

EXHIBIT 2

APPLICANT’S ADHERENCE TO MINIMUM MANDATORY REQUIREMENTS

APPLICANT’S FULL LEGAL NAME:	
-------------------------------------	--

INSTRUCTIONS TO APPLICANT:

Please complete this Application Packet form (Exhibit 2) in its entirety.

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

Applicant acknowledges and certifies that on the day 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	Check Box to Certify Compliance
1.4.1	Applicant must be an existing DHSP-funded service provider serving Ryan White Program eligible clients in LAC. Public Health Contract Number(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4.2	Applicant must have a specified area within their office dedicated to the provision of childcare services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4.3	<p>Unresolved Disallowed Cost:</p> <p>If Applicant’s compliance with a 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, that are confirmed to be disallowed costs by Public Health, 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 is not 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>
-------	--

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, which shall be final.

Signature of Authorized Representative of Applicant

Date

Print Name

Title