

**REQUIRED FORMS - EXHIBIT 1
BIDDER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION**

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Bidder and to bind the applicant in a Contract.

1. Is your firm a corporation or limited liability company (LLC)? Yes No
If yes, complete:
Legal Name (found in Articles of Incorporation) _____
State _____ Year Inc. _____
2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. Is your firm doing business under one or more DBA's? Yes No
If yes, complete:
- | Name | County of Registration | Year became DBA |
|-------|------------------------|-----------------|
| _____ | _____ | _____ |
4. Is your firm wholly/majority owned by, or a subsidiary of another firm? Yes No
If yes, complete:
Name of parent firm: _____
State of incorporation or registration of parent firm: _____
5. Has your firm done business as other names within last five (5) years? Yes No
If yes, complete:
Name _____ Year of Name Change _____
6. Is your firm involved in any pending acquisition or mergers, including the associated company name?
 Yes No If yes, provide information:

Bidder acknowledges and certifies that firm/individual meets the Bidder's Minimum Requirements as stated in Paragraph 1.4, of the Invitation for Bids, providing satisfactory evidence to the following.

Check the appropriate boxes:

- Yes No Two (2) or more years of experience within the last six (6) years of experience providing workforce development funds administration and reporting under Workforce Investment Act (WIA) and/or Workforce Investment and Opportunity Act (WIOA).
- Yes No Three (3) or more years of experience within the last six (6) years in the development of cost allocations for non-profit organizations, public entities or for-profit organizations.
- Yes No Three (3) or more years of experience within the last six (6) years providing federal grants management and federal grants administration.
- Yes No A four-year degree in finance, accounting or a related field.
- Yes No Knowledge of Title 2 CFR Section 200 et seq., Uniform Grant Guidelines.
- Yes No Knowledge of statutes and guidelines of WIOA, the Older Americans Act (OAA), the Older Californians Act (OCA) and with memorandums and directives of the U.S. Department of Labor Employment & Training Administration, the California State Employment Development Department, the California Department of Aging, and other federal, state, local entities involved in administration and reporting of WIOA and Area Agency on Aging (AAA) funds.

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I. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify) _____						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

II. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this bid are made, the bid may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

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

BIDDER NAME:		COUNTY WEBVEN NUMBER:	
ADDRESS:			
PHONE NUMBER:		E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:		CALIFORNIA BUSINESS LICENSE NUMBER:	
BIDDER OFFICIAL NAME AND TITLE (PRINT):			
SIGNATURE		DATE	