**APPENDIX D (REQUIRED FORMS)**

**General Instructions for Completing Required Forms**

1. These Forms have been protected to prevent changes to specific Items/Fields. Proposer shall provide information for the Items that are not protected. **Please do not attempt to circumvent the protection that has been enabled on these Forms.** County will take appropriate remedies against Proposer when County discovers any such attempts to alter these Forms in any manner. Such remedies may include (but are not limited to) Proposer's disqualification from the solicitation process.
2. Complete each Form by responding to each Item of requested information.
3. Specific and detailed instructions are provided for certain Forms. Please review and follow these instructions carefully.
4. Fillable Items on these Forms (except for Form D24 (Proposed Budget) and Form D25 (Proposed Program Services) have been highlighted in yellow as a matter of convenience. Please complete the information for each highlighted Item. In some cases, depending on which selection is made, you will not have to complete other highlighted Items so review and follow the instructions carefully.
5. All information provided on each Form is subject to verification by County. Any mis-stated information or information that cannot be verified may subject the Proposal to any action(s) noted in the solicitation document, which may include (but are not limited to) Proposer's disqualification from the solicitation process.

[Form D1](#_FORM_D1_(BIDDER’S) (Proposer’s Organization Questionnaire, Affidavit, and Community Business Enterprise Information)

[Form D1.1](#_FORM_D1.1_(AUTHORIZATION) (Authorization Warranty)

[Form D1.2](#_FORM_D1.2_(ORGANIZATIONAL) (Organizational Support Documents)

[Form D2](#_FORM_D2_(PROPOSER’S) (Proposer’s References)

[Form D3](#_FORM_D3_(PROPOSER’S) (Proposer’s List of Contracts with Public Entities)

[Form D4](#_FORM_D4_(PROPOSER’S) (Proposer’s List of Expired and Terminated Contracts)

[Form D5](#_FORM_D5_(CERTIFICATION) (Certification of No Conflict of Interest)

[Form D6](#_FORM_D6_(FAMILIARITY) (Familiarity with County’s Lobbyist Ordinance Certification)

[Form D7](#_FORM_D7_(R) (Preference Program Consideration)

[Form D8](#_FORM_D8_(PROPOSER'S) (Proposer’s Equal Employment Opportunity Certification)

[Form D9](#_FORM_D9_(ATTESTATION) (Attestation of Willingness to Consider GAIN/GROW Participants)

[Form D10](#_FORM_D10_(COUNTY) (County of Los Angeles Contractor Employee Jury Service Program Certification and Application for Exception)

Form D11 (Intentionally Omitted)

[Form D12](#_FORM_D12_(CERTIFICATION) (Certification of Independent Price Determination and Acknowledgement of Request for Proposals Restrictions)

Form D13 (Intentionally Omitted)

Form D14 (Intentionally Omitted)

Form D15 (Intentionally Omitted)

Form D16 (Intentionally Omitted)

Form D17 (Intentionally Omitted)

Form D18 (Intentionally Omitted)

[Form D19](#_FORM_D19_(CHARITABLE) (Charitable Contributions Certification)

[Form D20](#_FORM_D20_(CERTIFICATION) (Certification of Compliance with County’s Defaulted Property Tax Reduction Program)

[Form D21](#_FORM_D21_(COMPLIANCE) (Compliance with County’s Zero Tolerance Human Trafficking Policy)

Form D22 (Intentionally Omitted)

[Form D23](#_FORM_D23_(COMPLIANCE) (Compliance with Fair Chance Employment Hiring Practices Certification)

Form D24 (Proposed Budget)

Form D25 (Proposed Program Services)

## APPENDIX D (REQUIRED FORMS)

## FORM D1 (PROPOSER’S ORGANIZATION QUESTIONNAIRE, AFFIDAVIT, AND COMMUNITY BUSINESS ENTERPRISE INFORMATION)

|  |  |
| --- | --- |
| 1. | Select the option which best describes Proposer’s business structure: |
| **Choose an item.** |
|  | **Enter description for “Other”.** |
|  |  |
| 2. | Select the option which best describes Proposer’s financial status: |
| **Choose an item.** |
|  |  |  |
| 3. | Provide the following information for Proposer’s organization: |
|  |  |  |  |
| Proposer’s Legal Name: | **Click here to enter text.** |
|  | State of Incorporation: | **Click here to enter text.** |
|  | Year of Incorporation: | **Click here to enter text.** |
|  | Legal Name of Proprietor or Managing Partner: | **Click here to enter text.** |
|  |  |
|  |  |
| 4. | Is Proposer doing business under one (1) or more Doing Business As (“DBA”) designations? **Choose an item.** |
|  |  |  |  |
| *If yes, provide:* |  |  |  |
| DBA Name | County of Registration | Year of DBA |
|  | **Click here to enter text.** |  | **Enter text.** |  | **Enter year** |
|  | **Click here to enter text.** |  | **Enter text.** |  | **Enter year** |
|  | **Click here to enter text.** |  | **Enter text.** |  | **Enter year** |
|  |  |  |  |  |  |
| 5. | Has Proposer conducted business under any other names within the last five (5) years? Choose an item. |
|  |  |  |  |
| *If yes, provide:* |  |  |  |
| Name |  | Year of Name Change |
| **Click here to enter text.** |  | **Enter year** |
| **Click here to enter text.** |  |  | **Enter year** |
|  | **Click here to enter text.** |  | **Enter year** |  |  |
|  | **Click here to enter text.** |  | **Enter year** |  |  |
|  |  |  |  |  |  |
| 6. | Is Proposer wholly or majority owned by, or a subsidiary of, another entity?**Choose an item.** |
|  |  |  |  |
| *If yes, provide:* |  |  |  |
| Name of Parent Firm: | **Click here to enter text.** |
| Parent Firm’s State of Incorporation or Registration: | **Click here to enter text.** |
|  |  |
| 7. | Is Proposer, including the associated organization’s name, involved in any pending acquisitions or mergers? **Choose an item.** |
|  |  |  |  |
| *If yes, please describe the acquisition or merger:* |
| **Click here to enter text.** |
|  |  |

8. Proposer acknowledges and certifies that it meets and will comply with the Minimum Requirements listed in the solicitation and restated below (*check the appropriate response for each item)*:

| **Yes** | **No** | **Minimum Requirement** |
| --- | --- | --- |
|[ ] [ ]  **Experience**Proposer shall have at least five (5) years of experience, obtained within the past seven (7) years (between 2013 – 2020), providing social services similar to those identified in Appendix A (Sample Subaward), Exhibit A (Statement of Work) to Older Individuals. |
|[ ] [ ]  **Mandatory Staff**Proposer shall have a Project Manager who meets all the requirements listed in Appendix A (Sample Subaward), Exhibit A (Statement of Work) for the Program Services. |
|[ ] [ ]  **Program Services**Proposer shall submit a Proposal to minimally provide at least four (4) of the following Program Services:* Chronic Disease Self-Management Program and Tomando Control de Su Salud
* Chronic Pain Self-Management Program
* Diabetes Self-Management Program and Programa de Manejo Personal de al Diabetes
* A Matter of Balance
* Arthritis Foundation Exercise Program
* Arthritis Foundation Walk With Ease
 |
|[ ] [ ]  **Debarment**Proposer shall not be debarred, or equivalent prohibition on doing business with Proposer, by any government agency within the last five (5) years. |
|[ ] [ ]  **Data Universal Numbering System Number**Proposer shall have a current, valid, and active Data Universal Numbering System (DUNS) Number. Proposer shall provide this information when completing Appendix D (Required Forms), Form D1 (Proposer’s Organization Questionnaire, Affidavit, and Community Business Enterprise Information). If Proposer does not have a DUNS number, the DUNS may be obtained by registering for this number at: <http://www.dnb.com/duns-number.html>. Upon completion, Proposer shall provide documentation (e.g., print screen, confirmation, etc.) of its registration for the DUNS as an attachment to Appendix D (Required Forms), Form D1 (Proposer’s Organization Questionnaire, Affidavit, and Community Business Enterprise Information). |
|[ ] [ ]  **Organizational Business Structure**1. Proposer’s organizational business structure shall be a non-profit corporation, for-profit, public/government entity, or joint powers agency.
2. Non-profit Corporation, For-profit or Joint Powers Agency: Proposer’s organization shall be either a Single-Purpose Agency or Multi-Purpose Agency.
3. Non-profit Corporation, For-profit, Public/Government Entity, or joint powers agency: If Proposer’s organization is a Multi-Purpose Agency and/or a public/government entity, it shall ensure that none of its other Sponsored Programs conflict with the objectives and policies of the DPHP Program, and it must devote adequate resources to meet DPHP Program objectives.
 |
|[ ] [ ]  **Unresolved Disallowed Costs with County Contract(s)**If Proposer’s compliance with a County contract has been reviewed by the County of Los Angeles Department of the Auditor-Controller (Auditor-Controller) within the last ten (10) years, Proposer 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 of Los Angeles department, and remain unpaid for six (6) 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, as determined in the sole discretion of County. |

9. **Insurance Coverage**

1. Proposer affirms that it meets all the insurance requirements set forth in the Appendix A (Sample Subaward), Subparagraph 8.24 (General Provisions for All Insurance Coverage) and Subparagraph 8.25 (Insurance Coverage). By completing the information below, Proposer shall identify each of the following:
2. Proposer meets the insurance requirements as of today.
3. Proposer will meet the insurance requirements effective 07/01/2021.

| **Required Coverage** | **Minimum Limit** | **Coverage as of Today** | **Coverage Effective 07/01/2021** |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** | **Yes** | **No** |
| **Commercial General Liability** |  |
| * General Aggregate
 | **$2 million** |[ ] [ ] [ ] [ ]
| * Products/Completed Operations Aggregate
 | **$1 million** |[ ] [ ] [ ] [ ]
| * Personal and Advertising Injury
 | **$1 million** |[ ] [ ] [ ] [ ]
| * Each Occurrence
 | **$1 million** |[ ] [ ] [ ] [ ]
| **Automobile Liability** | **$1 million** |[ ] [ ] [ ] [ ]
| **Workers Compensation and Employers' Liability**(Per Accident) | **$1 million** |[ ] [ ] [ ] [ ]
| **Professional Liability, Errors and Omissions Coverage** |  |
| * Per Claim
 | **$1 million** |[ ] [ ] [ ] [ ]
| * General Aggregate
 | **$2 million** |[ ] [ ] [ ] [ ]
| **Sexual Misconduct Liability** |  |
| * Per Claim
 | **$2 million** |[ ] [ ] [ ] [ ]
| * Aggregate
 | **$2 million** |[ ] [ ] [ ] [ ]
| **Privacy and Network Security Coverage** | **$75,000** |[ ] [ ] [ ] [ ]

10. **Commencement of Program Services**

1. Proposer affirms that it has the capacity to provide the agreed-upon Program Services for the term beginning July 1, 2021 through June 30, 2022.

11. **Intentionally Omitted**

12. **Proposer’s Organizational Conflict(s)**

1. Proposer affirms that its organization, including its officers, Employees, Volunteers, governing board, and advisory council members, and members of their immediate families are free of any conflicts of interest with County, the County of Los Angeles Board of Supervisors, or any department, commission, or other agency that is part of the County of Los Angeles.

13. **Community Business Enterprise Information**

The information requested below is for statistical purposes only. On final analysis and consideration of award, Proposer will be selected without regard to ethnicity, color, religion, sex, national origin, age, sexual orientation, or disability. Notwithstanding the aforementioned, Proposer shall provide information for **all** of the following: Organization’s Information; Percentage of Participation/Ownership in Organization; and, Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprise.

ORGANIZATION’S INFORMATION

|  |
| --- |
| **Business Structure: Choose an item.** |
| **Total Number of Individuals** (including Employees, Board Members, City Council Members, and/or Owners)**: Click here to enter text.** |
| **Ethnic Composition of Organization.** Please distribute the above total number of individuals into the following categories: |
| **Ethnic Composition** | **Board Members/****City Council Members/Owners (including Partners and****Associate Partners)** | **Managers** | **Staff** |
| Male | Female | Male | Female | Male | Female |
| Black/African American | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** |
| Hispanic/Latino | **Click here** | **Click here** | **Click here** | **Click here** | **Click here**  | **Click here**  |
| Asian or Pacific Islander | **Click here** | **Click here** | **Click here**  | **Click here**  | **Click here** | **Click here** |
| American Indian | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** |
| Filipino | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** |
| White | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** | **Click here** |

PERCENTAGE OF PARTICIPATION/OWNERSHIP IN ORGANIZATION

Please indicate by percentage (%) how Proposer’s Board/City Council participation or Proposer’s organization ownership is distributed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Black/African American** | **Hispanic/ Latino** | **Asian or Pacific Islander** | **American Indian** | **Filipino** | **White** |
| Men | **Click here%** | **Click here%** | **Click here%** | **Click here%** | **Click here%** | **Click here%** |
| Women | **Click here%** | **Click here%** | **Click here%** | **Click here%** | **Click here%** | **Click here%** |

CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISE

If Proposer is currently certified as a minority, women, disadvantaged, or disabled veteran owned business enterprise by a public entity, complete the following and attach a copy of your proof of certification (use additional pages, if necessary).

**If such certification is not applicable to your organization, check here ☐** .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency Name** | **Minority** | **Women** | **Disadvan-taged** | **Disabled Veteran** | **Expiration Date** |
| **Click here to enter text.** | **☐** | **☐** | **☐** | **☐** | **Click here to enter a date.** |
| **Click here to enter text.** | **☐** | **☐** | **☐** | **☐** | **Click here to enter a date.** |
| **Click here to enter text.** | **☐** | **☐** | **☐** | **☐** | **Click here to enter a date.** |
| **Click here to enter text.** | **☐** | **☐** | **☐** | **☐** | **Click here to enter a date.** |
| **Click here to enter text.** | **☐** | **☐** | **☐** | **☐** | **Click here to enter a date.** |

14. Proposer’s Designated Community Focal Point(s)

|  |  |
| --- | --- |
| Site Name: | Click here to enter text. |
| Site Address:  | Click here to enter text. |
|  | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Site Name: | Click here to enter text. |
| Site Address:  | Click here to enter text. |
|  | Click here to enter text. |
| Telephone: | Click here to enter text. |

15. Notices to Proposer pertaining to this solicitation shall be sent to:

|  |
| --- |
| **CONTACT 1** |
|       |  |       |
| Name |  | Title |
|       |  |       |
| Mailing Address |  | E-mail Address |
| **CONTACT 2** |
|       |  |       |
| Name |  | Title |
|       |  |       |
| Mailing Address |  | E-mail Address |

**Acknowledgement and Declaration**

Proposer acknowledges that if any false, misleading, incomplete or deceptively unresponsive statements are made in connection with this Proposal then the Proposal may be rejected. The evaluation and determination in this area shall be at the sole discretion of County and such determination shall be final.

Proposer further declares under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

|  |
| --- |
| **Click here to enter text.** |
| Proposer’s Legal Name |  |  |
| **Click here to enter text.** |
| Primary Address |  |  |
| **Click here to enter text.** |  | **Click here to enter text.** |
| E-mail |  | Telephone Number |
| **Click here to enter text.** |  | **Click here to enter text.** |
| Internal Revenue Service Employer Identification Number |  | California Business Entity Number |
| **Click here to enter text.** |  | **Click here to enter text.** |
| County WebVen Number |  | DUNS Number |

**Certification by Proposer’s Authorized Representative**

On behalf of Proposer identified above, I certify that I am Proposer’s Authorized Representative as evidenced by Form D1.1 (Authorization Warranty). I further certify that it is Proposer’s intent to submit this Proposal and the information contained in this Form D1 and the Proposal is true and correct to the best of my knowledge and belief.

|  |  |  |
| --- | --- | --- |
| **Click here to enter text.** |  | **Click here to enter text.** |
| Name of Authorized Representative |  | Title |
|  |  | **Click here to enter a date.** |
| Signature |  | Date |

**INSTRUCTIONS/INFORMATION:**

1. Please complete all the requested information for Items 1-9, Items 13-15, the *Acknowledgement and Declaration*, and *Certification by Proposer’s Authorized Representative*. Do not leave any item unanswered; by doing so the Proposal may be rejected.
2. Please complete all of the requested information for Item 13 (Community Business Enterprise Information) by filling in each chart. If you are not certified as a minority, women, disadvantaged, or disabled veteran owned business enterprise by a public agency, mark the selection noted above the chart.
3. Please complete the requested information for Item 14 (Proposer’s Designated Community Focal Point(s)) by providing each designated Focal Point. If your organization is designated as a Focal Point then enter your organization’s information accordingly. Please list any additional Focal Points on a separate page, which shall be attached to this Form D1 and submitted with the Proposal.
4. The person signing this Form D1 as Proposer’s Authorized Representative warrants that he/she is authorized to sign on behalf of Proposer and to bind Proposer in a Subaward (if awarded). Such authorization shall be evidenced by the information provided in Appendix D (Required Forms), Form D1.1 (Authorization Warranty).

## APPENDIX D (REQUIRED FORMS)

## FORM D1.1 (AUTHORIZATION WARRANTY)

Authorization Warranty for **Proposer’s legal name** is attached hereto.

Proposer shall attach a copy of its Authorization Warranty to this Form D1.1.

Such Authorization Warranty shall take the form of a current, valid, adopted/approved resolution, order, motion, or letter (on Proposer’s official letterhead) from Proposer’s governing body (e.g., Board of Directors, City Council, etc.). Such authorization warranty shall minimally include the following elements:

1. Reference to this procurement (identified by name and number).
2. Authorize submission of the Proposal on behalf of Proposer’s organization in response to this procurement.
3. Indicate the individual(s), by name and/or title, who is authorized to sign the Proposal.
4. Indicate the individual(s), by name and/or title, who is authorized to execute the Subaward, if awarded, and any amendments or addendums thereto, and bind Proposer to this agreement.
5. Authorize approval and acceptance of the Subaward Sum(s), if awarded.
6. Reference the title of the Subaward, if awarded, as follows: Subaward by and Between County of Los Angeles Workforce Development, Aging and Community Services and {*Proposer’s Legal Name*} for DPHP Program Subaward Period July 2020 – June 2021.

## APPENDIX D (REQUIRED FORMS)

## FORM D1.2 (ORGANIZATIONAL SUPPORT DOCUMENTS)

Organizational support documents for **Proposer’s legal name** are attached hereto.

##### Proposer shall attach a copy of its organizational support documents to this Form D1.2.

##### Taking into account the structure of Proposer’s organization (as reflected in Appendix D (Required Forms), Form D1 (Proposer’s Organization Questionnaire, Affidavit, and Community Business Enterprise Information)), Item 1, Proposer shall determine which of the following supporting documents or information that County requires:

##### **Corporation**: Provide all of Proposer’s information (including but not limited to Proposer’s legal name, California Business Entity Number, etc.) on Appendix D (Required Forms), Form D1 (Proposer’s Organization Questionnaire, Affidavit, and Community Business Enterprise Information).

##### **Public/Government Entity (Political Subdivision of the State)**: Provide an abbreviated version of the entity's Charter or other record of similar import by an authorized public official of the jurisdiction under which the entity is organized. When providing the abbreviated Charter, such copy shall minimally include the cover page with entity’s seal, and entity’s name, governing/legal authority, and its nature and powers. Alternatively, if the Charter is available online, provide the exact web address where it can be accessed electronically by County.

##### **Joint Powers Agency**: Provide the notice of Joint Powers Agreement (a conformed copy of the most recent filing along with the joint powers agreement and any amendments thereto with the Secretary of State or equivalent office for the state in which Proposer’s organization is incorporated/organized) or other record of similar import by an authorized public official of the jurisdiction under which the entity is organized. Alternatively, if this information is available online, provide the exact web address where it can be accessed electronically by County.

##### **Other**: If the organizational support documents referenced above are not available at the time of Proposal submission, Proposer must request the appropriate documents from the California Secretary of State (or its equivalent office for the state in which Proposer’s organization is incorporated/organized) and provide a statement describing the status of this request.

##### If Proposer’s organization does not fit into one (1) of these categories, upon receipt of the Proposal or at some later time, County may, in its sole discretion, request additional documentation regarding Proposer’s business organization.

## APPENDIX D (REQUIRED FORMS)

## FORM D2 (PROPOSER’S REFERENCES)

|  |  |
| --- | --- |
| **Proposer’s Legal Name:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Name of Organization** | **Address of Organization** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Type of Service** | **Contract Amount** |
| Click here to enter text. | Click here to enter text. | Enter text. | Enter text. |
| **Name of Organization** | **Address of Organization** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Type of Service** | **Contract Amount** |
| Click here to enter text. | Click here to enter text. | Enter text. | Enter text. |
| **Name of Organization** | **Address of Organization** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Type of Service** | **Contract Amount** |
| Click here to enter text. | Click here to enter text. | Enter text. | Enter text. |

**INSTRUCTIONS:**

1. List three (3) references who must be able to substantiate Proposer’s experience providing the same or substantially similar scope of Program Services for which Proposer is applying, where such experience has been obtained within the last five (5) years (between 2015-2020). References shall be from separate contracts providing separate services. Proposer shall indicate a specific person who will be contacted by County as part of conducting the reference check.  When providing information for any reference (i.e., organization, entity, firm, etc.), Proposer shall only use one (1) point of contact and one (1) contract for that reference.  For example, when Proposer has one (1) contract with an entity, Proposer shall not utilize the same contract citing three (3) different contacts to meet the requirement for three (3) references.  If Proposer has multiple contracts providing different services with an entity, it may list separate contacts for each of the contracts.  It is Proposer’s sole responsibility to ensure that the reference’s name and contact person’s name, title, phone number, and e-mail address are accurate.
2. When Proposer uses Workforce Development, Aging and Community Services (WDACS) as its reference, Proposer shall use the Contract Compliance Division as the contact. Complete the requested information for this reference as follows:
	1. Name of Organization: Workforce Development, Aging and Community Services
	2. Address of Organization: 3175 West Sixth Street, Los Angeles, CA 90020
	3. Contact Person’s Name: Contract Compliance Division
	4. Telephone No.: Please do not enter any information in this field.
	5. E-mail Address: Please do not enter any information in this field.
	6. Contract Name and Number: Enter the name/title of the contract and the contract number.
	7. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2018 – 06/30/2019).
	8. Type of Service: Enter the type of service(s) or deliverable(s) provided under the contract (i.e., statement of work).
	9. Contract Amount: Enter the total amount of the contract (i.e., contract award amount). If the contract is/was for a multi-year term, enter the total amount awarded for the multi-year term, including any term extensions (even if the amount is an estimate for any portion of the term). For example, if the contract is for a 3-year term and the funding amount is $100,000 per year then the Contract Amount will be $300,000 (calculated by multiplying 3 [years] x $100,000).
3. When Proposer uses another reference (i.e., non-WDACS reference), Proposer shall complete the requested information for this reference as follows (do not leave any item blank):
	1. Name of Organization: Enter the name of the organization that is the party to contract/agreement.
	2. Address of Organization: Enter the street name/number, city, state, and zip code of the organization’s primary office location.
	3. Contact Person’s Name: Enter the name of the contact person who oversees the contract.
	4. Telephone No.: Enter the contact person’s direct telephone number (including the area code and any extension).
	5. E-mail Address: Enter the contact person’s e-mail address.
	6. Contract Name and Number: Enter the name/title of the contract and the contract number.
	7. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2018 – 06/30/2019).
	8. Type of Service: Enter the type of service(s) or deliverable(s) provided under the contract (i.e., statement of work).
	9. Contract Amount: Enter the total amount of the contract (i.e., contract award amount). If the contract is/was for a multi-year term, enter the total amount awarded for the multi-year term, including any term extensions (even if the amount is an estimate for any portion of the term). For example, if the contract is for a 3-year term and the funding amount is $100,000 per year then the Contract Amount will be $300,000 (calculated by multiplying 3 [years] x $100,000).
4. If you need additional space to respond to any of the requested information, use additional sheets as necessary. When using an additional sheet(s), include the Name of Organization and the item description (e.g., Contract Name and Number, Type of Service, etc.).
5. Use the “up (⇧)” and “down (⇩)” arrows rather than the “Tab (Tab⭾)” key on your keyboard to move from field to field on this Form D2.

## APPENDIX D (REQUIRED FORMS)

## FORM D3 (PROPOSER’S LIST OF CONTRACTS WITH PUBLIC ENTITIES)

|  |  |
| --- | --- |
| **Proposer’s Legal Name:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Name of Entity** | **Address of Entity** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Type of Service** | **Contract Amount** |
| Click here to enter text. | Click here to enter text. | Enter text. | Enter text. |
| **Name of Entity** | **Address of Entity** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Type of Service** | **Contract Amount** |
| Click here to enter text. | Click here to enter text. | Enter text. | Enter text. |
| **Name of Entity** | **Address of Entity** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Type of Service** | **Contract Amount** |
| Click here to enter text. | Click here to enter text. | Enter text. | Enter text. |

**INSTRUCTIONS:**

1. List all contracts with public/government entities for which Proposer has provided any type of service(s) within the last three (3) years (between 2017 – 2020). If Proposer has had no contracts with public/government entities, Proposer shall enter ‘NONE’ for Name of Entity and leave all other fields blank.
2. When Proposer includes Workforce Development, Aging and Community Services (WDACS) on this Form D3, Proposer shall not use WDACS’ Contracts Management Division staff as the contact person. Proposer shall use the Contract Compliance Division as the contact. Complete the requested information for this contact as follows:

* 1. Name of Entity: Workforce Development, Aging and Community Services
	2. Address of Entity: 3175 West Sixth Street, Los Angeles, CA 90020
	3. Contact Person’s Name: Contract Compliance Division
	4. Telephone No.: Please do not enter any information in this field.
	5. E-mail Address: Please do not enter any information in this field.
	6. Contract Name and Number: Enter the name/title of the contract and the contract number.
	7. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2018 – 06/30/2019).
	8. Type of Service: Enter the type of service(s) or deliverable(s) provided under the contract (i.e., statement of work).
	9. Contract Amount: Enter the total amount of the contract (i.e., contract award amount). If the contract is/was for a multi-year term, enter the total amount awarded for the multi-year term (even if the amount is an estimate). For example, if the contract is for a 3-year term and the funding amount is $100,000 per year then the Contract Amount will be $300,000 (calculated by multiplying 3 [years] x $100,000).
1. Provide a response to all of the requested information for each contract as follows (i.e., do not leave any item blank):

* 1. Name of Entity: Enter the name of the public entity that is the party to the contract/agreement.
	2. Address of Entity: Enter the street name/number, city, state, and zip code of the entity’s primary office location.
	3. Contact Person’s Name: Enter the name of the contact person who oversees the contract.
	4. Telephone No.: Enter the contact person’s direct telephone number (including the area code and any extension).
	5. E-mail Address: Enter the contact person’s e-mail address.
	6. Contract Name and Number: Enter the name/title of the contract and the contract number.
	7. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2018 – 06/30/2019).
	8. Type of Service: Enter the type of service(s)/deliverable(s) provided under the contract (i.e., statement of work).
	9. Contract Amount: Enter the total amount of the contract (i.e., contract award amount). If the contract is/was for a multi-year term, enter the total amount awarded for the multi-year term (even if the amount is an estimate). For example, if the contract is for a 3-year term and the funding amount is $100,000 per year then the Contract Amount will be $300,000 (calculated by multiplying 3 [years] x $100,000).
1. If additional space is needed to respond to any of the requested information, use additional sheets. When using an additional sheet(s), include the Name of Entity and the item description (e.g., Contract Name and Number, Type of Service, etc.).
2. Use the “up (⇧)” and “down (⇩)” arrows rather than the “Tab (Tab⭾)” key on your keyboard to move from field to field on this Form D3.

## APPENDIX D (REQUIRED FORMS)

## FORM D4 (PROPOSER’S LIST OF EXPIRED AND TERMINATED CONTRACTS)

|  |  |
| --- | --- |
| **Proposer’s Legal Name:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Name of Organization** | **Address of Organization** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Status** |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. |
| **Name of Organization** | **Address of Organization** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Status** |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. |
| **Name of Organization** | **Address of Organization** |
| Click here to enter text. | Click here to enter text. |
| **Contact Person’s Name** | **Telephone No.** | **E-mail Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contract Name and Number** | **Contract Term** | **Status** |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. |

**INSTRUCTIONS:**

1. List all contracts that have either expired or have been terminated within the last three (3) years (between 2017 – 2020).
2. Provide a response to all of the requested information for each contract as follows and such response shall address the information being requested (do not leave any item blank):
	1. Name of Organization: Enter the name of the organization that is the party to contract/agreement.
	2. Address of Organization: Enter the street name/number, city, state, and zip code of the organization’s primary office location.
	3. Contact Person’s Name: Enter the name of the contact person who oversees the contract.
	4. Telephone No.: Enter the contact person’s direct telephone number (including the area code and any extension).
	5. E-mail Address: Enter the contact person’s e-mail address.
	6. Contract Name and Number: Enter the name/title of the contract and the contract number.
	7. Contract Term: Enter the term (period of performance) for the contract (e.g., 07/01/2018 – 06/30/2019).
	8. Status: Provide a status for each contract by selecting one of the following descriptions provided in the list of values:
		1. Natural Expiration: Proposer fulfilled/completed the contract terms by the natural expiration date.
		2. Termination (Convenience): The contract was terminated for convenience by either party at any time with or without giving any reason.
		3. Termination (Default): The contract was terminated for default due to contractor’s failure to perform according to the specified terms of the contract. Provide a detailed description of this status using an additional sheet(s) and attach this document to this Form D4.
		4. Termination (Insolvency): Provide a detailed description of this status using an additional sheet(s) and attach this document to this Form D4 when the contract was terminated for insolvency due to any of the following events:
			1. Insolvency: Occurs as a result of contractor’s inability to pay its debts or fails generally to pay its debts as they become due.
			2. Bankruptcy: Occurs when contractor files a voluntary petition, or one or more of its creditors file a petition, seeking its rehabilitation, liquidation, or reorganization under any law relating to bankruptcy, insolvency, or other relief of debtors and the petition is not removed within sixty (60) business days or ninety (90) calendar days of filing.
			3. Receivership: Occurs when receiver or other custodian is appointed to take possession of substantially all of [the assets of contractor.
			4. Dissolution: Occurs when contractor takes any action toward the dissolution or winding up of its affairs or the cessation or suspension of its activities.
			5. Liquidation: Occurs when a court of competent jurisdiction enters a decree or order directing the winding up or liquidation of contractor, or, of all or substantially all of contractor’s assets.
			6. General Assignment: Occurs when contractor makes a general assignment for the benefit of its creditors.
			7. Attachment: Occurs when any attachment, execution, or other judicial seizure is levied against all or substantially all of contractor’s assets.
		5. Termination (Other): If none of the descriptions listed accurately reflects the status of this contract, enter the appropriate description of the termination. Provide a detailed description of this status using an additional sheet(s) and attach this document to this Form D4.
3. If you need additional space to respond to any of the requested information, use additional sheets as necessary. When using an additional sheet(s), include the Name of Entity and the item description (e.g., Contract Name and Number, Type of Service, etc.).
4. Use the “up (⇧)” and “down (⇩)” arrows rather than the “Tab (Tab⭾)” key on your keyboard to move from field to field on this Form D4.

## APPENDIX D (REQUIRED FORMS)

## FORM D5 (CERTIFICATION OF NO CONFLICT OF INTEREST)

The Los Angeles County Code Section 2.180.010 (Certain Contracts Prohibited) provides as follows:

1. Notwithstanding any other section of this Code, County shall not contract with, and shall reject any Proposals submitted by the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:
2. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
3. Profit-making firms or businesses in which employees described in Number 1 serve as officers, principals, partners, or major shareholders;
4. Persons who, within the immediately preceding twelve (12) months, came within the provisions of Number 1, and who:
	1. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
	2. Participated in any way in developing the contract or its service specifications; and

4. Profit-making firms or businesses in which the former employees, described in Number 3, serve as officers, principals, partners, or major shareholders.

1. Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district, or agency that the provisions of this Los Angeles County Code Section have not been violated.

**Certification and Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |  |  |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D6 (FAMILIARITY WITH COUNTY’S LOBBYIST ORDINANCE CERTIFICATION)

Proposer certifies that:

1. It is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160.
2. All persons acting on behalf of Proposer’s organization have and will comply with this Ordinance during the solicitation process.
3. It is not on the County of Los Angeles Executive Office’s List of Terminated Registered Lobbyists.

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**Certification and Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |  |  |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D7 (PREFERENCE PROGRAM CONSIDERATION)

Proposer is requesting consideration for County Preference for this solicitation based on the available Program Preferences listed herein:

[ ]  Yes (select *Preference*; complete *Certification and Declaration* and *Acknowledgement*)

[ ]  No (complete *Acknowledgement*)

[ ]  **Request for Local Small Business Enterprise (LSBE) Program Preference**

[ ]  Proposer meets the revenues and employee size criteria of the federal Small Business Administration and maintains an active registration as a small business on the System for Award Management (SAM) data base.

**AND**

[ ]  Proposer is certified as an LSBE vendor by the County of Los Angeles Department of Consumer and Business Affairs (DCBA).

**AND**

[ ]  DCBA certification is attached.

[ ]  **Request for Social Enterprise (SE) Program Preference**

[ ]  Proposer has been in operation for at least one (1) year providing transitional or permanent to a Transitional Workforce or providing social, environmental, and/or human justice services.

**AND**

[ ]  Proposer is certified as an SE vendor by DCBA.

**AND**

[ ]  DCBA certification is attached.

[ ]  **Request for Disabled Veterans Business Enterprise (DVBE) Program Preference**

[ ]  Proposer is certified by the State of California.

**OR**

[ ]  Proposer is certified as a DVBE by U.S. Department of Veterans Affairs.

**OR**

[ ]  Proposer is certified as a DVBE vendor by other certifying agencies pursuant to DCBA’s inclusion policy that meets the criteria set forth by the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration.

**AND**

[ ]  Proposer is certified as a DVBE vendor by DCBA.

**AND**

[ ]  DCBA certification is attached.

[ ]  **Certification and Declaration**

My organization meets all of the requirements for the selected Preference Program(s) identified above and I request that this Proposal be considered for the Preference Program(s) selected.

A copy of the certification letter issued by DCBA is attached.

I acknowledge that County reserves the right to modify and/or cancel any of the Preference Programs at County’s sole discretion and Proposer shall comply with County’s final decision.

I understand that the Preference Programs’ price or scoring preference shall not be combined with any other County preference program to exceed fifteen percent (15%) for any Proposal submitted in response to this solicitation. As such, if my organization is approved to receive a preference for my Proposal then only one (1) of the selected Program Preferences identified above will be applied to my Proposal.

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and accurate.

[ ]  **Acknowledgement**

Proposer acknowledges that the information stated herein is a true and accurate representation of its intent.

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |  |  |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

***Reviewed by County (For County Use Only)***

|  |  |  |
| --- | --- | --- |
|  |  | ☐ Approved ☐ Denied |
| Name of Reviewer |  | Determination |
|  |  |  |
| Reviewer’s Signature |  | Date |

**INSTRUCTIONS:**

1. Proposer shall indicate whether it is requesting consideration for County’s Preference Programs.
2. If Proposer indicates that it is requesting consideration for County Preference, Proposer shall complete this Form D7 as follows:
	1. Proposer may request consideration for one (1) or more of the Preference Programs by placing a check mark in the box next to the applicable Preference Program(s) and the corresponding requirements noted therein.
	2. Review the *Certification and Declaration* and place a check mark next to this option. This *Certification and Declaration* only applies to Proposer who requests consideration for County Preference.
	3. Complete the signature block by providing Proposer’s name and Authorized Representative’s name and title. Authorized Representative shall sign and date this form.
	4. Submit this Form D7 along with Proposer’s copy of the certification letter issued by the Department of Consumer and Business Affairs for proper consideration of the Preference.
3. If Proposer indicates that it is not requesting consideration for County Preference, Proposer shall complete this Form D7 as follows:
	1. Proposer shall review the *Acknowledgement* and place a check mark next to this option.
	2. Proposer shall complete the signature block by providing Proposer’s name and Authorized Representative’s name and title. By completing this information, Proposer is acknowledging that it does not intend to request County Preference.
4. Do not complete *Reviewed by County (For County Use Only)*.
5. Use the “up (⇧)” and “down (⇩)” arrows rather than the “Tab (Tab⭾)” key on your keyboard to move from field to field on this Form D7.

## APPENDIX D (REQUIRED FORMS)

## FORM D8 (PROPOSER'S EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION)

**General Certification**

In accordance with Los Angeles County Code Section 4.32.010, Proposer, supplier, or vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

**Proposer’s Specific Certifications**

|  |
| --- |
|  |
| Proposer has a written policy statement prohibiting discrimination in all phases of employment. | [ ]  Yes[ ]  No |
| Proposer periodically conducts a self-analysis or utilization analysis of its workforce. | [ ]  Yes[ ]  No |
| Proposer has a system for determining if its employment practices are discriminatory against protected groups. | [ ]  Yes[ ]  No |
| When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goals and/or timetables. | [ ]  Yes[ ]  No |

**Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |  |  |
| Click here to enter text. |
| Internal Revenue Service Employer Identification Number |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D9 (ATTESTATION OF WILLINGNESS TO CONSIDER

## GAIN/GROW PARTICIPANTS)

As a threshold requirement for consideration for the Subaward (that is “Contract), Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to its willingness to provide employed GAIN/GROW participants with access to Proposer’s employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To obtain qualified GAIN/GROW participants as potential employment candidates, Subrecipient (that is “Contractor”) shall report all job openings with job requirements to: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV.

**Proposer who is unable to meet this requirement shall not be considered for the Contract award.**

1. Proposer has a proven record of hiring GAIN/GROW participants.

[ ]  YES (subject to verification by County) [ ]  NO

1. Proposer is willing to provide County of Los Angeles Department of Public Social Services with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. “Consider” means that Proposer is willing to interview qualified GAIN/GROW participants.

[ ]  YES [ ]  NO

1. Proposer is willing to provide employed GAIN/GROW participants with access to its employee-mentoring program, if such a program is available.

[ ]  YES [ ]  NO [ ]  N/A (Program not available)

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |  |  |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D10 (COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION AND APPLICATION FOR EXCEPTION)

This solicitation is subject to the County of Los Angeles Contractor Employee Jury Service Program (Jury Service Program) requirements as outlined in Los Angeles County Code Chapter 2.203 (Contractor Employee Jury Service).

**Part I (Jury Service Program is Not Applicable to My Business)**

[ ]  My business does not meet the definition of “contractor,” as defined in the Jury Service Program, as it has not received an aggregate sum of $50,000 or more in any 12-month period under one (1) or more County of Los Angeles contracts or subcontracts (this exception is not available if the Subaward (that is “Contract”) itself will exceed $50,000). I understand that the exception will be lost and I must comply with the Jury Service Program if my revenues from County of Los Angeles exceed an aggregate sum of $50,000 in any 12-month period.

[ ]  My business is a small business as defined in the Jury Service Program. It 1) has ten (10) or fewer employees; and, 2) has annual gross revenues in the preceding twelve (12) months which, if added to the annual amount of this Contract, are $500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Jury Service Program if the number of employees in my business and my gross annual revenues exceed the above limits.

**“Dominant in its field of operation”** means having more than ten (10) employees and annual gross revenues in the preceding twelve (12) months, which, if added to the annual amount of the Contract awarded, exceed $500,000.

**“Affiliate or subsidiary of a business dominant in its field of operation”** means a business which is at least twenty percent (20%) owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

[ ]  My business is subject to a Collective Bargaining Agreement (agreement is attached) that expressly provides that it supersedes all provisions of the Jury Service Program.

**Part II (Certification of Compliance)**

[ ]  My business has and adheres to a written policy that provides, on an annual basis, no less than five (5) days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my business will have and adhere to such a policy prior to award of the Contract.

**/**

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**Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |
| Click here to enter text. |
| Title of Program Services |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

**INSTRUCTIONS:**

1. All Proposers, whether a contractor or subcontractor, must complete this Form D10 to either certify compliance with or request an exception from County’s Jury Service Program requirements. Upon review of the completed form, County will determine, in its sole discretion, whether Proposer will be exempted from the Jury Service Program.
2. Complete either Part I (Jury Service Program is Not Applicable to My Business) or Part II (Certification of Compliance) as follows:
	1. Part I (Jury Service Program is Not Applicable to My Business): If you believe that the Jury Service Program does not apply to your organization, check the appropriate box in Part I and attach documentation to support your claim.
	2. Part II (Certification of Compliance): Complete Part II to certify that your organization is already in compliance with the Jury Service Program.
3. Declaration: After completing either Part I (Jury Service Program is Not Applicable to My Business) or Part II (Certification of Compliance), please sign and date this Form D10.

## APPENDIX D (REQUIRED FORMS)

## FORM D11 (INTENTIONALLY OMITTED)

##  APPENDIX D (REQUIRED FORMS)

## FORM D12 (CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

## AND ACKNOWLEDGEMENT OF REQUEST FOR PROPOSALS RESTRICTIONS)

1. By submission of this Proposal, Proposer certifies that the prices detailed herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.
2. Any person(s) signing on behalf of Proposer will be required to warrant that he/she is authorized to bind Proposer if awarded a Subaward. List all names, e-mail addresses, and telephone numbers of persons legally authorized to commit Proposer (i.e., Authorized Representative(s)).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **E-mail Address** |  | **Phone Number** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |

1. List names of all joint ventures, partners, or others having any right or interest in this solicitation and any resulting Subaward that may be awarded under this solicitation or the proceeds thereof. If not applicable, state “NONE”.

|  |
| --- |
| Click here to enter text. |

1. Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this solicitation. Proposer understands that if it is determined by County that Proposer did participate as a consultant in this solicitation process, County shall reject this Proposal.

|  |
| --- |
| **Declaration**I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.Click here to enter text. |
| Proposer’s Legal Name |  |  |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D13 (INTENTIONALLY OMITTED)

## APPENDIX D (REQUIRED FORMS)

## FORM D14 (INTENTIONALLY OMITTED)

## APPENDIX D (REQUIRED FORMS)

## FORM D15 (INTENTIONALLY OMITTED)

## APPENDIX D (REQUIRED FORMS)

## FORM D16 (INTENTIONALLY OMITTED)

## APPENDIX D (REQUIRED FORMS)

## FORM D17 (INTENTIONALLY OMITTED)

## APPENDIX D (REQUIRED FORMS)

## FORM D18 (INTENTIONALLY OMITTED)

## APPENDIX D (REQUIRED FORMS)

## FORM D19 (CHARITABLE CONTRIBUTIONS CERTIFICATION)

The Nonprofit Integrity Act (Senate Bill 1262 Chapter 919) added requirements to California’s Supervision of Trustees and Fundraisers for Charitable Purposes Act, which regulates those receiving and raising charitable contributions.

**Select the certification below (either Option A or Option B) that is applicable to Proposer’s organization:**

OPTION A:

[ ]  Proposer 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, Proposer will timely comply with them and provide County’s Contract Manager a copy of its initial registration with the California State Attorney General’s Registry of Charitable Trusts when filed.

OPTION B:

[ ]  Proposer is registered with the California Registry of Charitable Trusts under the CT Number listed below and is in compliance with its registration and reporting requirements under California law.

[ ]  Attached is a copy of Proposer’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 a copy of this filing is not available at the time of Proposal submission, by providing Proposer’s Charitable Trusts Number below, County is authorized to obtain this information electronically.

**Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |
| Click here to enter text. |
| California Registry of Charitable Trusts “CT” Number (if applicable) |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D20 (CERTIFICATION OF COMPLIANCE WITH COUNTY’S

## DEFAULTED PROPERTY TAX REDUCTION PROGRAM)

Select the certification below that is applicable to Proposer’s/Subrecipient’s (that is, “Proposer’s/Contractor’s”) organization:

[ ]  Proposer/Contractor is familiar with the terms of the Los Angeles County Code Chapter 2.206 (Defaulted Property Tax Reduction Program). To the best of its knowledge, after a reasonable inquiry, Proposer/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation. Proposer/Contractor agrees to comply with County’s Defaulted Property Tax Reduction Program during the term of any awarded Subaward (that is, "Contract").

[ ]  Proposer/Contractor is exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

Click here to enter text.

**Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

|  |
| --- |
| Click here to enter text. |
| Proposer’s Legal Name |
| Click here to enter text. |
| Title of Program Services |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D21 (COMPLIANCE WITH COUNTY’S ZERO TOLERANCE HUMAN TRAFFICKING POLICY)

County of Los Angeles has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County of Los Angeles contract.

Proposer acknowledges and certifies compliance with Appendix A (Sample Subaward), Subparagraph 8.54 (Compliance with County’s Zero Tolerance Human Trafficking Policy) and agrees that Proposer or a member of its staff performing Work under the proposed Subaward (that is, “Contract”) will be in compliance. Proposer further acknowledges that noncompliance with County's Zero Tolerance Policy on Human Trafficking may result in rejection of any Proposal, or cancellation of any resultant Contract, at the sole judgment of County.

Proposer further acknowledges that noncompliance with the County's Zero Tolerance Human Trafficking Policy may result in County’s rejection of its Proposal or cancellation/termination of the proposed Contract, at the sole judgment of County.

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**Certification and Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

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| Click here to enter text. |
| Proposer’s Legal Name |  |  |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |

## APPENDIX D (REQUIRED FORMS)

## FORM D22 (INTENTIONALLY OMITTED)

## APPENDIX D (REQUIRED FORMS)

## FORM D23 (COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION)

The County of Los Angeles Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County of Los Angeles to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History, effective January 1, 2018.

**Certification**

Proposer/Subrecipient (that is, “Proposer/Contractor”) acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that Proposer/Contractor and Staff performing Work under the Subaward (that is, “Contract”) will be in compliance. Proposer/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any Proposal or termination of any resultant Contract, at the sole judgment of County.

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**Declaration**

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

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| Click here to enter text. |
| Proposer’s Legal Name |
| Click here to enter text. |
| Title of Program Services |
| Click here to enter text. |  | Click here to enter text. |
| Name of Authorized Representative |  | Title of Authorized Representative |
|  |  | Click here to enter a date. |
| Authorized Representative’s Signature |  | Date |