

REQUIRED FORMS – EXHIBIT i

PROPOSER’S SUBMISSION CHECKLIST

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

Additionally, Proposer is encouraged to complete the attached optional Vendor Survey Questionnaire, Exhibit i - Attachment A.

PROPOSER’S FULL LEGAL ENTITY NAME:

| RFP Reference | RFP Requirement | Submitted? |
|--|---|---|
| PROPOSAL SUBMISSION | | |
| Section 8.6.1 | Proposer submitted one electronic copy of the entire proposal in searchable Adobe Acrobat or Portable Document format (PDF), with no security provisions? | <input type="checkbox"/> Yes |
| PROPOSAL FORMAT | | |
| Section 8.4.1 | Proposer’s Title Page | <input type="checkbox"/> Yes |
| Section 8.4.2 | Cover Letter | <input type="checkbox"/> Yes |
| Section 8.4.3 | Table of Contents | <input type="checkbox"/> Yes |
| PROPOSER’S QUALIFICATIONS (SECTION A) | | |
| Section 8.4.4 | Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications (Section A.1) | |
| | Exhibit 6 – Minimum Mandatory Requirements | <input type="checkbox"/> Yes |
| | Exhibit 6A – Eligibility to Bill Third-party Payers (if applying to Category 1, Clinic-Based Prevention Services) | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| | Proposer’s List of Reference (Section A.2) | |
| | Exhibit 8 – List of References | <input type="checkbox"/> Yes |
| | Proposer’s Debarment History and List of Terminated Contracts (Section A.3) | |
| | Exhibit 4 – Proposer’s Debarment History and List of Terminated Contracts | <input type="checkbox"/> Yes |

| PROPOSER'S FULL LEGAL ENTITY NAME: | | |
|---|--|------------------------------|
| | Proposer's Financial Capability (Section A.4) | |
| | Copies of the company's annual financial statements issued for the last three years. | <input type="checkbox"/> Yes |
| | Proposer's Pending Litigation and Judgments (Section A.5) | |
| | Statement describing the size and scope of any pending or threatening litigation against the Proposer <u>or</u> a statement verifying Proposer has no pending litigations or judgments. | <input type="checkbox"/> Yes |
| PROPOSAL REQUIRED FORMS AND CORPORATE DOCUMENTS (SECTION B) | | |
| Section 8.4.5 | Proposal Required Forms (Section 8.4.5.1) | |
| | Exhibit i – Proposer's Submission Checklist | <input type="checkbox"/> Yes |
| | Exhibit 1 – Organization Questionnaire/Affidavit | <input type="checkbox"/> Yes |
| | Exhibit 2 – Certification of Compliance | <input type="checkbox"/> Yes |
| | Exhibit 5 – Community Business Enterprise (CBE) Information | <input type="checkbox"/> Yes |
| | Exhibit 7 – List of Public Entities | <input type="checkbox"/> Yes |
| | Exhibit 9 – Contribution and Agent Declaration Form | <input type="checkbox"/> Yes |
| | Exhibit 11 – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76) | <input type="checkbox"/> Yes |
| | Exhibit 13 – Declaration | <input type="checkbox"/> Yes |

| | | |
|---|--|---|
| Corporate Documents (Section 8.4.5.2) | | |
| | <p>Proposer's required support documents:</p> <p>If Proposer is a Corporation or LLC:</p> <p>a. a copy of a "Certificate of Good Standing" with the state of incorporation/organization;</p> <p>b. a conformed copy of the most recent "Statement of Information" as filed with the California Secretary of State or a statement on status of the request; and</p> <p>c. if applicable, proposer must provide a copy of its "IRS 501(c)(3) Determination Letter".</p> <p>If Proposer is a Limited Partnership:</p> <p>Conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> |
| PROPOSER'S BACKGROUND AND EXPERIENCE (SECTION C) | | |
| Section 8.4.6.1 | <p>Proposer's Background and Experience (Page limit: 3 pages)</p> <p>Exhibit 12 - Prevention Services Proposer Capacity Form</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> |
| PROPOSER'S APPROACH TO PROVIDING REQUIRED SERVICES (SECTION D) | | |
| Section 8.4.6.2 | Proposer's Approach to Providing Required Services (Page limit: 10 pages for each category) | <input type="checkbox"/> Yes |
| PROPOSER'S STAFFING PLAN (SECTION E) | | |
| Section 8.4.6.3 | Organizational Chart (Page limit: No page limit) | <input type="checkbox"/> Yes |

REQUIRED FORMS – EXHIBIT i – Attachment A

VENDOR SURVEY QUESTIONNAIRE

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR PROPOSALS
PROPOSER'S SUBMISSION CHECKLIST**

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 all 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!