

# **APPENDIX B**

## **REQUIRED FORMS**

### **Exhibits**

- 1) Vendor's Organization Questionnaire/Affidavit
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Vendor's Debarment History and List of Terminated Contracts
- 5) Declaration
- 6) Community Business Enterprise (CBE) Information
- 7) Minimum Mandatory Qualifications
- 8) Vendor's List of References
- 9) Schedule of Prices
- 10) Required Licenses, Certifications, Memberships, and Permits

**REQUIRED FORMS – EXHIBIT 1****VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>VENDOR NAME:</b>	<b>COUNTY WEBVEN NUMBER:</b>
<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	<b>E-MAIL:</b>
<b>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</b>	<b>CALIFORNIA BUSINESS LICENSE NUMBER:</b>

1	<p><b>Select the options that best define your firm's business structure:</b></p> <p><input type="checkbox"/>Corporation  <input type="checkbox"/>Limited Liability Company (LLC)  <input type="checkbox"/>Limited Partnership  <input type="checkbox"/>Sole Proprietorship  <input type="checkbox"/>Non-Profit  <input type="checkbox"/>Franchise  <input type="checkbox"/>Other (Specify)</p>	<p><b>If Corporation or Limited Liability Company (LLC):</b>  Legal Name (as stated in Articles of Incorporation): _____</p> <p>State if Incorporation: _____  Year of Incorporation: _____</p> <p><b>If Limited Partnership or a Sole Proprietorship:</b>  Name of proprietor or managing partner: _____</p> <p><b>If other:</b> Specify business structure name: _____</p>
2	<p><b>Is your firm doing business under one or more DBAs?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
3	<p><b>Is your firm wholly/majority owned by, or a subsidiary of another firm?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate name of Parent Firm and State of Incorporation.</p> <p>Name of Parent Firm: _____</p> <p>State of Incorporation or registration of parent firm: _____</p>
4	<p><b>Has your firm done business as other names within last five years?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, indicate any other names and the year of name change.</p> <p>Name(s): _____ Year(s) of Name Change</p>

5	<b>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".</b>	
6	<b>Is your firm involved in any pending acquisition or mergers?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	<b>List all names and contact information of all individuals legally authorized to commit the Vendor.</b>	

## **REQUIRED FORMS – EXHIBIT 2**

### **CERTIFICATION OF COMPLIANCE**

Vendor certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

TITLE	REFERENCE	CERTIFICATIONS
1	<a href="#">LACC 2.180</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	<a href="#">LACC 2.160</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	<a href="#">Motion</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	<a href="#">Board Policy 5.250</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	<a href="#">Board Policy 5.065</a>	<p><b>Check the Certification below that is applicable to your company.</b></p> <p><input type="checkbox"/> Vendor 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 Vendor 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.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Vendor or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed in this document 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.</p>
6	<a href="#">Board Policy 5.050</a>	<p><b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Willing to provide GAIN/GROW participants access to employee mentoring program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available</p>
7	<a href="#">LACC 2.203</a>	<p><b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b></p> <p><input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program.</p> <p><input type="checkbox"/> My business is a small business as defined in the Program.</p> <p><input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.</p>
8	<a href="#">LACC 2.206</a>	<p><b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If No, identify exemption:</b></p>

**REQUIRED FORMS – EXHIBIT 3**  
**REQUEST FOR PREFERENCE CONSIDERATION**

**INSTRUCTIONS:** Vendors requesting preference consideration must complete and include this form in their SOQs. Vendors may request consideration for one or more preference programs. **In order to qualify for preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

☐ **PREFERENCE NOT REQUESTED**

**OR**

☐ **PREFERENCE REQUESTED (SELECT ALL THAT APPLY)**

Preference Program		Reference
<input type="checkbox"/>	Request for Local Small Business Enterprise (LSBE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.204</u></a>
<input type="checkbox"/>	Request for Social Enterprise (SE) Program Preference <input type="checkbox"/> Certification for Non-Federally Funded County Solicitations <input type="checkbox"/> Certification for Federally Funded County Solicitations	<a href="#"><u>LACC 2.205</u></a>
<input type="checkbox"/>	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	<a href="#"><u>LACC 2.211</u></a>

**Note: In no instance will any of the listed preference programs price or scoring be combined with any other County program to exceed 15% in response to any County solicitation.**

**REQUIRED FORMS – EXHIBIT 4**

**VENDOR'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

Vendor's Name: \_\_\_\_\_

<b>1. DEBARMENT HISTORY (Check one)</b>		<b>YES</b>	<b>NO</b>
Vendor is currently debarred by a public entity			
If yes, please provide the name of the public entity:			
<b>2. LIST OF TERMINATED CONTRACTS (Check one)</b>		<b>YES</b>	<b>NO</b>
Vendor has contracts that have been terminated in the past three years.			

If yes, please list all contracts that have been terminated prior to expiration within the last three years.

**REQUIRED FORMS – EXHIBIT 5**  
**DECLARATION**

**DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE EXHIBITS 1-4 IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

**REQUIRED FORMS – EXHIBIT 6**  
**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**  
**Instructions for Completing Form**

County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

<b>Section 1: FIRM/ORGANIZATION INFORMATION</b>	
Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

<b>Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE</b>
If the firm is currently certified as a Community Business Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

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



**REQUIRED FORMS – EXHIBIT 6**  
**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

TITLE	REFERENCE
1 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.
Total Number of Employees in California:	
Total Number of Employees (including owners):	
Race/Ethnic Composition of Firm. Enter the make-up of Owners/Partners/Associate Partners into the following categories:	
Race/Ethnic Composition	Owners/Partners/ Associate Partners
	Male      Female
	Male      Female
Black/African American	%      %
Hispanic/Latino	%      %
Asian or Pacific Islander	%      %
American Indian	%      %
Filipino	%      %
White	%      %

TITLE	REFERENCE
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE	<p>If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.</p> <div style="text-align: right;"> <input type="checkbox"/> Check if not applicable         </div>
Agency Name	Minority
Women	Disadvantaged
Disabled Veteran	LGBTQQ

## REQUIRED FORMS – EXHIBIT 7

### MINIMUM MANDATORY QUALIFICATIONS

1 of 2

Vendor acknowledges and certifies that it meets and will comply with the Vendor's Minimum Mandatory Qualifications indicated below and as stated in Paragraph 3 (Vendor's Minimum Mandatory Qualifications) of the Request Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Qualifications (MMQ)	Complies with MMQ	
		Yes	No
1	<p>Vendor must have a minimum of ten years' experience, within the last 15 years, providing water well systems repair and maintenance services equivalent or similar to the services described in Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement).</p> <p>Vendor must complete Exhibit 8 (Vendor's List of References) of Appendix B (Required Forms) listing all references necessary to verify this Minimum Mandatory Qualification.</p>		
2	<p>Vendor must possess a current and valid C-57 (Water Well Drilling) and/or C-61/D-21 (Pump Installations) license issued by the State of California.</p> <p>Vendor must complete Exhibit 10 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of the license listed above to verify this Minimum Mandatory Qualification.</p>		
3	<p>Vendor must be a certified member of one of the following:</p> <ul style="list-style-type: none"><li>a. The California Groundwater Association, or</li><li>b. The National Ground Water Association.</li></ul> <p>Vendor must complete Exhibit 10 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of their certification to verify this Minimum Mandatory Qualification.</p>		
4	<p>If Vendor is looking to qualify for Well Chemical Cleaning Treatment Services and/or Well Disinfecting Services, Vendor must possess one of the following certifications issued by the State of California Department of Public Health:</p> <ul style="list-style-type: none"><li>a. Grade 1 Water Treatment Operator Certification, or</li><li>b. Grade 1 Water Distribution Operator Certification.</li></ul> <p>Vendor must complete Exhibit 10 (Required Licenses, Certifications, Memberships, and Permits) of Appendix B (Required Forms) and provide a copy of their certification to verify this Minimum Mandatory Qualification.</p>		

## REQUIRED FORMS – EXHIBIT 7

### MINIMUM MANDATORY QUALIFICATIONS

2 of 2

Vendor acknowledges and certifies that it meets and will comply with the Vendor's Minimum Mandatory Qualifications indicated below and as stated in Paragraph 3 (Vendor's Minimum Mandatory Qualifications) of the Request Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Qualifications (MMQ)	Complies with MMQ	
		Yes	No
5	Vendor must have a business office located within 100 miles from any one of the three water well system locations listed in Paragraph 1.4 of Attachment 1 (Statement of Work) to Appendix A (Model Master Agreement).		
6	If Vendor's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last ten years, Vendor 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 County.		

**REQUIRED FORMS – EXHIBIT 8  
VENDOR’S LIST OF REFERENCES**

**Vendor’s Name:** \_\_\_\_\_

**Page 1 of 2**

Provide must provide three references where the same or similar scope of services were provided. Vendor must provide a comprehensive reference list (public and private entities) and ensure the accuracy of the information provided below. Use additional pages if required.

PUBLIC AGENCIES	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

**REQUIRED FORMS – EXHIBIT 8  
VENDOR’S LIST OF REFERENCES**

**Vendor’s Name:** \_\_\_\_\_

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PRIVATE AGENCIES	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
AGENCY / DEPT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

**REQUIRED FORMS – EXHIBIT 9**

**SCHEDULE OF PRICES**

**FOR**

**WATER WELL SYSTEMS MAINTENANCE SERVICES**

**Vendor:** \_\_\_\_\_

Please submit rate for each item. If you do not wish to submit a rate for an item, place the letters "N/A" on each line for that item; however, if you propose a rate for an item, you are required to submit all rates contained within that item. Vendors who do not complete an area of this requirement will be found non-responsive with regards to that item and will not be qualified to perform that type of repair. By submission of this SOQ, Vendor certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Vendor or competitor for the purpose of restricting competition.

**ITEM A WELL REMOVAL/INSTALLATION AND REPAIRS SERVICES**  
(This item will requires a valid C-57, and/or C-61/D-21 Water Well Drilling State Contractor's License)

<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Labor (Crew rate)	\$_____/HR
2. Mobilization/Demobilization	\$_____/HR
3. Shop/Field Welding	\$_____/HR
4. Machine Shop Repair	\$_____/HR
5. General Shop Repair	\$_____/HR
(Includes cleaning and in-shop inspection)	\$_____/HR
6. On-site Mechanical Repairs & Inspection	\$_____/HR
(Regular hours)	
7. On-site Emergency Mechanical Repairs	\$_____/HR
(Four Hour minimum paid by County)	

\*Each rate includes cost of use of tools/equipment and labor only

**ITEM B WELL/PUMP PERFORMANCE TESTING SERVICES**  
(This item will requires a valid C-57, and/or C-61/D-21 Water Well Drilling State Contractor's License)

<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Labor (Crew rate)	\$_____/HR
2. Mobilization/Demobilization	\$_____/HR
3. Furnish/Install Test Pump	\$_____/Occurrence
4. Furnish/Install Development Engine	\$_____/HR

\*Each rate includes cost of use of tools/equipment and labor only

## ITEM C PUMP REMOVAL/INSTALLATION AND REPAIR SERVICES

(This item will requires a valid C-57, and/or C-61/D-21 Water Well Drilling State Contractor's License)

<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Labor (Crew rate)	\$_____/HR
2. Mobilization/Demobilization	\$_____/HR
3. Shop/ Field Welding	\$_____/HR
4. Machine Shop Repair	\$_____/HR
5. General Shop Repair (Includes cleaning and in-shop inspection)	\$_____/HR
6. On-site Mechanical Repairs & Inspection (Regular hours)	\$_____/HR
7. On-site Emergency Mechanical Repairs (Four Hour minimum paid by County)	\$_____/HR

\*Each rate includes cost of use of tools/equipment and labor only

## ITEM D WELL VIDEO SURVEY SERVICES

<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Well Video Survey	\$_____/HR

\*Each rate includes cost of use of tools/equipment, parts, labor and materials

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**ITEM E WELL CHEMICAL CLEANING TREATMENT SERVICES**

(This item requires a valid Grade 1 Water Treatment Operation Certification issued by the California Department of Public Health)

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**DESCRIPTION****MAXIMUM RATE\***

- |                                     |                            |
|-------------------------------------|----------------------------|
| 1. Well Chemical Cleaning Treatment | \$_____ /Per Vertical Foot |
| 2. Mobilization/Demobilization      | \$_____ /HR                |

**\*Each rate includes cost of use of tools/equipment, parts, labor and materials**

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**ITEM F WELL DISINFECTING SERVICES**

(This item requires a valid Grade 1 Water Treatment Operation Certification issued by the California Department of Public Health)

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**Rate per Foot = Chlorine Strength x 50ppm or 100ppm x Labor**

**DESCRIPTION****MAXIMUM RATE\***

**Well Disinfecting Services & Chlorine Strength (Please specify)**

- |                                |                             |
|--------------------------------|-----------------------------|
| 1. 50 ppm                      | \$_____ /Per Vertical Foot  |
| 2. 100 ppm                     | \$_____ /Per Vertical Foot  |
| 3. _____ (If Other)            | \$_____ / Per Vertical Foot |
| 4. Mobilization/Demobilization | \$_____ /HR                 |

**\*Each rate includes cost of use of tools/equipment, parts, labor and materials.**



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**ITEM G      OTHER WATER WELL SYSTEMS SERVICES**


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<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Installation of chlorination units	\$ _____/HR
2. Piping repair/Installation	\$ _____/HR
3. Hot tap services	\$ _____/HR
4. Well drilling services	\$ _____/HR
5. Telecommunications Installation	\$ _____/HR
6. Emergency Telecommunication repairs	\$ _____/HR
7. Hydrogeological Investigations	\$ _____/HR
8. Geotechnical Engineering Services	\$ _____/HR
9. Borehole & Surface Geophysics	\$ _____/HR
10. Other Services	\$ _____/HR

**\*Each rate includes cost of use of tools/equipment and labor only**

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**Vendor:** \_\_\_\_\_

Each rate provided for Items D, E & F includes cost of use of tools/equipment, parts, labor and materials.

Each rate provided for Items A, B, C & G includes cost of use of tools/equipment and labor only. All parts and materials shall be identified on the Work Order and approved by the County Project Director or County Project Manager in writing prior to installation. Refer to Attachment 1 (Statement of Work) of the RFSQ.

I certify under penalty of perjury that the foregoing is correct and true in all respects.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**REQUIRED FORMS – EXHIBIT 10**

**REQUIRED LICENSES, CERTIFICATIONS, MEMBERSHIPS, AND PERMITS**

Vendor providing services under the Master Agreement must possess, comply with, and keep current all applicable licenses, certifications, memberships, and permits pursuant to Paragraph 8.0 (Required Licenses, Certifications, Memberships, and Permits) of the Statement of Work. Vendor must list below all licenses, certifications, memberships, and permits required to perform the required services and attach copies with this form.

Attach additional pages to this form if necessary.

<b>List of all required licenses, certifications, memberships, and permits:</b>