APPENDIX D

REQUIRED FORMS

FUJI DIGITAL X-RAY CAPTURE SYSTEM EQUIPMENT MAINTENANCE AND REPAIR SERVICES

APPENDIX D
TABLE OF CONTENTS
REQUIRED FORMS

Exhibits

BUSINESS FORMS

1 BIDDER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

2 PROSPECTIVE CONTRACTOR REFERENCES

3 PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

4 PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

5 CERTIFICATION OF NO CONFLICT OF INTEREST

6 FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERT.

7 REQUEST FOR LOCAL SBE PREFERENCE PROGRAM CONSIDERATION AND CBE FIRM/ORGANIZATION INFORMATION FORM

8 BIDDER'S EEO CERTIFICATION

9 ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

10 CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM -

CERTIFICATION FORM & APPLICATION FOR EXCEPTION

11 CHARITABLE CONTRIBUTIONS CERTIFICATION

12 PRICING SHEET

12A RATE SCHEDULE PRICING

12B PREVENTATIVE MAINTENANCE EQUIPMENT LIST PRICING

13 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION & ACKNOWLEDGEMENT OF IFB RESTRICTIONS

14 CERTIFICATE OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

15 TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM

16 REQUEST FOR DVBE PREFERENCE PROGRAM CONSIDERATION

REQUIRED FORMS - EXHIBIT 1

BIDDER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date, and sign this form and place it as the first page of your bid. The person signing the form must be authorized to sign on behalf of the Bidder and to bind the applicant in an Agreement.

1. If your firm is a corporation or a limited liability company (LLC), 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 limited 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.

   _____

   _____

Bidder acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 1.4 – Bidder's Minimum Mandatory Requirements, of this Invitation for Bids, as listed below.

Check the appropriate boxes:

1.4.1 ☐ **Yes** ☐ **No**

Bidder must have a minimum of two (2) years experience, within the last ten (10) years, maintaining and repairing radiology equipment that is the same or similar to the radiology equipment listed on Attachment B2 (Radiology Equipment Inventory List) of Appendix B (Statement of Work) of the IFB. Bidder shall submit references to verify this experience.

1.4.2 ☐ **Yes** ☐ **No**

Bidder must have a minimum of two (2) years experience, with in the last ten (10) years providing maintenance and repair services equivalent or similar to the services described in Appendix B (Statement of Work) of this IFB. Bidder shall submit references to verify this experience.

1.4.3 ☐ **Yes** ☐ **No**

Bidder utilizes (or will utilize) a comprehensive equipment service-tracking and inventory database which is web accessible by County for the purpose of querying service status, service schedules, and inventory lists and generating reports.

Bidder shall describe in detail how Bidder's service-tracking and inventory database provides the required services outlined under Paragraph 3.5 (Service-Tracking and Inventory Database) of Appendix B (Statement of Work) of this IFB. If Bidder does not currently have a database in place, Bidder shall provide County with a timeline and target date for implementation of the required database prior to commencement of Work under the Agreement, if so awarded.

1.4.4 ☐ **Yes** ☐ **No**

Bidder must have a Project Manager with two (2) years experience (a) managing maintenance and repair services on radiology equipment that is the same or similar to the radiology equipment as listed in Attachment B2 (Radiology Equipment Inventory List) of Appendix B (Statement of Work) of this IFB, and (b) providing maintenance and repair services equivalent or similar to the services described in Appendix B (Statement of Work) of this IFB.

Bidder shall submit a resume to verify experience of the proposed Project Manager if personnel is already identified for the position. If personnel is not yet identified for the position, then Bidder shall submit the corporate job description for such Project Manager. In such case, Bidder shall provide a resume of the proposed Project Manager prior to commencement of Work under the Agreement, if so awarded.

1.4.5 ☐ **Yes** ☐ **No**

Bidder must have qualified repair and maintenance technicians, which have experience (a) maintaining and repairing radiology equipment that is the same or similar to the radiology equipment listed in Attachment B2 (Radiology Equipment Inventory List) of Appendix B (Statement of Work) of this IFB, and (b) providing services equivalent or similar to the services described in Appendix B (Statement of Work) of this IFB.

Bidder shall submit resumes to verify experience of proposed repair and maintenance technician personnel that are already identified for the positions. If personnel are not yet identified for the positions, then Bidder shall submit corporate job descriptions for such repair and maintenance technicians. In such case, Bidder shall provide resumes of proposed personnel prior to their commencement of Work under the Agreement, if so awarded.

1.4.6 ☐ **Yes** ☐ **No**

Bidder shall indicate in this section that it operates and maintains a business office located within a 100 mile radius of the Sheriff's Medical Services Bureau Administrative offices, with a telephone in the company's name where the Bidder conducts business. The Medical Services Bureau Administrative offices are located at: 450 Bauchet Street. Los Angeles, CA 90012

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

Bidder's Name:

_____

Address:

_____

_____

e-mail address:_____ Telephone number:_____

Fax number: _____

REQUIRED FORMS - EXHIBIT 1

BIDDER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

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

REQUIRED FORMS - EXHIBIT 2

PROSPECTIVE CONTRACTOR REFERENCES

Contractor's Name:_____

Provide a minimum of three (3) references, from different entities, where the same or similar scope of services were provided in accordance with the Bidder's Minimum Requirements outlined under Subparagraph 1.4.1 and 1.4.2 of the IFB.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
			( )	( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
			( )	( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #**	**Fax #**
			( )	( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

REQUIRED FORMS - EXHIBIT 3

PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name:_____

List of all public entities for which the Contractor has provided service within the last five (5) years. Use additional sheets if necessary.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

REQUIRED FORMS - EXHIBIT 4

PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

Contractor's Name:_____

List of all contracts that have been terminated within the past three (3) years.

1. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	Reason for Termination:			
2. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	Reason for Termination:			
3. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	Reason for Termination:			
4. Name of Firm	**Address of Firm**	**Contact Person**	**Telephone #** ( )	**Fax #** ( )
Name or Contract No.	Reason for Termination:			

REQUIRED FORMS - EXHIBIT 5

CERTIFICATION OF NO CONFLICT OF INTEREST

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

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any bids submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;

2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;

3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:

    a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or

    b. Participated in any way in developing the contract or its service specifications; and

4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

_____
Bidder Name

_____
Bidder Official Title

_____
Official's Signature

REQUIRED FORMS - EXHIBIT 6

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Bidder certifies that:

1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;

2) that all persons acting on behalf of the Bidder's organization have and will comply with it during the bid process; and

3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature:_____ Date:_____

REQUIRED FORMS – EXHIBIT 7

Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form

INSTRUCTIONS: All bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: _____

COUNTY VENDOR NUMBER:_____

☐ As a Local SBE, certified by the County of Los Angeles, Internal Services Department, I request this bid be considered for the Local SBE Preference.

☐ Attached is my Local SBE Certification letter issued by the County

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.

Business Structure: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Franchise ☐ Other (Please Specify) _____

Total Number of Employees (including owners)**:**

Race/Ethnic Composition of Firm. 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
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:
If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	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

REQUIRED FORMS - EXHIBIT 8

BIDDER'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 Bidder 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. Bidder has written policy statement prohibiting discrimination in all phases of employment.	☐	☐
2. Bidder periodically conducts a self-analysis or utilization analysis of its work force.	☐	☐
3. Bidder has a system for determining if its employment practices are discriminatory against protected groups.	☐	☐
4. When problem areas are identified in employment practices, Bidder has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	☐	☐

_____ _____
Signature Date

_____
Name and Title of Signer (please print)

REQUIRED FORMS - EXHIBIT 9

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

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

Bidders unable to meet this requirement shall not be considered for Agreement award.

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

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

_____YES (subject to verification by County) _____NO

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

_____YES _____NO

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

_____YES _____NO _____N/A (Program not available)

Bidder Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tel.#: _____ Fax #: _____

REQUIRED FORMS - EXHIBIT 10

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

The County's solicitation for this Invitation for Bids is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203, which is attached as Appendix G (Jury Service Ordinance) of the IFB. All Bidders, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County Department will determine, in its sole discretion, whether the Bidder is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation for Fuji Digital X-Ray Capture System		

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

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

☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of $50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed $50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of $50,000 in any 12-month period.

☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are $500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed $500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

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

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

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 11

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.

☐ Bidder 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

☐ Bidder 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)

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
FUJI DIGITAL X-RAY CAPTURE SYSTEM EQUIPMENT MAINTENANCE AND REPAIR SERVICES
RATE SCHEDULE PRICING

		Initial Term (1st - 3rd Year)	Option Term (1st Year)	Option Term (2nd Year)	Option Term (3rd Year)	Option Term (4th Year)	Option Term (6 months)
PREVENTATIVE MAINTENANCE SERVICES *	TOTAL ANNUAL PRICING FOR ALL RADIOLOGY EQUIPMENT						

* Contractor to provide preventative maintenance services, including parts, as outlined under the Agreement.
Refer to Paragraph 3.1 (Preventative Maintenance Services) of Appendix B (Statement of Work) of the IFB and elsewhere for description of required services.
For indiviual Annual Pricing per item of radiology equipment, refer to Exhibit 12B (Preventative Maintenance Equipment Pricing) of Appendix D (Required Forms) of the IFB.

EMERGENCY REPAIRS **	HOURLY LABOR RATE						
(Services provided after 5:00p.m., including weekends and holidays)							
NON-EMERGENCY REPAIRS **	HOURLY LABOR RATE						
(Services provided Monday thru Friday 8:00a.m. until 5:00p.m.)							

** Contractor to provide repairs services (emergency and non-emergency) in accordance with Subparagraph 3.2 (Repair Services - Emergency and Non-Emergency) in accordance with Section 6 (Exclusions) of Exhibit B(Statement of Work)
** Parts for Emergency and Non-Emergency Repair Services shall be approved by County Project Manager or designee prior to purchase.
** Refer to Subparagraph 3.2.2 and 3.2.3 of Appendix B (Statement of Work) of the IFB.

BIDDER'S INFORMATION

Name: _____

Signature: _____

Title: _____

Date: _____

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
PREVENTATIVE MAINTENANCE EQUIPMENT PRICING
BID SHEET (ANNUAL PRICING)

PART 2. Preventative Maintenance Services shall include, but not be limited to, inspection, cleaning and lubrication, safety inspection, functional tests and adjustments or calibrations necessary to facilitate proper functioning of the equipment, and replacement of worn, defective or broken parts with new parts specifically designed for the radiology equipment. Bidder shall provide preventative maintenance services, including parts, as set forth in the Agreement. (Also refer to Paragraph 3.1 (Preventative Maintenance Services) of Appendix B (Statement of Work) of the IFB and elsewhere.

FACILITY	LOCATION	TYPE OF PRODUCT	MODEL	SERIAL#	DESCRIPTION	COUNTY ID #	Year 1 -3 Initial Term (Annually) Annual Price*	Year 4 Option Term 1 Annual Price*	Year 5 Option Term 2 Annual Price*	Year 6 Option Term 3 Annual Price*	Year 7 Option Term 4 Annual Price*	6 Mos. Option Term 5 6 month Price*
MCJ-1	RM# 6095 (CR)	CPU GX780 (DELL)		DNQ5DP1								
MCJ-1	RM# 6095 (CR)	CR READER (FUJI)		56533438		591611						
MCJ-2	RM# 6102 (DR)	CPU GX780 (DELL)		DNN7DP1								
MCJ-2	RM# 6102 (DR)	X-RAY TUBE (SIEMENS)	4800723	429090								
MCJ-2	RM# 6102 (DR)	COLLIMATOR (SIEMENS)	5662429	3355								
MCJ-2	RM# 6102 (DR)	WALL BUCKY STAND (FUJI)	CR-IR 364	47020424								
MCJ-2	RM# 6102 (DR)	TABLE BUCKY (FUJI)										
MCJ-2	RM# 6102 (DR)	GENERATOR (SIEMENS)	7759793	2452	HV GENERATOR							
MCJ-2	RM# 6102 (DR)	GENERATOR (SIEMENS)	7759728	2300	Z CABINET							
MCJ-2	RM# 6102 (DR)	ELECTRONIC BOX FOR WALL STAND (FUJI)		47020423		593485						
MCJ-2	RM# 6102 (DR)	CONTROL PANEL (SIEMENS)	5760157	2839								
TTCF-1	CTC RM# M2136	CPU GX780 (DELL)		DNR7DP1								
TTCF-1	CTC RM# M2136	CR READER (FUJI)		56533440								
TTCF-1	CTC RM# M2136	PRINTER (FUJI DRY PIX 4000)		57021637								
TTCF-2	CTC RM# M2138	CPU GX780(DELL)		GVWJ8P1								
TTCF-2	CTC RM# M2138	CR READER (FUJI)		56533441								
TTCF-3	IRC RM#1	CPU GX780 (DELL)		DNP6DP1								
TTCF-3	IRC RM#1	X-RAY TUBE (SIEMENS)	4800723	432804								
TTCF-3	IRC RM#1	COLLIMATOR (SIEMENS)	5662429	3354								
TTCF-3	IRC RM#1	WALL BUCKY STAND (FUJI)	CR-IR 364	47020423		594615						
TTCF-3	IRC RM#1	GENERATOR (SIEMENS)	7759793	2451	HV GENERATOR							
TTCF-3	IRC RM#1	GENERATOR (SIEMENS)	7759728	2299	Z CABINET							
TTCF-3	IRC RM#1	ELECTRONIC BOX FOR WALL STAND (FUJI)		47020423		593485						
TTCF-3	IRC RM#1	CONTROL PANEL (SIEMENS)	5760157	2107								
TTCF-4	IRC RM#2	CPU GX780 (DELL)		DNL8DP1								
TTCF-4	IRC RM#2	X-RAY TUBE (SIEMENS)	4800723	433182								
TTCF-4	IRC RM#2	COLLIMATOR (SIEMENS)	5662429	3360								
TTCF-4	IRC RM#2	WALL BUCKY STAND	CR-IR 364	56325027								
TTCF-4	IRC RM#2	GENERATOR (SIEMENS)	7759793	2455	HV GENERATOR							
TTCF-4	IRC RM#2	GENERATOR (SIEMENS)	7759728	2303	Z CABINET							
TTCF-4	IRC RM#2	ELECTRONIC BOX FOR WALL STAND (FUJI)		47020423		593485						
TTCF-4	IRC RM#2	CONTROL PANEL (SIEMENS)	5760157	2830								
NCCF-1	RM# 432A (CR)	CPU GX780 (DELL)		DNR8DP1								
NCCF-1	RM# 432A (CR)	CR READER (FUJI)		57035175								
CRDF-1	IRC RM# 4126 (DR)	CPU GX780 (DELL)		DNQ4DP1								
CRDF-1	IRC RM# 4126 (DR)	X-RAY TUBE (SIEMENS)	4800723	429061								
CRDF-1	IRC RM# 4126 (DR)	COLLIMATOR (SIEMENS)	5662429	3352		591634						
CRDF-1	IRC RM# 4126 (DR)	WALL BUCKY STAND (FUJI)	CR-IR 364	56325024								
CRDF-1	IRC RM# 4126 (DR)	GENERATOR (SIEMENS)	7759793	2453	HV GENERATOR							
CRDF-1	IRC RM# 4126 (DR)	GENERATOR (SIEMENS)	7759728	2301	Z CABINET							
CRDF-1	IRC RM# 4126 (DR)	ELECTRONIC BOX FOR WALL STAND (FUJI)		47020423								

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
PREVENTATIVE MAINTENANCE EQUIPMENT PRICING
BID SHEET (ANNUAL PRICING)

FACILITY	LOCATION	TYPE OF PRODUCT	MODEL	SERIAL#	DESCRIPTION	COUNTY ID #	Year 1 -3 Initial Term (Annually) Annual Price*	Year 4 Option Term 1 Annual Price*	Year 5 Option Term 2 Annual Price*	Year 6 Option Term 3 Annual Price*	Year 7 Option Term 4 Annual Price*	6 Mos. Option Term 5 6 month Price*
CRDF-1	IRC RM# 4126 (DR)	CONTROL PANEL (SIEMENS)	5760157	2806								
CRDF-2	MAIN RM# 7168	CPU GX780 (DELL)		DNM8DP1								
CRDF-2	MAIN RM# 7168	CR READER (FUJI)		56533439		591635						
CRDF-2	MAIN RM# 7168	PRINTER (FUJI DRY PIX 5000)		47130059								
						Column Totals:						

INITIAL TERM (Year 1 - Year 3) Annual Cost x 3

Preventative Maintenance Total Agreement Cost*

Initial _____

*** Price is Annual Rate - Equipment will be serviced Quarterly as defined in Appendix B, Statement of Work, Paragraph 3.2, Preventative Maintenance Services.**

Bidder shall complete this Appendix D, Required Forms, Exhibit 12B and ensure its total is consistent with Appendix D, Required Forms, Exhibit 12A, Rate Schedule Pricing for Preventative Maintenance Services.

Bidder asserts that the below signed person is authorized to bind BIDDER to the PRICING represented herein.
An inaccurately calculated Bid Sheet may disqualify your Bid from consideration. Please ensure that all calculations are correct.

_____ _____
AUTHORIZED REPRESENTATIVE (print) **Date**

_____
AUTHORIZED REPRESENTATIVE (signature)

CERTIFICATION OF INDEPENDENT PRICE DETERMINATION & ACKNOWLEDGEMENT OF IFB RESTRICTIONS

A. By submission of this bid, Bidder certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Bidder or competitor for the purpose of restricting competition.

B. List all names and telephone number of person legally authorized to commit the Bidder.

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____

NOTE: Persons signing on behalf of the Contractor will be required to warrant that they are authorized to bind the Contractor.

C. 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".

_____

_____

D. Bidder acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this IFB. Bidder understands that if it is determined by the County that the Bidder did participate as a consultant in this IFB process, the County shall reject this bid.

_____
Name of Firm

_____
Print Name of Signer Title

_____
Signature Date

REQUIRED FORMS - EXHIBIT 14

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

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

The Proposer/Bidder/Contractor certifies that:

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

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

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

- OR -

☐ I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

_____

_____

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

Print Name:	Title:
Signature:	Date:

Date: _____

REQUIRED FORMS - EXHIBIT 15

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:

I hereby certify that I meet all the requirements for this program:

☐ My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years *(attach IRS Determination Letter)*;

☐ I have submitted my three most recent annual tax returns with my application;

☐ I have been in operation for at least one year providing transitional job and related supportive services to program participants; and

☐ I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

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

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REVIEWED BY COUNTY:

SIGNATURE OF REVIEWER	*APPROVED*	*DISAPPROVED*	*DATE*

REQUIRED FORMS EXHIBIT 16

REQUEST FOR DVBE PREFERENCE PROGRAM CONSIDERATION

INSTRUCTIONS: All Bidders responding to this solicitation must complete and return this form for proper consideration of the bid.

In evaluating bids/proposals, the County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran Owned Small Business (SDVOSB) consistent with Chapter 2.211 of the Los Angeles County Code.

Vendor understands that in no instance shall the disabled veteran business enterprise preference program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to any County solicitation.

Information about the State's Disabled Veteran Business Enterprise certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at http://www.pd.dgs.ca.gov/

Information on the Veteran Affairs Disabled Business Enterprise certification regulations made be found in the Code of Federal Regulations, 38CFR 74 and is also available on the Veterans Affairs Website at: http://www.vetbiz.gov/

☐ **I AM NOT** a Disabled Veteran Business Enterprise certified by the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs.

☐ **I AM** certified as a Disabled Veteran Enterprise with the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs as of the date of this proposal/bid submission and I request this proposal be considered for the DVBE Preference.

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

Name of Firm	County Webven No.
Print Name:	Title:
Signature:	Date:

SIGNATURE OF REVIEWER	***APPROVED***	***DISAPPROVED***	***DATE***