

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
HEALTHY FAMILIES AMERICA AND
PARENTS AS TEACHERS HOME VISITING PROGRAM**

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
- 8) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions (45 C.F.R. Part 76)
- 9) Proposed Service Planning Area (SPS) Home Visiting Program

Attachment

- A. Optional - Applicant Survey Questionnaire

EXHIBIT 1**APPLICANT'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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

| | | |
|---|--|---|
| 1 | <p>Select the options that best define your firm's business structure:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <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: _____ 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 doing business under one or more DBA's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</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> <p>State of Incorporation or registration of parent firm: _____</p> |
| 4 | <p>Has your firm done business as other names within last five (5) years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>If yes, indicate any other names and the year of name change.</p> <p>Name(s): _____</p> <p style="text-align: right;">Year(s) of Name Change</p> |

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| 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 all individuals legally authorized to commit the Proposer. | |

EXHIBIT 3**CERTIFICATION OF COMPLIANCE**

Applicant certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

| 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 | 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"/> Proposer 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 Proposer 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"/> Proposer 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. |
| 6 | 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 |
| 7 | Contractor Employee Jury Service Program Certification Form & Application for Exception | LACC 2.203 | Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: <input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <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. |
| 8 | Certification of Compliance with the County's Defaulted Property Tax Reduction Program | LACC 2.206 | Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption: |

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:

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| 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! | |