



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

FESIA A. DAVENPORT
Chief Executive Officer

September 14, 2022

Board of Supervisors
HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

SHEILA KUEHL
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

ADDENDUM TWO

REQUEST FOR STATEMENT OF QUALIFICATIONS - CAC RFSQ-2016-01, RISK MANAGEMENT AND INSURANCE CONSULTING SERVICES

This Addendum Number Two is issued to: 1) add a new service category, Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance Program Services to the solicitation referenced above; 2) provide clarifications to the requirements of the solicitation; 3) add and update standard County provisions in the solicitation and the Master Agreement as required by the Board of Supervisors (Board).

1. Addendum Two will be effective immediately.
2. "RFSQ, SECTION 1.2, Scope of Work, a service category is added as follows:
 - "HIPAA Compliance Program Services [Risk Management] – Information privacy specialists that can provide consulting services and perform audits of County's designated HIPAA-covered Departments and Facilities (Exhibit 18) to determine their compliance with the HIPAA Privacy and Breach Notification Rules, identify gaps, and make recommendations for improvement. Such examination (audits) is conducted to express an opinion thereon."
3. RFSQ, SECTION 1.5, Vendor's Minimum Qualifications, is deleted in its entirety and replaced as follows:

"1.5 Vendors Minimum Qualifications

Interested and qualified Vendors that meet the Minimum Qualifications stated below are invited to submit an SOQ. As previously noted, each Work Order request will describe the specialized expertise required for that project, and therefore vendors will not be required to demonstrate expertise in all of the professional specializations noted in Section 1.2 (Scope of Work), as a prerequisite to qualify for the Master Agreement:

- 1.5.1 Vendor must have three (3) years' experience, within the last five (5) years providing consulting services for each area of expertise it

possesses. Services must be equivalent and similar in scope to the services identified in Paragraph 1.2 (Scope of Work).

- 1.5.2 If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Vendor must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County."

4. RFSQ, SECTION 1.8, Master Agreement Term, first and second paragraph, is deleted in its entirety and is replaced as follows:

"1.8.1 The term of the Master Agreement will be five (5) years, with four (4) optional one (1) year periods, and a six-month extension, effective January 1, 2017, or upon the date of its execution by the County, whichever is later, and will expire on **December 31, 2024**, unless sooner terminated."

5. RFSQ, SECTION 1.10, Contact with County Personnel, is deleted in its entirety and is replaced as follows:

"1.10 Contact with County Personnel

Any contact regarding this RFSQ or any matter relating thereto must be in writing and may be e-mailed as follows:

Kashari S. Jones
Chief Executive Office
Risk Management Branch
riskmanagementsolicitations@ceo.lacounty.gov

If it is discovered that a Vendor contacted and received information from any County personnel, other than the person specified above, regarding this solicitation, County, in its sole determination, may disqualify their SOQ from further consideration."

6. RFSQ, SECTION 1.16, SPARTA Program, is deleted in its entirety and intentionally omitted.

7. RFSQ, SECTION 1.33, Local Small Business Enterprise Preference Program, is deleted in its entirety and is replaced as follows:

“1.33 Local Small Business Enterprise Preference Program

- 1.33.1 The County will apply the LSBE preference during the solicitation process to businesses that meet the definition of an LSBE for solicitations not subject to the federal restriction on geographical preferences, consistent with [Chapter 2.204 of the Los Angeles County Code](#).
- 1.33.2 The business must be certified by DCBA prior to requesting the LSBE preference in a solicitation. To apply for certification as an LSBE, businesses should contact DCBA at <http://dcba.lacounty.gov>.
- 1.33.3 Businesses requesting the LSBE preference must request the preference in each of their Work Order Bids and submit the Request for Preference Consideration during the Work Order Solicitation process and submit their LSBE certification approval letter (“Certification for Non-Federally Funded Solicitations”) from the DCBA with their proposal.

8. RFSQ, SECTION 1.36, Transitional Job Opportunities Preference Program, is deleted in its entirety and is replaced as follows:

“1.36 Social Enterprise Preference Program

- 1.36.1 In reviewing Work Order Bids, the County will give preference during the solicitation process to businesses that meet the definition of a SE for solicitations not subject to the federal restriction on geographical preferences, consistent with [Chapter 2.205 of the Los Angeles County Code](#).
- 1.36.2 To apply for certification as an SE, businesses should contact DCBA at <http://dcba.lacounty.gov>.
- 1.36.3 Certified SEs may only request the preference in each of their Work Order Bid responses and may not request the preference unless the certification process has been completed and certification is affirmed. Businesses must complete and submit the Request for Preference Program Consideration with each Work Order Bid response and submit their SE certification

letter ("Certification for Non-Federally Funded Solicitations") from the DCBA with their bid."

9. RFSQ, SECTION 1.39, Disabled Veteran Business Enterprise (DVBE) Preference Program, is deleted in its entirety and is replaced as follows:

"1.39 Disabled Veteran Business Enterprise (DVBE) Preference Program

- 1.39.1 In reviewing Work Order Bids, the County will give preference during the solicitation process to businesses that meet the definition of a DVBE, consistent with [Chapter 2.211 of the Los Angeles County Code](#).
- 1.39.2 The business must be certified by DCBA, prior to requesting the DVBE preference in a solicitation. To apply for certification as a DVBE, businesses should contact DCBA at <http://dcba.lacounty.gov>
- 1.39.3 Certified DVBEs may only request the preference in each of their Work Order Bid responses and may not request the preference unless the certification process has been completed and certification is affirmed. Businesses must complete and submit the Request for Preference Program Consideration with each Work Order Bid response and submit their DVBE certification approval letter from the DCBA with their bid."

10. RFSQ, SECTION 1.41, Vendor's Acknowledgement of County's Commitment to Zero Tolerance Policy on Human Trafficking, is added as follows:

"1.41 Vendor's Acknowledgment of County's Commitment to Zero Tolerance Policy on Human Trafficking

- 1.41.1 On October 4, 2016, the Los Angeles County Board of Supervisors approved a motion taking significant steps to protect victims of human trafficking by establishing a zero-tolerance policy on human trafficking. The policy prohibits Vendors engaged in human trafficking from receiving contract awards or performing services under a County contract.
- 1.41.2 Vendors are required to be in full compliance with the County's Zero Tolerance Policy on Human Trafficking provision as defined in Paragraph 8.53 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of Appendix H-1

(Sample Master Agreement). Further, Contractors are required to comply with the requirements under said provision for the term of any Master Agreement awarded pursuant to this solicitation.”

11. RFSQ, SECTION 1.42, Default Method of Payment: Direct Deposit or Electronic Funds Transfer (EFT), is added as follows:

“1.42 Default Method of Payment: Direct Deposit or Electronic Funds Transfer (EFT)

- 1.42.1 The County, at its sole discretion, has determined that the most efficient and secure default form of payment for goods and/or services provided under an agreement/contract with the County will be Electronic Funds Transfer (EFT) or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).
- 1.42.2 Upon contract award or at the request of the A-C and/or the contracting department, the Contractor must submit a direct deposit authorization request with banking and vendor information, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, record keeping, and tax reporting requirements.
- 1.42.3 Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit will supersede this requirement with respect to those payments.
- 1.42.4 Upon contract award or at any time during the duration of the agreement/ contract, a Contractor may submit a written request for an exemption to this requirement. The A-C, in consultation with the contracting department(s), will decide whether to approve exemption requests.”

12. RFSQ, SECTION 1.43, Vendor's Acknowledgement of County's Commitment to Fair Chance Employment Hiring Practices, is added as follows:

"1.43 Vendor's Acknowledgement of County's Commitment to Fair Chance Employment Hiring Practices

- 1.43.1 On May 29, 2018, the Los Angeles County 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 to comply with fair chance employment hiring practices set forth in [California Government Code Section 12952](#).
- 1.43.2 Contractors are required to complete Exhibit 16 in the Appendix A-1 (Required Forms), and certify that they are in full compliance with the Compliance with Fair Chance Employment Hiring Practices Certification with [Section 12952](#), as indicated in the Sample Master Agreement. Further, contractors are required to comply with the requirements under [Section 12952](#) for the term of any contract awarded pursuant to this solicitation."

13. RFSQ, SECTION 1.44, Prohibition from Participation in Future Solicitation(s), is added as follows:

"1.44 Prohibition from Participation in Future Solicitation(s)

A Proposer, Vendor, or a Contractor or its subsidiary or Subcontractor ("Proposer/Vendor/Contractor"), is prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Vendor/Contractor has provided advice or consultation for the solicitation. A Proposer/Vendor/Contractor is also prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Vendor/Contractor has developed or prepared any of the solicitation materials on behalf of the County. A violation of this provision will result in the disqualification of the Proposer/Vendor/Contractor from participation in the County solicitation or the termination or cancellation of any resultant County contract. ([Los Angeles County Code, Chapter 2.202](#))."

14. RFSQ, SECTION 1.45, COVID-19 Vaccinations of County Contractor Personnel, is added as follows:

“1.45 COVID-19 Vaccinations of County Contractor Personnel

Vendors are advised that it must comply with [Chapter 2.212 \(COVID-19 Vaccinations of County Contractor Personnel\)](#) of County Code Title 2 - Administration, Division 4 as a condition of performing work under any awarded contract resulting from this solicitation. Vendors are advised to review the requirements of Chapter 2.212 ([COVID-19 Vaccinations of County Contractor Personnel](#)) and the sample contract requirements prior to submitting a SOQ to this solicitation. A completed Exhibit 17, ([COVID-19 Vaccinations of County Contractor Personnel](#)) in Appendix A-1 (Required Forms), certifying that they are in full compliance with, and is a required part of any agreement with the County.”

15. RFSQ, SECTION 1.46, Community Business Enterprise (CBE) Participation, is added as follows:

“1.46 Community Business Enterprise (CBE)

- 1.46.1 The County has adopted a CBE Program, which includes business enterprises owned by disabled veterans, disadvantaged business enterprises, minority and women-owned businesses, and lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprises. The County has established an annual goal that 25 percent of all County must be reflected in Exhibit 4 (Community Based Enterprise (CBE) Information – Excel Worksheet) form in Appendix A-1, (Required Forms).
- 1.46.2 All Vendors must document good faith efforts it has taken to assure that CBEs are utilized, when possible, to provide supplies, equipment, technical services, and other services under this contract. The Vendor must make documents related to these good faith efforts available to the County upon request.
- 1.46.3 To obtain a list of firms that are certified by the County in the CBE Program, send an e-mail request to the County of Los Angeles Workforce Development Aging and Community Services (WDACS): CBESBE@wdacs.lacounty.gov with the subject “Request for CBE Listing.” For additional information

contact the Office of Small Business at: (844) 432-4900 or at OSB@wdacs.lacounty.gov.

- 1.46.4 The County strongly encourages participation by CBEs; however, the final selection will be made without regard to race, color, creed, or gender. The final selection will be based on the Vendor's ability to provide the best service and value to the County."

16. RFSQ, SECTION 2.3, RFSQ Timetable, is deleted in its entirety and is replaced as follows:

"2.3 RFSQ Timetable

EVENT	DATE
Release of Addendum Two for the HIPAA RFSQ	Thursday, 09/14/2022
Request for a Solicitation Requirements Review due	Thursday, 09/21/2022 by 3:00 p.m. (PDT)
Questions due	Thursday, 09/28/2022 by 3:00 p.m. (PDT)
Questions and Answers Released (Subject to change at County's sole discretion)	Thursday, 10/12/2022
Initial SOQs Due (For HIPAA Compliance Program Services Category only) For all other categories, SOQs are accepted at any time.	Thursday, 10/26/2022 by 3:00 p.m. (PDT) Thereafter, SOQ's will be accepted throughout the term of the agreement.

SOQs submitted on or before the initial deadline will be reviewed by the County to determine if the Vendor meets the County's minimum requirements for qualification under one or more categories of service (see RFSQ, Paragraph, 1.5). SOQs submitted after the initial deadline will be reviewed at the discretion of County, and after the execution of the resulting agreements from this RFSQ.

County will continue to accept SOQs after the Agreement is executed; however, the County may, at its sole discretion, elect to stop accepting SOQs at any point during the duration of the Agreement term, including the optional extensions.”

17. RFSQ, Section, 2.8, Statement of Qualification (SOQ) Submission, 1st paragraph is being deleted in its entirety and replaced as follows:

“2.8 Statement of Qualification (SOQ) Submission

Original SOQ must be submitted electronically to the analyst below, with the subject line including the name of the Vendor and the following title:

“SOQ FOR RISK MANAGEMENT AND INSURANCE CONSULTING SERVICES”

Kashari S. Jones
Chief Executive Office
Risk Management Branch
riskmanagementsolicitations@ceo.lacounty.gov

19. RFSQ, Section 2.10, SOQ Withdrawals, deleted in its entirety and replaced as follows:

“2.10 SOQ Withdrawals

Vendor may withdraw its SOQ at any time prior to the date and time which is set forth herein as the deadline for acceptance of SOQs, upon written request for same to:

Kashari S. Jones
Chief Executive Office
Risk Management Branch
riskmanagementsolicitations@ceo.lacounty.gov

18. Appendix A, (Required Forms), is deleted in its entirety and is replaced by Appendix A-1, (Required Forms), attached hereto and incorporated herein as referenced. All references to Appendix A, Required Forms will hereafter be known as Appendix A-1, Required Forms:

The following four exhibits are revised:

Exhibit 1	Vendor’s Organization Questionnaire/Affidavit.
Exhibit 4	CBE Information Form.
Exhibit 6	Prospective Contractor References.
Exhibit 7	Prospective Contractor List of Contracts.

Exhibit 8 Vendor's Debarment History and Prospective Contractor List of Terminated Contracts. (Formerly Vendor's Debarment History and Prospective Contractor List of Terminated Contracts).

Exhibits 13 and 14.1 were deleted in their entirety and reassigned to the future Work Order Solicitations.

The following five exhibits were added:

Exhibit 15 Vendor's Compliance with Minimum Qualifications.
Exhibit 16 Compliance with Fair Chance Employment Hiring Practices Certification.
Exhibit 17 COVID-19 Vaccination Certification of Compliance.
Exhibit 18 County's Designated HIPAA-Covered Departments and Facilities.
Exhibit 19 Declaration.

19. Appendices C, F and I are intentionally omitted.
20. Appendix E is revised and attached hereto and incorporated herein as referenced.
21. Appendix H is deleted in its entirety and is replaced by Appendix H-1, (Sample Master Agreement), attached hereto and incorporated herein as referenced. All references to Exhibit H will hereafter be replaced by Exhibit H-1, Sample Master Agreement.
22. Except for the change(s) set forth hereinabove, RFSQ shall not be changed in any respect by this Addendum Two. All changes set forth in this Addendum Two shall be effective upon receipt.

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**REQUIRED FORMS
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Exhibit 6	Prospective Contractor References
Exhibit 7	Prospective Contractor List of Contracts
Exhibit 8	Vendor's Debarment History and Prospective Contractor List of Terminated Contracts
Exhibit 9	Attestation of Willingness to Consider GAIN / GROW Participants
Exhibit 10	Los Angeles County Contractor Employee Jury Service Program – Certification Form & Application for Exception
Exhibit 11	Intentionally Omitted
Exhibit 12	Certification of Compliance with the County's Defaulted Property Tax Reduction Program
Exhibit 13	Deleted and reassigned to the Work Order Solicitation
Exhibit 14.1	Deleted and reassigned to the Work Order Solicitation
Exhibit 15	Vendor's Compliance with Minimum Qualifications
Exhibit 16	Compliance with Fair Chance Employment Hiring Practices Certification
Exhibit 17	COVID-19 Vaccination of County's Contractor Personnel
Exhibit 18	County's Designated HIPAA-Covered Departments and Facilities
Exhibit 19	Declaration

Existing Master Agreement Contractors need to **only** complete the following five Exhibits: 6, 15, 16, 17, and 19.

REQUIRED FORMS – EXHIBIT 1

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
TELEPHONE NUMBER:	E-MAIL:
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:

1	<p>Select the options that best define your firm’s business structure:</p> <p><input type="checkbox"/>Corporation</p> <p><input type="checkbox"/>Limited Liability Company (LLC)</p> <p><input type="checkbox"/>Limited Partnership</p> <p><input type="checkbox"/>Sole Proprietorship</p> <p><input type="checkbox"/>Non-Profit</p> <p><input type="checkbox"/>Franchise</p> <p><input type="checkbox"/>Other (Specify)</p>	<p>If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____</p> <p>Year of Incorporation: _____</p> <p>If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____</p> <p>If other: Specify business structure name: _____</p>		
2	<p>Is your firm doing business under one or more DBA’s?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
3	<p>Is your firm wholly/majority owned by, or a subsidiary of another firm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm: _____</p>		
4	<p>Has your firm done business as other names within last five (5) years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Name(s):</td> <td style="width: 30%; text-align: right;">Year(s) of Name Change</td> </tr> </table>	Name(s):	Year(s) of Name Change
Name(s):	Year(s) of Name Change			

5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".	
6	Is your firm involved in any pending acquisition or mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	

REQUIRED FORMS – EXHIBIT 2
CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the 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:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. 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.

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 section have not been violated.

Vendor Name

Vendor Official Title

Official's Signature

REQUIRED FORMS – EXHIBIT 3
VENDOR'S EEO CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the 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.

CERTIFICATION	YES	NO
1. Vendor has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Vendor periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Vendor has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When areas are identified in employment practices, Vendor has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

REQUIRED FORMS – EXHIBIT 4
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

TITLE	REFERENCE
1 FIRM/ORGANIZATION INFORMATION	The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.
Total Number of Employees in California:	
Total Number of Employees (including owners):	
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:	
Race/Ethnic Composition	Owners/Partners/ Associate Partners
	Percentage of how ownership of the firm is distributed
	Male Female
Black/African American	% %
Hispanic/Latino	% %
Asian or Pacific Islander	% %
American Indian	% %
Filipino	% %
White	% %

TITLE	REFERENCE
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE	<p>If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.</p> <div style="text-align: right;"> <input type="checkbox"/> Check if not applicable </div>
Agency Name	Minority Women Disadvantaged Disabled Veteran LGBTQQ

Instructions for Completing Form

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE
If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

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

SUBMITTAL

Vendor must submit Exhibit 4 - Community Business Enterprise (CBE) Information form in Excel format.

REQUIRED FORMS – EXHIBIT 5
**FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE
CERTIFICATION**

The Vendor certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Vendor organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature

Date

Name and Title of Signer (please print)

REQUIRED FORMS - EXHIBIT 6
PROSPECTIVE CONTRACTOR REFERENCES

Vendor's Name: _____

Provide a comprehensive list of five (5) reference for the same or similar scope of services that were provided in order to meet the Minimum Qualifications stated in this solicitation. It is the Vendor's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

1. PUBLIC AGENCIES (All contracts with other governmental agencies including the County of Los Angeles must be listed)

<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>
<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>

2. PRIVATE FIRMS

<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>
<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>

REQUIRED FORMS - EXHIBIT 7
PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Vendor's Name: _____

List of all Public Entities for which the Vendor has provided services within the last three (3) years. It is the Vendor's responsibility to ensure accuracy of the information provided below. Use additional pages if required.

PUBLIC ENTITIES:

(All contracts with other governmental agencies (federal, State, County, City, and local entities) including the County of Los Angeles must be listed)

<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>
<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>AGENCY/DEPT: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>
<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>
<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>	<div>SERVICE TYPE: _____</div> <div>CONTRACT TERM: _____</div> <div>CONTRACT AMT: _____</div> <div>FIRM NAME: _____</div> <div>ADDRESS: _____</div> <div>CONTACT: _____</div> <div>TELEPHONE: _____</div> <div>E-MAIL: _____</div>

REQUIRED FORMS – EXHIBIT 8
VENDOR'S DEBARMENT HISTORY / PROSPECTIVE CONTRACTOR
LIST OF TERMINATED CONTRACTS

Vendor's Name: _____

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 (Check one)		YES	NO
Vendor has contracts that have been terminated in the past three (3) years.			

REQUIRED FORMS – EXHIBIT 9

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Vendor 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, Vendor shall attest to a willingness to provide employed GAIN/GROW participants access to the Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@DPSS.LACOUNTY.GOV

Vendors unable to meet this requirement shall not be considered for contract award.

Vendor will complete all of the following information, sign as indicated below, and return this form with resumes and/or fixed price bid being submitted:

A. Vendor has a proven record of hiring GAIN/GROW participants.

_____YES (subject to verification by County) _____NO

B. Vendor is willing to provide DPSS 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 Vendor is willing to interview qualified GAIN/GROW participants.

_____YES _____NO

C. Vendor is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____YES _____NO _____N/A (Program Unavailable)

Vendor Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No.: _____ Fax No.: _____

REQUIRED FORMS – EXHIBIT 10

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Vendors, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Vendor is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- ☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost, and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and 2) has annual gross revenues in the preceding twelve 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 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 employees and annual gross revenues in the preceding twelve 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 20 percent 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 (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

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

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

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS – EXHIBIT 12

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY
TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For		Services:

The Proposer/Bidder/Contractor certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/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; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- ☐ I am 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:

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

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 15
VENDOR'S COMPLIANCE WITH MINIMUM QUALIFICATIONS

Vendor's Name: _____

Vendor acknowledges and certifies that it meets and will comply with the Vendor's Minimum Qualifications indicated below and as stated in Paragraph 1.5 (Vendors Minimum Qualifications), of this Request Statement of Qualifications (RFSQ).

2. MINIMUM QUALIFICATION (Check Yes or No for each applicable category)		Yes	No		Yes	No		Yes	No
Category 1	Actuarial Studies			Vendor must have three (3) years' experience, within the last five (5) years providing consulting services for each area of expertise it possesses. Services must be equivalent and similar in scope to the services identified in Paragraph 1.2, (Scope of Work).			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 within the last 10 years, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.		
Category 2	Commercial Insurance								
Category 3	Long Term/Short Term Disability Programs								
Category 4	Loss Control and Prevention								
Category 5	Occupational Health Projects								
Category 6	Risk Management Information Systems								
Category 7	Risk Management Training								
Category 8	Self-Insured								
Category 9	Worker's Compensation Claims Program								
Category 10	<i>New Service Category</i> HIPAA Compliance Program Services								

REQUIRED FORMS – EXHIBIT 16

**COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		Email address:
Solicitation/Contract for Consulting Services		

PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County 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 to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

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 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 the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 17

**Certification of Compliance
Urgency Ordinance, County Code Title 2 – Administration, Division 4 –
Miscellaneous – Chapter 2.212
(COVID-19 Vaccinations of County Contractor Personnel)**

I, _____, on behalf of _____,
(the "Contractor"), certify that on County Contract(s) _____
_____ :

☐ All Contractor Personnel* on this Contract are fully vaccinated as required by the Ordinance.

☐ Most Contractor Personnel* on this Contract are fully vaccinated as required by the Ordinance. The Contractor or its employer of record, has granted a valid medical or religious exemption to the below identified Contractor Personnel. Contractor will certify weekly that the following unvaccinated Contractor Personnel have tested negative within 72 hours of starting their work week under the County Contract, unless the contracting County department requires otherwise. The Contractor Personnel who have been granted a valid medical or religious exemption are: [LIST ALL CONTRACTOR PERSONNEL]:

*Contractor Personnel includes subcontractors.

I have authority to bind the Contractor, and have reviewed the requirements above and further certify that I will comply with said requirements.

Signature

Date

Title

Company/Contractor Name

REQUIRED FORMS - EXHIBIT 18

County of Los Angeles Designated HIPAA-Covered Departments and Facilities List

Department of Health Services	Department of Mental Health	Department of Public Health	Other County Departments
1. Harbor-UCLA Medical Center 1000 W. Carson St., Torrance, CA 90502 (424) 306-4000	1. Antelope Valley Mental Health Center 349-A East Avenue K6, Lancaster, CA 93535 (661) 723-4260	1. Antelope Valley Public Health Center 335-B East Avenue K6, Lancaster, CA 93535 (661) 471-4861	1. Department of Auditor-Controller Kenneth Hahn Hall of Administration 500 W. Temple St., #525, Los Angeles, CA 90012
2. LAC+USC Medical Center 2051 Marengo St., Los Angeles, CA 90033 (323) 409-1000	2. Palmdale Mental Health Center 1529 E. Palmdale Blvd., Ste 150, Palmdale, CA 93550 (661) 575-1800	2. Central Public Health Center 241 N. Figueroa St., Los Angeles, CA 90012 (213) 240-8204	2. Chief Executive Office Kenneth Hahn Hall of Administration 500 W. Temple St., 7th Fl., Los Angeles, CA 90012
3. Olive View-HCLA Medical Center 14445 Olive View Dr., Sylmar, CA 91342 (747) 210-3000	3. San Fernando Mental Health Center + Wellness Center 10605 Balboa Blvd., Ste 100, Granada Hills, CA 91344 (818) 832-2400	3. Curtis R. Tucker Public Health Center 123 W. Manchester Blvd., Inglewood, CA 90301 (310) 419-5325	3. County Counsel Kenneth Hahn Hall of Administration 500 W. Temple St., #648, Los Angeles, CA 90012
4. Rancho Los Amigos National Rehabilitation Center 7601 Imperial Hwy., Downey, CA 90242 (877) 726-2461	4. San Fernando Child & Family Center 919 1st St., San Fernando, CA 91340 (818) 256-1124	4. Glendale Public Health Center 501 N. Glendale Ave., Glendale, CA 91206 (818) 500-5762	4. Department of Human Resources Kenneth Hahn Hall of Administration 500 W. Temple St., Los Angeles, CA 90012
5. Antelope Valley Health Center 335-B E. Avenue K-6, Lancaster, CA 93535 (661) 471-4000	5. LAC-Olive View Community Mental Health Center 14238 Saranac Lane, Sylmar, CA 91342 (818) 485-0888	5. Hollywood/Wilshire Public Health Center 5205 Melrose Ave., Los Angeles, CA 90038 (323) 769-7800	5. Internal Services Department 9230 Imperial Hwy., Downey, CA 90242
6. Bell Health Center 6901 Atlantic Ave., Bell, CA 90201 (310) 868-7600	6. Santa Clarita Valley Mental Health Center 23501 Cinema Dr., Ste 200 & 210, Valencia, CA 91355 (661) 288-4800	6. Martin Luther King, Jr. Center for Public Health 11833 South Wilmington Ave., Los Angeles, CA 90059 (626) 568-8100	6. Probation 9150 E. Imperial Hwy., Downey, CA 90242
7. Bellflower Health Center 10005 E. Flower Ave., Bellflower, CA 90706 (562) 526-3000	7. Valley Coordinated Children's Services 19231 Victory Blvd., Ste 110, Reseda, CA 91335 (818) 708-4500	7. Monrovia Public Health Center 330 W. Maple Ave., Monrovia, CA 91016 (626) 256-1600	7. Treasurer and Tax Collector Kenneth Hahn Hall of Administration 500 W. Temple St., Los Angeles, CA 90012
8. Curtis R. Tucker Health Center Adult Clinic 123 W. Manchester Blvd., Inglewood, CA 90301 (310) 419-5325	8. West Valley Mental Health Center + Wellness Center 20151 Nordhoff St., Chatsworth, CA 91311 (818) 407-3200	8. North Hollywood Public Health Center 5300 Tujunga Ave., North Hollywood, CA 91601 (818) 766-3982	
9. East Los Angeles Health Center 133 N. Sunol Dr., Ste 150, Los Angeles, CA 90063 (323) 768-2500	9. Arcadia Mental Health Center 330 E Live Oak Ave., Arcadia, CA 91006 (626) 254-1400	9. Pacoima Public Health Center 13300 Van Nuys Blvd., Pacoima, CA 91331 (818) 896-1903	
10. East San Gabriel Valley Health Center 1359 N. Grand Ave., Covina, CA 91724 (626) 877-0012	10. East San Gabriel Valley Mental Health Center 1359 N. Grand Ave., Covina, CA 91724 (626) 430-2900	10. Pomona Public Health Center 750 S. Park Ave., Pomona, CA 91766 (909) 868-0235	
11. Edward R. Roybal Comprehensive Health Center 245 S. Fetterly St., Los Angeles, CA 90022 (323) 362-1010	11. Northeast Mental Health Center + Wellness Center 3303 North Broadway St., Los Angeles, CA 90031 (323) 478-8200	11. Ruth-Temple Public Health Center 3834 S. Western Ave., Los Angeles, CA 90062 (323) 730-3507	
12. El Monte Comprehensive Health Center 10953 Ramona Blvd., El Monte, CA 91731 (626) 434-2500	12. Hollywood Mental Health Center + Wellness Center 1224 N. Vine St., Los Angeles, CA 90038 (323) 769-6100	12. Simms/Mann Public Health Center 2509 Pico Blvd., Rm. 325, Santa Monica, CA 90405 (310) 998-3203	
13. Glendale Health Center 501 N. Glendale Ave., Glendale, CA 91206 (818) 291-8900	13. Downtown Mental Health Center 529 Maple Ave., Los Angeles, CA 90013 (213) 629-6200	13. Torrance Public Health Center 711 Del Amo Blvd., Torrance, CA 90502 (310) 354-2300	
14. H. Claude Hudson Comprehensive Health Center 2829 S. Grand Ave., Los Angeles, CA 90007 (213) 699-7000	14. Edelman Westside Mental Health Center – Children's Clinic 11303 Washington Blvd., Ste 200, Los Angeles, CA 90066 (310) 482-3200	14. Whittier Public Health Center 7643 S. Painter Ave., Whittier, CA 90602 (562) 464-5350	
15. High Desert Regional Health Center 335 East Avenue I, Lancaster, CA 93535 (661) 471-4147	15. Edelman Westside Mental Health Center + Wellness Center 11080 W. Olympic Blvd., Los Angeles, CA 90064 (310) 966-6500	15. Claremont Medical Therapy Unit (MTU) 1745 Lynoak Dr., Claremont, CA 91711 (909) 398-0338	
16. Hubert H. Humphrey Comprehensive Health Center 5850 S. Main St., Los Angeles, CA 90003 (323) 897-6000	16. Augustus F. Hawkins Mental Health Center 12021 S. Wilmington Ave., Los Angeles, CA 90059 (310) 668-4271	16. Downey MTU 12340 Woodruff Ave., Room N-6, Downey, CA 90241 (562) 401-1001	
17. La Puente Health Center 15930 Central Ave., La Puente, CA 91744 (626) 986-2900	17. Compton Mental Health Center 921 East Compton Blvd., Compton, CA 90221 (310) 668-6800	17. El Monte MTU 4544 Maxson Rd., El Monte, CA 91732 (626) 443-2536	
18. Lake Los Angeles Community Clinic 16921 E. Avenue O, Lake Los Angeles, CA 93591 (661) 471-4000	18. West Central Mental Health Center 1720 E. 120 St., Los Angeles, CA 90059 (323) 298-3680	18. Gardena MTU 15805 Budlong Ave., Gardena, CA 90247 (310) 327-1758	
19. Littlerock Community Clinic 8201 Pearblossom Hwy., Littlerock, CA 93543 (661) 471-4000	19. American Indian Counseling Center + Wellness Center 17707 South Studebaker Rd., Ste 208, Cerritos, CA 90703 (562) 402-0677	19. Glendale MTU 1700 E. Mountain St., Glendale, CA 91207 (818) 409-8943	
20. Long Beach Comprehensive Health Center 1333 Chestnut Blvd., Long Beach, CA 90813 (562) 753-2300	20. Rio Hondo Community Mental Health Center + Centro De Bienestar Wellness Center 17707 South Studebaker Rd., Cerritos, CA 90703 (562) 402-0688	20. Huntington Park MTU 6222 State St., Huntington Park, CA 90255 (323) 582-3189	

REQUIRED FORMS - EXHIBIT 18
County of Los Angeles Designated HIPAA-Covered Departments and Facilities List

Department of Health Services	Department of Mental Health	Department of Public Health	Other County Departments
21. Martin Luther King, Jr. Outpatient Center 1670 E. 120th St., Los Angeles, CA 90059 (424) 338-1000	21. Roybal Family Mental Health Center – Children's Clinic 4701 E. Cesar Chavez Ave., 2nd FL, East Los Angeles, CA 90022 (323) 267-3400	21. La Puente MTU 800 Tonopah Ave., La Puente, CA 91744 (626) 933-3234	
22. Mid-Valley Comprehensive Health Center 7515 Van Nuys Blvd., Van Nuys, CA 91405 (818) 627-3000	22. San Antonio Mental Health Center – Children's Clinic + Transitional Youth 2629 Clarendon Ave., 2nd FL, Huntington Park, CA 90255 (323) 584-3700	22. Long Beach MTU 2221 Argonne Ave, Long Beach, CA 90815 (562) 498-2389	
23. Northeast Health Center 3303 N. Broadway St., Ste 200 Los Angeles, CA 90031 (323) 362-1717	23. Long Beach Mental Health Center 2600 Redondo Ave., 3rd FL, Long Beach, CA 90806 (562) 256-2900	23. Los Angeles MTU 1925 Budlong Ave., Los Angeles, CA 90007 (323) 733-2233	
24. San Fernando Health Center 1212 Pico St., San Fernando, CA 91340 (818) 627-4777	24. Long Beach Child & Adolescent Program 2600 Redondo Ave., 5th FL, Long Beach, CA 90806 (562) 256-2906	24. Mar Vista MTU 3960 E. Centinela Ave., Los Angeles, CA 90066 (310) 397-0718	
25. South Valley Health Center 38350 40th Street E, Palmdale, CA 93552 (661) 225-3050	25. San Pedro Mental Health Center 150 W 7th St., San Pedro, CA 90731 (310) 519-6100	25. Mid-Cities MTU 1417 S. Central Ave., Compton, CA 90220 (310) 763-9147	
26. Torrance Health Center 711 Del Amo Blvd., Torrance, CA 90502 (310) 354-2300	26. South Bay Mental Health Center + Wellness Center 2311 West El Segundo Blvd., Hawthorne, CA 90250 (323) 241-6730	26. North Hollywood MTU 12827 Satcoy St., North Hollywood, CA 91605 (818) 765-0276	
27. West Valley Health Center 20151 Nordhoff St., Chatsworth, CA 91311 (818) 407-3100	27. Coastal Asian Pacific Islander Mental Health Center 14112 S. Kingsley Dr., Gardena, CA 90249 (310) 217-7312	27. Norwalk MTU 14821 South Jersey Ave., Norwalk, CA 90650 (562) 864-2780	
28. Wilmington Health Center 1325 Broad Ave., Wilmington, CA 90744 (310) 404-2040	28. Long Beach Asian Pacific Islander Mental Health Center 4510 E. Pacific Coast Hwy., Ste 600, Long Beach, CA 90804 (562) 346-1100	28. Pacific Blvd. MTU 2660 E. 57th St., Huntington Park, CA 90255 (323) 286-1888	
	29. Harbor UCLA Medical Center Adult Outpatient Mental Health Center, Child/Adolescent Program, and Wellness Center 1000 West Carson St., Bldg D-5.5, Torrance, CA 90509 (424) 306-5700	29. Palmdale MTU 37005 Hillcrest Dr., Palmdale, CA 93552 (661) 456-1255	
	30. Ties For Families – South Bay – Children 21081 Western Ave., Ste 295, Torrance, CA 90501 (310) 533-6600	30. Perez MTU 4540 Michigan Ave., Los Angeles, CA 90022 (323) 264-5074	
		31. Reseda MTU 19451 Wyandotte St., Reseda, CA 91335 (818) 885-6244	
		32. San Pedro MTU 308 Weymouth Ave., San Pedro, CA 90732 (310) 833-9528	
		33. Santa Clarita MTU 19420 W. Sierra Estates Dr., Santa Clarita, CA 91321 (661) 251-0464	
		34. South Bay MTU 1820 Havemeyer Lane, Redondo Beach, CA 90278 (323) 376-0479	
		35. Whittier MTU 7804 Thornlake Ave., Whittier, CA 90606 (562) 789-3230 ext. 7708 or 7718	
		36. Widney MTU 2302 South Gramercy Place, Los Angeles, CA 90018 (323) 731-8442	

REQUIRED FORMS – EXHIBIT 19
DECLARATION

DECLARATION:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1 - 18, ARE TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY

List of Debarred Contractors in Los Angeles County may be obtained by going to the following website:

<https://doingbusiness.lacounty.gov/listing-of-contractors-debarred-in-los-angeles-county/>