

EXHIBIT B

STATEMENT OF WORK

NOT ATTACHED TO

MODEL AGREEMENT;

**SEE APPENDIX B, STATEMENT OF WORK,
OF RFSI**

EXHIBIT C

FINAL PROGRAM PLAN

PLACEHOLDER

EXHIBIT D

COUNTY JAIL FACILITIES

**ALTERNATIVE PROGRAMS
FOR ADULT OFFENDERS IN
LOS ANGELES COUNTY JAILS**

COUNTY JAIL FACILITIES

ALTERNATIVE PROGRAMS FOR ADULT OFFENDERS IN LOS ANGELES COUNTY JAILS

Century Regional Detention Facility

11705 South Alameda Street
Lynwood, California 90262

Men's Central Jail

441 Bauchet Street
Los Angeles, California 90012

Mira Loma

45100 N. 60th Street
Lancaster, California 93536

North County Correctional Facility

29340 The Old Road
Castaic, California 91384

Pitchess Detention Center

East Facility
29310 The Old Road
Castaic, California 91384

Pitchess Detention Center

North Facility
29320 The Old Road
Castaic, California 91384

Pitchess Detention Center

South Facility
29330 The Old Road
Castaic, California 91384

Twin Towers Correctional Facility

450 Bauchet Street
Los Angeles, California 90012

Application Number (CSS Use Only)

Los Angeles County Sheriff's Department

Application for Access to Custody Facilities

Date Received (CSS Use Only)

All information provided on this application, including all attachments and supporting documents, will be reviewed and verified. A criminal background check will be conducted on all applicants. Failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied. Print legibly.

SECTION 01 – APPLICANT (TO BE COMPLETED BY ALL APPLICANTS)

Applicant's Last Name			First Name			Middle Name			Suffix		
Gender	Race	Date Of Birth	Hair Color	Eye Color	Height	Weight	Driver License or Identification Number	State	Social Security Number		
Applicant's Address							City		State	Zip Code	
Applicant's Phone Number			Alternate Phone Number			Email Address					
Applicant's Employer					Employee Title			Employee Number			
Employer's Address							City		State	Zip Code	
Employer's Phone Number			Alternate Phone Number			Email Address					
Emergency Contact's Last Name				First Name			Middle Name			Relationship to Applicant	
Emergency Contact's Address							City		State	Zip Code	
Emergency Contact's Phone Number			Alternate Phone Number			Email Address					

ANSWER EACH QUESTION

- Have you ever used another name, nickname, moniker, or maiden name? No Yes (If yes, provide additional details below)
- Have you ever used another date of birth? No Yes (If yes, provide additional details below)
- Have you ever used another social security number or other identifying number? No Yes (If yes, provide additional details below)
- Have you ever served in the military? No Yes (If yes, provide additional details below)
- Have you ever been a member of a criminal organization or street gang? No Yes (If yes, provide additional details below)
- Have you ever been acquainted with a member of a criminal organization or street gang? No Yes (If yes, provide additional details below)
- Have you ever been arrested? No Yes (If yes, provide additional details below)
- Have you ever been convicted of a misdemeanor or a felony? No Yes (If yes, provide additional details below)
- Do you have a friend or relative who is currently incarcerated? No Yes (If yes, provide additional details below)
- Have you ever previously applied for or been denied access to a custody facility? No Yes (If yes, provide additional details below)

PROVIDE ADDITIONAL DETAILS AS INDICATED

I request the specified access and certify, under penalty of perjury, that the information provided by me in this application, including all attachments and supporting documents, is accurate, complete and true. I understand that failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied.

Applicant's Signature

Date

Application Number (CSS Use Only)

Los Angeles County Sheriff's Department

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SECTION 02 – ACCESS REQUEST (TO BE COMPLETED BY REQUESTING UNIT OR ORGANIZATION AND SHERIFF'S DEPARTMENT UNIT OPERATIONS SUPERVISOR FOR ALL APPLICANTS)

Applicant's Last Name		First Name		Middle Name		Suffix	
Unit or Organization Requesting Access							
Reason For Request							
Unit or Organization Representative's Last Name			First Name		Relationship to Applicant		
Representative's Address				City		State	Zip Code
Representative's Phone Number		Alternate Phone Number		Email Address			

I request the specified access and certify, under penalty of perjury, that the information provided by me in this application, including all attachments and supporting documents, is accurate, complete and true. I understand that failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied.

Unit or Organization Representative's Signature _____ Date _____

Sheriff's Department Unit Operations Supervisor's Last Name		First Name		Rank	
Supervisor's Phone Number		Alternate Phone Number		Email Address	

CHECK ALL THAT APPLY

- All Facilities
- MCJ
- IRC
- TTCF
- Jail Ward
- CRDF
- All PDC
- NCCF
- North
- South
- East
- Mira Loma

CHECK ALL THAT APPLY

- Visiting
- Grounds
- Escort
- Non-Escort
- Employee
- Other: _____

SELECT ONE

- 1 Day
- 2 Days
- 1 Month
- 6 Months
- 1 Year
- Other: _____

SELECT ONE

- DMH
- Program
- Tour
- Vendor
- Volunteer
- Other: _____

SELECT ONE

- Routine
- Expedite
- Emergency
- Other: _____

SPECIFY

Date Required: _____

I request the specified access and certify, under penalty of perjury, that the information provided by me in this application, including all attachments and supporting documents, is accurate, complete and true. I understand that failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied.

Sheriff's Department Unit Operations Supervisor's Signature _____ Date _____

REVIEW AND DISPOSITION (CSS USE ONLY)

- Photocopy of DL /ID Received
- Fingerprints Submitted
- CII Number: _____
- Level 1
- Level 2
- Level 3
- Other: _____
- Approved
- Denied
- Comments: _____

CSS Reviewer's Signature _____ Date _____

CSS Supervisor's Signature _____ Date _____

CSS Unit Commander's Signature _____ Date _____

Chief's Signature _____ Date _____

Chief's Signature _____ Date _____

EXHIBIT F

SAFELY SURRENDERED BABY LAW

**NOT ATTACHED TO
MODEL AGREEMENT;
SEE APPENDIX E,
SAFELY SURRENDERED BABY LAW,
OF RFSI**

EXHIBIT G

JURY SERVICE

**NOT ATTACHED TO
MODEL AGREEMENT;
SEE APPENDIX F,
JURY SERVICE, OF RFSI**

EXHIBIT H

**DEFAULTED PROPERTY TAX REDUCTION
PROGRAM**

**NOT ATTACHED TO
MODEL AGREEMENT;
SEE APPENDIX G,
DEFAULTED PROPERTY TAX REDUCTION
PROGRAM, OF RFSI**

EXHIBIT I

CONTRACTOR'S EMPLOYEE ACKNOWLEDGMENT, CONFIDENTIALITY, AND COPYRIGHT ASSIGNMENT AGREEMENT

**CONTRACTOR'S EMPLOYEE ACKNOWLEDGMENT, CONFIDENTIALITY, AND
COPYRIGHT ASSIGNMENT AGREEMENT**

Page 1 of 2

Contractor Name _____ Agreement No. _____

Employee Name _____

GENERAL INFORMATION:

Your employer referenced above has entered into an Agreement with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor's Employee Acknowledgment, Confidentiality, and Copyright Assignment Agreement.

EMPLOYEE ACKNOWLEDGMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced Agreement. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced Agreement.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced Agreement. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced Agreement is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this Agreement and/or any future agreement.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this Contractor's Employee Acknowledgment, Confidentiality, and Copyright Assignment Agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced Agreement between my employer and the

**CONTRACTOR'S EMPLOYEE ACKNOWLEDGMENT, CONFIDENTIALITY, AND
COPYRIGHT ASSIGNMENT AGREEMENT**

County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced Agreement. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this Contractor's Employee Acknowledgment, Confidentiality, and Copyright Assignment Agreement or termination of my employment with my employer, whichever occurs first.

COPYRIGHT ASSIGNMENT AGREEMENT

I agree that all materials, documents, software programs and documentation, written designs, plans, diagrams, reports, software development tools and aids, diagnostic aids, computer processable media, source codes, object codes, conversion aids, training documentation and aids, and other information and/or tools of all types, developed or acquired by me in whole or in part pursuant to the above referenced Agreement, and all works based thereon, incorporated therein, or derived therefrom shall be the sole property of the County. In this connection, I hereby assign and transfer to the County in perpetuity for all purposes all my right, title, and interest in and to all such items, including, but not limited to, all unrestricted and exclusive copyrights, patent rights, trade secret rights, and all renewals and extensions thereof. Whenever requested by the County, I agree to promptly execute and deliver to County all papers, instruments, and other documents requested by the County, and to promptly perform all other acts requested by the County to carry out the terms of this Contractor's Employee Acknowledgment, Confidentiality, and Copyright Assignment, including, but not limited to, executing an assignment and transfer of copyright.

The County shall have the right to register all copyrights in the name of the County of Los Angeles and shall have the right to assign, license, or otherwise transfer any and all of the County's right, title, and interest, including, but not limited to, copyrights, in and to the items described above.

I acknowledge that violation of this Contractor's Employee Acknowledgment, Confidentiality, and Copyright Assignment Agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ POSITION: _____

EXHIBIT J

CONTRACTOR'S EEO

CERTIFICATION

CONTRACTOR'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, Contractor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

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

 Signature

 Date

 Name and Title of Signer (please print)

EXHIBIT K

CHARITABLE CONTRIBUTIONS

CERTIFICATION

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.

- 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 Contractor 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

- 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

Name and Title of Signer (please print)