

**EXHIBIT 2**

**APPLICANT’S MINIMUM MANDATORY REQUIREMENTS**

**PART 1: Application’s Organization**

<b>APPLICANT’S LEGAL NAME:</b>	
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**INSTRUCTIONS TO APPLICANT:**

Please check the box(es) below to identify all trauma hospital sites your agency is applying for:

- 1. St. Francis Medical Center
- 2. Harbor UCLA Medical Center
- 3. LAC+USC Medical Center
- 4. Pomona Valley Hospital

There are two parts to Exhibit 2 which consists of Part 1: Applicant’s Organization, and Part 2: Applicant’s Experience. If applying for more than one trauma hospital site, a separate and complete Part 2: Applicant’s Experience must be submitted for each trauma hospital site).

**Please thoroughly complete this Application Packet form (Exhibit 2).**

The Application will be scored on a “Pass” or “Fail” basis. Applicants must meet all of the Applicant’s Minimum Mandatory Requirements in order to be considered for a contract award. **Applications that do not meet all of the Minimum Mandatory Requirements shall be deemed unresponsive and shall not be considered for a contract award.**

Applicant acknowledges and certifies that on the day on which the Application is submitted, it meets and will comply with all of the Minimum Mandatory Requirements as listed below. **Subcontractors may not be used to meet any of the Minimum Mandatory Requirements.**

**Please check the appropriate box(es) for each section below:**

RFA SECTION	Minimum Mandatory Requirements	Certification
1.4.1	<p><b>Organization</b>                      Applicant must be a tax-exempt, registered non-profit organization qualified under Internal Revenue Service’s Code (IRS) – Section 501(c)(3), and must submit a copy of its <u>IRS 501 (c)(3) Determination Letter</u>, serving residents of Los Angeles County.</p> <p>If yes, Applicant has included/attached to its Application Packet the required copy of its <u>IRS 501 (c)(3) Determination Letter</u>?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
1.4.2	<p><b>Office Location</b>                      Applicant must have a business office in operation located in Los Angeles County.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>

1.4.3	<p><b>Unresolved Disallowed Cost</b></p> <p>If Applicant has any County contract that has been reviewed by the Department of the Auditor-Controller within the last 10 years, Applicant must not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p> <p><input type="checkbox"/> Applicant <u>does not</u> have unresolved disallowed costs as described above.</p> <p><input type="checkbox"/> Applicant <u>has</u> unresolved disallowed costs as described above.</p> <p><i>County will verify that Applicant does not have unresolved disallowed costs.</i></p>
1.4.4	<p>Applicant must not be debarred, suspended, or excluded from securing United States Federal Government (federal), State of California (State) and/or County contracts at the time of the application submission due date.</p> <p><input type="checkbox"/> Applicant is <u>not</u> debarred.</p> <p><input type="checkbox"/> Applicant <u>is</u> debarred.</p>
<p>- End of Exhibit 2, Part 1: Applicant's Organization -</p> <p>- Please proceed to complete Exhibit 2, Part 2: Applicant's Experience -</p>	

**EXHIBIT 2**

**APPLICANT’S MINIMUM MANDATORY REQUIREMENTS**

**Part 2: Applicant’s Experience**

(If applying for more than one trauma hospital site, a separate and complete Part 2: Applicant’s Experience must be submitted for each trauma hospital site.)

<b>APPLICANT’S LEGAL NAME:</b>	
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**Please check one box below to indicate which trauma hospital site Applicant is submitting this Part 2: Applicant’s Experience.**

- 1. St. Francis Medical Center
- 2. Harbor UCLA Medical Center
- 3. LAC+USC Medical Center
- 4. Pomona Valley Hospital

**INSTRUCTIONS TO APPLICANT:**

**Please thoroughly complete this Application Packet form (Exhibit 2).**

The Application will be scored on a “Pass” or “Fail” basis. Applicants must meet all of the Applicant’s Minimum Mandatory Requirements in order to be considered for a contract award. **Applications that do not meet all of the Minimum Mandatory Requirements shall be deemed unresponsive and shall not be considered for a contract award.**

Applicant acknowledges and certifies that on the day on which the Application is submitted, it meets and will comply with all of the Minimum Mandatory Requirements as listed below. **Subcontractors may not be used to meet any of the Minimum Mandatory Requirements.**

**Please check the appropriate box(es) for each section below:**

RFA Section	Minimum Mandatory Requirements (MMRs)	Certification
<b>1.4.5</b>	<b>Experience</b>	
1.4.5.1	<p>Applicant must have at least five years of experience in the last seven years implementing individual or community violence intervention services using peer outreach methods in the communities serviced by the hospital site they are applying for.</p> <p><input type="checkbox"/> Applicant has five years’ experience within the last seven years.</p> <p>Years of Experience from _____ to _____.  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>month/year</span> <span>month/year</span> </div> </p>	

	<p>➤ Statement of Experience: Applicant must provide the required narrative/information to demonstrate it meets this MMR in the section below labeled <a href="#">Part 2: Applicant's Experience – Statement of Experience (SOE)</a>.</p> <p><input type="checkbox"/> Applicant <u>does not</u> have five years' experience within the last seven years.</p>
1.4.5.2	<p>Applicant must provide a letter of verification from the trauma hospital site that they are applying for under this RFA, signed by the Trauma Director or designee, on hospital letterhead and dated within the past 30 days prior to the application due date, indicating specifically that applicant is or has the capacity to provide HVIP services at their facility. <i>(Note: Verification letter must be from the trauma hospital site Applicant checked/identified above.)</i></p> <p><input type="checkbox"/> Yes, letter of verification included with the Application Packet.  <input type="checkbox"/> No</p>
1.4.5.3	<p>Applicant must have an established team that consists of a Project Manager (50% full-time equivalent) and Case Manager (full-time equivalent) that have expertise in HVIP services to perform the objectives identified in Attachment A, Statement of Work, and Attachment B, Scope of Work.</p> <p><input type="checkbox"/> Yes, have an established team.  <input type="checkbox"/> No</p> <p>Applicant must provide a brief description and resumes on the established team <u>and</u> include a plan for developing collaborative relationships with key staff at the selected trauma hospital site for provision of HVIP services.</p> <p><input type="checkbox"/> Yes, resumes included with the Application Packet.  <input type="checkbox"/> No</p> <p>➤ Statement of Experience: Applicant must provide the required narrative/information to demonstrate it meets this MMR in the section below labeled <a href="#">Part 2: Applicant's Experience – Statement of Experience (SOE)</a>.</p>

**EXHIBIT 2****Part 2: Applicant's Experience – Statement of Experience (SOE)**

**Applicant must complete the section below to provide the narrative/information requested for the Minimum Mandatory Requirements identified below.**

**RFA MMR 1.4.5.1** - Applicant must have at least five years of experience in the last seven years implementing individual or community violence intervention services using peer outreach methods in the communities serviced by the hospital site they are applying for.

- *In the provided space below, Applicant must describe its experience to demonstrate it meets this MMR. Narrative must not exceed the space provided below. County will only review the information included in the space provided.*

**Description of experience implementing individual or community violence intervention services using peer outreach methods in the communities serviced by the hospital site:**

**EXHIBIT 2****Part 2: Applicant's Experience – Statement of Experience (SOE)**

Applicant must complete the section below to provide the narrative/information requested for the Minimum Mandatory Requirements identified below.

**RFA MMR 1.4.5.3** - Applicant must have an established team that consists of a Project Manager (50% full-time equivalent) and Case Manager (full-time equivalent) that have expertise in HVIP services to perform the objectives identified in Attachment A, Statement of Work, and Attachment B, Scope of Work.

Applicant must provide a brief description and resumes on the established team and include a plan for developing collaborative relationships with key staff at the selected trauma hospital site for provision of HVIP services.

- *In the provided space below, Applicant must provide a brief description on the established team and include a plan for developing collaborative relationships with key staff at the selected trauma hospital site for provision of HVIP services. Describe its experience to demonstrate it meets this MMR. Narrative must not exceed the space provided below. County will only review the information included in the space provided.*

**Brief description on established team:**

**EXHIBIT 2**

Part 2: Applicant's Experience – Statement of Experience (SOE)

Applicant must complete the section below to provide the narrative/information requested for the Minimum Mandatory Requirements identified below.

1.4.5.3 - Applicant must provide a plan for the developing collaborative relationships with key staff at the selected trauma hospital site for provision of HVIP services.

Describe the Plan for developing collaborative relationship with key staff at the selected trauma hospital site for provision of HVIP services.

*Narrative must not exceed the space provided below. County will only review the information included in the space provided.*

**Plan for developing collaborative relationships with key staff at the selected trauma hospital for provision of HVIP services:**

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

\_\_\_\_\_  
Signature of Authorized Representative of Applicant:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title: