the appropriate box(es).

Additionally, vendor is encouraged to complete the attached optional Vendor Survey Questionnaire, Exhibit 1 (Attachment A).

VENDOR'S NAME (Legal Full Name):	Identify Service Category(ies): <input type="checkbox"/> Individual Education and Skills Development <input type="checkbox"/> Community Health Promotion <input type="checkbox"/> Provider Education <input type="checkbox"/> Coalition and Network Development <input type="checkbox"/> Organizational Practices and Community Norms <input type="checkbox"/> Policy Advocacy for Environmental Change <input type="checkbox"/> Risk Reduction Initiatives
RFSQ Reference, Sub-section 2.7.1, Table of Contents (Vendor's SOQ)	Included <input type="checkbox"/> Yes
RFSQ Reference, Sub-section 2.7.2, Vendor's Qualifications (Vendor's SOQ Section A.1)	
Exhibit 1: Statement of Qualifications (SOQ) Checklist	<input type="checkbox"/> Yes
Exhibit 2: Vendor's Organization Questionnaire/Affidavit and CBE Information	<input type="checkbox"/> Yes
For each category that vendor is attempting to qualify, vendor:	
1) submitted a Statement of Experience (SOE) that: a) demonstrates ability to carry out the substance use prevention services as described in the RFSQ for the following: <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives b) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, including years of experience stated in Section 1.4 of this RFSQ: <ul style="list-style-type: none"> ❖ Individual Education and Skills Development 	<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"/> 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

<ul style="list-style-type: none"> ❖ Community Health Promotion ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives <p>c) does not exceed three (3) pages.</p> <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives 	<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"/> 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"/> 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
<p>2) furnished a copy of “Certificate of Good Standing” with the state OR provide a copy of a statement on status of the request</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3) furnished a copy of “Statement of Information” as filed with the California Secretary of State OR provide a copy of a statement on status of the request</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4) furnished a copy of its “IRS 501(c)(3) Determination Letter” which must state that Vendor’s organization qualifies for tax-exempt status under section 501(c)(3) status of the Internal Revenue Code</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
RFSQ Reference, Sub-section 2.7.2, B. Vendor’s References (Vendor’s SOQ Section A.2)	
<p>Exhibit 7: Prospective Contractor References</p>	<input type="checkbox"/> Yes
<p>Exhibit 8: Prospective Contractor List of Contracts</p>	<input type="checkbox"/> Yes
<p>Exhibit 9: Prospective Contractor List of Terminated Contracts</p>	<input type="checkbox"/> Yes
RFSQ Reference, Sub-section 2.7.2, C. Vendor’s Pending Litigation and Judgments (Vendor’s SOQ Section A.3)	
<p>Exhibit 17: Prospective Contractor Pending Litigation and Judgments (Section A.3 of SOQ)</p>	<input type="checkbox"/> Yes
RFSQ Reference, Sub-section 2.7.2, D. Vendor’s Financial Viability (Vendor’s SOQ Section A.4)	
<p>Provided copies of the company’s annual financial statements issued for the last three (3) years.</p>	<input type="checkbox"/> Yes
RFSQ Reference, Sub-section 2.7.3, Required Forms (Vendor’s SOQ Section B)	
<p>Exhibit 3: Certification of No Conflict of Interest</p>	<input type="checkbox"/> Yes

Exhibit 4: Vendor’s Equal Employment Opportunity (EEO) Certification	<input type="checkbox"/> Yes
Exhibit 6: Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/> Yes
Exhibit 10: Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/> Yes
Exhibit 11: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/> Yes
Exhibit 12: Charitable Contributions Certification	<input type="checkbox"/> Yes
Exhibit 13: Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	<input type="checkbox"/> Yes
Exhibit 14: Zero Tolerance Policy on Human Trafficking Certification	<input type="checkbox"/> Yes
Exhibit 15: Vendor’s Compliance with Encryption Requirements	<input type="checkbox"/> Yes
Exhibit 16: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions	<input type="checkbox"/> Yes
Exhibit 18: Acceptance of Terms and Conditions Affirmation	<input type="checkbox"/> Yes
Exhibit 19: Compliance with Fair Chance Employment Practices	<input type="checkbox"/> Yes
RFSQ Reference, Sub-section 2.7.4, Proof of Insurability (Vendor’s SOQ Section C)	
Provided proof of insurability or a letter from a qualified insurance carrier indicating a willingness to provide the required coverage:	<input type="checkbox"/> Yes
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Yes
General Aggregate: \$2 million	
Products/Completed Operations Aggregate: \$1 million	
Personal and Advertising Injury: \$1 million	
Each Occurrence: \$1 million	
AUTO LIABILITY	<input type="checkbox"/> Yes
Auto Liability: \$1 million	
WORKERS’ COMPENSATION	<input type="checkbox"/> Yes
Each Accident: \$1 million	
PROFESSIONAL LIABILITY	<input type="checkbox"/> Yes
Not less than \$1 million per claim and \$3 \$2 million aggregate	
RFSQ Reference, Section 2.8, SOQ Submission	
Vendor submitted via email a PDF SOQ with the subject line “SOQ for As-Needed Substance Use Prevention Services” to: Contracts-Grants@ph.lacounty.gov	<input type="checkbox"/> Yes

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

Vendor Survey Questionnaire
Optional Survey: Your feedback is greatly appreciated.

Vendor Name (Optional): _____

How did your agency learn about this contracting opportunity with the County of Los Angeles Department of Public Health? Please check box(es) that apply.

❖ Social Media (e.g., Twitter, Facebook, etc.)	<input type="checkbox"/> Yes
❖ Department of Public Health Workshop	<input type="checkbox"/> Yes
❖ County Vendor Fair	<input type="checkbox"/> Yes
❖ Contracting Opportunity flyer	<input type="checkbox"/> Yes
❖ Email Notification	<input type="checkbox"/> Yes
❖ Website (Department of Public Health Contracts and Grants)	<input type="checkbox"/> Yes
❖ Other Website (<i>Please describe below</i>):	<input type="checkbox"/> Yes
❖ Other (<i>Please describe below</i>):	<input type="checkbox"/> Yes

Thank you!

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

VENDOR'S NAME (Legal Full Name):	Identify Service Category(ies): <input type="checkbox"/> Individual Education and Skills Development <input type="checkbox"/> Community Health Promotion <input type="checkbox"/> Provider Education <input type="checkbox"/> Coalition and Network Development <input type="checkbox"/> Organizational Practices and Community Norms <input type="checkbox"/> Policy Advocacy for Environmental Change <input type="checkbox"/> Risk Reduction Initiatives
----------------------------------	--

RFSQ Reference, Sub-section 4.1.1, Table of Contents (Vendor's SOQ)	Included <input type="checkbox"/> Yes
---	--

RFSQ Reference, Sub-section 4.1.2, A. Existing As-Needed Substance Use Prevention Services Master Agreement Contractors Applying for Additional Service Category(ies) - Vendor's Qualifications (Vendor's Abbreviated SOQ Section A.1)

Exhibit 1.1: Statement of Qualifications Additional Category(ies) Checklist	<input type="checkbox"/> Yes
---	------------------------------

Exhibit 2.1 Vendor's Organization Questionnaire/Affidavit and CBE Information	<input type="checkbox"/> Yes
---	------------------------------

For each additional category that vendor is attempting to qualify, vendor must:

1) submitted a Statement of Experience (SOE) that: a) demonstrates ability to carry out substance use prevention services as described in the RFSQ for the following: <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives b) provides a summary of relevant background information to demonstrate that the vendor meets the minimum qualifications, including years of experience stated in Section 1.4 of this RFSQ: <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion 	<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"/> 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
---	--

<ul style="list-style-type: none"> ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives <p>c) does not exceed three (3) pages.</p> <ul style="list-style-type: none"> ❖ Individual Education and Skills Development ❖ Community Health Promotion ❖ Provider Education ❖ Coalition and Network Development ❖ Organizational Practices and Community Norms ❖ Policy Advocacy for Environmental Change ❖ Risk Reduction Initiatives 	<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"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

RFSQ Reference, Sub-section 4.1.2, B. Vendor’s References (Vendor’s **Abbreviated SOQ Section A.2)**

Exhibit 7.1: Prospective Contractor References	<input type="checkbox"/> Yes
Exhibit 8.1: Prospective Contractor List of Contracts	<input type="checkbox"/> Yes
Exhibit 9.1: Prospective Contractor List of Terminated Contracts	<input type="checkbox"/> Yes

RFSQ Reference, Sub-section 4.1.2, C. Vendor’s Pending Litigation and Judgments (Vendor’s **Abbreviated SOQ Section A.3)**

Exhibit 17.1: Prospective Contractor Pending Litigation and Judgments <i>(Section A.3 of SOQ)</i>	<input type="checkbox"/> Yes
--	------------------------------

RFSQ Reference, Sub-section 4.1.3, Existing As-Needed Master Agreement Contractors Applying for Additional Category(ies) **Abbreviated SOQ Submission (Hard-Copy or Electronic Fomat)**

<p>Vendor submitted via email a PDF abbreviated SOQ with the above subject line “Abbreviated SOQ for As-Needed Substance Use Prevention Services” to: Contracts-Grants@ph.lacounty.gov</p>	<input type="checkbox"/> Yes
---	------------------------------