

APPENDIX B - REQUIRED FORMS

Exhibits

- Exhibit 1: Statement of Qualifications (SOQ) Checklist
- Exhibit 2: Organization Questionnaire/Affidavit
- Exhibit 3: Certification of Compliance
- Exhibit 4: Debarment History and List of Terminated Contracts
- Exhibit 4.5: Vendor's Pending Litigation and Judgements
- Exhibit 5: Community Business Enterprise (CBE) Information (Excel Worksheet)
- Exhibit 6: Vendor's Affidavit of Adherence to Minimum Mandatory Requirements
- Exhibit 7: Contribution and Agent Declaration Form
- Exhibit 8: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
– Lower Tier Covered Transactions (45 C.F.R. Part 76)
- Exhibit 9: Declaration

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) #2025-001
AS-NEEDED SUBSTANCE USE DISORDER TREATMENT SERVICES
AT COUNTY BEHAVIORAL HEALTH FACILITIES**

STATEMENT OF QUALIFICATIONS (SOQ) CHECKLIST – EXHIBIT 1

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

Additionally, Vendors are encouraged to complete the optional Vendor Survey Questionnaire on the last page of this Checklist – Exhibit 1 (Attachment A).

VENDOR'S NAME (Legal Full Name):	
Identify category(ies) Vendor is applying for:	
<input type="checkbox"/> Category 1: Recovery and Respite Center <input type="checkbox"/> Category 2: Outpatient Services <input type="checkbox"/> Category 3: Residential Services <input type="checkbox"/> Category 4: Case Management <input type="checkbox"/> Category 5: Recovery Services	
RFSQ Reference, Sub-section 7.3.1: Table of Contents	Included <input type="checkbox"/> Yes
RFSQ Reference, Sub-section 7.3.2: Vendor's Qualifications (Section A)	
Vendor's Background and Experience (Section A.1)	
Exhibit 1: Statement of Qualifications Checklist	<input type="checkbox"/> Yes
Exhibit 2: Organization Questionnaire/Affidavit	<input type="checkbox"/> Yes
Exhibit 6: Vendor's Affidavit of Adherence to Minimum Mandatory Requirements	<input type="checkbox"/> Yes
Corporations or Limited Liability Company (LLC):	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
1) Vendor furnished a copy of Certificate of Good Standing	<input type="checkbox"/> Yes
2) Vendor furnished a copy of Statement of Information	<input type="checkbox"/> Yes
3) Vendor furnished a copy of its "IRS 501(c)(3) Determination Letter" which must state that Vendor's organization qualifies for tax-exempt status under section 501(c)(3) status of the Internal Revenue Code.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Limited Partnership:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Furnished a confirmed 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.	<input type="checkbox"/> Yes
Vendor's Debarment History and List of Terminated Contracts (Section A.2)	
Exhibit 4: Debarment History and List of Terminated Contracts	<input type="checkbox"/> Yes
Vendor's Pending Litigation and Judgments (Section A.3)	
Exhibit 4.5: Vendor's Pending Litigation and Judgments	<input type="checkbox"/> Yes
RFSQ Reference, Sub-section 7.3.3: Required Forms (Section B)	
Exhibit 3: Certification of Compliance	<input type="checkbox"/> Yes
Exhibit 5: Community Business Enterprise (CBE) Information (Excel Worksheet)	<input type="checkbox"/> Yes
Exhibit 7: Contribution and Agent Declaration Form	<input type="checkbox"/> Yes
Exhibit 8: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower-Tier Covered Transactions (45 C.F.R. Part 76.)	<input type="checkbox"/> Yes
Exhibit 9: Declaration	<input type="checkbox"/> Yes
RFSQ Reference, Sub-section 7.3.4: Proof of Insurability (Section C)	
Vendor furnished a copy of Certificate of Insurance (ACCORD or equivalent form) or a letter from a qualified insurance carrier indicating a willingness to provide the required coverage.	<input type="checkbox"/> Yes
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Yes
General Aggregate: \$2 Million	
Products/Completed Operations Aggregate: \$1 Million	
Personal and Advertising Injury: \$1 Million	
Each Occurrence: \$1 Million	
AUTO LIABILITY	<input type="checkbox"/> Yes
Auto Liability: \$1 Million	
WORKERS' COMPENSATION	<input type="checkbox"/> Yes
Each Accident: \$1 Million	

SEXUAL MISCONDUCT LIABILITY	
Not less than \$1 Million per claim and \$1 Million aggregate	<input type="checkbox"/> Yes
PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS	
Not less than \$1 Million per claim and \$2 Million aggregate	<input type="checkbox"/> Yes
PROPERTY COVERAGE	
Property coverage at least as broad as provided by the ISO special causes loss (ISO policy form CP 10 30) form. The County and its Agents shall be named as an Additional Insured and Loss Payee on vendor's insurance.	<input type="checkbox"/> Yes
Vendor submitted one copy of the bid in response to this RFSQ in the format prescribed herein and clearly marked " SOQ Submission for As-Needed Substance Use Disorder Treatment Services at County Behavioral Health Facilities, RFSQ #2025-001 " in the subject line of the e-mail transmission.	<input type="checkbox"/> Yes

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
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AS-NEEDED SUBSTANCE USE DISORDER TREATMENT SERVICES
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STATEMENT OF QUALIFICATIONS (SOQ) CHECKLIST – EXHIBIT 1

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 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 |
| ❖ E-mail Notification | <input type="checkbox"/> Yes |
| ❖ Website (Department 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!

REQUIRED FORMS – EXHIBIT 2
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Vendor's Name:	County Webven Number:
Address:	
Telephone Number:	Email:
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 <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 of 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>	<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> <p>State of Incorporation or registration of parent firm:</p>
4	<p>Has your firm done business under 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>Year(s) of Name Change:</p>

REQUIRED FORMS – EXHIBIT 2
ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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 Vendor.	Name: Title: Phone: Email: Name: Title: Phone: Email: Name: Title: Phone: Email:

REQUIRED FORMS – EXHIBIT 3

CERTIFICATION OF COMPLIANCE

Vendor certifies compliance with all programs, policies, and ordinances specified below.

	TITLE	REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	<u>LACC 2.180</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<u>LACC 2.160</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<u>Motion</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<u>Board Policy 5.250</u>	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)	<u>Board Policy 5.065</u>	Check the Certification below that is applicable to your company. <input type="checkbox"/> Vendor 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 Vendor 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"/> Vendor 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/START Participants	<u>Board Policy 5.050</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No Willing to provide GAIN/START 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	<u>LACC 2.203</u>	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	<u>LACC 2.206</u>	Certifies Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify exemption:

REQUIRED FORMS – EXHIBIT 4
DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Vendor's Name: _____

1. DEBARMENT HISTORY (Check one)		YES	NO
Vendor is currently debarred by a public entity		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity:			
2. LIST OF TERMINATED CONTRACTS AND/OR MASTER AGREEMENTS (Check one)		YES	NO
Vendor has contracts that have been terminated in the past three (3) years.		<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list all Contracts and/or Master Agreements that have been terminated prior to expiration within the last three (3) years.

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

REQUIRED FORMS – EXHIBIT 4.5
VENDOR’S PENDING LITIGATION AND JUDGMENTS

Vendor’s Name:	
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1. PENDING LITIGATION AND JUDGMENTS	Yes <input type="checkbox"/> No <input type="checkbox"/> (if “No”, please add a statement on item #2 below)
Name:	
Case Number:	
Jurisdiction:	
Statement describing the size and scope of any pending or threatening litigation against the Vendor or principals of the Vendor:	
Name:	
Case Number:	
Jurisdiction:	
Statement describing the size and scope of any pending or threatening litigation against the Vendor or principals of the Vendor:	
2. STATEMENT VERIFYING VENDOR HAS NO PENDING LITIGATION OR JUDGMENTS	

Vendors may add additional pages attached to this form, if needed.

REQUIRED FORMS – EXHIBIT 5
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

[Refer to Excel Worksheet](#)

REQUIRED FORMS – EXHIBIT 6

VENDOR'S AFFIDAVIT OF ADHERENCE TO MINIMUM MANDATORY REQUIREMENTS

Vendor must demonstrate that they meet the Minimum Mandatory Requirements **by the date on which statement of qualifications (SOQ) are due** to qualify in one or more of the as-needed Substance Use Disorder (SUD) Treatment Services at County Behavioral Health Facilities categories identified in Section 2.2 of the RFSQ, Scope of Work. Vendor should document all qualifications in order to demonstrate compliance with the Vendor's Minimum Mandatory Requirements. Vendor acknowledges and certifies that it meets and will comply with the Minimum Mandatory Requirements as stated in Paragraph 3.0 of the RFSQ, as listed below.

Note: The minimum mandatory requirements may not be met through any collaboration, partnership, or subcontract relationship with another vendor or organization. Each vendor must independently meet the minimum mandatory requirements listed.

Please check the box immediately below to identify the category(ies) vendor is applying for:

- ☐ **Category 1:** Recovery and Respite Center
- ☐ **Category 2:** Outpatient Services
- ☐ **Category 3:** Residential Services
- ☐ **Category 4:** Case Management Services
- ☐ **Category 5:** Recovery Services

Check the appropriate boxes (*Vendor must check a box under each Section below. Failure to check any boxes or provide required responsive information may result in disqualification of the SOQ as non-responsive.*)

The following requirements apply to **all** categories listed in Section 2.2 of the RFSQ:

MMR 3.1	Vendor must have three years of experience within the last five years providing SUD treatment services in <u>each</u> category for which they are attempting to qualify.
<input type="checkbox"/> Yes. Vendor does meet the requirement stated above.	
<input type="checkbox"/> No. Vendor does not meet the requirement stated above.	

(Continued on next page)

<input type="checkbox"/> Category 1: Recovery and Respite Center				<input type="checkbox"/> Not Applicable	
Vendor must indicate the number of years of experience and clearly demonstrate ability to meet the above-referenced requirement.					
Indicate Years of Experience:					
FROM		mm/yr.	TO		mm/yr.
Describe Experience for Category 1:					
<div style="text-align: center;">Page of 1 of 2</div>					

Describe Experience for Category 1 (continued):

Page of 2 of 2

<input type="checkbox"/> Category 2: Outpatient Services	<input type="checkbox"/> Not Applicable
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Vendor must indicate the number of years of experience and clearly demonstrate ability to meet the above-referenced requirement.

Indicate Years of Experience:

FROM		mm/yr.	TO		mm/yr.
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Describe Experience for Category 2:

Page of 1 of 2

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Describe Experience for Category 2 (continued):

Page of 2 of 2

<input type="checkbox"/> Category 3: Residential Services				<input type="checkbox"/> Not Applicable	
Vendor must indicate the number of years of experience and clearly demonstrate ability to meet the above-referenced requirement.					
Indicate Years of Experience:					
FROM		mm/yr.	TO		mm/yr.
Describe Experience for Category 3:					
<div style="text-align: center;">Page of 1 of 2</div>					

Describe Experience for Category 3 (continued):

Page of 2 of 2

<input type="checkbox"/> Category 4: Case Management Services				<input type="checkbox"/> Not Applicable	
Vendor must indicate the number of years of experience and clearly demonstrate ability to meet the above-referenced requirement.					
Indicate Years of Experience:					
FROM		mm/yr.	TO		mm/yr.
Describe Experience for Category 4:					
<div style="text-align: center;">Page of 1 of 2</div>					

Describe Experience for Category 4 (continued):

Page of 2 of 2

<input type="checkbox"/> Category 5: Recovery Services				<input type="checkbox"/> Not Applicable	
Vendor must indicate the number of years of experience and clearly demonstrate ability to meet the above-referenced requirement.					
Indicate Years of Experience:					
FROM		mm/yr.	TO		mm/yr.
Describe Experience for Category 5:					
Page of 1 of 2					

Describe Experience for Category 5 (continued):

Page of 2 of 2

MMR 3.2	Vendor 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 IRS 501(C)(3) Determination Letter.
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Check the appropriate box:

- ☐ **Yes.** Vendor does meet the requirement stated above and submitted required documentation.
- ☐ **No.** Vendor does not meet the requirement stated above or did not submit the required documentation.
- ☐ **N/A.** Not Applicable

MMR 3.3	If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, vendor 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.
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Check the appropriate box:

- ☐ Vendor does not have any unresolved disallowed costs as explained above.
- ☐ Vendor has unresolved disallowed costs as explained above.

The following additional requirements apply to the service categories as listed below:

MMR 3.4 Sub-section 3.4.1	Category 1: Recovery and Respite Services: <i>Subsection 3.4.1:</i> Vendor must have an active contract in good-standing with Public Health for the provision of residential withdrawal management services as described in RFSQ Section 2.2.
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Contract Number:		Services provided:	
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Check the appropriate box:

- ☐ **Yes.** Vendor does meet the requirement stated above.
- ☐ **No.** Vendor does not meet the requirement stated above.
- ☐ **N/A.** Not Applicable

MMR 3.5 Sub- sections 3.5.1 and 3.5.2	Category 2: Outpatient Services: <i>Subsection 3.5.1:</i> Vendor must have an active contract in good standing with Public Health for the provision of outpatient services as described in Section 2.2 of the RFSQ.
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Contract Number:		Services provided:	
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<p>Check the appropriate box:</p> <p><input type="checkbox"/> Yes. Vendor does meet the requirement stated above.</p> <p><input type="checkbox"/> No. Vendor does not meet the requirement stated above.</p> <p><input type="checkbox"/> N/A. Not Applicable.</p>			
<p>Subsection 3.5.2: Vendor must have an Alcohol and Other Drug certification issued by the California Department of Health Care Services to provide outpatient services with a detoxification designation and provide a copy of the certification issued by the California Department of Health Care Services to meet this qualification.</p>			
<p>Check the appropriate box:</p> <p><input type="checkbox"/> Yes. Vendor does meet the requirement stated above and provided the required documentation.</p> <p><input type="checkbox"/> No. Vendor does not meet the requirement stated above or did not provide the required documentation.</p> <p><input type="checkbox"/> N/A. Not Applicable.</p>			
MMR 3.6 Sub-section 3.6.1	<p>Category 3: Residential Services:</p> <p>Vendor must have an active contract in good standing with Public Health for the provision of residential withdrawal management services as described in Section 2.2 of the RFSQ.</p>		
Contract Number:		Services provided:	
<p>Check the appropriate box:</p> <p><input type="checkbox"/> Yes. Vendor does meet the requirement stated above.</p> <p><input type="checkbox"/> No. Vendor does not meet the requirement stated above.</p> <p><input type="checkbox"/> N/A. Not Applicable.</p>			
MMR 3.7 Sub-section 3.7.1	<p>Category 4: Case Management:</p> <p>Vendor must have an active contract in good standing with Public Health for the provision of any SUD treatment level of care as described in Section 2.2 of the RFSQ.</p>		
Contract Number:		Services provided:	
<p>Check the appropriate box:</p> <p><input type="checkbox"/> Yes. Vendor does meet the requirement stated above.</p> <p><input type="checkbox"/> No. Vendor does not meet the requirement stated above.</p> <p><input type="checkbox"/> N/A. Not Applicable.</p>			

MMR 3.8 Sub-section 3.8.1	Category 5: Recovery Services: Vendor must have an active contract in good standing with Public Health for the provision of any SUD treatment level of care that includes Recovery Services as described in Section 2.2 of the RFSQ.		
	Contract Number:		Services provided:
Check the appropriate box: <input type="checkbox"/> Yes. Vendor does meet the requirement stated above. <input type="checkbox"/> No. Vendor does not meet the requirement stated above. <input type="checkbox"/> N/A. Not Applicable.			

Vendor further acknowledges that any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ may be cause for rejecting its SOQ. The evaluation and determination in this area will be at the Public Health Director's sole judgment, which will be final.

On behalf of (Vendor's Name):			
I, (Vendor's Authorized Representative):			
hereby certify that this Vendor's Affidavit is true and correct to the best of my information and belief.			
Signature		Title	

REQUIRED FORMS – EXHIBIT 7

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act ([Government Code Section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

HOA.104008393.4
Rev. [4/16/24]

REQUIRED FORMS – EXHIBIT 7
CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State “none” if applicable.

A. COMPANY OR APPLICANT INFORMATION

- 1) Declarant Company or Applicant Name:_____
- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:
- b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months:
- c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

- 2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.
 - a) Parent(s):
 - b) Subsidiaries:
 - c) Related Business Entities:
- 3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.
- 4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

REQUIRED FORMS – EXHIBIT 7
CONTRIBUTION AND AGENT DECLARATION FORM

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 7

CONTRIBUTION AND AGENT DECLARATION FORM

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative),
on behalf of _____ (Declarant
Company), at which I am employed as _____
(Title), attest that after having made or caused to be made a reasonably diligent
investigation regarding the Declarant Company, the foregoing responses, and the
explanation on the attached page(s), if any, are correct to the best of my knowledge and
belief. Further, I understand that failure to answer the questions in good faith or providing
materially false answers may subject Declarant Company to consequences, including
disqualification of its bid/proposal or delays in the processing of the requested contract,
license, permit, or other entitlement.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE
CONTRIBUTIONS:**

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

REQUIRED FORMS – EXHIBIT 7
CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL VENDORS OR APPLICANTS

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

REQUIRED FORMS – EXHIBIT 8

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Vendor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Vendor shall provide immediate written notice to the person to whom this proposal is submitted if at any time Vendor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Vendor agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Vendor further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Vendor acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Vendor acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Vendor acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Vendor and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Vendor shall attach a written explanation to its proposal in lieu of submitting this Certification. Vendor's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Vendor and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this solicitation.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Vendor hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Dated: _____

Signature of Authorized Representative

Title of Authorized Representative

Printed Name of Authorized Representative

REQUIRED FORMS – EXHIBIT 9

DECLARATION

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-8 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE: