

APPENDIX D

REQUIRED FORMS

EXHIBITS

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REQUIRED FORMS - EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. Is your firm a corporation or limited liability company (LLC)? **Yes** **No**

If yes, complete:

Legal Name (found in Articles of Incorporation) _____

State _____ Year Inc. _____

2. If not a California corporation or LLC, are you registered by the California Secretary of State to conduct business in California as a foreign corporation? **Yes** **No**

3. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

4. Is your firm doing business under one or more DBA's? **Yes** **No**

If yes, complete:

Name	County of Registration	Year became DBA
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_____	_____	_____
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_____	_____	_____
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5. Is your firm wholly/majority owned by, or a subsidiary of another firm? **Yes** **No**

If yes, complete:

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

6. Has your firm done business as other names within last five (5) years? **Yes** **No**

If yes, complete:

Name _____ Year of Name Change _____

Name _____ Year of Name Change _____

7. 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".

8. Is your firm involved in any pending acquisition or mergers, including the associated company name?

Yes **No** If yes, provide information:

9. List all names and contact information of all individuals legally authorized to commit the Proposer.

Proposer acknowledges and certifies that firm meets and will comply with the Proposer's Minimum Mandatory Requirements as stated in Paragraph 3.0, of this Request for Proposal, as listed below.

Check the appropriate boxes:

PROPOSER'S MINIMUM MANDATORY REQUIREMENTS

Yes **No** Proposer must be a current established developer, proprietor, and provider of digital mugshot systems and solutions for a minimum of seven years within the last ten years, with a minimum of 15 employees, providing a COTS digital mugshot system (including facial recognition, imaging and investigative tools as well as professional services (which includes maintenance and support)) as outlined in Paragraph 9 (Project Assumptions - General) of Appendix A (Statement of Work) and Exhibit C (Service Level Agreement) of Appendix C (Sample Contract) to this RFP.

Proposer must list references on submit Exhibit 2 (Proposer's References) of Appendix D (Required Forms) to verify this Minimum Mandatory Requirement.

Yes **No** Proposer's proposed COTS software must currently be in production use and being serviced by Proposer's maintenance program for not less than two consecutive years, at a minimum of one U.S. public safety/law enforcement agencies supporting more than 30 concurrent users. (In this context, agency is defined as: 1) a single law enforcement agency operating under a single enterprise installation of Proposer's proposed COTS solution, or 2) a consortium of law enforcement agencies operating under a centrally managed, single enterprise installation of Proposer's COTS solution.)

Proposer must list references on Exhibit 2 (Proposer's References) of Appendix D (Required Forms) to verify this Minimum Mandatory Requirement.

Yes **No** Proposer shall have a minimum of three successful digital mugshot implementations of the proposed software (current or one major version prior) within the last 10 years. (A successful implementation is defined as one that has achieved final acceptance from the customer, has been in production use for a minimum of one year without any major deficiencies, and is being serviced by Proposer's maintenance program.)

Proposer must list references on Exhibit 2 (Proposer's References) of Appendix D (Required Forms) to verify this Minimum Mandatory Requirement.

Yes **No** If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, then Proposer 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.

PROPOSER'S RPS SOLUTION MINIMUM MANDATORY REQUIREMENTS

Yes **No** Proposer RPS Solution must have its own imbedded database allowing users to perform FR searches on uploaded probe images.

Yes **No** Proposer's RPS Solution must only contain and access images that originate from a criminal booking.

The RPS Solution must not, in any way, access open-source images from social media origins/platforms (including but not limited to Facebook, TikTok, Twitter, Snapchat or Instagram).

Yes **No** Proposer's RPS Solution MUST be Criminal Justice Information Services (CJIS) and Criminal Offender Record Information (CORI) compliant:

<https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>

<https://oag.ca.gov/sites/all/files/agweb/pdfs/Conditions-for-Release-CORI.pdf>.

Yes **No** Proposer's RPS Solution must have FR features, including investigative tools with the ability to perform forensic-level and investigative-level facial comparisons, within the user interface – per the Facial Identification Scientific Working Group's (FISWG) current "Facial Image Comparison Feature List for Morphological Analysis" guide – link:

https://fiswg.org/FISWG_Morph_Analysis_Feature_List_v2.0_20180911.pdf

Yes **No** Proposer's RPS Solution MUST be a browser-based, web-enabled system.

Yes **No** Proposer's RPS Solution must include two CJIS-compliant FR algorithms, both tested by the National Institute of Standards and Technology (NIST) and listed on the July 28, 2022, Federal Bureau of Investigations' (FBI) Face Recognition Vendor Test (FRVT):

https://www.github.com/usnistgov/frvt/blob/nist-pages/reports/1N/frvt_1N_report.pdf

Proposer's selected FR algorithms must be from Rank One Computing and one other commercial algorithm, both of which must be ranked at or above the following factors in the FBI's FRVT:

- a. Top 150 for "Investigation Mode, Rank One Miss Rate, Mugshot to Webcam",
- b. Top 125 for "Identification Mode, Rank One Miss Rate, Mugshot to Webcam", and
- c. Top 125 for "Search Duration".

Yes **No** Proposer's RPS Solution must include one of the following pattern-matching enterprise algorithms for SMTs:

- a. Idemia.
- b. Rank One.

Yes **No** Proposer's RPS Solution must allow users to upload a probe SMT image and have a pattern matching feature for searching and comparing SMT probe images to SMT images in the RPS Solution database.

Yes **No** Proposer's RPS Solution must include watchlist functionality which, at minimum, includes the ability to search new enrollments and FR inquiries against all watchlists.

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

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 NUMBER:
ADDRESS:		
PHONE NUMBER:	E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:	
PROPOSER'S AUTHORIZED REPRESENTATIVE NAME AND TITLE (PRINT):		
SIGNATURE		DATE

**REQUIRED FORMS - EXHIBIT 1a.
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

Instructions for Completing Form

The 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.

Section 1: FIRM/ORGANIZATION INFORMATION

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%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE

<p>If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the name(s) 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.</p>
<p>Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Sheriff's sole judgment and his judgment shall be final.</p>

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		Percentage of how ownership of the firm is distributed		
	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		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.				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ	

REQUIRED FORMS - EXHIBIT 2

PROPOSER'S REFERENCES

Proposer's Name: _____

List at least three United States (U.S.) public safety/law enforcement agency references where the same or similar scope of services were provided. If additional space is needed, please list information on a blank sheet and attach it to this document.

Law Enforcement References (U.S. Only)	
Law Enforcement Agency #1	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Project Scope and magnitude, and other pertinent information*	

REQUIRED FORMS - EXHIBIT 2

PROPOSER'S REFERENCES

Law Enforcement References (U.S. Only) – at minimum, one reference required	
Law Enforcement Agency #2	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Project Scope and magnitude, and other pertinent information*	

REQUIRED FORMS - EXHIBIT 2

PROPOSER'S REFERENCES

Law Enforcement References (U.S. Only) – at minimum, one reference required	
Law Enforcement Agency #3	
Agency Name	Agency's IT System Name
Agency Primary Address	
Agency Contact Name	Contact's Project Role / Rank
E-mail Address	Phone Number
Duration Proposer Was Engaged in Project	Project's Begin and End Dates (Month/Year)
	MM/YYYY TO MM/YYYY
Project Scope and magnitude, and other pertinent information*	

*Describe the size and complexity of the Law Enforcement Agency, including its geographic footprint and any other Law Enforcement Agencies they supported.

**REQUIRED FORMS - EXHIBIT 3
PROPOSER'S LIST OF CONTRACTS**

Proposer's Name: _____

List of all public entities for which the Proposer has provided service within the last three 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

PROPOSER'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS

Proposer's Name: _____

1. DEBARMENT HISTORY (Check one)	YES	NO
Proposer is currently debarred by a public entity	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the name of the public entity: _____		
2. LIST OF TERMINATED CONTRACTS (Check one)	YES	NO
Proposer has contracts that have been terminated within the past three years.	<input type="checkbox"/>	<input type="checkbox"/>

List of all contracts, including but not limited to public entities, that have been terminated within the past three years.

Service: _____ Name of Entity: _____

Address: _____

Contact: _____ Telephone: _____

Email: _____

Termination Date: _____ Name/Contract No: _____

Reasons for Termination: _____

Service: _____ Name of Entity: _____

Address: _____

Contact: _____ Telephone: _____

Email: _____

Termination Date: _____ Name/Contract No: _____

Reasons for Termination: _____

Service: _____ Name of Entity: _____

Address: _____

Contact: _____ Telephone: _____

Email: _____

Termination Date: _____ Name/Contract No: _____

Reasons for Termination: _____

REQUIRED FORMS - EXHIBIT 5
CERTIFICATION OF NO CONFLICT OF INTEREST

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

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals 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.

Name of Authorized Representative

Title of Authorized Representative

Signature

REQUIRED FORMS - EXHIBIT 6
FAMILIARITY WITH THE COUNTY
LOBBYIST ORDINANCE CERTIFICATION

The Proposer 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 Proposer organization have and will comply with it during the proposal process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Name of Firm

Date

By: _____
Name/Title of its Authorized Representative

REQUIRED FORMS - EXHIBIT 7

Use this form for County Solicitations **Not** subject to the Federal Restriction

REQUEST FOR PREFERENCE PROGRAM CONSIDERATION

INSTRUCTIONS: Businesses requesting preference consideration must complete and return this form for proper consideration of the proposal. Businesses may request consideration for one or more preference programs. Check all certifications that apply.*

THIS BUSINESS MEETS ALL OF THE REQUIREMENTS AND REQUEST THIS PROPOSAL BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.

Request for Local Small Business Enterprise (LSBE) Program Preference

- Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one year; **or**
- Certified as a LSBE with other certifying agencies under DCBA's inclusion policy that has its principal place of business located in Los Angeles County and has revenues and employee size that meet the State's Department of General Services requirements; **and**
- Certified as a LSBE by the DCBA.

Request for Social Enterprise (SE) Program Preference

- A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; **and**
- Certified as a SE business by the DCBA.

Request for Disabled Veterans Business Enterprise (DVBE) Program Preference

- Certified by the State of California, **or**
- Certified by U.S. Department of Veterans Affairs as a DVBE; **or**
- Certified as a DVBE with other certifying agencies under DCBA's inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration; **and**
- Certified as a DVBE by the DCBA.

***BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.**

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

DCBA certification is attached.

Name of Firm		County Webven No.	
Print Name:		Title:	
Signature:		Date:	
Reviewer's Signature	Approved	Disapproved	Date

REQUIRED FORMS - EXHIBIT 8
PROPOSER'S EEO CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the Proposer 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. Proposer has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Proposer periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Authorized Representative (please print)

REQUIRED FORMS - EXHIBIT 9
ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS

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

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV.

Proposers unable to meet this requirement shall not be considered for contract award.

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

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

_____ YES (subject to verification by County) _____ NO

B. Proposer is willing to provide DPSS with all job openings and job requirements 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 Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

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

_____ YES _____ NO _____ N/A (Program not available)

Name of Firm: _____

Name of its Authorized Representative: _____

Title: _____

Signature: _____ Date: _____

Telephone No: _____

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 Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, 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 proposer is given an exemption from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For: Regional Photo System Solution		

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 This Business

- This 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 the business must comply with the Program if business revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- This 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 the business must comply with the Program if the number of employees in the business and its 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.

- This 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

- This 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 and that I am authorized to represent this business.

Name of its Authorized Representative:	Title:
Signature:	Date:

REQUIRED FORMS EXHIBIT 11

**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: Regional Photo System Solution		

Proposer 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, Proposer 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**

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

- OR -

- It is 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(s):

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct and that I am authorized to represent this company.

Name of its Authorized Representative:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 12

**ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for: Regional Photo System Solution		

PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with the County's Zero Tolerance Policy on Human Trafficking of the proposed Contract and agrees that Proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Name of its Authorized Representative:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 13

COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for: Regional Photo System Solution		

PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved Board Policy 5.250 (Fair Chance Employment) in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that Proposer and staff performing work under the Contract will be in compliance. Proposer further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Name of its Authorized Representative:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 14

**PROPOSER'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS
FOR
REGIONAL PHOTO SYSTEM SOLUTION**

Contractor shall provide information about its encryption practices with respect to Personal Information, Protected Health Information, Medical Information and any other information described in Paragraph 19.3 (Protection of Electronic County Information - Data Encryption) of the Contract by completing this Exhibit 14. By signing this Exhibit 14, Contractor certifies that it shall be in compliance with the Los Angeles County Board of Supervisors Policy 5.200 (Contractor Protection of Electronic County Information) upon the Effective Date and during the entire Term of the Contract. Contractors that fail to comply with this Policy shall be subject to suspension or termination of contractual agreements, denial of access to County Information Assets, placement in the Contractor Alert Reporting Database, and/or other actions as deemed appropriate by the County.

DOCUMENTATION

AVAILABLE

COMPLIANCE QUESTIONS	YES	NO	YES	NO
1) Will County data stored on your workstation(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Will County data stored on your laptop(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Will County data stored on removable media be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Will County data be encrypted when transmitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Will Contractor maintain a copy of any validation/attestation reports generated by its encryption tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Will County data be stored on remote servers*? <small>*cloud storage, Software-as-a-Service or SaaS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of its Authorized Representative

Title

Signature

REQUIRED FORMS - EXHIBIT 15

STATEMENT OF WORK CERTIFICATION

Please complete, date and sign this form. The person signing the form must be authorized to certify on behalf of Proposer. I certify on behalf of Proposer that (check applicable box and sign below):

- Proposer: (i) agrees to provide all Tasks, Subtasks, deliverables, goods, Services and other Work as specified in Appendix A (Statement of Work) and Attachment A.1 (Tasks and Deliverables) to the RFP, as such may be modified by the County following the release of the RFP prior to the commencement of Contract negotiations or execution of the resultant Contract, and (ii) shall not raise any exceptions or objections to such Statement of Work, as such may be modified by the County, if the County elects to negotiate with Proposer and award Proposer the resultant Contract.

- Proposer: (i) proposes revisions to Appendix A (Statement of Work) and Attachment A.1 (Tasks and Deliverables) to the RFP in accordance with Paragraph 7.9.11 (Terms and Conditions in the Sample Contract, and Requirements of the Statement of Work: Acceptance of/or Exceptions to (Section E)) of the RFP, while preserving the scope and format of the Statement of Work and its Tasks and Deliverables, which proposed revisions are attached to Proposer's Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer's evaluation score, as further specified in Paragraph 7.9.11.3 (Statement of Work (Section E.1)) of the RFP.

Name of Authorized Representative

Title

Signature

Date

REQUIRED FORMS - EXHIBIT 16
SAMPLE CONTRACT CERTIFICATION

Contractor's Name: _____

Please complete, date, and sign this form. The person signing the form must be authorized to certify on behalf of Proposer.

I certify on behalf of Proposer that (check applicable box and sign below):

- Proposer: (i) accepts all terms and conditions specified in Appendix C (Sample Contract) to the RFP including all Appendices, Exhibits, Attachments, and Schedules thereto, as such may be modified by the County following the release of the RFP prior to the commencement of the Contract negotiations or execution of the resultant Contract, and (ii) shall not raise **any** exceptions or objections to the Sample Contract, as such may be modified by County, if County elects to negotiate with Proposer and award Proposer the resultant Contract.

- Proposer: (i) takes exceptions and proposes revisions to Appendix C (Sample Contract) to the RFP or to any of the Appendices, Exhibits, Attachments or Schedules attached thereto in accordance with Paragraph 7.9.11 (Terms and Conditions in the Sample Contract, and Requirements of the Statement of Work (SOW): Acceptance of/or Exceptions to (Section E)) of the RFP, which exceptions and proposed revisions are attached to Proposer's Business Proposal in response to the RFP, and (ii) acknowledges and agrees that the County may, in its sole discretion, find that such exceptions and/or proposed revisions are material enough to deem the proposal non-responsive and not be subject to further evaluation or may deduct points from Proposer's evaluation score, as further specified in Paragraph 7.9.11.2 of the RFP.

Name of its Authorized Representative

Title

Signature

Date

**REQUIRED FORMS - EXHIBIT 18
STATEMENT OF WORK RESPONSE FORM**

TASK NUMBER: 1

TASK TITLE: Project Planning – Project Control Document (PCD)

TASK NARRATIVE: Each Task to be performed by both the Contractor and the County staff shall be specifically addressed in a Project Control Document (PCD). The PCD shall include the general order in which the Tasks and SubTasks will be performed (some Tasks may be conducted in parallel) and the order in which the Deliverables will be produced.

PROPOSER’S UNDERSTANDING OF TASK:

HOW STATEMENT:

Assumptions:

-

Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 2

TASK TITLE: Ongoing Project Management

TASK NARRATIVE: Throughout the Term of the Contract, under the direction of the County Project Manager, Contractor shall apply requisite technical and management skills and techniques to assure satisfactory, timely completion of project Tasks and Deliverables, and establish a project control and reporting system which will provide routine and realistic assessments of progress against the approved Project Control Document's Detailed Work Plan. Contractor shall manage project activities and resources, and track project status. This shall include those identified in the Statement of Work.

PROPOSER'S UNDERSTANDING OF TASK:

--

HOW STATEMENT:

--

Assumptions:

-

Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 3

TASK TITLE: Requirements Review and Demonstration/Gap Analysis

TASK NARRATIVE: The Functional and Technical Requirements review, and resultant gap analysis determines the degree of “fit” between Contractor’s proposed COTS software and County’s Requirements. County will provide the facilities for conducting the Requirements review, demonstration, and gap analysis sessions.

PROPOSER’S UNDERSTANDING OF TASK:

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HOW STATEMENT:

--

Assumptions:

-

Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 4

TASK TITLE: Infrastructure and Technical Assessment

TASK NARRATIVE: Contractor must conduct an infrastructure and technical assessment of all County's readiness to implement Contractor's pending Solution, and to engage in the data conversion process.

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

-

Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 5

TASK TITLE: Implementation Assessment Document

TASK NARRATIVE: This Task 5 includes the strategies for the Contractor’s Customized COTS Solution’s implementation and transition to Production, based on the findings of the Final Solution Requirements document (Task 3), and the Infrastructure and Technical Assessment (Task 4). These implementation strategies form a critical component of the PCD (Task 1). The implementation strategies shall take into consideration County’s organizational and project constraints, while addressing County’s Final Solution Requirements. This Task 5 culminates with the Contractor’s creation of a comprehensive final Implementation Assessment Document (IAD). The final IAD shall open with an Executive Summary that includes key findings and recommendations and shall include the strategies and plans identified in the Statement of Work.

PROPOSER’S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 6

TASK TITLE: Design Review of Contractor's Customized COTS Solution, Final Design

TASK NARRATIVE: Contractor shall prepare a draft design document that identifies software changes and customizations to the Contractor's proposed Solution, based on the Final Requirements Document (Deliverable 3.2). Once the draft is reviewed and approved by the County Project Manager, Contractor shall conduct multiple feedback sessions on County premises, as determined by the County Project Manager, with key County stakeholders for technical feedback, thereby ensuring the accuracy and completeness of the Design Review document.

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

-

Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 7

TASK TITLE: Pre-Production Environment and COTS Solution Programming Modifications (Customization/Configuration)

TASK NARRATIVE: While the County is not responsible for the Programming Modifications effort (Customizations, Configurations, etc.), the purpose of this Task is to assist Contractor in ensuring that the Programming Modification effort is completed in satisfaction of the Requirements, as specified in Contractor's Customized COTS Solution, and the agreed-to Final Design Document (Deliverable 6).

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 8

TASK TITLE: Data Conversion

TASK NARRATIVE: Upon completing Contractor's Customized COTS Solution, Contractor shall extract, cleanse, transform, and load (ECTL) the legacy system data in the pre-Production Environment.

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 9

TASK TITLE: Pre-Production Testing of Contractor’s Customized COTS Solution

TASK NARRATIVE: Pre-production testing process ensures that all components of Contractor’s Customized COTS Solution required at Go-Live are thoroughly tested and that the implemented Solution consists of high-quality and reliable software. The testing process shall take into account the unique testing requirements of the Solution that is based upon a customized version of the originally proposed Contractors’ COTS software. NOTE: The testing of individual components shall be conducted by Contractor as part of the Programming Modification effort. To the extent possible, County will participate in testing and if necessary, question the results which Contractor must resolve.

PROPOSER’S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

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Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 10

TASK TITLE: Training and Documentation

TASK NARRATIVE: The training and documentation process must be designed by Contractor to ensure that training is planned and delivered. Contractor must create a Training and Documentation plan based on the strategies set forth in Paragraph 5.1.9 (Training and Documentation Strategy, Updated), which include developing training documents, and provide end-user, system administrator, and train-the-trainer (T3) training. Documentation to support operation of the system, and user desk references must also be prepared by Contractor.

PROPOSER’S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 11

TASK TITLE: Establish the Secondary Data Center's Test Environment and Backup Recovery Site

TASK NARRATIVE: Contractor must establish the test environment and a hot recovery site at the secondary data center, both based on the specifications in the Technical Architecture Document and Implementation Assessment Document.

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 12

TASK TITLE: Transition to Production – System Implementation and Production Cut Over

TASK NARRATIVE: Contractor shall perform Solution final testing and preparedness, for County’s authorization in this Task prior to transitioning the pre-production environment into the production environment, assuring that the RPS Solution is certified fully functional and ready for production use.

PROPOSER’S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 13

TASK TITLE: RPS Solution Go-Live, Warranty Period and Final Acceptance

TASK NARRATIVE: Using the Implementation Assessment Strategy's Transition to Production: Production Cutover Strategy, Contractor and County shall coordinate all the steps required for the Solution's system implementation rollout.

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

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Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 14

TASK TITLE: Post-Implementation Operations, Maintenance and Support [Ongoing]

TASK NARRATIVE: Services included as part of the RPS maintenance and support fees are outlined in Exhibit C (Service Level Agreement) to the Sample Contract.

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

TASK NUMBER: 15

TASK TITLE: Post-Implementation Professional Services, As-Needed

TASK NARRATIVE: Contractor must deliver as-needed Professional Services to provide Optional Work as defined in Paragraph 3.3.4 (Optional Work) of the Sample Contract.

PROPOSER'S UNDERSTANDING OF TASK:

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HOW STATEMENT:

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Assumptions:

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Resource Allocations:

-

Timeline to Completion:

-

*ATTACH ADDITIONAL PAGES AS NECESSARY

REQUIRED FORMS - EXHIBIT 19

RPS Cost Proposal Form (Page 1 of 4)

SOW Deliverables (One-Time Fees)

Proposer's Name:							Proposer's Comments
Line #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)	
1	SOW Deliverables	Deliverable 1 – Project Control Document	1	LOT		\$ -	
2		Deliverable 2 – Ongoing Project Management **	1	LOT	Included / Not Billable	\$ -	
3		Deliverable 3.1 – Requirements Review Report	1	LOT		\$ -	
4		Deliverable 3.2 – Demonstration and Gap Analysis	1	LOT		\$ -	
5		Deliverable 4 – Infrastructure and Technical Assessment	1	LOT		\$ -	
6		Deliverable 5 – Implementation Assessment and Strategies	1	LOT		\$ -	
7		Deliverable 6 – Customized COTS Solution Design Review and Final Design	1	LOT		\$ -	
8		Deliverable 7.1 – Pre-Production Environment Established	1	LOT		\$ -	
9		Deliverable 7.2 – Customized COTS Solution Completed	1	LOT		\$ -	
10		Deliverable 7.3 – Customized COTS Solution Reviewed and Approved	1	LOT		\$ -	
11		Deliverable 8.1 – Data Conversion Completed and Certified	1	LOT		\$ -	
12		Deliverable 8.2 – Ongoing Data Conversion and Cleaning	1	LOT		\$ -	
13		Deliverable 9.1 – Pre-Production Test Plan Completed	1	LOT		\$ -	
14		Deliverable 9.2 – System Interfaces Tested and Certified	1	LOT		\$ -	
15		Deliverable 9.3 – Intergration Test Completed	1	LOT		\$ -	
16		Deliverable 9.4 – Operational Readiness Test Completed	1	LOT		\$ -	
17		Deliverable 9.5 – Performance Test Completed	1	LOT		\$ -	
18		Deliverable 9.6 – User Acceptance Test (UAT) Completed	1	LOT		\$ -	
19		Deliverable 10 .1– Training Environment Established	1	LOT		\$ -	
20		Deliverable 10 .2– Training Plan Completed	1	LOT		\$ -	
21		Deliverable 10 .3– Solution and User Documentation Completed	1	LOT		\$ -	
22		Deliverable 10 .4– Training Completed	1	LOT		\$ -	
23		Deliverable 11 – RPS Secondary Data Center Environment Established	1	LOT		\$ -	
24		Deliverable 12 – Certificate of Production Solution Completed	1	LOT		\$ -	
25		Deliverable 13.1 – RPS Go-Live	1	LOT		\$ -	
26		Deliverable 13.2 – Warranty Period: Maintain and Support the Production Solution	1	LOT		\$ -	
27		Deliverable 13.3 – Transfer of Solution Administration Solution	1	LOT		\$ -	
28		Deliverable 14 – Post-Implementation Support	1	LOT		\$ -	
29		Deliverable 15 – Post-Implementation Training Completed	1	LOT		\$ -	
30						TOTAL	\$ -

* Cost - there will be a 20% holdback on all, due upon Final Acceptance
 ** Ongoing Project Management shall be included in this implementation engagement

REQUIRED FORMS - EXHIBIT 19
RPS Cost Proposal Form (Page 2 of 4)
Hardware / Software

Proposer's Name:							Proposer's Comments	
Line #	Category	Item Description	Quantity	Unit of Measure (UOM)	Proposer's Unit Price	Cost * (Qty x Unit Price)		
1	Hardware	Primary CJIS-Compliant Cloud Environment (Please refer to Task 7 and 12)	1	LOT		\$ -		
2		Secondary LASD Data Center Environment (Please refer to Task 11)	1	LOT		\$ -		
3		Direct Network Connection to the two Data Centers (Initial Setup)	1	LOT		\$ -		
4						\$ -		
5						\$ -		
6						\$ -		
7						\$ -		
					Subtotal	\$ -		
4	Software	3rd Party Software (e.g., OS), for both Primary and Secondary Data Centers	1	LOT		\$ -		
5		RPS Functionality Software	1	LOT		\$ -		
6		a) Regional Photo System (RPS) Solution	1	LOT		\$ -		
7		b) Facial Recognition Exchange Network (FREN)	1	LOT		\$ -		
8		c) Facial Recognition Algorithms (2 brands)	1	LOT		\$ -		
9		d) Pattern Matching Algorithm for SMTs	1	LOT		\$ -		
10						\$ -		
11					\$ -			
12					\$ -			
					Subtotal	\$ -		
13					TOTAL	\$ -		

REQUIRED FORMS - EXHIBIT 19
RPS Cost Proposal Form (Page 3 of 4)
Maintenance & Support (M&S)

Proposer's Instructions:

Use this form to list all maintenance and support fees for all Hardware and Software listed on Page 2 (Hardware_Software) of this Cost Proposal form.

Proposer's Name:													Proposer's Comments
Line #	Category	Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
1	Hardware	Primary CJIS-Compliant Cloud Environment											
2		Secondary LASD Data Center Environment											
3		Direct Network Connection to the two Data Centers											
4													
5													
6													
7													
8													
9													
10													
11													
		Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12	Software	3rd Party Software (e.g., OS) for both Primary and Secondary Data Centers											
13		RPS Functionality Software:											
14		a) Regional Photo System (RPS) Solution											
15		b) Facial Recognition Exchange Network (FREN)											
16		c) Facial Recognition Algorithms (2 brands)											
17		d) Pattern Matching Algorithm for SMTs											
21													
22													
23													
24													
		Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
25	Misc.												
26													
27													
28													
29													
		Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
30		TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
GRAND TOTAL													\$ -
31	Software Engineering Services - Fixed Hourly Rate				Per Hour	\$	-						
32	Hardware Refresh (Year 6) Installation and Configuration Services - Fixed Hourly Rate				Per Hour	\$	-						
33	Training Services - Fixed Hourly Rate				Per Hour	\$	-						
34	Misc. Services - Fixed Hourly Rate				Per Hour	\$	-						
35	Registration Fee for County Staff Attending Contractor's Annual User Conference (for the full event)				Per Attendee	\$	-						

REQUIRED FORMS - EXHIBIT 19
RPS Cost Proposal Form (Page 4 of 4)
Proposer's Total Bid Cost

Proposer's Name:				
Line #	Tab Name	Category Description	Cost From Other Worksheets	Proposer's Comments
1	SOW Deliverables	SOW Deliverables	\$ -	
2	Hardware_Software	Central Server Equipment, Network Communication, Algorithms, Browser-based Software	\$ -	
3	M&S	M&S Fees - Including Hardware, Secondary Data Center, DMS Solution, Algorithms, FREN Software, Direct Network Communication Line, and SLA Service Provisions	\$ -	
4		CONTRACT SUM SUBTOTAL	\$ -	
		Pool Dollars (20%)	\$ -	
5		MAXIMUM CONTRACT SUM TOTAL	\$ -	
6		Fixed Hourly Rate for Software Engineering Services	\$ -	
7		Fixed Hourly Rate for Hardware Refresh Install/Config Services	\$ -	
8		Fixed Hourly Rate for Training Services	\$ -	
9		Fixed Rate for Misc. Services	\$ -	
10		Fixed Rate for User Conferences	\$ -	

Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

Name of Firm

Name of its Authorized Representative Title

Signature of its Authorized Representative Date



REQUIRED FORMS - EXHIBIT 21



**LOS ANGELES COUNTY SHERIFFS DEPARTMENT
FISCAL ADMINISTRATION
CONTRACTS UNIT**

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Project Number: **582-SH**

Project Title: **REGIONAL PHOTO SYSTEM SOLUTION**

This Confidentiality and Non-Disclosure Agreement (NDA) is intended to protect, in part, the integrity of the contracting process associated with this project as well as various proprietary confidential law enforcement materials developed by the County of Los Angeles, Sheriff's Department.

The County of Los Angeles (County) strives to ensure that there is no actual or perceived conflict of interest or bias in the contracting process. The County also strives to ensure that the County's proprietary confidential materials so-identified by the County and received by prospective Proposer or its employees or agents during or after the proposal submission process, remain confidential and are not disclosed, published, nor made available to any third party in any form.

By signing this NDA, I hereby certify and acknowledge on behalf of Proposer the following:

Initials of Authorized Representative

I hereby agree that NO confidential County materials associated with this project received by me, or our company, at the Mandatory Proposers' Conference or at any time thereafter, no matter how trivial, shall be directly or indirectly communicated by Proposer to any third party in any form, nor to any persons employed by Proposer who are not directly engaged in contributing to the proposal submission process for the subject Project.

I further agree, in the event of inadvertent disclosure, Proposer will immediately notify the Department's Contracts Unit. In the event of a need to disclose such information or materials to a third party not directly engaged in the proposal submission process, Proposer will immediately notify and seek approval from the Contracts Unit prior to such disclosure.

I HAVE READ AND UNDERSTOOD THE ABOVE, AND HEREBY AGREE TO COMPLY WITH THE TERMS OF THIS NDA:

Name of Firm

Date

Name of its Authorized Representative

Title

Signature

Role On Project