



DONALD L. WOLFE, INTERIM DIRECTOR

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

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P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460
IN REPLY PLEASE
REFER TO FILE: **AE-3**

January 11, 2006

**REQUEST FOR PROPOSALS
ENVIRONMENTAL CONSULTANT SERVICES
FOR FACILITATION OF DEVELOPMENT OF A
CONVERSION TECHNOLOGY DEMONSTRATION FACILITY
IN SOUTHERN CALIFORNIA PROJECT
NOTICE TO PROPOSERS "A"**

This Notice to Proposers forms a part of the Request for Proposals dated December 21, 2005:

- A. Add the following to Page 7, Section 2.1, Paragraph 3, of the Request for Proposals:

A complete copy of the Conversion Technology Evaluation Report, approved by the Los Angeles County Integrated Waste Management Task Force Alternative Technology Advisory Subcommittee on August 18, 2005, is available online at www.lacountyiswmtf.org.

- B. Add the attached Exhibit B, Schedule of Deliverables, to the Request for Proposals.

- C. Add the following to Page 24:

6.29 Notification to County of Pending Acquisitions/Mergers by Proposing Company

The vendor shall notify the County of any pending acquisitions/mergers of their company. This information shall be provided by the vendor on Required Form – Exhibit C – Proposer's Organization Questionnaire/Affidavit.

Notice to Proposers "A"
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- D. Add the attached Exhibit C, Proposer's Organization Questionnaire/Affidavit.
- E. The deadline for receipt of proposals has been extended to February 21, 2006, no later than 5:00 p.m.

Please notify your subconsultants to this effect. Should you have any questions, please contact Ms. Kathleen Gandara at (626) 458-2566.

Very truly yours,

DONALD L. WOLFE
Director of Public Works



JAMES T. SPARKS
Assistant Deputy Director
Architectural Engineering Division

JTS:KG
(D:\Conversion Technology\NOTICEA.doc)

Enc.

EXHIBIT B

SCHEDULE OF DELIVERABLES – SOUTHERN CALIFORNIA ALTERNATIVE TECHNOLOGY DEMONSTRATION FACILITY DEVELOPMENT CONTRACT

SCHEDULE OF DELIVERABLES

DELIVERABLES	DUE
<u>TASK 1 – VERIFICATION AND EVALUATION OF TECHNOLOGY SUPPLIER QUALIFICATIONS</u>	
Evaluate and verify suppliers' ability to develop facility	Within 4 months
Validate evaluation with professional laboratories and/or research universities	Within 4 months days
Clarify permitting pathways and requirements for each technology	Within 5 months
Develop Evaluation Report, and identify ideal supplier(s)	Within 6 months
Determine the most cost effective and technically feasible throughput for the proposed conversion facility	
<u>TASK 2 – MRF EVALUATION</u>	
Evaluate and verify MRFs' ability and willingness to partner with technology supplier	Within 75 days
Develop summary and identify ideal MRF(s)	Within 90 days
<u>TASK 3 – ARRANGE TOUR OF CONVERSION FACILITIES</u>	
Develop list of facilities to be toured	Within 60 days
Arrange tour(s) of facilities	Upon Approval
<u>TASK 4 – FUNDING RESEARCH</u>	
Develop comprehensive list of applicable funding sources	Within 90 days
Prepare draft funding applications and/or proposals	As Needed
<u>TASK 5 – PARTNERSHIP NEGOTIATION</u>	
Develop comprehensive list of services and incentives available to the project	Within 4 months
Assist in negotiating terms and framework for construction and operation of the pilot facility	Within 10 months
<u>TASK 6 – PROVIDING SUPPORT</u>	
Provide information and technical support to public outreach contractor and Subcommittee in outreach efforts	As Needed
<u>OTHER</u>	
Monthly progress reports	Monthly
Final report	Within 30 days of end of contract

REQUIRED FORMS - EXHIBIT

C

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Page 1 of 2

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer 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(s) 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.

Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 1.4 - Minimum Mandatory Requirements, of this Request for Proposal, as listed below.

(list each minimum requirement stated in Paragraph 1.4

Check the appropriate boxes:

- ☐ **Yes** ☐ **No** Sub-paragraph 1.4.1 _____ years experience, within the last ____ years
- ☐ **Yes** ☐ **No** Sub-paragraph 1.4.2 Willingness to consider hiring GAIN/GROW participants
- ☐ **Yes** ☐ **No** Sub-paragraph 1.4.3 Complies with the County's Child Support Compliance Program
- ☐ **Yes** ☐ **No** Sub-paragraph 1.4.4 Certifies intent to comply with County's Jury Service Program
- ☐ **Yes** ☐ **No** Sub-paragraph 1.4.5 Declares intent to comply with County's Living Wage Program

Proposer further 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.

Proposer's Name:

Address:

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer'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