

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
CHILDCARE SERVICES FOR RYAN WHITE PROGRAM ELIGIBLE CLIENTS IN
LOS ANGELES COUNTY
APPLICATION PACKET**

Exhibits

- 1) Applicant's Organization Questionnaire/Affidavit
- 2) Applicant's Adherence to Minimum Mandatory Requirements
- 3) Certification of Compliance
- 4) Application Transmittal Form
- 5) Acceptance of Terms and Conditions Affirmation
- 6) Community Business Enterprise (CBE) Information (Excel Worksheet)
- 7) Budgets

Attachment

- A. **Optional** – Applicant Survey Questionnaire

EXHIBIT 1
APPLICANT'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

APPLICANT NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
E-MAIL:	TELEPHONE NUMBER:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1	<p>Select the option that best defines your firm's business structure:</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Franchise</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>
2	<p>Is your firm operating under a DBA?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Country of Registration: _____</p> <p>Year became DBA: _____</p>
3	<p>Is your firm wholly/majority owned by, or a subsidiary of, another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p>

EXHIBIT 1
APPLICANT'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

		State of Incorporation or registration of parent firm: _____
4	Has your firm operated under any other name within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate any other names and the year of name change. Name: _____ Year(s) of Name Change _____
5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".	
6	Is your firm involved in any pending acquisition or mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of individuals legally authorized to commit your firm to a contract.	Name: _____ Title: _____ Phone: _____ Email: _____

EXHIBIT 3

CERTIFICATION OF COMPLIANCE

Applicant must certify compliance with all programs, policies, and ordinances specified in the exhibits listed below, or provide an exemption to compliance.

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	EEO Certification	Board Policy 4.32.010	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Charitable Contributions Certification Enter the California Registry of Charitable Trusts “CT” number and upload a copy of firm’s 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 (if applicable)	Board Policy 5.065	Check the Certification below that is applicable to your company. <input type="checkbox"/> Applicant 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 Applicant 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 <input type="checkbox"/> Applicant or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document 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.
7	Attestation of Willingness to Consider Gain/Grow Participants	Board Policy 5.050	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/GROW participants access to employee mentoring program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available

EXHIBIT 3
CERTIFICATION OF COMPLIANCE

<p align="center">8</p>	<p>Contractor Employee Jury Service Program Certification Form & Application for Exception</p>	<p align="center">LACC 2.203</p>	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption:</p> <p><input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program.</p> <p><input type="checkbox"/> My business is a small business as defined in the Program.</p> <p><input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.</p>
<p align="center">9</p>	<p>Certification of Compliance with the County's Defaulted Property Tax Reduction Program</p>	<p align="center">LACC 2.206</p>	<p>Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, identify exemption: Click or tap here to enter text.</p>

EXHIBIT 4
APPLICATION TRANSMITTAL FORM

APPLICANT'S LEGAL NAME: _____

APPLICANT'S ADDRESS: _____
Street Suite

City State Zip Code

APPLICANT'S AUTHORIZED REPRESENTATIVE: Please provide the information requested below as it relates to Applicant's authorized representative(s). Applicant's authorized representative(s) must be authorized to sign on behalf of the Applicant, make representations for the Applicant during contract negotiations, and legally bind the Applicant to any resultant contract, including terms and conditions.

Authorized Representative: _____

Title: _____

Address: _____
Street Suite

City State Zip Code

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT'S CONTACT PERSON: Please provide the below information as it relates to Applicant's contact person. Applicant's contact person will serve as the Applicant's main contact with the County for any matters related to this RFA.

Contact Representative: _____

Title: _____

Address: _____
Street Suite

City State Zip Code

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

EXHIBIT 5

ACCEPTANCE OF TERMS AND CONDITIONS AFFIRMATION

Company Name:

Company Address:

Email Address: _____

Applicant hereby affirms that it understands and agrees that submission of an application in response to this RFA constitutes acknowledgement and acceptance of, and a willingness to comply with all the terms and conditions and criteria contained in the referenced RFA and any addenda thereto.

The County reserves the right to make changes to the Contract and its appendices and exhibits at its sole discretion.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT.

Authorized Representative:

Signature:	Date:
Print Name:	Title:

ATTACHMENT A**Applicant Survey Questionnaire**

Applicant Survey Questionnaire Optional Survey: Your feedback is greatly appreciated.	
Applicant 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 Applicant 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!	