**REQUIRED FORMS EXHIBITS**

* **Exhibit 1** Bidder's Organization Questionnaire/Affidavit
* **Exhibit 2** Bidder’s Minimum Qualifications
* **Exhibit 3** List of Public Entities
* **Exhibit 4**  Bidder’s List of References
* **Exhibit 5** Bidder's Debarment History and List of Terminated Contracts
* **Exhibit 6** Bidder's Pending Litigation and Judgments
* **Exhibit 7** Schedule of Prices
* **Exhibit 8** Bidder’s Certification of Compliance
* **Exhibit 9** Contribution and Agent Declaration Form
* **Exhibit 10** Declaration

**EXHIBIT 1**

**BIDDER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

|  |  |
| --- | --- |
| **Bidder Name:** Click or tap here to enter text. | **County Webven Number:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |
| **Telephone Number:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Internal Revenue Service Employer Identification Number:** Click or tap here to enter text. | **California Business License Number:**Click or tap here to enter text. |
|  |  |
| 1. | Select the option that best defines your firm’s business structure: [ ]  Corporation [ ]  Limited Liability Company (LLC)[ ]  Limited Partnership [ ]  Sole Proprietorship [ ]  Non-Profit [ ]  Franchise[ ]  Other (Specify)  | **If Corporation or Limited Liability Company (LLC):** Legal Name (as stated in Articles of Incorporation): Click or tap here to enter text. State of Incorporation: Click or tap here to enter text.Year of Incorporation: Click or tap here to enter text. **If Limited Partnership or a Sole Proprietorship:** Name of proprietor or managing partner: Click or tap here to enter text. **If other:** Specify business structure name: Click or tap here to enter text.  |
| 2. | Is your firm doing business under one or more DBA’s?[ ]  Yes [ ]  No | Name: Click or tap here to enter text.Country of Registration: Click or tap here to enter text. Year became DBA: Click or tap here to enter text.  |
| 3. | Is your firm wholly/majority owned by, or a subsidiary of another firm? [ ]  Yes [ ]  No | If “Yes”, indicate name of Parent Firm and State of Incorporation.Name of Parent Firm: Click or tap here to enter text. State of Incorporation or registration of parent firm: Click or tap here to enter text.  |
| 4. | Has your firm done business under other names within last five (5) years? [ ]  Yes [ ]  No | If “Yes”, indicate any other names and the year of name change.Name(s): Click or tap here to enter text. Year(s) of Name Change: Click or tap here to enter text.  |
| 5. | List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state “NONE”.  | Click or tap here to enter text. |
| 6. | Is your firm involved in any pending acquisition or mergers? [ ]  Yes [ ]  No | If “Yes”, please provide additional information regarding the pending merger.Click or tap here to enter text. |
| 7. | List all names and contact information of all individuals legally authorized to commit the Bidder.  | Name: Click or tap here to enter text. Title: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text. Name: Click or tap here to enter text.Title: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text.Name: Click or tap here to enter text.Title: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text. |

**EXHIBIT 2**

**BIDDER'S MINIMUM QUALIFICATIONS**

Bidder acknowledges and certifies that it meets and will comply with the Bidder's Minimum Qualifications indicated below and as stated in Paragraph 2 (Bidder's Minimum Qualifications) of the Invitation for Bids (IFB) for LA-RICS Tower Demolition and Removal Services for the SPH site.

**BIDDER'S NAME:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **No.** | **Minimum Qualifications** | **Comply?** |
| **Yes** | **No** |
| 1. | Bidder must have five (5) years of experience, within the last ten (10) years, providing self-performed tower demolition services equivalent or similar to the Services identified in Exhibit 1 (SOW and Attachments) of Appendix A (Sample Contract). This requirement cannot be met through a subcontractor.  | [ ]  | [ ]  |
| 2. | Bidder **must submit a copy at the time of bid submission** of its valid A (General Engineering), B (General Building), orC‑21 (Building Moving/Demolition) license, issued by the Contractors' State License Board, for the type of work proposed to be performed by the Bidder under the Contract. **Required license(s) is required at the time of the bid submission in order to be considered a responsive bid.** | [ ]  | [ ]  |
| 3. | Bidder **must submit a copy at the time of bid submission** of its valid and active State of California Department of Industrial Relations Public Works Contractor Registration (DIR PWCR) pursuant to Labor Code 1725.5. Bidder must provide any subcontractors valid and active State of California DIR PWCR as well. **Required registration is required at the time of bid submission in order to be considered a responsive bid.**  | [ ]  | [ ]  |
| 4. | If Bidder's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Bidder 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, and by extension the LA-RICS Authority. | [ ]  | [ ]  |
| 5. | Bidder must have attended the Bidder’s Mandatory Virtual Conference identified in Paragraph 5.5 (Bidder’s Mandatory Virtual Conference) of the IFB. | [ ]  | [ ]  |
| 6. | Bidder must have attended the Bidder’s Mandatory Site Walk identified in Paragraph 5.6 (Bidder’s Mandatory Site Walk) of the IFB. | [ ]  | [ ]  |

**EXHIBIT 3**

**LIST OF PUBLIC ENTITIES**

|  |
| --- |
| **BIDDER’S NAME:** Click or tap here to enter text. |
| Provide all public entity contracts for the last three (3) years where the same or similar scope of services was provided. It is the Proposer's responsibility to ensure accuracy of the information provided below. Use additional pages if required.  |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **PUBLIC ENTITIES** |
| FIRM/AGENCY/DEPT: | Click or tap here to enter text. |  | FIRM/AGENCY/DEPT: | Click or tap here to enter text. |
| SERVICE TYPE: | Click or tap here to enter text. |  | SERVICE TYPE: | Click or tap here to enter text. |
| CONTRACT TERM: | Click or tap here to enter text. |  | CONTRACT TERM: | Click or tap here to enter text. |
| CONTRACT AMT: | Click or tap here to enter text. |  | CONTRACT AMT: | Click or tap here to enter text. |
| POINT OF CONTACT: | Click or tap here to enter text. |  | POINT OF CONTACT: | Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. |  | TELEPHONE: | Click or tap here to enter text. |
| E-MAIL: | Click or tap here to enter text. |  | E-MAIL: | Click or tap here to enter text. |
|  |  |  |  |  |
| FIRM/AGENCY/DEPT: | Click or tap here to enter text. |  | FIRM/AGENCY/DEPT: | Click or tap here to enter text. |
| SERVICE TYPE: | Click or tap here to enter text. |  | SERVICE TYPE: | Click or tap here to enter text. |
| CONTRACT TERM: | Click or tap here to enter text. |  | CONTRACT TERM: | Click or tap here to enter text. |
| CONTRACT AMT: | Click or tap here to enter text. |  | CONTRACT AMT: | Click or tap here to enter text. |
| POINT OF CONTACT: | Click or tap here to enter text. |  | POINT OF CONTACT: | Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. |  | TELEPHONE: | Click or tap here to enter text. |
| E-MAIL: | Click or tap here to enter text. |  | E-MAIL: | Click or tap here to enter text. |
|  |  |  |  |  |
| FIRM/AGENCY/DEPT: | Click or tap here to enter text. |  | FIRM/AGENCY/DEPT: | Click or tap here to enter text. |
| SERVICE TYPE: | Click or tap here to enter text. |  | SERVICE TYPE: | Click or tap here to enter text. |
| CONTRACT TERM: | Click or tap here to enter text. |  | CONTRACT TERM: | Click or tap here to enter text. |
| CONTRACT AMT: | Click or tap here to enter text. |  | CONTRACT AMT: | Click or tap here to enter text. |
| POINT OF CONTACT: | Click or tap here to enter text. |  | POINT OF CONTACT: | Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. |  | TELEPHONE: | Click or tap here to enter text. |
| E-MAIL: | Click or tap here to enter text. |  | E-MAIL: | Click or tap here to enter text. |

|  |
| --- |
| **EXHIBIT 4** |
| **BIDDER’S LIST OF REFERENCES** |

Bidder must provide three (3) references where the same or similar scope of services was provided. Bidder may also provide three (3) alternate references in the event that a reference is non-responsive. Please note that **no more than** six references (three [3] references and three [3] alternate references) total must be provided. It is the Bidder's responsibility to ensure accuracy of the information provided below.

|  |  |  |
| --- | --- | --- |
| **REFERENCES** |  | **ALTERNATE REFERENCES** |
| **REFERENCE NO. 1** |  | **ALTERNATE REFERENCE NO. 1** |
| FIRM/AGENCY/DEPT: | Click or tap here to enter text. |  | FIRM/AGENCY/DEPT: | Click or tap here to enter text. |
| SERVICE TYPE: | Click or tap here to enter text. |  | SERVICE TYPE: | Click or tap here to enter text. |
| CONTRACT TERM: | Click or tap here to enter text. |  | CONTRACT TERM: | Click or tap here to enter text. |
| CONTRACT AMT: | Click or tap here to enter text. |  | CONTRACT AMT: | Click or tap here to enter text. |
| POINT OF CONTACT: | Click or tap here to enter text. |  | POINT OF CONTACT: | Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. |  | TELEPHONE: | Click or tap here to enter text. |
| E-MAIL: | Click or tap here to enter text. |  | E-MAIL: | Click or tap here to enter text. |
|  |  |  |  |  |
| **REFERENCE NO. 2** |  | **ALTERNATE REFERENCE NO. 2** |
| FIRM/AGENCY/DEPT: | Click or tap here to enter text. |  | FIRM/AGENCY/DEPT: | Click or tap here to enter text. |
| SERVICE TYPE: | Click or tap here to enter text. |  | SERVICE TYPE: | Click or tap here to enter text. |
| CONTRACT TERM: | Click or tap here to enter text. |  | CONTRACT TERM: | Click or tap here to enter text. |
| CONTRACT AMT: | Click or tap here to enter text. |  | CONTRACT AMT: | Click or tap here to enter text. |
| POINT OF CONTACT: | Click or tap here to enter text. |  | POINT OF CONTACT: | Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. |  | TELEPHONE: | Click or tap here to enter text. |
| E-MAIL: | Click or tap here to enter text. |  | E-MAIL: | Click or tap here to enter text. |
|  |  |  |  |  |
| **REFERENCE NO. 3** |  | **ALTERNATE REFERENCE NO. 3** |
| FIRM/AGENCY/DEPT: | Click or tap here to enter text. |  | FIRM/AGENCY/DEPT: | Click or tap here to enter text. |
| SERVICE TYPE: | Click or tap here to enter text. |  | SERVICE TYPE: | Click or tap here to enter text. |
| CONTRACT TERM: | Click or tap here to enter text. |  | CONTRACT TERM: | Click or tap here to enter text. |
| CONTRACT AMT: | Click or tap here to enter text. |  | CONTRACT AMT: | Click or tap here to enter text. |
| POINT OF CONTACT: | Click or tap here to enter text. |  | POINT OF CONTACT: | Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. |  | TELEPHONE: | Click or tap here to enter text. |
| E-MAIL: | Click or tap here to enter text. |  | E-MAIL: | Click or tap here to enter text. |

**EXHIBIT 5**

**BIDDER’S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

|  |
| --- |
| Bidder’s Name: Click or tap here to enter text. |
|  |  |  |  |  |  |  |  |  |
| **1. DEBARMENT HISTORY (Check One)** | **YES** | **NO** |
| Bidder 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** |
| Bidder has contracts that have been terminated in the past three (3) years. | [ ]  | [ ]  |
| If “Yes”, please list all contracts that have been terminated prior to expiration within the last three (3) years.  |

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

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

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

**EXHIBIT 6**

**BIDDER'S PENDING LITIGATION AND JUDGMENTS**

Bidder 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 is nonresponsive. Failure to fully and accurately provide the requested certification or information may result in a determination that the Bidder is not responsible.**

For the two (2) years preceding the date of submittal of this Bid, identify any civil litigation arising out of the performance of a construction contract within the State of California in which the (1) Bidder submitting this Bid, 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, or (2) the qualifying person licensed by the State Contractors' License Board to perform the work described in this Bid, including any such person when they were an officer, manager, owner, or responsible managing employee of a construction contractor other than the Bidder submitting this Bid, 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 (2) years preceding the date of submittal of this Bid, please provide the dollar value of the settled claim(s). The dollar value may be marked as confidential if Bidder does not want the settlement information to be public record.

 **CIVIL LITIGATION CERTIFICATION**

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

I, (print name of owner, officer, manager, or licensee responsible for submission of Bid), hereby certify that neither (Bidder name as shown on Bid) nor (Name of responsible managing person licensed by the Contractors' State Licensing 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 XX day of (month and year) at (city and state)

by

 (signature of owner, officer, manager, or licensee responsible for submission of Bid)

**CIVIL LITIGATION HISTORY INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1. | Name of Case: | Click or tap here to enter text. |
| 2. | Court Case Identification Number: | Click or tap here to enter text. |
| 3. | Jurisdiction in which case was filed: | Click or tap here to enter text. |
| 4. | Outcome of the case: | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 1. | Name of Case: | Click or tap here to enter text. |
| 2. | Court Case Identification Number: | Click or tap here to enter text. |
| 3. | Jurisdiction in which case was filed: | Click or tap here to enter text. |
| 4. | Outcome of the case: | Click or tap here to enter text. |

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

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

by

 (signature of owner, officer, manager, or licensee responsible for submission of Bid)

**EXHIBIT 7**

**SCHEDULE OF PRICES**

**TOWER DEMOLITION AND REMOVAL SERVICES AT SAN PEDRO HILL (SPH)**

The resultant Contract will be awarded to the lowest, responsive, and responsible Bidder to perform the tower demolition and removal at the **SAN PEDRO HILL (SPH)** site pursuant to IFB No. LA‑RICS 023. Bidders are to complete the table below and include their total cost to perform the tower demolition and removal services work.

|  |
| --- |
| **TOWER DEMOLITION AND REMOVAL SERVICES** **SPH SITE** |
| **REQUIREMENTS** | **PRICE** |
| Bidder's cost to provide the LA-RICS Authority with tower demolition and removal services at the SPH site inclusive of all costs, direct or indirect, such as, but not limited to, materials, labor, permits, transportation, equipment, insurance, etc., necessary to perform all the work set forth in the IFB in its entirety; Scope of Work in its entirety including its Attachments (Site Plan; Applicable Mitigation Measures, LA-RICS LMR Site SPH, LMR Fire Management Plan, and Toxic Substance Management and Spill Response Plan for the Los Angeles Regional Interoperable Communications System (LA-RICS) Land Mobile Radio (LMR) System); Sample Contract in its entirety, including all Exhibits, which will form part of resultant awarded Contract; all of which are contemplated in IFB No. LA‑RICS 023, including addenda thereto, if any, issued by the LA-RICS Authority. | **$** Click or tap here to enter text. |
| **TOTAL PROPOSED BID AMOUNT FOR TOWER DEMOLITION** **AND REMOVAL SERVICES AT THE SPH SITE:** | **$**Click or tap here to enter text. |

**EXHIBIT 8**

**CERTIFICATION OF COMPLIANCE**

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

|  |  |  |
| --- | --- | --- |
| **TITLE** | **REFERENCE** | **CERTIFICATIONS** |
| 1. | Certification of No Conflict of Interest | [LACC 2.180](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.180COCUFOCOEM) | **Certifies Compliance?**[ ]  Yes [ ]  No |
| 2. | Familiarity with the County Lobbyist Ordinance Certification | [LACC 2.160](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.160COLO) | **Certifies Compliance?**[ ]  Yes [ ]  No |
| 3. | Zero Tolerance Policy on Human Trafficking Certification | [Motion](http://file.lacounty.gov/SDSInter/bos/supdocs/107916.pdf) | **Certifies Compliance?**[ ]  Yes [ ]  No |
| 4. | Contractor Employee Jury Service Program Certification Form & Application for Exception | [LACC 2.203](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.203COEMJUSE) | **Certifies Compliance?**[ ]  Yes [ ]  No**If No, identify exemption:**[ ]  My business does not meet the definition of “Contractor,” as defined in the Program.[ ]  My business is a small business as defined in the Program.[ ]  My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program. |
| 5. | Certification of Compliance with the County's Defaulted Property Tax Reduction Program | [LACC 2.206](https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT2AD_DIV4MIRE_CH2.206DEPRTAREPR) | **Certifies Compliance?**[ ]  Yes [ ]  No**If No, identify exemption:**Click or tap here to enter text.  |

**EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County") and by extension, the Los Angeles Regional Interoperable Communications System (LA-RICS) Authority.

Pursuant to the Levine Act ([Government Code Section 84308](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV&sectionNum=84308.)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") as well as any LA-RICS Authority officer are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County/LA-RICS Authority Officer received more than $250 in contributions in the past twelve (12) months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

**State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.**

**You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, “Declarant Company”) must also answer the questions below. The term “employee(s)” shall be defined as employees, officers, partners, owners, or directors of Declarant Company.**

**An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.**

***This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice****. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.*

**REQUIRED FORMS – EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

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

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

Click or tap here to enter text.

* + 1. If applicable, identify all subcontractors that have been or will be named in your bid or proposal: Click or tap here to enter text.
		2. If applicable, variations and acronyms of Declarant Company’s name used within the past twelve (12) months: Click or tap here to enter text.
		3. Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County/LA-RICS Authority Officer, regardless of whether you or Declarant Company have actually made a contribution: Click or tap here to enter text.

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

* 1. Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.
		1. Parent(s): Click or tap here to enter text.
		2. Subsidiaries: Click or tap here to enter text.
		3. Related Business Entities: Click or tap here to enter text.
	2. If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

Click or tap here to enter text.

* 1. Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

Click or tap here to enter text.

* 1. Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do* ***not*** *list individuals and/or firms who, as part of their profession, either (1) submit to the County/LA-RICS Authority drawings or submissions of an architectural, engineering, or similar nature,* ***or*** *(2) provide purely technical data or analysis,* ***and*** *who will not have any other type of communication with a County/LA-RICS Authority agency, employee, or officer.)*

Click or tap here to enter text.

* 1. If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

Click or tap here to enter text.

1. **CONTRIBUTIONS**
	1. Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County/LA-RICS Authority Officer in the past twelve (12) months? If so, provide details of each occurrence, including the date.

|  |  |  |
| --- | --- | --- |
| **Date**(Contribution solicited, or directed) | **Recipient Name**(Elected Official) | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 \*Please attach an additional page, if necessary.

2. Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County/LA-RICS Authority officer in the past twelve (12) months.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** (Contribution made) | **Name of the Contributor** | **Recipient Name** (Elected Official) | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 \*Please attach an additional page, if necessary.

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

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

**COMPANY BIDDERS OR APPLICANTS**

I, Click or tap here to enter text. (Authorized Representative), on behalf of Click or tap here to enter text.(Declarant Company), at which I am employed as Click or tap here to enter text. (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County/LA-RICS Authority about this contract, project, permit, license, or other entitlement for use, you agree to inform the County/LA-RICS Authority of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County/LA-RICS Authority any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or the LA-RICS Authority or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County/LA-RICS Authority about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within twelve (12) months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

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

 Signature Date

**INDIVIDUAL BIDDERS OR APPLICANTS**

I, Click or tap here to enter text., declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County/LA-RICS Authority about this contract, project, permit, license, or other entitlement for use, I agree to inform the County/LA-RICS Authority of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County or LA-RICS Authority officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within twelve (12) months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

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

Signature Date

**EXHIBIT 10**

**DECLARATION**

**DECLARATION**: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1-9 IS TRUE AND CORRECT.

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