



MARK PESTRELLA, Director

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

*"To Enrich Lives Through Effective and Caring Service"*

900 SOUTH FREMONT AVENUE  
ALHAMBRA, CALIFORNIA 91803-1331  
Telephone: (626) 458-5100  
<http://dpw.lacounty.gov>

ADDRESS ALL CORRESPONDENCE TO:  
P.O. BOX 1460  
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE

REFER TO FILE:

**BRC-2**

August 25, 2022

**NOTICE TO BIDDERS B  
HARBOR-UCLA MEDICAL CENTER REPLACEMENT PROGRAM  
INTERIM HELISTOP PROJECT  
SPECS. NO: 7821; CP 67965**

This Notice to Bidders B clarifies certain Sections of the Project Manual and is hereby made part of the Contract Documents.

**PROJECT MANUAL**

1. Refer to Section 00 03 00, Form of Bid.

Delete Section in its entirety and replace with the attached revised Section 00 03 00, Form of Bid, which includes receipt of Notices to Bidders (Attachment 1).

2. Replace Spec. No. 2176 with revised Spec. No. 7821 throughout the entire project manual. Ensure that the submitted form have correct Spec. No. (Attachment 2)

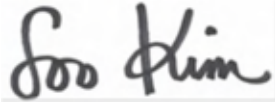
Kindly notify your subconsultants of this Notice.

If you have any questions regarding this Notice to Bidders B, you may contact Mr. Simon Lee at (626) 458-2509 or [SIMONLEE@dpw.lacounty.gov](mailto:SIMONLEE@dpw.lacounty.gov).

Notice to Bidders B  
August 25, 2022  
Page 2

Very truly yours,

MARK PESTRELLA, PE  
Director of Public Works

A handwritten signature in black ink, appearing to read "Jose Quevedo", is enclosed in a rectangular box.

for

JOSE QUEVEDO, PE  
Assistant Deputy Director  
Business Relations and Contracts Division

JQ:syl

Attach.

---

Name of Bidder (Firm Name)

---

Vendor Identification Number**SECTION 00 03 00****FORM OF BID TO BE USED BY BIDDERS**

The undersigned proposes to furnish all materials, labor, and equipment required for the construction to complete the Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, in accordance with Drawings and Specifications 7821, including addenda thereto, if any, adopted by the Board of Supervisors, and on file in the office of the Board of Supervisors, as follows:

**The lowest bid price shall be determined by adding the following items: Lump Sum Bid in Words (1) + [Extended Overhead Daily Rate (2) x Multiplied by 30 days] = Total Lump Sum Bid. Preference as stated in Section 00 01 00, 1.30, will be applied to the Total Lump Sum Bid, if applicable, to determine the final total bid amount.**

**1. LUMP SUM BID:**

The lump sum bid for the work, including Best Management Practices (BMP) and Construction and Demolition Debris Recycling, and Mandatory Jobs Coordinator requirements complete according to the Drawings and Specifications, will be:

(\$ \_\_\_\_\_) ( \_\_\_\_\_)  
Lump sum bid in figures Lump sum bid in words

**2. EXTENDED OVERHEAD DAILY RATE:**

The daily rate for the sum of the Contractor's field office and home office overhead applicable to this project, for each day of compensable delay will be:

(\$ \_\_\_\_\_) ( \_\_\_\_\_)  
Daily rate in figures Daily rate in words

**3. COUNTY PROGRAM PREFERENCE:**

The Local Small Business Enterprise Program Preference, Social Enterprise Program Preference, and Disabled Veterans Business Enterprise Program Preference are provided by the County for purposes of bid evaluation only, as specified in Article 1.30 of Section 00 01 00. If Bidder is a qualifying Local Small Business Enterprise, Social Enterprise Preference, and/or Disabled Veterans Business Enterprise check "yes" in the box below. If non-qualifying, check "no" in the appropriate box.

Yes

☐

No

☐
**4. RECEIPT OF NOTICE TO BIDDERS: (IF APPLICABLE)**

I hereby certify and declare that I have received, reviewed and incorporated Notice to Bidders B dated August 25, 2022, into my Bid.

Executed this day of \_\_\_\_\_ (Month and Year)

By: \_\_\_\_\_

(Authorized Signature of a Principal Owner, Officer, or Manager)

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Any alteration or addition to the Form of Bid may invalidate same. All blank spaces shall be filled out completely. Line out nonapplicable blanks. An incomplete form may invalidate bid. The County reserves the right to waive any informalities or to reject any or all bids or to accept any alternatives when called for.

## ATTACHMENT 1

I (We) certify that on \_\_\_\_\_, 20\_\_\_\_, License No. \_\_\_\_\_, license classification(s) \_\_\_\_\_, was issued to me (us), in the name of \_\_\_\_\_, by the Contractors' State License Board, pursuant to California Statutes of 1929, as amended, and that said license has not been revoked.

Firm Ownership Information  
Check where applicable:

If minority-owned, indicate the appropriate category:

1. ☐ Minority-Owned
- ☐ Woman-Owned
- ☐ Disadvantaged-Owned
- ☐ Disabled Veteran-Owned
- ☐ Other

- ( ) African American  
( ) Hispanic or Latino  
( ) Asian/Pacific Islander  
( ) Filipino  
( ) American Indian/Alaskan  
Native

2.     ☐     An individual  
          ☐     A corporation. Name  
                           state or territory of  
                           Incorporation

If a copartnership or joint venture, list names of individuals comprising same below

- ( ) A copartnership
- ( ) A joint venture

Date signed \_\_\_\_\_, 20\_\_\_\_

Respectfully submitted,

Place \_\_\_\_\_  
City and State \_\_\_\_\_

Firm Name (if applicable)

Bidder's address, E-mail address, and telephone:

Number and Street

Signature and Print Name

City and State

Title and E-mail Address

Telephone

Signature and Print Name

Fax \_\_\_\_\_

Title and E-mail Address

## ATTACHMENT 1

I (We) certify that on \_\_\_\_\_, 20\_\_\_\_, License No. \_\_\_\_\_, license classification(s) \_\_\_\_\_, was issued to me (us), in the name of \_\_\_\_\_, by the Contractors' State License Board, pursuant to California Statutes of 1929, as amended, and that said license has not been revoked.

Firm Ownership Information  
Check where applicable:

If minority-owned, indicate the appropriate category:

1. ☐ Minority-Owned
- ☐ Woman-Owned
- ☐ Disadvantaged-Owned
- ☐ Disabled Veteran-Owned
- ☐ Other

- ( ) African American  
( ) Hispanic or Latino  
( ) Asian/Pacific Islander  
( ) Filipino  
( ) American Indian/Alaskan  
Native

2.     ☐     An individual  
       ☐     A corporation. Name  
                    state or territory of  
                    Incorporation

If a copartnership or joint venture, list names of individuals comprising same below

- ( ) A copartnership
- ( ) A joint venture

Date signed \_\_\_\_\_, 20\_\_\_\_

Respectfully submitted,

Place \_\_\_\_\_  
City and State \_\_\_\_\_

Firm Name (if applicable)

Bidder's address, E-mail address, and telephone:

Number and Street

Signature and Print Name

City and State

Title and E-mail Address

Telephone

Signature and Print Name

Fax \_\_\_\_\_

Title and E-mail Address

# **ATTACHMENT 2**

**SECTION 00 03 10**

**BEST MANAGEMENT PRACTICES (BMP) REQUIREMENTS**

Best Management Practices (BMPs) shall be defined as any program, technology, process, siting criteria, operating method, measure or device which controls, prevents, removes, or reduces Storm Water pollution. The Contractor shall comply with the Los Angeles County Department of Public Works Construction Site Best Management Practices (BMP's) Manual, latest edition.

BMPs for contractor activities shall be continuously implemented throughout the year. BMPs for erosion and sediment control shall be implemented as required in Section 01 57 00. BMPs for erosion and sediment control shall also be implemented prior to the commencement of any contractor activity or construction operation.

The County, as a permittee, is subject to enforcement actions by the State Water Resources Control Board, Environmental Protection Agency, and private citizens. The County will assess the Contractor a penalty of \$1,000 for each calendar day that the Contractor has not fully implemented the BMPs specified for the Contract and/or is otherwise in noncompliance with these provisions in accordance with Section 01 57 00. In addition, the County will deduct from the final payment due the Contractor, the total amount of any fines levied on the County, plus legal and staff costs, as a result of the Contractor's lack of compliance with these provisions and/or less than complete implementation of the specified BMPs.

Full compensation for the implementation of BMPs, including the construction, deployment, maintenance, removal, and the furnishing of all necessary labor, equipment, and materials, shall be considered as included in the bid price of the total lump sum price bid in Section 00 03 00.

The lump sum bid for the IMPLEMENTATION OF BMPs for construction work according to Sections 01 00 00, 01 57 00, and 01 74 23 Specifications, will be:

(\$ \_\_\_\_\_) ( \_\_\_\_\_ )  
BMP's lump sum bid in figures                      BMP's lump sum bid in words



**SECTION 00 03 11**

**CONSTRUCTION AND DEMOLITION DEBRIS RECYCLING REQUIREMENTS**

Contractors working on any County projects that are estimated to generate at least ten tons or ten cubic yards of debris (whichever is less) shall submit a Construction and Demolition Recycling and Reuse Plan to the Environmental Programs Division of Public Works in accordance with Part 2.2 of Section 01 74 19.

Full compensation for complying with the Construction and Demolition Debris Recycling Requirements, including the construction, removal, and the furnishing of all necessary labor, equipment, and materials, shall be included in the lump sum price bid.

The lump sum bid for COMPLYING WITH THE CONSTRUCTION AND DEMOLITION DEBRIS RECYCLING REQUIREMENTS according to Section 01 74 19, will be:

(\$ \_\_\_\_\_) ( \_\_\_\_\_ )  
Lump sum bid in figures                      Lump sum bid in words

\_\_\_\_\_  
Name of Bidder (Firm Name)

**SECTION 00 03 12**

**INSURANCE REQUIREMENTS**

The premium for the Builders Risk shall be included with the Lump Sum Bid, Section 00 03 00, and shall not be in addition to it.

**Builders Risk:**

Such coverage is required for this Project and shall supersede Section 00 07 00, Builder's Risk Course of Construction Insurance, Article 45, and shall:

1. Insure against damage from perils covered by the Causes-of-Loss Special Form (ISO form CP 10 30), and the perils of earthquake, flood, risk of transit loss, loss during storage (both onsite and offsite), and collapse during construction (without restricting collapse coverage to specified perils).
2. If Contractor's work involves testing air conditioning systems, boilers, pressure vessels, major machinery or major electrical panels, policy shall include coverage for such testing.
3. Be written on a completed-value basis and cover the entire value of the construction Project, including County-furnished materials and equipment, against loss or damage until completion and acceptance by the County.

The amount for Builders Risk according to Section 00 08 00 of the Specifications, will be:

(\$ \_\_\_\_\_)  
Amount in figures

( \_\_\_\_\_ )  
Amount in words

\_\_\_\_\_  
Name of Bidder (Firm Name)

**SECTION 00 03 13**

**LOCAL AND TARGETED WORKER HIRE PROGRAM – MANDATORY JOBS  
COORDINATOR**

The fee for the mandatory jobs coordinator shall be included with the Lump Sum Bid, Section 00 03 00, and shall not be in addition to it.

**Mandatory Jobs Coordinator:**

The County of Los Angeles has implemented a **mandatory** Local and Targeted Worker Hire Policy (LTWHP) which can be located in Section 00 09 12. There shall be a **mandatory** requirement to use a Jobs Coordinator to be hired directly by the contractor, prior to the start of work on the project. The Jobs Coordinator is an independent third-party individual, entity, or employee with whom the Prime Contractor enters into a contract or employs to facilitate the implementation of the Local and Targeted Worker Hiring Requirements of this Agreement.

(\$ \_\_\_\_\_)  
Fee Amount in figures

( \_\_\_\_\_ )  
Amount in words

Name of Jobs Coordinator \_\_\_\_\_

Address \_\_\_\_\_

Phone Number & Email \_\_\_\_\_

**SECTION 00 04 00**

**ATTESTATION OF CONTRACTOR'S QUALIFICATIONS**

General Contractor's Firm Name (as shown on bid): \_\_\_\_\_

**As specified in the bidding documents, in order to qualify to bid on this project, the General Contractor must have completed within the last five years from the date of bid submission, at least two similar projects for a public entity, each with a construction value of at least \$1,000,000, and size of at least 2,500 square feet. Incomplete project will not qualify to meet this requirement.**

The general contractor hereby certifies to the County of Los Angeles that it possesses the qualifying experience.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2022 at \_\_\_\_\_  
(Month) (City and State)

By: \_\_\_\_\_  
(Signature of owner or officer of the General Contractor)

\_\_\_\_\_  
(Title)

SECTION 00 04 00

ATTESTATION OF CONTRACTOR'S QUALIFICATIONS

The general contractor shall submit verification and justification of its qualifying experience on this County provided form as part of its bid submittal. Failure to submit the information at the time of bid and to meet requirements for qualifying experience may result in a determination by the County that the Bidder is non-responsive and/or not qualified.

The County will determine, in its sole discretion, whether or not the information provided meets the requirements for qualifying experience in order for the general contractor to be considered a qualified bidder for this project.

PROJECT 1:

Project Name	Total Square Footage	Owner Contact Name and Address	Owner Phone and Email Address	Final Contract Value	Date Completed

Project description:

---

---

---

---

---

PROJECT 2:

Project Name	Total Square Footage	Owner Contact Name and Address	Owner Phone and Email Address	Final Contract Value	Date Completed

Project description:

---

---

---

---

---



**SECTION 00 04 10**  
**BID BOND**

KNOW ALL PERSONS BY THESE PRESENTS:

That we, \_\_\_\_\_  
(Bidder and Address)

as Principal and \_\_\_\_\_  
(Surety and Address)

as Surety, as held and firmly bound unto the County of Los Angeles, hereinafter called the County, in the penal sum of ten percent (10%) of the total amount of the bid of the Principal above named, submitted by said Principal to the County, for the work described below, for the payment of which sum in lawful money of the United States, well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION of this obligation of such that:

WHEREAS, the Principal has submitted the above-mentioned Bid to the County, for certain construction specifically described as follows, for which bids are to be opened on \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_  
(date of bid opening) (description of work, including location, project name, and project ID as it appears on the bid)

Now, THEREFORE, if the aforesaid Principal is awarded the contract and, within the time and manner required under the bidding or contract documents, after prescribed forms are presented to him for signature, enters into written contract, in the prescribed form, in accordance with the bids, and files the two bonds with the County, one to guarantee faithful performance and the other to guarantee payment for labor and materials, as required by the law, then this obligation shall be null and void; otherwise, it shall be and remain in full force and virtue.

In the event suit is brought upon this bond by the County and judgment is recovered, the Surety shall pay all costs incurred by the County in such suit, including a reasonable attorney's fee to be fixed by the court.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

(SEAL)

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Signature and Title

**SECTION 00 04 30**

**SUBCONTRACTOR LISTING AND SUBCONTRACTING**

Prime Contractors shall be governed by the provisions of Sections 4100 to 4113, inclusive, of the Public Contract Code of the State of California and shall set forth in their bids, on forms provided for same, the name and California contractor license number of each Subcontractor who will perform work or labor or render service to the prime Contractor in or about the construction of the work or improvement in amount in excess of one-half (1/2) of one percent (1%) of the prime Contractor's total bid.

Failure by a prime Contractor to specify a Subcontractor for any portion of the work in excess of one-half (1/2) of one percent (1%) of the total bid constitutes an agreement between the prime Contractor and the County that he is fully qualified to perform that portion of the work himself and will perform that portion of the work himself.

No prime Contractor whose bid is accepted shall substitute any person as subcontractor in place of the subcontractor listed, nor shall any subcontract be assigned or transferred except as provided for in the above Sections of the Public Contract Code of the State of California.

Prime Contractors in violation of any of the provisions of Sections 4100 to 4113, inclusive, of the Public Contract Code of the State of California are subject to possible cancellation of contract and monetary penalties as well as disciplinary action by the Contractors' State License Board.

**LIST OF SUBCONTRACTORS**

The following is a list of the proposed subcontractors to whom I (we) propose to sublet a portion or portions of this work.

<u>NAME</u>	<u>LICENSE NUMBER</u>	<u>LOCATION OF THE PLACE OF BUSINESS</u>	<u>CLASSIFICATION OF WORK TO BE EXECUTED</u>	<u>DIR REGISTRATION NUMBER AND EXPIRATION DATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____






**SECTION 00 04 35**

**COMMUNITY BUSINESS ENTERPRISES (CBE) PARTICIPATION FORM**

Contractors are required to indicate their good faith effort in CBE participation by indicating on this form their proposed involvement on this project. CBEs are Minority/Women/Disadvantaged/Disabled Veteran/Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning owned Business Enterprises (MBE/WBE/DBE/DVBE/LGBTQQ).

**LIST OF CBE PARTICIPATION**

The following is a list of certified CBE subcontractors or suppliers to whom I (we) propose to sublet or procure a portion or portions of this work.

<b><u>NAME/ADDRESS</u></b>	<b><u>TYPE OF WORK OR PRODUCT</u></b>	<b><u>INDICATE MBE/ WBE/DBE/ DVBE/LGBTQQ</u></b>	<b><u>PERCENTAGE OF TOTAL CONTRACT VALUE</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>NAME/ADDRESS</u>	<u>TYPE OF WORK OR PRODUCT</u>	<u>INDICATE MBE/ WBE/DBE/ DVBE/LGBTQQ</u>	<u>PERCENTAGE OF TOTAL CONTRACT VALUE</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**SECTION 00 04 38 A Subconsultant Certification Form**

1. Certification as Minority, Women, Disadvantaged, Disabled Veteran, and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning-Owned Business Enterprises: If any of your subconsultants/subcontractors is currently certified as these certifications by a public agency, complete the following and attach a copy of the proof of certification. Also include County of Los Angeles Local Small Business Enterprise/Social Enterprise/Disabled Veteran Business Enterprise certified subconsultants/subcontractors. All Subcontractors/Subconsultants listed in the bid/proposal shall be listed below. (Make a copy of this form, if necessary).

	<b>Subconsultant Name</b>	<b>Local Small Business Enterprise</b>	<b>Small Business Enterprise</b>	<b>Minority</b>	<b>Women- Owned</b>	<b>Disadvantaged Business</b>	<b>Disabled Veteran Business Enterprise</b>	<b>Social Enterprise</b>	<b>Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning- Owned Business Enterprise</b>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

2. Declaration: I declare under penalty of perjury under the laws of the State of California that the above information is true and accurate.

Print Name:	Authorized Signature	Title	Date

**SECTION 00 04 38**

**REQUEST FOR COUNTY PROGRAM PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Businesses requesting preference consideration must complete and return this form for proper consideration of the proposal. Businesses may request consideration for one or more preference programs. Check all certifications that apply.\* If no certifications apply: complete the firm information, signature, and date at the bottom of the page but do not check a box.

**I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS PROPOSAL BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.**

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

- ☐ Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one (1) year; **or**
- ☐ Certified as a LSBE with other certifying agencies under DCBA's inclusion policy that has its principal place of business located in Los Angeles County and has revenues and employee sizes that meet the State's Department of General Services requirements; **and**
- ☐ Certified as a LSBE by the County of Los Angeles DCBA.

☐ **Request for Social Enterprise (SE) Program Preference**

- ☐ A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; **and**
- ☐ Certified as a SE business by the County of Los Angeles DCBA.

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

- ☐ Certified by the State of California, **or**
- ☐ Certified by U.S. Department of Veterans Affairs as a DVBE; **or**
- ☐ Certified as a DVBE with other certifying agencies under 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**
- ☐ Certified as a DVBE by the County of Los Angeles DCBA.

**\*IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.**

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

- ☐ **County of Los Angeles DCBA certification is attached.**

Name of Firm		County Webven No.	
Print Name:		Title:	
Signature:		Date:	
Reviewer's Signature	Approved	Disapproved	Date

- II. 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.

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

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

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Male	%	%	%	%	%	%
Female	%	%	%	%	%	%

- IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED BUSINESS ENTERPRISES:** *If your firm is currently certified as a minority, women, disadvantaged, disabled veteran, and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Attach additional pages, if necessary.)*

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	LGBTQQ	Expiration Date

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

Print Authorized Name	Authorized Signature	Title	Date
-----------------------	----------------------	-------	------

**SECTION 00 04 40**  
**EQUALS**

The undersigned desires to use the material, product, thing, or service described below, as "an equal" to such items as specified. In accordance with the General Conditions, Paragraph 2, Sub-paragraph D, the first, second, and third apparent low bidder will have two (2) calendar days after the bid opening to submit their list of equals and ten (10) calendar days after the bid opening to submit all substantiating data and test results. In accordance with Sub-paragraph E, the County, in its sole discretion, shall determine whether the substantiating data demonstrates that "an equal" submittal(s) is equal in all respects to the item specified in the bid documents. If the County determines that "an equal" submittal(s) has not been substantiated to be equal in all respects, the item specified in the bid documents shall be furnished and/or installed by Contractor without modification of the bid amount or contract documents. If the County finds that "an equal" submittal(s) is equivalent to the respective item(s) specified in the bid documents, then the undersigned may furnish such item(s), together with all necessary labor, materials, equipment, and incidentals required to perform and complete the work.

Date \_\_\_\_\_, 20\_\_\_\_

Phone No. \_\_\_\_\_

\_\_\_\_\_  
Contractor's Name

\_\_\_\_\_  
Contractor's Address

Materials, apparatus, or equipment specified for which Bidder proposes "an equal." (Indicate where specified and page number.)

Complete description of the materials, apparatus, or equipment the Bidder desires to use as "an equal" and name of Subcontractor if different.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**SECTION 00 04 50**

**NONCOLLUSION AFFIDAVIT TO BE EXECUTED BY BIDDER**

State of California

ss.

County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says that he or she is \_\_\_\_\_ of \_\_\_\_\_ the party making the foregoing bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the Bidder has not directly or indirectly induced or solicited any other Bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any Bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that the Bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the Bidder or any other Bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other Bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the Bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on \_\_\_\_\_[date], at \_\_\_\_\_[city], \_\_\_\_\_[state]."

Signature

\_\_\_\_\_  
Date

**ATTESTATION OF WILLINGNESS TO CONSIDER  
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Bidder/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, Bidder/Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Bidder/Proposer'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, Bidder/Proposer shall email:

[GAINGROW@DPSS.LACOUNTY.GOV](mailto:GAINGROW@DPSS.LACOUNTY.GOV) and [BSERVICES@WDACS.LACOUNTY.GOV](mailto:BSERVICES@WDACS.LACOUNTY.GOV).

**Bidder/Proposers unable to meet this requirement shall not be considered for contract award.**

Bidder/Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

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

\_\_\_\_\_ YES (subject to verification by County)      \_\_\_\_\_ NO

B. Bidder/Proposer 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 Proposer is willing to interview qualified GAIN/GROW participants.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

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

\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ N/A (Program not available)

Proposer's Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

## **SECTION 00 04 65 3-YEAR CONTRACTING HISTORY**

LIST ALL CURRENT AND COMPLETED CONTRACTS WITH THE COUNTY FOR THE PAST THREE YEARS (Begin with the most recent project)

Contract Type/Description _____	Contract Number _____	Contract Type/Description _____	Contract Number _____
Type of Work _____	_____	Type of Work _____	_____
Department _____	Contract Amount _____	Department _____	Contract Amount _____
Address _____	\$ _____	Address _____	\$ _____
County Contact Name/Phone _____ / _____	Date of Contract _____	County Contact Name/Phone _____ / _____	Date of Contract _____
IF CONSTRUCTION Architect Name/Phone _____ / _____	_____	IF CONSTRUCTION Architect Name/Phone _____ / _____	_____
Type of Facility _____		Type of Facility _____	
Contract Type/Description _____	Contract Number _____	Contract Type/Description _____	Contract Number _____
Type of Work _____	_____	Type of Work _____	_____
Department _____	Contract Amount _____	Department _____	Contract Amount _____
Address _____	\$ _____	Address _____	\$ _____
County Contact Name/Phone _____ / _____	Date of Contract _____	County Contact Name/Phone _____ / _____	Date of Contract _____
IF CONSTRUCTION Architect Name/Phone _____ / _____	_____	IF CONSTRUCTION Architect Name/Phone _____ / _____	_____
Type of Facility _____		Type of Facility _____	
Contract Type/Description _____	Contract Number _____	Contract Type/Description _____	Contract Number _____
Type of Work _____	_____	Type of Work _____	_____
Department _____	Contract Amount _____	Department _____	Contract Amount _____
Address _____	\$ _____	Address _____	\$ _____
County Contact Name/Phone _____ / _____	Date of Contract _____	County Contact Name/Phone _____ / _____	Date of Contract _____
IF CONSTRUCTION Architect Name/Phone _____ / _____	_____	IF CONSTRUCTION Architect Name/Phone _____ / _____	_____
Type of Facility _____		Type of Facility _____	

## **SECTION 00 04 70**

### **FALSE CLAIMS**

Bidders/Proposers shall provide either the certification requested below or the information requested on the next page. **Failure to certify or provide the requested information may result in a determination that the Bidder/Proposer is non-responsive. Failure to fully and accurately provide the requested certification or information may result in a determination that the Bidder/Proposer is not responsible.**

"False Claims Act", as used herein, is defined as either or both the Federal False Claims Act, 31 U.S.C. Sections 3729 et seq., and the California False Claims Act, Government Code Sections 12650 et seq.

### **FALSE CLAIMS ACT CERTIFICATION**

If the Bidder/Proposer has no False Claims Act violations as described above, complete the following:

I, \_\_\_\_\_, hereby certify that neither  
(print name of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

\_\_\_\_\_  
(Bidder/Proposer name as shown on Bid/Proposal)

nor \_\_\_\_\_  
(name of responsible managing person licensed by Contractors' State License Board)

**has been determined by a court or tribunal of competent jurisdiction to have violated the False Claims Act as defined above.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

### **FALSE CLAIMS ACT VIOLATIONS**

With regard to any determinations by a tribunal or court of competent jurisdiction that the False Claims Act, as defined above, has been violated by (1) the Bidder/Proposer submitting this Bid/Proposal, including any person who is an officer of, or in a management position with, or has an ownership interest in the contracting entity which is submitting this Bid/Proposal, or (2) the qualifying person licensed by the State Contractors' License Board to perform the work described in the Bid/Proposal, including any such person when they were an officer, manager, owner, or responsible managing employee of a construction contractor other than the Bidder/Proposer submitting this Bid/Proposal, Bidder/Proposer shall provide on the following page labeled "False Claim Act Violations Information:" (1) the date of the determination of the violation, (2) the identity of tribunal or court and the case name or number, if any, (3) the identity of government contract or project involved, (4) the identity of government agency involved, 5) the amount of fine imposed, and (6) any exculpatory information of which the County should be aware.

## FALSE CLAIMS ACT VIOLATIONS INFORMATION

(1) Date of determination of the violation:

\_\_\_\_\_

(2) Identity of tribunal or court and the case name or number, if any: \_\_\_\_\_

\_\_\_\_\_

(3) Government contract or project involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(4) Government agency involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(5) Amount of fine imposed: \_\_\_\_\_

(6) Exculpatory information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Declaration: I declare under penalty of perjury that the above information is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

**SECTION 00 04 71**  
**CIVIL LITIGATION HISTORY**

Bidder/Proposer shall provide either the certification requested below or information requested on the next page. **Failure to provide such certification or information may result in a determination that the Bidder/Proposer is nonresponsive. Failure to fully and accurately provide the requested certification or information may result in a determination that the Bidder/Proposer is not responsible.**

For the two (2) years preceding the date of submittal of this Bid/Proposal, identify any civil litigation arising out of the performance of a construction contract within the State of California in which the (1) Bidder/Proposer submitting this Bid/Proposal, including any person who is an officer of, or in a management position with, or has an ownership interest in the contracting entity which is submitting this Bid/Proposal, or (2) the qualifying person licensed by the State Contractors' License Board to perform the work described in this Bid/Proposal, including any such person when they were an officer, manager, owner, or responsible managing employee of a construction contractor other than the Bidder/Proposer submitting this Bid/Proposal, was a named plaintiff or defendant in a lawsuit brought by or against the Owner. Do not include litigation which is limited solely to enforcement of mechanics' liens or stop notices. Provide on the following page labeled "Civil Litigation History Information:" (1) the name and court case identification number of each case, (2) the jurisdiction in which it was filed, and (3) the outcome of the litigation, e.g., whether the case is pending, a judgment was entered, a settlement was reached, or the case was dismissed. If a settlement was reached within the two years preceding the date of submittal of this Bid/Proposal, please provide the dollar value of the settled claim(s). The dollar value may be marked as confidential if Bidder/Proposer does not want the settlement information to be public record.

**CIVIL LITIGATION CERTIFICATION**

**If the Bidder/Proposer has no civil litigation history to report as described above, complete the following:**

I, \_\_\_\_\_, hereby certify that neither  
(print name of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

\_\_\_\_\_  
(Bidder/Proposer name as shown on Bid/Proposal)

nor \_\_\_\_\_  
(name of responsible managing person licensed by the Contractors' State License Board)

has been involved in civil litigation as described above.

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

## CIVIL LITIGATION HISTORY INFORMATION

(1) Name of Case: \_\_\_\_\_  
\_\_\_\_\_

Court case identification number: \_\_\_\_\_

(2) Jurisdiction in which case was filed: \_\_\_\_\_  
\_\_\_\_\_

(3) Outcome of the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(1) Name of Case: \_\_\_\_\_  
\_\_\_\_\_

Court case identification number: \_\_\_\_\_

(2) Jurisdiction in which case was filed: \_\_\_\_\_  
\_\_\_\_\_

(3) Outcome of the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declaration: I declare under penalty of perjury that the above information is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

**SECTION 00 04 72**

**CRIMINAL CONVICTIONS**

Bidder/Proposer shall provide either the certification requested below or information requested on the next page. **Failure to provide such certification or information may result in a determination that the Bidder/Proposer is nonresponsive. Failure to fully and accurately provide the requested certification or information may result in a determination that the Bidder/Proposer is not responsible.**

For the five (5) years preceding the date this Bid/Proposal is due, identify on the following page any criminal conviction in any jurisdiction of the United States for a violation of law arising out of the performance of a construction contract (1) by the Bidder/Proposer submitting this Bid/Proposal, including any person who is an officer of, or in a management position with, or has an ownership interest in the contracting entity which is submitting this Bid/Proposal, or (2) by the qualifying person licensed by the State Contractors' License Board to perform the work described in the Bid/Proposal, including any such person when they were an officer, manager, owner, or responsible managing employee of a construction contractor other than the Bidder/Proposer submitting this Bid/Proposal.

Provide on the following page labeled "Criminal Convictions Information:" (1) the date of conviction, (2) the name and court case identification number, (3) the identity of the law violated, (4) the identity of the prosecuting agency, (5) the contract or project involved, (6) the punishment imposed, and (7) any exculpatory information of which the Agency should be aware.

**CRIMINAL CONVICTION CERTIFICATION**

If the Bidder/Proposer has no criminal convictions to report as described above, complete the following:

I, \_\_\_\_\_, hereby certify that neither  
(print name of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

\_\_\_\_\_  
(Bidder/Proposer name as shown on Bid/Proposal)

nor \_\_\_\_\_  
(name of responsible managing person licensed by the Contractors' State License Board)

has been convicted of a criminal violation as described above.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)



### CRIMINAL CONVICTIONS INFORMATION

- (1) Date of conviction: \_\_\_\_\_
- (2) Name of case: \_\_\_\_\_  
Court case identification number: \_\_\_\_\_
- (3) Identity of the law violated: \_\_\_\_\_  
\_\_\_\_\_
- (4) Identity of the prosecuting agency: \_\_\_\_\_  
\_\_\_\_\_
- (5) Contract or project involved: \_\_\_\_\_  
\_\_\_\_\_
- (6) Punishment imposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (7) Exculpatory information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declaration: I declare under penalty of perjury that the above information is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

**SECTION 00 04 73**

**DEBARMENTS**

Bidder/Proposer shall provide either the certification requested below or the information requested on the next page. **Failure to provide such certification or information may result in a determination that the Bidder/Proposer is nonresponsive. Failure to fully and accurately provide the requested certification or information may result in a determination that the Bidder/Proposer is not responsible.**

For the ten (10) years preceding the date this Bid/Proposal is due, identify on the following page any debarment by any Federal, State, or local public agency arising out of the performance of a construction contract (1) by the Bidder/Proposer submitting this Bid/Proposal, including any person who is an officer of, or in a management position with, or has an ownership interest in the contracting entity which is submitting this Bid/Proposal, or (2) by the qualifying person licensed by the Contractors' State License Board to perform the work described in the Bid/Proposal, including any debarment of any such person when they were an officer, manager, owner, or responsible managing employee of a construction contractor other than the Bidder/Proposer submitting this Bid/Proposal. Provide on the following page labeled "Debarment Information:" (1) the date of debarment and the duration of the debarment, (2) the project name or contract from which the debarment arose, (3) the identify of the debarring agency, (4) stated reason for debarment, and (5) any exculpatory information of which the Agency should be aware.

**HISTORY OF DEBARMENT CERTIFICATION**

If the Bidder/Proposer has no debarments to report as described above, complete the following:

I, \_\_\_\_\_, hereby certify that neither  
(print name of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

\_\_\_\_\_  
(Bidder/Proposer name as shown on Bid/Proposal)

nor \_\_\_\_\_  
(name of responsible managing person licensed by Contractors' State License Board)

has been debarred as described above.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

### DEBARMENT INFORMATION

(1) Date and duration of debarment: \_\_\_\_\_

\_\_\_\_\_

(2) Project name or contract involved: \_\_\_\_\_

\_\_\_\_\_

(3) Debarring agency: \_\_\_\_\_

\_\_\_\_\_

(4) Stated reason for debarment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(5) Exculpatory information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Declaration: I declare under penalty of perjury that the above information is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

**SECTION 00 04 74**

**LABOR LAW/PAYROLL VIOLATIONS**

Bidder/Proposer shall provide the certification requested below or the information requested on the next page. **Failure to provide such certification or information may result in a determination that the Bidder/Proposer is nonresponsive. Failure to fully and accurately provide the requested certification or information may result in a determination that the Bidder/Proposer is not responsible.**

"Labor law/payroll violation" means for purposes of this disclosure a violation of the Davis-Bacon Act (40 USC section 276a) and/or a violation of California Labor Code sections 1720 through 1861 concerning the payment of prevailing wages, employment of apprentices and hours and working conditions.

For the three (3) years preceding the date this Bid/Proposal is due, identify on the following page any determination made by any Federal, State, or local public agency of a labor law/payroll violation arising out of the performance of a construction contract (1) by the Bidder/Proposer submitting this Bid/Proposal, including any person who is an officer of, or in a management position with, or has an ownership interest in the contracting entity which is submitting this Bid/Proposal, or (2) by the qualifying person licensed by the Contractors' State License Board to perform the work described in the Bid/Proposal, including any such person when they were an officer, manager, owner, or responsible managing employee of a construction contractor other than the Bidder/Proposer submitting this Bid/Proposal. Provide on the following page labeled "Labor Law/Payroll Violations Information:" (1) the date of the determination of the violation, (2) the case number, if any, or other identifying information for the proceeding, (3) the identity of the government contract or project involved, (4) the identity of the government agency involved, (5) the description of violation, (6) the amount of any civil wage and penalty assessment, and (7) any exculpatory information of which the Agency should be aware.

**LABOR LAW/PAYROLL VIOLATION CERTIFICATION**

If the Bidder/Proposer has no labor law/payroll violations to report as described above, complete the following:

I, \_\_\_\_\_, hereby certify that neither  
(print name of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

\_\_\_\_\_  
(Bidder/Proposer name as shown on Bid/Proposal)

nor \_\_\_\_\_  
(name of responsible managing person licensed by Contractors' State License Board)

has been determined to have violated any Federal, State, or local labor laws as described above.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

Labor Law/Payroll Violations

### LABOR LAW/PAYROLL VIOLATIONS INFORMATION

(1) Date of violation determination: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Government contract or project involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(4) Government agency involved: \_\_\_\_\_

\_\_\_\_\_

(5) Description of the violation (attach disposition letter): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) Amount of any civil wage and penalty assessment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(7) Exculpatory information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declaration: I declare under penalty of perjury that the above information is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
(month and year) (city and state)

by \_\_\_\_\_  
(signature of owner, officer, manager, or licensee responsible for submission of Bid/Proposal)

**SECTION 00 04 75**

**INTEGRATED PEST MANAGEMENT PROGRAM COMPLIANCE CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for BRC0000360 Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, Specs No. 7821		

**PROPOSER CERTIFICATION**

The County of Los Angeles is a permittee to a National Pollutant Discharge Elimination System Permit (NPDES Permit) issued by the Los Angeles Regional Water Quality Control Board to reduce or eliminate pollutants moved into surface water through storm water management systems and facilities. One of the conditions of the NPDES Permit is the Integrated Pest Management Program (IPM Program) which was developed to reduce the impact of pesticides and fertilizers to surface water. Among other things, the IPM Program imposes requirements to County Purchasing and Contracting, which are outlined in Integrated Pest Management Program Compliance of the proposed Contract. The entire Countywide IPM Program is available at [www.lacountyipm.org](http://www.lacountyipm.org)

Proposer acknowledges and certifies compliance with Integrated Pest Management Program Compliance of the proposed Contract and agrees that proposer or a member of its staff performing work under the proposed Contract will be in compliance, when applicable. Proposer further acknowledges that noncompliance with the County's IPM Program may result in rejection of any proposal, or cancellation 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:

**SECTION 00 04 76**  
**CHARITABLE CONTRIBUTIONS CERTIFICATION**

---

Company Name

---

Address

---

Internal Revenue Service Employer Identification Number

---

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 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.

**Check the Certification below that is applicable to your company.**

- ☐ Proposer 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 Proposer 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**

- ☐ Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above 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 as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

---

Signature

---

Date

---

Please Print Name and Title of Signer

## PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

**Contractor's Name:** \_\_\_\_\_

**Proposer must list all contracts that have been terminated within the past three years. Terminated contracts are those contracts terminated by an agency or firm before the contract's expiration date. Any and all terminated contracts should be accompanied with "Reason for termination". It should be noted that contracts that naturally expired need not be listed. The County is only seeking information on contracts that were terminated prior to expiration.**

1. Name of Firm	Address of Firm	Contact Person	Telephone # (    )	Email
Name or Contract No.		Reason for Termination:		
<hr/>				
2. Name of Firm	Address of Firm	Contact Person	Telephone # (    )	Email
Name or Contract No.		Reason for Termination:		
<hr/>				
3. Name of Firm	Address of Firm	Contact Person	Telephone # (    )	Email
Name or Contract No.		Reason for Termination:		
<hr/>				
4. Name of Firm	Address of Firm	Contact Person	Telephone # (    )	Email
Name or Contract No.		Reason for Termination:		
<hr/>				



**SECTION 00 04 85**  
**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM**  
**APPLICATION FOR EXCEPTION AND CERTIFICATION FORM**

The County's solicitation for this contract/purchase order (Request for Proposal or Invitation for Bid) is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All bidders or proposers, whether a contractor or subcontractor, must complete this form to either: 1) request an exception from the Program requirements; or 2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or proposer is exempted from the Program.

<b>Company Name:</b>		
<b>Company Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>		
<b>Solicitation For (Type of Goods or Services): BRC0000360 Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, Specs No. 7821</b>		

***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 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/purchase order 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 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 exemption 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, including full-time and part-time employees, and annual gross revenues in the preceding 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 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.***

<b>Print Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

**SECTION 00 04 86**

**COVID-19 Vaccination 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 BRC0000360 Harbor-UCLA Medical Center Replacement Program Interim  
Helistop Project, Specs No. 7821:

\_\_\_\_\_ 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

Released December 14, 2021

Version 2.0

To be submitted with each Bid for a contract

Project Identification \_\_\_\_\_

Bid Date \_\_\_\_\_

This information must include all construction work undertaken in the State of California by the Bidder and any partnership, joint venture, or corporation that any principal of the Bidder participated in as a principal or owner for the last five calendar years and the current calendar year prior to the date of Bid submittal. Separate information shall be submitted for each particular partnership, joint venture, corporate, or individual Bidder. The Bidder may attach any additional information or explanation of data which he would like taken into consideration in evaluating the safety record. An explanation must be attached of the circumstances surrounding any and all fatalities.

**SECTION 00 04 90**  
**CONTRACTOR'S INDUSTRIAL SAFETY RECORD**  
5-Calendar Years Prior to Current Year

	2017	2018	2019	2020	2021	TOTAL	CURRENT YEAR
1. No. of Contracts							
2. Total dollar amount of contracts (in thousands of dollars)							
*3. No. of fatalities							
*4. No. of lost workdays due to injuries							
*5. No. of days of restricted work activity due to injuries							
*6. Injuries without lost workdays							

\*The information required for these items is the same as required for columns 1, 4, 5, and 6, Log and Summary of Occupational Injuries and Illnesses, CAL/OSHA Form 200.

The above information was compiled from the records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the limitations of those records.

\_\_\_\_\_  
Name of Bidder (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contractors' State License No. & Classification

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone

**SECTION 00 04 91**

**INJURY AND ILLNESS PREVENTION PLAN (IIPP)**  
**AND CODE OF SAFE PRACTICES (CSP) AFFIDAVIT**

The apparent low Bidder shall submit this form to the County which states that the Bidder has an IIPP which complies with Cal/OSHA Regulations and CSP, that all subcontractors supplying employees to the jobsite will be required to prove to the Contractor that they have an IIPP which complies with Cal/OSHA Regulations and a CSP, and that their jobsite employees have been trained on IIPP and CSP.

**Failure to submit this affidavit as required may result in a determination that the successful Bidder is nonresponsive and/or nonresponsible.**

I, \_\_\_\_\_, hereby certify to the County

of Los Angeles on behalf of \_\_\_\_\_  
the following:

1. The Contractor identified above has an injury and illness Prevention Plan (IIPP) and a Code of Safe Practices (CSP) which comply with Cal/OSHA Regulations.
2. The employees of the Contractor identified above who will be assigned to the jobsite have been trained on the IIPP and CSP.
3. All subcontractors supplying employees to the jobsite will be required to prove to the Contractor that they have an IIPP and a CSP which comply with Cal/OSHA Regulations and their jobsite employees have been trained on the IIPP and CSP.

I declare under penalty of perjury under the law of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_  
(month and year)

at \_\_\_\_\_

By \_\_\_\_\_

**SECTION 00 04 92**

**BIDDER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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

1. If your firm is a corporation, state its legal name (as found in your Articles of Incorporation) and State of Incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your firm is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(ies) of registration:

Name	County of Registration	Year Became DBA
------	------------------------	-----------------

_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm: \_\_\_\_\_ if yes,

Name of parent firm: \_\_\_\_\_

State of incorporation or registration of parent firm: \_\_\_\_\_

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
------	---------------------

_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

\_\_\_\_\_

\_\_\_\_\_

Bidder acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Bid are made, the Bidder 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:

Bidder's Name

---

Address:

---

---

e-mail address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

On behalf of \_\_\_\_\_ (Bidder's name), I \_\_\_\_\_  
(Name of Bidder's authorized representative), certify that the information contained in this Bidder's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Internal Revenue Service  
Employer Identification Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
California Business License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
County WebVen Number

**SECTION 00 04 93**

**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 BRC0000360 Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, Specs No. 7821		

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 reasons:

---

---

***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:

Date: \_\_\_\_\_

## SECTION 00 04 94

### **AVOIDANCE OF 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 department submitting, district or agency that the provisions of this section have not been violated.

---

Proposer Name (please print)

---

Proposer's Official Title (please print)

---

Proposer's Signature



**SECTION 00 04 95**  
**FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE**  
**CERTIFICATION**

The Proposer certifies that it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160. The Proposer also certifies that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

## SECTION 00 04 96

### **PROPOSER'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 Proposer 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.

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

---

Signature

---

Date

---

Name and Official Title (please print)

**00 04 97**  
**COMPLIANCE WITH FAIR CHANCE EMPLOYMENT**  
**HIRING PRACTICES CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for BRC0000360 Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, Specs No. 7821		

**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:

**00 04 98**

**ZERO TOLERANCE HUMAN TRAFFICKING  
POLICY CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for BRC0000360 Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, Specs No. 7821		

**PROPOSER CERTIFICATION**

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

Proposer acknowledges and certifies compliance with (Compliance with County's Zero Tolerance Human Trafficking Policy) of the proposed Contract and agrees that proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Human Trafficking Policy may result in rejection of any proposal, or cancellation 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:

Specs. No. 7821

Zero Tolerance Human Trafficking  
Policy Certification  
00 04 98-1

**00 04 99**  
**DISALLOWED COST ATTESTATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for BRC0000360 Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, Specs No. 7821		

**PROPOSER ATTESTATION**

If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 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 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.

Proposer acknowledges and certifies compliance with the above paragraph.

**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: