



KEITH KNOX
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

Kenneth Hahn Hall of Administration
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Telephone: (213) 974-7360 Fax: (213) 687-4857
ttc.lacounty.gov and propertytax.lacounty.gov

Board of Supervisors
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Fifth District

January 10, 2022

SENT VIA EMAIL

Dear Interested Party:

REQUEST FOR STATEMENT OF QUALIFICATIONS FOR MORTUARY SERVICES ADDENDUM THREE

Addendum Three to the Mortuary Services Request for Statement of Qualifications (RFSQ) contains updated information related to the RFSQ. Please note the following:

1. In the RFSQ, the following Subsections shall be either replaced or added in their entirety in Attachment 1:

Replaced

- a. Subsection 1.34, Notification to County of Pending Acquisitions/Mergers by Proposing Company
- b. Subsection 2.7.3, Establishment/Vendor's Qualifications (Section A),
 - A. Establishment/Vendor's Background and Experience (Section A.1) and
 - B. Establishment/Vendor's References (Section A.2)
- c. Subsection 3.1.1, Adherence to Minimum Qualifications

Added

- a. Subsection 1.44, COVID-19 Vaccinations of County Contractor Personnel

2. In Appendix H, Sample Master Agreement, the following Subparagraphs shall be either replaced or added in their entirety in Attachment 2:

Replaced

- a. Subparagraph 8.2, Assignment and Delegation/Mergers or Acquisitions

Added

- a. Subparagraph 8.57, COVID-19 Vaccinations of County Contractor Personnel

3. In Exhibits to the Sample Master Agreement, the following Exhibit shall be added in its entirety in Attachment 3:

Interested Party
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Added

a. Exhibit H4, COVID-19 Vaccination Certification of Compliance

4. In the RFSQ, Appendix A, Required Forms, the following Exhibits shall be either replaced or added in their entirety in Attachment 4:

Replaced

- a. Exhibit 1, Establishment/Vendor's Organization Questionnaire/Affidavit
b. Exhibit 6, Prospective Establishment/Contractor References

Added

a. Exhibit 1A, Community Business Enterprise (CBE) Information

Should you have any questions, you may contact Mr. Ashley Cupino of my staff at (213) 974-7360 or contracts@ttc.lacounty.gov.

Very truly yours,

KEITH KNOX
Treasurer and Tax Collector

Elena Villacrés Torres
Elena Villacrés Torres
Administrative Services Manager III

EVT:MV:AC:lac

Attachments

1.0 GENERAL INFORMATION

1.34 Notification to County of Pending Acquisitions/Mergers by Proposing Company

The Establishment/Vendor shall notify the County of any pending acquisitions/mergers of its company unless otherwise legally prohibited from doing so. If the Establishment/Vendor is restricted from legally notifying the County of pending acquisitions/mergers, then it should notify the County of the actual acquisitions/mergers as soon as the law allows and provide to the County the legal framework that restricted it from notifying the County prior to the actual acquisitions/mergers. This information shall be provided by the Establishment/Vendor on Appendix A, Required Forms Exhibit 1A, Establishment's/Vendor's Organization Questionnaire/Affidavit and CBE Information. Failure of the Establishment/Vendor to provide this information may eliminate its Statement of Qualifications (SOQ) from any further consideration. Establishment/Vendor shall have a continuing obligation to notify the County of changes to the information contained in Exhibit 1A, Establishment's/Vendor's Organization Questionnaire/Affidavit and CBE Information, during the pendency of this Request for Statement of Qualifications (RFSQ) by providing a revised Exhibit 1A, Establishment's/Vendor's Organization Questionnaire/Affidavit and CBE Information, to the County upon the occurrence of any event giving rise to a change in its previously-reported information.

1.44 COVID-19 Vaccinations of County Contractor Personnel

Establishments/Vendors are advised that it must comply with [Chapter 2.212 \(COVID-19 Vaccinations of County Contractor Personnel\) of County Code Title 2 - Administration, Division 4](#) as a condition of performing work under any awarded master agreement resulting from this solicitation. Establishments/Vendors are advised to review the requirements of Chapter 2.212 (COVID-19 Vaccinations of County Contractor Personnel) and the sample master agreement requirements prior to submitting a SOQ to this solicitation. A completed Exhibit H4, COVID-19 Vaccination Certification of Compliance, is a required part of any agreement with the County.

2.0 INSTRUCTIONS TO ESTABLISHMENTS/VENDORS

2.7 Preparation and Format of the SOQ

2.7.3 Establishment/Vendor's Qualifications (Section A)

Demonstrate that the Establishment/Vendor's organization has the experience to perform the required services. The following sections must be included:

**A. Establishment/Vendor's Background and Experience
(Section A.1)**

The Establishment/Vendor shall complete, sign, and date the Establishment/Vendor's Organization Questionnaire/Affidavit, Exhibit 1A as set forth in Appendix A. **The person signing the form must be authorized to sign on behalf of the Establishment/Vendor and to bind the Establishment/Vendor in a Master Agreement.** Provide a summary of relevant background information to demonstrate that the Establishment/Vendor meets the minimum qualifications stated in Subsection 1.4 of this RFSQ and has the capability to perform the required services as a corporation or other entity. In addition to the summary, the Vendor shall complete and submit Exhibit 1B, Project Staff Background, with the firm's proposal.

1. Establishment/Vendor must provide evidence that it has been in business for at least three years providing the required services equivalent or similar to the services identified in Appendix I: SOW.

In the event the firm itself does not have the requisite three years, but one or more of the principals involved in managing the daily operation of the firm individually do, then their individual or collective experience performing services equivalent or similar to the required services identified in Appendix I: SOW, may be considered in meeting this requirement in the County's sole discretion. Establishments/Vendor must provide a written detailed description and/or resume demonstrating its Principal's three years of experience to fulfill this requirement.

2. Establishment/Vendor must have an administrative business office located within the County or within a county contiguous to the County with a responsible person(s) to maintain all required records specified in this RFSQ. The Establishment/Vendor must provide the address of its business office in its SOQ.
3. Establishment/Vendor must provide evidence of having at least one Mortuary business location within the borders of the County of Los Angeles to perform Mortuary Services.
4. Establishment/Vendor must provide evidence of having a valid funeral establishment license issued by the CF Bureau for each location within the County.

5. Establishment/Vendor must provide evidence of financial stability sufficient to maintain a Mortuary business (e.g., by providing evidence it has been an going concern for more than three years; or has branched off from an going concern which operated for more than three years; or is taking over for a former going concern which has operated for more than three years; or has a strong cash flow on its financial statements; or has substantial cash reserves in its bank account).
6. Establishment/Vendor must provide evidence that one employee or owner possesses a valid funeral director license issued by the CF Bureau.
7. Funeral Director and other persons who have contact with the PA and the public shall be able to effectively communicate in English both orally and in writing.
8. Establishment/Vendor's proposed Contract Manager and Alternate Contract Manager must have a minimum of three years of documented experience in providing the required services equivalent or similar to the services identified in Appendix I: SOW, either with the Establishment/Vendor or with another firm. The Establishment/Vendor must provide a written detailed description and/or resume demonstrating the Contract Manager and the Alternate Contract Manager's three years of experience to fulfill this requirement and submit this documentation with its SOQ Submission.
9. Establishment/Vendor's proposed staff member(s) for the Master Agreement must have at least three years of documented experience in providing the required services equivalent or similar to the services identified in Appendix I: SOW, either with the Establishment/Vendor or with another firm. The Establishment/Vendor must provide a written detailed description and/or resume demonstrating the Establishment/Vendor's proposed staff members' three years' experience to fulfill this requirement and submit this documentation with their SOQ.
10. Establishment/Vendor must provide evidence of employing at least one full-time funeral director licensed by the CF Bureau for each location or as allowed by the CF Bureau. If a full-time director is not provided for each location, documentation from the CF Bureau is required.

11. Establishment/Vendor must provide evidence of employing or having reasonable access to at least one embalmer with a valid embalmer license issued by the CF Bureau.
12. As appropriate, Establishment/Vendor must provide evidence of a valid embalmer apprentice license issued by the CF Bureau.
13. Establishment/Vendor must provide a listing of subcontractors, if any, and the goods/services the subcontractor(s) will provide.
14. Establishment/Vendor must provide an Organizational Chart listing the names and positions of each administrative and/or management staff as well as all professional staff, including staff licensed by the CF Bureau.
15. Establishment/Vendor must be found to be Responsive and Responsible, such finding to include but not be limited to the timely scheduling and complete fulfillment of agreed mortuarial and funerary services, provision of quality care in the treatment of decedent remains, and financial integrity in the conduct of the Establishment/Vendor's business affairs (e.g., by providing evidence of contractual relationships with cemeteries spanning a period of three or more years; no complaints on record with the Department of Consumer Affairs covering the past three years; has a business facility where funerary services can be held). The Establishment/Vendor must provide a written statement attesting to its ability to meet this requirement in its SOQ.

Based on the structure of the Establishment/Vendor's organization, the Establishment/Vendor shall submit the required documents below. If the Establishment/Vendor's organization does not fit into one of these categories, upon receipt of the SOQ or at some later time, the County may, in its discretion, request additional documentation regarding the Establishment/Vendor's business organization and authority of individuals to sign Contracts.

If the below referenced documents are not available at the time of SOQ submission, Establishments/Vendors must request the appropriate documents from the California Secretary of State and provide a statement on the status of the request.

Required Support Documents:

Corporation or Limited Liability Company (LLC):

The Establishment/Vendor must submit the following documentation with the SOQ:

- 1) A copy of a "Certificate of Good Standing" with the state of incorporation/organization.
- 2) A conformed copy of the most recent "Statement of Information" as filed with the California Secretary of State listing corporate officers or members and managers.

Limited Partnership:

The Establishment/Vendor must submit a conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments.

B. Establishment/Vendor's References (Section A.2)

It is the Establishment/Vendor's sole responsibility to ensure that the accuracy of each firm's name, and point of contact's name, title, and contact information ~~phone number for each reference is accurate~~. The same references may be listed on both forms, Exhibits 6 and 7 in Appendix A, Required Forms.

The County may disqualify an Establishment/Vendor if:

- References fail to substantiate the Establishment/Vendor's description of the services provided; or
- References fail to support that the Establishment/Vendor has a continuing pattern of providing capable, productive and skilled personnel; or
- The TTC Department is unable to reach the point of contact with reasonable effort (i.e., three attempts). It is the Establishment/Vendor's responsibility to inform the point of contact of that the TTC's may contact Vendor's references during normal working hours (defined as between 8 a.m. and 5 p.m. PT).

The Establishment/Vendor must complete and include Required Forms, Exhibits 6, 7, and 8, as set forth in Appendix A.

- Prospective Contractor References, Exhibit 6: Establishment/Vendor must provide three references for current clients for whom the Establishment/Vendor provides where the same or similar scope of services were provided to those services set forth in this RFSQ. **References for existing or terminated Contracts and/or subcontracts with the TTC will not be accepted to meet this requirement.**
- Prospective Contractor List of Contracts, Exhibit 7: The listing must include all Public Entities (e.g., city, county, or any other government) Contracts for the last three years. A photocopy of this form should be included used if necessary. Use additional sheets if necessary. **If Establishment/Vendor did not have any contracts with Public Entity during the last three years, Establishment/Vendor shall include a statement to that effect.**
- Prospective Contractor List of Terminated Contracts, Exhibit 8: Listing must include any contracts terminated within the past three years with a reason for termination. **If Vendor did not have any contracts terminated within the past three years, Vendor shall include a statement to that effect.**

3.0 STATEMENT OF QUALIFICATIONS (SOQ) REVIEW/SELECTION/ QUALIFICATION PROCESS

3.1 Review Process

3.1.1 Adherence to Minimum Qualifications

The TTC County shall review the Establishment/Vendor's Organization Questionnaire/Affidavit, Exhibit 1A of Appendix A, Required Forms, and determine if the Establishment/Vendor meets the minimum qualifications as outlined in Subsection 1.4 of this RFSQ.

Failure of the Establishment/Vendor to comply with the minimum qualifications may eliminate its SOQ from any further consideration. The TTC Department may elect to waive any informality in an SOQ if the sum and substance of the SOQ is present.

8.0 STANDARD TERMS AND CONDITIONS

8.2 ASSIGNMENT AND DELEGATION/MERGERS OR ACQUISITIONS

- 8.2.1 The Establishment/Contractor shall notify the County of any pending acquisitions/mergers of its company unless otherwise legally prohibited from doing so. If the Establishment/Contractor is restricted from legally notifying the County of pending acquisitions/mergers, then it should notify the County of the actual acquisitions/mergers as soon as the law allows and provide to the County the legal framework that restricted it from notifying the County prior to the actual acquisitions/mergers.
- 8.2.2 The Establishment/Contractor shall not assign, exchange, transfer, or delegate its rights or delegate its duties under this Master Agreement, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation, or otherwise transfer of its rights or duties, without such consent shall be null and void. For purposes of this Subparagraph, County consent shall require a written amendment to the Master Agreement, which is formally approved and executed by the parties. Any payments by the County to any approved delegatee or assignee on any claim under this Master Agreement shall be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.
- 8.2.3 Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. In the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Master Agreement, such disposition is an assignment requiring the prior written consent of County and a written amendment to the Master Agreement in accordance with applicable provisions of this Master Agreement. However, an equity ownership adjustment or other administrative change of Contractor, which does not result in a change of actual management or ownership of Contractor, shall require the written consent of the Treasurer and Tax Collector, or his designee, not a written amendment to the Master Agreement. Any such written consent shall become part of this Master Agreement.

- 8.2.4 Any assumption, assignment, delegation, or takeover of any of the Establishment's/Contractor's duties, responsibilities, obligations, or performance of same by any person or entity other than the Establishment/Contractor, whether through assignment, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Master Agreement which may result in the termination of this Master Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Establishment/Contractor as it could pursue in the event of default by Establishment/Contractor.

8.57 COVID-19 VACCINATIONS OF COUNTY CONTRACTOR PERSONNEL

- 8.57.1 At Contractor's sole cost, Contractor shall comply with [Chapter 2.212 \(COVID-19 Vaccinations of County Contractor Personnel\) of County Code Title 2 – Administration, Division 4](#). All employees of Contractor and persons working on its behalf, including but not limited to, Subcontractors of any tier (collectively, "Contractor Personnel"), must be fully vaccinated against the novel coronavirus 2019 ("COVID-19") prior to (1) interacting in person with County employees, interns, volunteers, and commissioners ("County workforce members"); (2) working on County owned or controlled property while performing services under this Master Agreement; and/or (3) coming into contact with the public while performing services under this Master Agreement (collectively, "In-Person Services").
- 8.57.2 Contractor Personnel are considered "fully vaccinated" against COVID-19 two weeks or more after they have received (1) the second dose in a two-dose COVID-19 vaccine series (e.g., Pfizer-BioNTech or Moderna), (2) a single-dose COVID-19 vaccine (e.g., Johnson and Johnson (J&J)/Janssen), or (3) the final dose of any COVID-19 vaccine authorized by the World Health Organization ("WHO").
- 8.57.3 Prior to assigning Contractor Personnel to perform In-Person Services, Contractor shall obtain proof that such Contractor Personnel have been fully vaccinated by confirming Contractor Personnel is vaccinated through any of the following documentation: (1) official COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) or WHO Yellow Card), which includes the name of the person vaccinated, type of vaccine provided, and

date of the last dose administered ("Vaccination Record Card"); (2) copy (including a photographic copy) of a Vaccination Record Card; (3) Documentation of vaccination from a licensed medical provider; (4) a digital record that includes a quick response ("QR") code that when scanned by a SMART HealthCard reader displays to the reader client name, date of birth, vaccine dates, and vaccine type, and the QR code confirms the vaccine record as an official record of the State of California; or (5) documentation of vaccination from Contractors who follow the California Department of Public Health vaccination records guidelines and standards. Contractor shall also provide written notice to County before the start of work under this Master Agreement that its Contractor Personnel are in compliance with the requirements of this section. Contractor shall retain such proof of vaccination for the document retention period set forth in this Master Agreement and must provide such records to the County for audit purposes, when required by County.

8.57.4 Contractor shall evaluate any medical or sincerely held religious exemption request of its Contractor Personnel, as required by law. If Contractor has determined that Contractor Personnel is exempt pursuant to a medical or sincerely held religious reason, the Contractor must also maintain records of the Contractor Personnel's testing results. The Contractor must provide such records to the County for audit purposes, when required by County. The unvaccinated exempt Contractor Personnel must meet the following requirements prior to (1) interacting in person with County workforce members, (2) working on County owned or controlled property while performing services under this Master Agreement, and/or (3) coming into contact with the public while performing services under this Master Agreement:

1. Test for COVID-19 with either a Polymerase Chain Reaction (PCR) or antigen test has an Emergency Use Authorization (EUA) by the Food and Drug Administration or is operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur at least weekly, or more frequently as required by County or other applicable law, regulation or order.
2. Wear a mask that is consistent with CDC recommendations at all times while on County controlled or owned property, and while engaging with members of the public and County workforce members.

3. Engage in proper physical distancing, as determined by the applicable County department that the Master Agreement is with.

8.57.5 In addition to complying with the requirements of this section, Contractor shall also comply with all other applicable local, departmental, state, and federal laws, regulations and requirements for COVID-19. A completed Exhibit H4, COVID-19 Certification of Compliance, is a required part of any agreement with the County.

EXHIBITS TO THE SAMPLE MASTER AGREEMENT

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STANDARD EXHIBITS

- A COUNTY'S ADMINISTRATION
- B ESTABLISHMENT'S/CONTRACTOR'S ADMINISTRATION
- C ESTABLISHMENT'S/CONTRACTOR'S EEO CERTIFICATION
- D JURY SERVICE ORDINANCE
- E SAFELY SURRENDERED BABY LAW
- F STATEMENT OF WORK
(NOT ATTACHED TO SAMPLE)
 - F1 SOW ATTACHMENT SAMPLE MORTUARY SERVICES AGREEMENT
(NOT ATTACHED TO SAMPLE)
 - F2 SOW ATTACHMENT PRICING SCHEDULE
(NOT ATTACHED TO SAMPLE)
 - F3 SOW ATTACHMENT INITIAL DECEDENT REFERRAL
(NOT ATTACHED TO SAMPLE)
 - F4 SOW ATTACHMENT CREDITOR'S CLAIM FORM
(NOT ATTACHED TO SAMPLE)
 - F5 SOW ATTACHMENT – INFORMATION SECURITY AND PRIVACY
REQUIREMENTS
(NOT ATTACHED TO SAMPLE)
 - F6 SOW ATTACHMENT – DATA ENCRYPTION REQUIREMENTS
(NOT ATTACHED TO SAMPLE)
 - F7 SOW ATTACHMENT – SECURITY/DATA EXCHANGE REQUIREMENTS
(NOT ATTACHED TO SAMPLE)
- G SOW AND SAMPLE CONTRACT TECHNICAL EXHIBITS
(NOT ATTACHED TO SAMPLE)
- H FORMS REQUIRED FOR EACH WORK ORDER BEFORE WORK BEGINS
 - H1 ESTABLISHMENT/CONTRACTOR ACKNOWLEDGEMENT AND
CONFIDENTIALITY AGREEMENT

EXHIBITS TO THE SAMPLE MASTER AGREEMENT

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- H3 ESTABLISHMENT/CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- H4 COVID-19 VACCINATION CERTIFICATION OF COMPLIANCE**

UNIQUE EXHIBITS

- I BUSINESS ASSOCIATE AGREEMENT UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)
- J INTENTIONALLY OMITTED
- K DEFAULTED PROPERTY TAX PROGRAM

EXHIBITS TO THE SAMPLE MASTER AGREEMENT
STANDARD EXHIBITS

COVID-19 VACCINATION CERTIFICATION OF COMPLIANCE

Urgency Ordinance, County Code Title 2 – Administration, Division 4 – Miscellaneous – Chapter 2.212
(COVID-19 Vaccinations of County Contractor Personnel)

I, _____, on behalf of _____,
(the "Contractor"), certify that on County Master Agreement _____
_____:

All Contractor Personnel on this Master Agreement are fully vaccinated as required by the Ordinance.

Most Contractor Personnel on this Master Agreement are fully vaccinated as required by the Ordinance. The Contractor or its employer of record, has granted a valid medical or religious exemption to the below identified Contractor Personnel. Contractor will certify weekly that the following unvaccinated Contractor Personnel have tested negative within 72 hours of starting their work week under the County Master Agreement, unless the contracting County department requires otherwise. The Contractor Personnel who have been granted a valid medical or religious exemption are [LIST ALL CONTRACTOR PERSONNEL]:

I have authority to bind the Contractor, and have reviewed the requirements above and further certify that I will comply with said requirements.

Signature

Date

Title

Contractor

APPENDIX A – REQUIRED FORMS

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EXHIBITS

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- 1B PROJECT STAFF BACKGROUND
- 2 CERTIFICATION OF NO CONFLICT OF INTEREST
- 3 ESTABLISHMENT/VENDOR'S EEO CERTIFICATION
- 4 REQUEST FOR PREFERENCE PROGRAM CONSIDERATION
- 5 FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION
- 6 PROSPECTIVE ESTABLISHMENT/CONTRACTOR REFERENCES
- 7 PROSPECTIVE ESTABLISHMENT/CONTRACTOR LIST OF CONTRACTS
- 8 PROSPECTIVE ESTABLISHMENT/CONTRACTOR LIST OF TERMINATED
CONTRACTS
- 9 ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW
PARTICIPANTS
- 10 LOS ANGELES COUNTY CONTRACTOR EMPLOYEE JURY SERVICE
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- 11 CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED
PROPERTY TAX REDUCTION PROGRAM
- 12 ZERO TOLERANCE HUMAN TRAFFICKING POLICY CERTIFICATION
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CERTIFICATION

APPENDIX A – REQUIRED FORMS

ESTABLISHMENT/VENDOR’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 Vendor 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 your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. Is your firm doing business under one or more DBA’s? Yes No
If yes, complete:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. 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: _____

5. Has your firm done business as other names within last five years? Yes No
If yes, complete:
Name _____ Year of Name Change _____
Name _____ Year of Name Change _____

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?
 Yes No If yes, provide information:

Establishment/Vendor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Subparagraph 1.4 – Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below.

APPENDIX A – REQUIRED FORMS

ESTABLISHMENT/VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Check the appropriate boxes:

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.1 Establishment/Vendor must provide evidence it has been in business for at least three years providing the required services equivalent or similar to the services identified in Appendix I: SOW.</p> <p>In the event the firm itself does not have the requisite three years, but one or more of the principals involved in managing the daily operation of the firm individually do, then their individual or collective experience performing services equivalent or similar to the required services equivalent or similar to the services identified in Appendix I: SOW, may be considered in meeting this requirement in the County’s sole discretion. Establishment/Vendor must provide a written detailed description and/or resume demonstrating its Principal’s three years of experience to fulfill this requirement.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.2 Establishment/Vendor must have an administrative business office located within the County or within a county contiguous to the County with a responsible person(s) to maintain all records required in this RFSQ. The Establishment/Vendor must provide the address of its business office in its SOQ.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.3 Establishment/Vendor must provide evidence of having at least one Mortuary business location within the borders of the County of Los Angeles to perform Mortuary Services.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.4 Establishment/Vendor must provide evidence of having a valid funeral establishment license issued by the California Department of Consumer Affairs, Cemetery and Funeral Bureau (CF Bureau) for each location within the County.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.5 Establishment/Vendor must provide evidence of financial stability sufficient to maintain a Mortuary business (e.g., by providing evidence it has been an going concern for more than three years; or has branched off from an going concern which operated for more than three years; or is taking over for a former going concern which has operated for more than three years; or has a strong cash flow on its financial statements; or has substantial cash reserves in its bank account).</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.6 Establishment/Vendor must provide evidence that one employee or owner possesses a valid funeral director license issued by the CF Bureau.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.7 Funeral Director and other persons that have contact with the PA and the public shall be able to communicate effectively in English both orally and in writing.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1.4.8 Establishment/Vendor’s proposed Contract Manager and Alternate Contract Manager must have a minimum of three years of documented experience in providing the required services equivalent or similar to the services identified in Appendix I: SOW, either with the</p>

APPENDIX A – REQUIRED FORMS

ESTABLISHMENT/VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

	Establishment/Vendor or with another firm. The Establishment/Vendor must provide a written detailed description and/or resume demonstrating the Contract Manager and the Alternate Contract Manager’s three years of experience to fulfill this requirement and submit this documentation with its SOQ Submission.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.9 Establishment/Vendor’s proposed staff member(s) for the Master Agreement must have at least three years of documented experience in providing the required services equivalent or similar to the services identified in Appendix I: SOW, either with the Establishment/Vendor or with another firm. Establishment/Vendor must provide a written detailed description and/or resume demonstrating the Establishment/Vendor’s proposed staff members’ three years’ experience to fulfill this requirement and submit this documentation with their SOQ.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.10 Establishment/Vendor must provide evidence of employing at least one full-time funeral director licensed by the CF Bureau for each location or as allowed by the CF Bureau. If a full-time director is not provided for each location, documentation from the CF Bureau is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.11 Establishment/Vendor must provide evidence of employing or having reasonable access to at least one embalmer with a valid embalmer license issued by the CF Bureau.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.12 As appropriate, Establishment/Vendor must provide evidence of a valid embalmer apprentice license issued by the CF Bureau.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.13 Establishment/Vendor must provide a listing of subcontractors, if any, and the goods/services the subcontractor(s) will provide.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.14 Establishment/Vendor must provide an Organizational Chart listing the names and positions of each administrative and/or management staff as well as all professional staff, including staff licensed by the CF Bureau.
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.4.15 Establishment/Vendor must be found to be Responsive and Responsible, such finding to include but not be limited to the timely scheduling and complete fulfillment of agreed mortuarial and funerary services, provision of quality care in the treatment of decedent remains, and financial integrity in the conduct of the Establishment/Vendor’s business affairs (e.g., by providing evidence of contractual relationships with cemeteries spanning a period of three or more years; no complaints on record with the State of California Department of Consumer Affairs or County Department of Consumer and Business Affairs covering the past three years; has a business facility where funerary services can be held). The Establishment/Vendor must provide a written statement attesting to its ability to meet this requirement in its SOQ.

APPENDIX A – REQUIRED FORMS

ESTABLISHMENT/VENDOR’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Establishment/Vendor further 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 Director’s sole judgment and his/her judgment shall 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.

VENDOR NAME:		COUNTY WEBVEN NUMBER:
ADDRESS:		
PHONE NUMBER:	EMAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:	
VENDOR OFFICIAL NAME AND TITLE (PRINT):		
SIGNATURE		DATE

APPENDIX A – REQUIRED FORMS

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			%	%	
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE	If the firm is currently certified as a Community Based 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.				
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ

APPENDIX A – REQUIRED FORMS

PROSPECTIVE ESTABLISHMENT/CONTRACTOR REFERENCES

Establishment/Contractor’s Name: _____

List three references, as required in the RFSQ, Subsection 2.7.3 Establishment’s/Contractor’s Qualifications, Subsection B Establishment/Contractor’s References (Section A.2), where the same or similar scope of services were provided in order to meet the Minimum Qualifications stated in this solicitation.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years/Term of Contract	Type of Service	Dollar Amount	
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years/Term of Contract	Type of Service	Dollar Amount	
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Email
Name or Contract No.	# of Years/Term of Contract	Type of Service	Dollar Amount	