



# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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**ELIZABETH BUENROSTRO GINSBERG**  
TREASURER AND TAX COLLECTOR

Board of Supervisors  
**HILDA L. SOLIS**  
First District  
**HOLLY J. MITCHELL**  
Second District  
**LINDSEY P. HORVATH**  
Third District  
**JANICE HAHN**  
Fourth District  
**KATHRYN BARGER**  
Fifth District

October 3, 2024

**SENT VIA EMAIL**

Dear Interested Party:

## **REQUEST FOR STATEMENT OF QUALIFICATIONS FOR MORTUARY SERVICES ADDENDUM FOUR**

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

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

### **Replaced**

- a. Subsection 1.23, Gratuities
- b. Subsection 1.26, Consideration of Hiring GAIN/GROW Participants
- c. Subsection 1.33, LSBE Prompt Payment Program
- d. Subsection 2.8, Statement of Qualifications

### **Added**

- a. Subsection 1.45, Community Business Enterprise (CBE) Participation
- b. Subsection 1.46, Contribution and Agent Declaration

### **Deleted**

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

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

### **Replaced**

- a. Subparagraph 8.10, Consideration of Hiring GAIN/GROW Participants
- b. Subparagraph 8.35, Public Records Act
- c. Subparagraph 8.43, Termination of Improper Consideration
- d. Subparagraph 8.45, Compliance with Fair Chance Employment Practices
- e. Subparagraph 8.56, Prohibition from Participation in Future Solicitation(s)

### **Added**

- a. Subparagraph 8.58, Contribution and Agent Declaration

### **Deleted**

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

3. In Exhibits to the Sample Master Agreement, the following Exhibit is deleted in its entirety:

**Deleted**

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

4. In the RFSQ, Appendix A, Required Forms, the following Exhibits are replaced in their entirety in Attachment 3. For ease of reference, only the Table of Contents was highlighted reflecting the replacement of these Exhibits:

**Replaced**

- a. Exhibit 1A, Establishment/Vendor's Organization Questionnaire/Affidavit
- b. Exhibit 2, Certification of No Conflict of Interest
- c. Exhibit 3, Establishment/Vendor's EEO Certification
- d. Exhibit 4, Request for Preference Program Consideration
- e. Exhibit 5, Familiarity with the County Lobbyist Ordinance
- f. Exhibit 6, Prospective Establishment/Contractor References
- g. Exhibit 7, Prospective Establishment/Contractor List of Contracts
- h. Exhibit 8, Prospective Establishment/Contractor List of Terminated Contracts
- i. Exhibit 9, Attestation of Willingness to Consider GAIN/GROW Participants
- j. Exhibit 10, Los Angeles County Contractor Employee Jury Service Program – Certification Form and Application for Exceptions
- k. Exhibit 11, Certification of Compliance with County's Defaulted Property Tax Reduction Program
- l. Exhibit 12, Zero Tolerance Human Trafficking Policy Certification
- m. Exhibit 13, Pricing Schedule
- n. Exhibit 14, Declaration

Should you have any questions, you may contact Ms. Seeta Azizi, Contracts Analyst, of my staff at (213) 974-7360 or [contracts@ttc.lacounty.gov](mailto:contracts@ttc.lacounty.gov).

Very truly yours,

ELIZABETH BUENROSTRO GINSBERG  
Treasurer and Tax Collector

*Vibiana Navarro*

Vibiana Navarro  
Administrative Deputy

VN:MV:SA:lac

Attachments

## 1.23 **Gratuities Improper Considerations**

### 1.23.1 Attempt to Secure Favorable Treatment

It is improper for any County officer, employee, or agent to solicit consideration, in any form, from an Establishment/Vendor with the implication, suggestion or statement that the Establishment/Vendor's provision of the consideration may secure more favorable treatment for the Establishment/Vendor in the award of a Master Agreement or that the Establishment/Vendor's failure to provide such consideration may negatively affect the County's consideration of the Establishment/Vendor's submission. An Establishment/Vendor **shall must** not offer or give either directly or through an intermediary, consideration, in any form, to a County officer, employee, or agent for the purpose of securing favorable treatment with respect to the award of a Master Agreement.

### 1.23.2 Establishment/Vendor Notification to County

An Establishment/Vendor **shall must** immediately report any attempt by a County officer, employee or agent to solicit such improper consideration. The report **shall must** be made ~~either to the County manager charged with the supervision of the employee or to the County Auditor Controller's Employee Los Angeles County~~ Fraud Hotline at (800) 544-6861 or <https://fraud.lacounty.gov/>. Failure to report such a solicitation may result in the Establishment/Vendor's submission being eliminated from consideration.

### 1.23.3 Form of Improper Consideration

Among other items, such improper consideration may take the form of cash, discounts, services, the provision of travel or entertainment, or tangible gifts.

## 1.26 **Consideration of GAIN/~~GROW~~ START Participants for Employment**

As a threshold requirement for consideration of a Master Agreement, Establishments/Vendors **shall must** demonstrate a proven record of hiring participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) or ~~General Relief Opportunity for Work (GROW) Programs~~ Skills and Training to Achieve Readiness for Tomorrow (START) Programs or **shall must** attest to a willingness to consider GAIN/~~GROW~~ START participants for any future employment openings if they meet the minimum qualifications for that opening. Establishments/Vendors **shall must** attest to a willingness to provide employed GAIN/~~GROW~~ START participants access to the Establishment/Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Establishments/Vendors who are unable to meet this requirement shall will not be considered for a Master Agreement. Establishments/Vendors shall must submit a completed and return the form, Attestation of Willingness to Consider GAIN/GROW Participants, as set forth in Exhibit 2 (Certification of Compliance) of Appendix A (Required Forms) Exhibit 9, as part of their along with their SOQ.

### 1.33 **LSBE Prompt Payment Program Preference Program Enterprises (PPEs) – Prompt Payment Program**

It is the intent of the County that Certified LSBEs Preference Program Enterprises (PPEs) receive prompt payment for services they provide to County Departments. Prompt payment is defined as 15 calendar days after receipt of an approved undisputed invoice which has been properly matched against documents such as receiving, shipping, or services delivered report, or any other validation of receipt document consistent with Board Policy 3.035 ([Preference Program Payment Liaison and Prompt Payment Program](#)).

### 1.44 **COVID-19 Vaccinations of County Contractor Personnel Intentionally Omitted**

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.

### 1.45 **Community Business Enterprise (CBE) Participation**

The County has adopted a Community Business Enterprise (CBE) Program, which includes business enterprises certified as disadvantaged business enterprises disabled veteran-owned, minority-owned, women-owned, and lesbian, gay, bisexual, transgender, queer, and questioning-owned business types. The County has established a collective 25% participation goal for CBE certified firms, calculated on the eligible procurement dollars. The program maintains data on the types of businesses registered as CBEs and their utilization. The Vendor's CBE participation must be reflected in Exhibit 5 (Community Business Enterprise (CBE) Information) form in Appendix A (Required Forms).

All Vendors must document efforts it has taken to assure that CBEs are utilized, when possible, to provide supplies, equipment, technical services, and other services under this Master Agreement. The Vendor must make documents related to these efforts available to the County upon request.

The County strongly encourages participation by CBEs; however, the final selection will be made without regard to race, color, creed, or gender. The final selection will be based on the Vendor's ability to provide the best service and value to the County.

To obtain a list of the County's CBE certified firms, e-mail the request to the County of Los Angeles Department of Economic Opportunity at [CBESBE@opportunity.lacounty.gov](mailto:CBESBE@opportunity.lacounty.gov) with the subject "Request for CBE Listing."

For additional information contact the Office of Small Business at: (844) 432-4900 or at [OSB@opportunity.lacounty.gov](mailto:OSB@opportunity.lacounty.gov).

#### **1.46 Contribution and Agent Declaration**

[Government Code Section 84308](#) requires a party to a contract proceeding to disclose any contribution of more than \$250 made to a County officer within the preceding 12 months by the party or their agent. State regulations require this disclosure to be made at the time an application is filed, and, if a contribution is made during the contract proceeding, within 30 days of making a contribution or on the date on which the party first appears before or communicates with the agency regarding the proceeding after making the contribution, whichever is earliest. All Vendors are advised that they and all of their Subcontractors must complete and return as part of the SOQ, the Contribution and Agent Declaration included in Exhibit 9 (Contribution and Agent Declaration Form) of Appendix A (Required Forms). Vendors are further advised that they and their Subcontractors must update the Contribution and Agent Declaration Form throughout the pendency of the solicitation if a contribution is made after the initial disclosure when the SOQ is submitted, and as requested at any time by the County prior to Master Agreement award. Failure by the Vendor or any Subcontractor(s) to complete and submit the required Contribution and Agent Declaration Form in Exhibit 9, and failure by the Proposer or any Subcontractor(s) to update the declaration as required by law or as otherwise requested by the County, may eliminate the SOQ from further consideration and/or the Vendor may be disqualified from a Master Agreement award, as determined in the County's sole discretion. Further, all Vendors and their Subcontractors are prohibited under [Government Code Section 84308](#) from making a contribution of more than \$250 to a County officer for 12 months after the date a final decision is made in the Master Agreement proceeding involving this solicitation.

#### **2.8 Statement of Qualifications (SOQ) Submission**

2.8.1 The SOQ and any related information must be emailed to:

Email Address: [contracts@ttc.lacounty.gov](mailto:contracts@ttc.lacounty.gov)

Subject Line: SOQ FOR MORTUARY SERVICES, PA 2017-01

Attention: ~~Ashley Cupino~~ Seeta Azizi

## 8.0 STANDARD TERMS AND CONDITIONS

### 8.10 CONSIDERATION OF HIRING GAIN/~~GROW~~ ~~START~~ PARTICIPANTS

- 8.10.1 Should the Establishment/Contractor require additional or replacement personnel after the effective date of this Master Agreement, the Establishment/Contractor ~~shall~~ **must** give consideration for any such employment openings to participants in the County's Department of Public Social Services (DPSS) Greater Avenues for Independence (GAIN) Program or ~~General Relief Opportunity for Work (GROW) Skills and Training to Achieve Readiness for Tomorrow (START)~~ Program who meet the Establishment's/Contractor's minimum qualifications for the open position. For this purpose, consideration ~~shall~~ **will** mean that the Establishment/Contractor will interview qualified candidates. The County will refer GAIN/~~GROW~~ ~~START~~ participants by job category to the Establishment/Contractor. Establishment/Contractors ~~shall~~ **must** report all job openings with job requirements to: [GAINGROW@DPSS.LACOUNTY.GOV](mailto:GAINGROW@DPSS.LACOUNTY.GOV) ~~gainstart@dpss.lacounty.gov~~ and [BSERVICES@WDACS.LACOUNTY.GOV](mailto:BSERVICES@WDACS.LACOUNTY.GOV) ~~bservices@opportunity.lacounty.gov~~ and DPSS will refer qualified GAIN/~~GROW~~ ~~START~~ job candidates.
- 8.10.2 In the event that both laid-off County employees and GAIN/~~GROW~~ ~~START~~ participants are available for hiring, County employees ~~shall~~ **must** be given first priority.

### 8.35 PUBLIC RECORDS ACT

- 8.35.1 Any documents submitted by Establishment/Contractor; all information obtained in connection with the County's right to audit and inspect Establishment/Contractor's documents, books, and accounting records pursuant to ~~Subsection~~ ~~Subparagraph~~ 8.37, Record Retention and Inspection/Audit Settlement, of this Master Agreement; as well as those documents which were required to be submitted in response to the RFSQ used in the solicitation process for this Master Agreement, become the exclusive property of the County. All such documents become a matter of public record and ~~shall~~ **will** be regarded as public records. Exceptions will be those elements in the [California Government Code Section 7921.000 et seq.](#) ~~California Government Code Section 6250 et seq.~~ (Public Records Act) and which are marked "trade secret", "confidential", or "proprietary". The County ~~shall~~ **will** not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if

disclosure is required by law, or by an order issued by a court of competent jurisdiction.

- 8.35.2 In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of an SOQ marked "trade secret", "confidential", or "proprietary", the Establishment/Contractor agrees to defend and indemnify the County from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

#### **8.43 TERMINATION FOR IMPROPER CONSIDERATION**

- 8.43.1 The County may, by written notice to the Establishment/Contractor, immediately terminate the right of the Establishment/Contractor to proceed under this Master Agreement if it is found that consideration, in any form, was offered or given by the Establishment/Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing this Master Agreement or securing favorable treatment with respect to the award, amendment, or extension of this Master Agreement or the making of any determinations with respect to the Establishment/Contractor's performance pursuant to this Master Agreement. In the event of such termination, the County shall will be entitled to pursue the same remedies against the Establishment/Contractor as it could pursue in the event of default by the Establishment/Contractor.
- 8.43.2 The Establishment/Contractor shall must immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall must be made either to the County manager charged with the supervision of the employee or to the County A-C's Employee Fraud Hotline at (800) 544-6864 to the Los Angeles County Fraud Hotline at (800) 544-6861 or <https://fraud.lacounty.gov>.
- 8.43.3 Among other items, such improper consideration may take the form of cash, discounts, services, the provision of travel or entertainment, or tangible gifts.

#### **8.54 COMPLIANCE WITH FAIR CHANCE HIRING EMPLOYMENT PRACTICES**

Establishment/Contractor, and its Subcontractors, shall must comply with fair chance employment hiring practices set forth in [California Government Code Section 12952, Employment Discrimination:](#)

~~Conviction History.~~ The Establishment's/Contractor's violation of this Subparagraph of the Master Agreement may constitute a material breach of the Master Agreement. In the event of such material breach, the County may, in its sole discretion, terminate the Master Agreement.

#### **8.56 PROHIBITION FROM PARTICIPATION IN FUTURE SOLICITATION(S)**

An Establishment/Vendor, or an Establishment/Contractor or its subsidiary or Subcontractor (Vendor/Contractor), is prohibited from submitting an SOQ in a County solicitation if the Vendor/Contractor has provided advice or consultation for the solicitation. A Vendor/Contractor is also prohibited from submitting an SOQ in a County solicitation if the Vendor/Contractor has developed or prepared any of the solicitation materials on behalf of the County. A violation of this provision shall result in the disqualification of the Vendor/Contractor from participation in the County solicitation or the termination or cancellation of any resultant County Master Agreement.

~~This provision shall survive the expiration, or other termination of this Agreement.~~

#### **8.57 COVID-19 VACCINATIONS OF COUNTY CONTRACTOR PERSONNEL INTENTIONALLY OMITTED**

~~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 Health Card 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.

#### **8.58 Campaign Contribution Prohibition Following Final Decision in Master Agreement Proceeding**

Pursuant to [Government Code Section 84308](#), Contractor and its Subcontractors, are prohibited from making a contribution of more than \$250 to a County officer for twelve (12) months after the date of the final decision in the proceeding involving this Master Agreement. Failure to comply with the provisions of [Government Code Section 84308](#) and of this paragraph, may be a material breach of this Master Agreement as determined in the sole discretion of the County.

## APPENDIX B - REQUIRED FORMS

### Exhibits

- 1) Establishment/Vendor Organization Questionnaire/Affidavit
- 1B) Project Staff Background
- 2) Certification of Compliance
- 3) Request for Preference Consideration
- 4) Debarment History and List of Terminated Contracts
- 5) Community Business Enterprise (CBE) Information (Excel Worksheet)
- 6) Minimum Mandatory Requirements
- 7) List of Public Entities
- 8) List of References
- 9) Contribution and Agent Declaration Form
- 10) Pricing Schedule
- 11) Declaration

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>Vendor's Name:</b>	<b>County Webven Number:</b>
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Email:</b>
<b>Internal Revenue Service Employer Identification Number:</b>	<b>California Business License Number:</b>

  

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

**REQUIRED FORMS – EXHIBIT 1**

**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

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

**REQUIRED FORMS – EXHIBIT 2****CERTIFICATION OF COMPLIANCE**

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

<b>TITLE</b>		<b>REFERENCE</b>	<b>CERTIFICATIONS</b>
1	Certification of No Conflict of Interest	<a href="#">LACC 2.180</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Familiarity with the County Lobbyist Ordinance Certification	<a href="#">LACC 2.160</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Zero Tolerance Policy on Human Trafficking Certification	<a href="#">Motion</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Compliance with Fair Chance Employment Hiring Practices Certification	<a href="#">Board Policy 5.250</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Attestation of Willingness to Consider GAIN/START Participants	<a href="#">Board Policy 5.050</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Willing to provide GAIN/START participants access to employee mentoring program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-program not available
6	Contractor Employee Jury Service Program Certification Form and Application for Exception	<a href="#">LACC 2.203</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b> <input type="checkbox"/> My business does not meet the definition of "contractor," as defined in the Program. <input type="checkbox"/> My business is a small business as defined in the Program. <input type="checkbox"/> My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program
7	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<a href="#">LACC 2.206</a>	<b>Certifies Compliance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, identify exemption:</b>

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

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

**PREFERENCE NOT REQUESTED**

**OR**

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

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

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

**REQUIRED FORMS – EXHIBIT 4**  
**DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

Vendor's Name:

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

If yes, please list all Contracts and/or Master Agreements that have been terminated prior to expiration within the last three years.

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

Service:	
Name of Entity:	
Address:	
Contact:	
Telephone:	
Email:	
Termination Date:	
Name/Contract No:	
Reason for Termination:	

**REQUIRED FORMS – EXHIBIT 5**  
**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

Refer to Excel Worksheet

**REQUIRED FORMS – EXHIBIT 6****MINIMUM MANDATORY REQUIREMENTS**

Vendor acknowledges and certifies that it meets and will comply with the Minimum Mandatory Requirements indicated below and as stated in Paragraph 1.4 (Establishment/Vendor Minimum Mandatory Requirements), of this Request for Statement of Qualifications (RFSQ).

No.	Minimum Mandatory Requirement(s) (M/R)	Complies with M/R	
		Yes	No
1	<p>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"/>	<input type="checkbox"/>
2	<p>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"/>	<input type="checkbox"/>
3	<p>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"/>	<input type="checkbox"/>
4	<p>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"/>	<input type="checkbox"/>

5	Establishment/Vendor must provide evidence of financial stability sufficient to maintain a Mortuary business (e.g., by providing evidence it has been a going concern for more than three years; or has branched off from a 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).	<input type="checkbox"/>	<input type="checkbox"/>
6	Establishment/Vendor must provide evidence that one employee or owner possesses a valid funeral director license issued by the CF Bureau.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

	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.	<input type="checkbox"/>	<input type="checkbox"/>
12	As appropriate, Establishment/Vendor must provide evidence of a valid embalmer apprentice license issued by the CF Bureau	<input type="checkbox"/>	<input type="checkbox"/>
13	Establishment/Vendor must provide a listing of subcontractors, if any, and the goods/services the subcontractor(s) will provide.	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIRED FORMS – EXHIBIT 7**

**LIST OF PUBLIC ENTITIES**

**Establishment's/Contractor's Name:**

Provide all public entity contracts for the last three years where the same or similar scope of services was provided. It is the **Establishment's/Contractor's** responsibility to ensure accuracy of the information provided below. Use additional pages if required.

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

AGENCY/DEPT: _____ SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
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AGENCY/DEPT: _____ SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
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AGENCY/DEPT: _____ SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
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AGENCY/DEPT: _____ SERVICE TYPE: _____ CONTRACT TERM: _____ CONTRACT AMT: _____ CONTACT: _____ TELEPHONE: _____ E-MAIL: _____
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**REQUIRED FORMS – EXHIBIT 8**

**LIST OF REFERENCES**

**Establishment's/Contractor's :**

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.

<b>REFERENCES</b>	
<b>REFERENCE 1</b>	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
<b>REFERENCE 2</b>	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	
<b>REFERENCE 3</b>	
AGENCY/DEPT:	
SERVICE TYPE:	
CONTRACT TERM:	
CONTRACT AMT:	
CONTACT:	
TELEPHONE:	
E-MAIL:	

**REQUIRED FORMS – EXHIBIT 9****CONTRIBUTION AND AGENT DECLARATION FORM**

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act ([Government Code Section 84308](#)), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

**State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.**

**You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.**

**An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.**

*This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.*

**REQUIRED FORMS – EXHIBIT 9**  
**CONTRIBUTION AND AGENT DECLARATION FORM**

*Complete each section below. State “none” if applicable.*

A. **COMPANY OR APPLICANT INFORMATION**

1) Declarant Company or Applicant Name:

- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:
- b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months:
- c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

**[IF A COMPANY, ANSWER QUESTIONS 2 - 3]**

- 2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. “Controlled or directed” means shared ownership, 50% or greater ownership, or shared management and control between the entities.
  - a) Parent(s):
  - b) Subsidiaries:
  - c) Related Business Entities:
- 3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.
- 4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

**REQUIRED FORMS – EXHIBIT 9****CONTRIBUTION AND AGENT DECLARATION FORM**

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

**B. CONTRIBUTIONS**

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

<b>Date</b> (contribution solicited, or directed)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

<b>Date</b> (contribution made)	<b>Name</b> (of the contributor)	<b>Recipient Name</b> (elected official)	<b>Amount</b>

\*Please attach an additional page, if necessary.

**REQUIRED FORMS – EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

C. **DECLARATION**

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are additional pages attached to this Contribution Declaration Form.

**COMPANY BIDDERS OR APPLICANTS**

I, (Authorized Representative), on behalf of (Declarant Company), at which I am employed as (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS – EXHIBIT 9**

**CONTRIBUTION AND AGENT DECLARATION FORM**

**INDIVIDUAL BIDDERS OR APPLICANTS**

I, [Click or tap here to enter text.](#), declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

**IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:**

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

\_\_\_\_\_  
Signature

[Click or tap here to enter text.](#)  
Date

## Exhibit 10 PRICING SCHEDULE

### MORTUARY SERVICES PLANS AND PRICE SCHEDULE

Services/Plans	1-Cremation	2-Basic Plan (Direct Burial)	3-Intermediate Package	4-Premium Package
Minimum Disposition Arrangements (Per Plan)	<ul style="list-style-type: none"> <li>▪Body transfer</li> <li>▪Personnel</li> <li>▪Facilities use</li> <li>▪Death Certificates (3)</li> </ul>	<ul style="list-style-type: none"> <li>▪Body transfer</li> <li>▪Personnel</li> <li>▪Facilities use</li> <li>▪Burial Permit</li> <li>▪Death Certificates (3)</li> <li>▪Clothing</li> <li>▪Casketing</li> </ul>	<ul style="list-style-type: none"> <li>▪Body transfer</li> <li>▪Personnel</li> <li>▪Facilities use</li> <li>▪Burial Permit</li> <li>▪Death Certificates (3)</li> <li>▪Clothing</li> <li>▪Casketing</li> </ul>	<ul style="list-style-type: none"> <li>▪Body transfer</li> <li>▪Personnel</li> <li>▪Facilities use</li> <li>▪Burial Permit</li> <li>▪Death Certificates (3)</li> <li>▪Clothing</li> <li>▪Casketing</li> </ul>
Additional (PA-required) Services	<ul style="list-style-type: none"> <li>▪Obituary published in decedent's locale</li> <li>▪Refrigeration (up to 14 days)</li> </ul>	<ul style="list-style-type: none"> <li>▪Obituary published in decedent's locale</li> <li>▪Refrigeration (up to 14 days)</li> </ul>	<ul style="list-style-type: none"> <li>▪Obituary published in decedent's locale</li> </ul>	<ul style="list-style-type: none"> <li>▪Obituary published in decedent's locale</li> </ul>
Embalming and Visitation			<ul style="list-style-type: none"> <li>▪Embalming</li> <li>▪Visitation (up to 4 hours)</li> </ul>	<ul style="list-style-type: none"> <li>▪Embalming</li> <li>▪Visitation (up to 4 hours)</li> </ul>
Basic Casket	<ul style="list-style-type: none"> <li>▪Cardboard/alternative cremation container</li> </ul>	<ul style="list-style-type: none"> <li>▪Minimum of cloth covered wood w/ flat or raised flat top, rayon or crepe interior</li> </ul>		
Fine Casket			<ul style="list-style-type: none"> <li>▪Minimum of 20 gauge steel or solid hardwood, with hardware; with or without rounded top, locking mechanism, and crepe or muslin interior</li> </ul>	
Premium Casket				<ul style="list-style-type: none"> <li>▪Minimum of 18 gauge steel, 32 oz. bronze or copper, or fine solid wood (e.g., mahogany, cherry, pecan), w/ fine finish exterior, decorative hardware/ ornamentation, and velvet interior</li> </ul>
Funeral Services			<ul style="list-style-type: none"> <li>▪Coordinate services ( mortuary/ church service - or - graveside interment/committal ceremony)</li> <li>▪Clergy and staff/ushers</li> <li>▪Flowers (music is optional)</li> </ul>	<ul style="list-style-type: none"> <li>▪Coordinate services (mortuary/ church service - or - graveside interment/committal ceremony)</li> <li>▪Clergy and staff/ushers</li> <li>▪Flowers (music is optional)</li> </ul>
Cremation	Cremation			
MAXIMUM (Not-to-Exceed) PRICE:	<b>\$ 2,387</b>	<b>\$ 2,453</b>	<b>\$ 4,576</b>	<b>\$ 6,044.50</b>

**REQUIRED FORMS – EXHIBIT 11**

**DECLARATION**

**DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN EXHIBITS 1-10 IS TRUE AND CORRECT.**

PRINT NAME: <a href="#">Click or tap here to enter text.</a>	TITLE: <a href="#">Click or tap here to enter text.</a>
SIGNATURE:	DATE: <a href="#">Click or tap here to enter text.</a>