**APPENDIX B - REQUIRED FORMS**

**Exhibits**

1. Organization Questionnaire/Affidavit
2. Certification of Compliance
3. Request for Preference Consideration
4. Debarment History and List of Terminated Contracts
5. Community Business Enterprise (CBE) Information (Excel Worksheet)
6. Minimum Mandatory Requirements
7. List of Public Entities
8. List of References
9. Contribution and Agent Declaration Form
10. Declaration

**REQUIRED FORMS – EXHIBIT 1**

|  |  |
| --- | --- |
| **Vendor’s Name:** Click or tap here to enter text. | **County Webven Number:** Click or tap here to enter text. |
| **Address:**Click or tap here to enter text. | |
| **Telephone Number:**Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Internal Revenue Service Employer Identification Number:**Click or tap here to enter text. | **California Business License Number:**Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 1 | Select the option that best defines your firm’s business structure:  Corporation  Limited Liability Company (LLC)  Limited Partnership  Sole Proprietorship  Non-Profit  Franchise  Other (Specify) | **If Corporation or Limited Liability Company (LLC):**  Legal Name (as stated in Articles of Incorporation): Click or tap here to enter text.  State of Incorporation: Click or tap here to enter text.  Year of Incorporation: Click or tap here to enter text.  **If Limited Partnership or a Sole Proprietorship:**  Name of proprietor or managing partner: Click or tap here to enter text.  **If other:** Specify business structure name: Click or tap here to enter text. |
| 2 | Is your firm doing business under one or more DBA’s**?**  Yes  No | Name: Click or tap here to enter text.  Country of Registration: Click or tap here to enter text.  Year became DBA: Click or tap here to enter text. |
| 3 | Is your firm wholly/majority owned by, or a subsidiary of another firm?  Yes  No | If yes, indicate name of Parent Firm and State of Incorporation.  Name of Parent Firm: Click or tap here to enter text.  State of Incorporation or registration of parent firm: Click or tap here to enter text. |
| 4 | Has your firm done business under other names within last five (5) years?  Yes  No | If yes, indicate any other names and the year of name change.  Name(s): Click or tap here to enter text.  Year(s) of Name Change: Click or tap here to enter text. |

**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

|  |  |  |
| --- | --- | --- |
| **REQUIRED FORMS – EXHIBIT 1**  **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”. | Click or tap here to enter text. |
| 6 | Is your firm involved in any pending acquisition or mergers?  Yes  No | If yes, please provide additional information regarding the pending merger.  Click or tap here to enter text. |
| 7 | List all names and contact information of all individuals legally authorized to commit the Vendor. | Name: Click or tap here to enter text.  Title: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text.  Name: Click or tap here to enter text.  Title: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text.  Name: Click or tap here to enter text.  Title: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. |

**REQUIRED FORMS – EXHIBIT 2**

**CERTIFICATION OF COMPLIANCE**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** | | **REFERENCE** | **CERTIFICATIONS** |
| 1 | Certification of No Conflict of Interest | [LACC 2.180](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.180COCUFOCOEM) | **Certifies Compliance ?**  Yes  No |
| 2 | Familiarity with the County Lobbyist Ordinance Certification | [LACC 2.160](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.160COLO) | **Certifies Compliance ?**  Yes  No |
| 3 | Zero Tolerance Policy on Human Trafficking Certification | [Motion](http://file.lacounty.gov/SDSInter/bos/supdocs/107916.pdf) | **Certifies Compliance ?**  Yes  No |
| 4 | Compliance with Fair Chance Employment Hiring Practices Certification | [Board Policy 5.250](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.250FACHEM) | **Certifies Compliance ?**  Yes  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)  Click or tap here to enter text. | [Board Policy 5.065](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.065NOCOREPO) | **Check the Certification below that is applicable to your company.**  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**  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 | [Board Policy 5.050](https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=CH5COPU_5.050COUSGAGRPA) | **Certifies Compliance ?**  Yes  No  **Willing to provide GAIN/START participants access to employee mentoring program?**  Yes  No  N/A-program not available |
| 7 | Contractor Employee Jury Service Program Certification Form & Application for Exception | [LACC 2.203](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.203COEMJUSE) | **Certifies Compliance ?**  Yes  No  **If No, identify exemption:**  My business does not meet the definition of “contractor,” as defined in the Program.  My business is a small business as defined in the Program.  My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program |
| 8 | Certification of Compliance with the County's Defaulted Property Tax Reduction Program | [LACC 2.206](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.206DEPRTAREPR) | **Certifies Compliance ?**  Yes  No  **If No, identify exemption:**  Click or tap here to enter text. |

**REQUIRED FORMS – EXHIBIT 3**

**REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS**: Vendors requesting preference consideration must complete and include this form in their SOQ. Vendors may request consideration for one or more preference programs.  **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

|  |
| --- |
| **PREFERENCE NOT REQUESTED** |

**OR**

|  |  |  |
| --- | --- | --- |
| **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)** | | |
| **Preference Program** | | **Reference** |
|  | Request for Local Small Business Enterprise (LSBE) Program Preference | [**LACC 2.204**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.204LOBUENPRPR) |
|  | Certification for Non-Federally Funded County Solicitations |
|  | Certification for Federally Funded County Solicitations |
|  | Request for Social Enterprise (SE) Program Preference  Certification for Non-Federally Funded County Solicitations  Certification for Federally Funded County Solicitations | [**LACC 2.205**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.205SOENPRPR) |
|  | Request for Disabled Veterans Business Enterprise (DVBE) Program Preference | [**LACC 2.211**](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.211DIVEBUENPRPR) |

**Note: In no instance should any of the listed preference programs price or scoring be combined with any other County program to exceed fifteen percent (15%) in response to any county solicitation.**

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| **REQUIRED FORMS – EXHIBIT 4** | | | | | | | | |
| **DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| Vendor’s Name: Click or tap here to enter text. | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **1. DEBARMENT HISTORY (Check one)** | | | | | | | **YES** | **NO** |
| Vendor is currently debarred by a public entity | | | | | | |  |  |
| 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. | | | | | | |  |  |
| If yes, please list all Contracts and/or Master Agreements that have been terminated prior to expiration within the last three (3) years. | | | | | | | | |

|  |  |
| --- | --- |
| Service: | Click or tap here to enter text. |
| Name of Entity: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Contact: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Termination Date: | Click or tap here to enter text. |
| Name/Contract No: | Click or tap here to enter text. |
| Reason for Termination: | Click or tap here to enter text. |

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| Service: | Click or tap here to enter text. |
| Name of Entity: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Contact: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Termination Date: | Click or tap here to enter text. |
| Name/Contract No: | Click or tap here to enter text. |
| Reason for Termination: | Click or tap here to enter text. |

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| Service: | Click or tap here to enter text. |
| Name of Entity: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Contact: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Termination Date: | Click or tap here to enter text. |
| Name/Contract No: | Click or tap here to enter text. |
| Reason for Termination: | Click or tap here to enter text. |

**REQUIRED FORMS – EXHIBIT 5**

**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

Refer to Excel Worksheet

**REQUIRED FORMS – EXHIBIT 6**

**MINIMUM MANDATORY REQUIREMENTS**

Vendor acknowledges and certifies that it meets and will comply with the Minimum Mandatory Requirements indicated below and as stated in Paragraph 3.0 (Minimum Mandatory Requirements), of this Request for Statement of Qualifications (RFSQ).

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Minimum Mandatory Requirement(s) (M/R) | Complies with M/R | |
| Yes | No |
| 1 | Proposer must have a current agreement in good standing (at the sole discretion of the County) with Regional Planning or Department of Public Works, providing the same services described in Attachment A, through a valid work order; |  |  |
| **OR** | | | |
| 2 | The Vendor must have a minimum of seven (7) or more years of experience in providing contract planning services, or other services similar to the services stated in Section RFSQ Section 2.1 (Scope of Work), to at least two (2) client public agencies within the past ten (10) years. |  |  |
| **AND ALL BELOW** | | | |
| 3 | Vendor does not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over $100,000.00, that are confirmed to be disallowed costs by the County department and remain unpaid for a period of 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. |  |  |
| 4 | Proposer must not currently be on any federal, State or local government debarment list. |  |  |

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| **REQUIRED FORMS – EXHIBIT 7** | | | | | | | | | | | | | | | |
| **LIST OF PUBLIC ENTITIES** | | | | | | | | | | | | | | | |
| **Proposer's Name:**Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Provide all public entity contracts for the last three (3) years where the same or similar scope of  services were provided. It is the Proposer's responsibility to ensure accuracy of the  information provided below. Use additional pages if required. | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  |  |  | |  | |  | | |
| **PUBLIC AGENCIES** | | | | | | | | | | | | | | | |
| AGENCY/DEPT: | | Click or tap here to enter text. | | | | | |  | AGENCY/DEPT: | Click or tap here to enter text. | | | | | |
| SERVICE TYPE: | | Click or tap here to enter text. | | | | | |  | SERVICE TYPE: | Click or tap here to enter text. | | | | | |
| CONTRACT TERM: | | Click or tap here to enter text. | | | | | |  | CONTRACT TERM: | Click or tap here to enter text. | | | | | |
| CONTRACT AMT: | | Click or tap here to enter text. | | | | | |  | CONTRACT AMT: | Click or tap here to enter text. | | | | | |
| CONTACT: | | Click or tap here to enter text. | | | | | |  | CONTACT: | Click or tap here to enter text. | | | | | |
| TELEPHONE: | | Click or tap here to enter text. | | | | | |  | TELEPHONE: | Click or tap here to enter text. | | | | | |
| E-MAIL: | | Click or tap here to enter text. | | | | | |  | E-MAIL: | Click or tap here to enter text. | | | | | |
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| AGENCY/DEPT: | | Click or tap here to enter text. | | | | | |  | AGENCY/DEPT: | Click or tap here to enter text. | | | | | |
| SERVICE TYPE: | | Click or tap here to enter text. | | | | | |  | SERVICE TYPE: | Click or tap here to enter text. | | | | | |
| CONTRACT TERM: | | Click or tap here to enter text. | | | | | |  | CONTRACT TERM: | Click or tap here to enter text. | | | | | |
| CONTRACT AMT: | | Click or tap here to enter text. | | | | | |  | CONTRACT AMT: | Click or tap here to enter text. | | | | | |
| CONTACT: | | Click or tap here to enter text. | | | | | |  | CONTACT: | Click or tap here to enter text. | | | | | |
| TELEPHONE: | | Click or tap here to enter text. | | | | | |  | TELEPHONE: | Click or tap here to enter text. | | | | | |
| E-MAIL: | | Click or tap here to enter text. | | | | | |  | E-MAIL: | Click or tap here to enter text. | | | | | |
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| AGENCY/DEPT: | | Click or tap here to enter text. | | | | | |  | AGENCY/DEPT: | Click or tap here to enter text. | | | | | |
| SERVICE TYPE: | | Click or tap here to enter text. | | | | | |  | SERVICE TYPE: | Click or tap here to enter text. | | | | | |
| CONTRACT TERM: | | Click or tap here to enter text. | | | | | |  | CONTRACT TERM: | Click or tap here to enter text. | | | | | |
| CONTRACT AMT: | | Click or tap here to enter text. | | | | | |  | CONTRACT AMT: | Click or tap here to enter text. | | | | | |
| CONTACT: | | Click or tap here to enter text. | | | | | |  | CONTACT: | Click or tap here to enter text. | | | | | |
| TELEPHONE: | | Click or tap here to enter text. | | | | | |  | TELEPHONE: | Click or tap here to enter text. | | | | | |
| E-MAIL: | | Click or tap here to enter text. | | | | | |  | E-MAIL: | Click or tap here to enter text. | | | | | |
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| **REQUIRED FORMS – EXHIBIT 8** |
| **LIST OF REFERENCES** |
| **Vendor's Name:**Click or tap here to enter text. |

Vendor’s List of References will be used for review (or evaluation) purposes and to validate Vendor meets the Minimum Mandatory Requirements stated in the RFSQ (or WOS). Vendor must provide at least two (2) references as indicated in Section A.2) references where the same or similar scope of services was provided.

It is the Proposer's responsibility to ensure accuracy of the information provided below.

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| **REFERENCES** | | | |  | **REFERENCES** | | | | |
| **REFERENCE 1** | | | |  | **REFERENCE 4** | | | | |
| AGENCY/DEPT: | | Click or tap here to enter text. | |  | AGENCY/DEPT: | Click or tap here to enter text. | | | |
| SERVICE TYPE: | | Click or tap here to enter text. | |  | SERVICE TYPE: | Click or tap here to enter text. | | | |
| CONTRACT TERM: | | Click or tap here to enter text. | |  | CONTRACT TERM: | Click or tap here to enter text. | | | |
| CONTRACT AMT: | | Click or tap here to enter text. | |  | CONTRACT AMT: | Click or tap here to enter text. | | | |
| CONTACT: | | Click or tap here to enter text. | |  | CONTACT: | Click or tap here to enter text. | | | |
| TELEPHONE: | | Click or tap here to enter text. | |  | TELEPHONE: | Click or tap here to enter text. | | | |
| E-MAIL: | | Click or tap here to enter text. | |  | E-MAIL: | Click or tap here to enter text. | | | |
| **REFERENCE 2** | | | |  | **REFERENCE 5** | | | | |
| AGENCY/DEPT: | | Click or tap here to enter text. | |  | AGENCY/DEPT: | Click or tap here to enter text. | | | |
| SERVICE TYPE: | | Click or tap here to enter text. | |  | SERVICE TYPE: | Click or tap here to enter text. | | | |
| CONTRACT TERM: | | Click or tap here to enter text. | |  | CONTRACT TERM: | Click or tap here to enter text. | | | |
| CONTRACT AMT: | | Click or tap here to enter text. | |  | CONTRACT AMT: | Click or tap here to enter text. | | | |
| CONTACT: | | Click or tap here to enter text. | |  | CONTACT: | Click or tap here to enter text. | | | |
| TELEPHONE: | | Click or tap here to enter text. | |  | TELEPHONE: | Click or tap here to enter text. | | | |
| E-MAIL: | | Click or tap here to enter text. | |  | E-MAIL: | Click or tap here to enter text. | | | |
| **REFERENCE 3** | | | |  | **REFERENCE 6** | | | | |
| AGENCY/DEPT: | | Click or tap here to enter text. | |  | AGENCY/DEPT: | Click or tap here to enter text. | | | |
| SERVICE TYPE: | | Click or tap here to enter text. | |  | SERVICE TYPE: | Click or tap here to enter text. | | | |
| CONTRACT TERM: | | Click or tap here to enter text. | |  | CONTRACT TERM: | Click or tap here to enter text. | | | |
| CONTRACT AMT: | | Click or tap here to enter text. | |  | CONTRACT AMT: | Click or tap here to enter text. | | | |
| CONTACT: | | Click or tap here to enter text. | |  | CONTACT: | Click or tap here to enter text. | | | |
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**REQUIRED FORMS – EXHIBIT 9**

**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](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV&sectionNum=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 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

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

1. COMPANY OR APPLICANT INFORMATION
   1. Declarant Company or Applicant Name:

Click or tap here to enter text.

* + 1. If applicable, identify all subcontractors that have been or will be named in your bid or proposal: Click or tap here to enter text.
    2. If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months: Click or tap here to enter text.
    3. 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:

Click or tap here to enter text.

**[IF A COMPANY, ANSWER QUESTIONS 2 - 3]**

* 1. 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.
     1. Parent(s):

Click or tap here to enter text.

* + 1. Subsidiaries:

Click or tap here to enter text.

* + 1. Related Business Entities:

Click or tap here to enter text.

* 1. If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

Click or tap here to enter text.

* 1. 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.

Click or tap here to enter text.

**REQUIRED FORMS – EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

* 1. 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.)*

Click or tap here to enter text.

* 1. 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.

Click or tap here to enter text.

1. CONTRIBUTIONS

|  |  |  |
| --- | --- | --- |
| **Date** (contribution solicited, or directed) | **Recipient Name** (elected official) | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* 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.

\*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** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*Please attach an additional page, if necessary.

**REQUIRED FORMS – EXHIBIT 9**

**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 Click or tap here to enter text. additional pages attached to this Contribution Declaration Form.

**COMPANY BIDDERS OR APPLICANTS**

I, Click or tap here to enter text. (Authorized Representative), on behalf of Click or tap here to enter text.(Declarant Company), at which I am employed as Click or tap here to enter text. (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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Signature Date

**REQUIRED FORMS – EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**INDIVIDUAL BIDDERS OR APPLICANTS**

I, Click or tap here to enter text., 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Signature Date

**REQUIRED FORMS – EXHIBIT 10**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-10 IS TRUE AND CORRECT.**

|  |  |
| --- | --- |
| PRINT NAME:  Click or tap here to enter text. | TITLE:  Click or tap here to enter text. |
| SIGNATURE: | DATE:  Click or tap here to enter text. |