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**(LIVING WAGE CONTRACT)**

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**LIST OF SUBCONTRACTORS**

Proposer is required to complete the following. Any Subcontractors listed must be properly licensed under the laws of the State of California for the type of service that they are to perform, AND THEIR LICENSE NUMBERS MUST BE LISTED HEREIN. Failure to do so may result in delay of the award of contract. Do not list alternate subcontractors for the same service.

☐ Proposer in providing the requested services will not utilize Subcontractors. Proposer will perform all required services.

Name Under Which Subcontractor Is Licensed	License Number	Address	Specific Description of Subcontract Service

**FORM PW-8.1  
(SUPPLEMENTAL)**

Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprises: If any of your subcontractor is currently certified as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprises by a public agency, complete the following and attach a copy of the proof of certification. All Subcontractors listed in the bid/proposal shall be listed below. (make copy of this form, if necessary)

	<b>Subcontractor Name</b>	<b>Local SBE</b>	<b>SBE</b>	<b>Minority</b>	<b>Women-Owned</b>	<b>Disadvantaged Business</b>	<b>Disabled Veteran</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Declaration: I declare under penalty of perjury under the laws of the State of California that the above information is true and accurate.

Print Name:	Authorized Signature	Title	Date

**County of Los Angeles  
Request for County's Preference Program Consideration and  
CBE Firm/Organization Information Form**

**I. 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.\*

**I MEET 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 (1) 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 sizes 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:	
<b>Reviewer's Signature</b>	<b>Approved</b>	<b>Disapproved</b>	<b>Date</b>

**FORM PW-9.1  
(SUPPLEMENTAL)**

**All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.**

FIRM NAME:
My County (WebVen) Vendor Number:

- II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation, or disability.

<b>Business Structure:</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise		
<input type="checkbox"/> Other (Please Specify):						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

- III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

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

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

- V. 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 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 CORRECT.

Authorized Signature:	Title:	Date:
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**ZERO TOLERANCE HUMAN TRAFFICKING POLICY CERTIFICATION**

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

**PROPOSER CERTIFICATION**

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance human trafficking policy 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 Exhibit B, Section 1.OO, Compliance with County's Zero Tolerance Human Trafficking Policy, 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 Human Trafficking Policy 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.**

Print Name:	Title
Signature:	Date:

**BIDDER'S COMPLIANCE WITH THE MINIMUM REQUIREMENTS OF THE IFB FOR  
KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES  
(2017-PA002)**

**BIDDER MUST CHECK A BOX IN EVERY SECTION**

Important Note: The information on this form is subject to verification.

Completing this form by itself without including a detailed narrative/resume in your Bid Submission to support the minimum mandatory requirements of this IFB, any inconsistencies or inaccuracy in the information provided on this form, and/or your Bid Submission, may subject your Bid Submission to disqualification or other actions, at the sole discretion of the County.

**At the time of Bid Submission, Bidder must meet the following minimum requirements:**

1. Bidder must have the following minimum number of years of experience using the listed vehicles to provide the same or similar type of fixed route services for governmental or social services agency(ies):

- Three years of experience with alternative fueled vehicles either compressed natural gas-powered or propane-powered, 25 feet or longer cutaway buses and/or transit buses.

**Subcontracting is not allowed to meet this requirement.**

- ☐ Yes. Bidder meets the experience requirement stated above. (In addition to responding on this form, please provide a detailed narrative in your bid to support this minimum mandatory requirement).

<b>Name of Service</b>	
<b>Number of Years of Experience Providing Above Service</b>	
<b>Make of Vehicle</b>	
<b>Model of Vehicle</b>	
<b>Size/Length of Vehicle</b>	
<b>Fuel Type</b>	

<p><b>Description of Services/Experience</b></p> <p>Please provide a detailed narrative of Bidder's experience in your Invitation for Bids to validate this minimum mandatory requirement.</p>	
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☐ No. Bidder does not meet the experience requirement stated above.

2. Bidder's Project Manager must have the following minimum number of years of experience managing the same or similar type of fixed route services for governmental or social service agency(ies) using the listed vehicles:

- Three years of experience with alternative fueled vehicles either compressed natural gas-powered or propane-powered, 25 feet or longer cutaway buses and/or transit buses.  
**Subcontracting is not allowed to meet this service.**

☐ Yes. Bidder's Project Manager does meet the experience requirement stated above. (In addition to responding on this form, please provide a detailed narrative in your bid to support this minimum mandatory requirement).

<b>Name of Employee</b>	
<b>Number of Years of Experience Providing Above Service</b>	
<b>Make of Vehicle</b>	
<b>Model of Vehicle</b>	
<b>Size/Length of Vehicle</b>	
<b>Fuel Type</b>	



<p><b>Description of Services/Experience</b></p> <p>Please provide a detailed narrative to support the number of years and description of service to validate this minimum mandatory requirement.</p>	
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☐ No. Bidder's Project Manager does not meet the experience requirement stated above.

3. Bidder or its subcontractor's Maintenance Manager must have the following minimum number of years of experience maintaining a similar fleet of transit vehicles:

- Three years of experience with alternative fueled vehicles either compressed natural gas-powered or propane-powered, 25 feet or longer cutaway buses and/or transit buses.

☐ Yes. Bidder or its subcontractor's Maintenance Manager does meet the experience requirement stated above. (In addition to responding on this form, please provide a detailed narrative in your bid to support this minimum mandatory requirement).

<p><b>Name of Employee</b></p>	<p>Name: _____</p> <p>Proposer _____ / Subcontractor _____ (check one)</p>
<p><b>Number of Years of Experience Providing Above Service</b></p>	
<p><b>Make of Vehicle Serviced</b></p>	
<p><b>Model of Vehicle Serviced</b></p>	
<p><b>Size/Length of Vehicle Serviced</b></p>	
<p><b>Fuel Type of Vehicle Serviced</b></p>	

<b>Description of Services/Experience</b>  Please provide a detailed narrative to support the number of years and description of service to validate this minimum mandatory requirement.	
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☐ No. Bidder or its subcontractor's Maintenance Manager does not meet the experience requirement as stated above.

4. Bidder must provide copies of all "Satisfactory" California Highway Patrol (CHP) Safety Compliance Inspections (or passed all reinspections) of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections (California Vehicle Code 34501[c]). If the bidder has not performed services in California, the bidder must provide copies of a similar vehicle, maintenance facilities or terminals inspection for the prior three years by a governmental agency.

☐ Yes. Bidder does meet the minimum mandatory requirement stated above and has received a "**Satisfactory**" rating on the CHP's Safety Compliance Inspections (or passed all reinspections) of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections.

☐ Bidder has received an "**Unsatisfactory**" rating on the CHP's Safety Compliance Inspections of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections, however, has remedied the problem by means of receiving a "**Conditional**" or "**Satisfactory**" rating within the CHP's 120-day reinspection period and/or received a "Conditional" rating and upgraded to a "**Satisfactory**" rating within the CHP's 180-day reinspection period as evidenced by the CHP Safety Compliance Inspection reports attached to bid.

☐ Bidder has not performed services in California; the bidder has provided copies of a similar vehicle, maintenance facilities or terminals inspection for the prior three years by a governmental agency

☐ No. Bidder does not meet the minimum mandatory requirement stated above. Bidder has received an "**Unsatisfactory**" rating and **did not** upgrade the rating to a "**Conditional**" or "**Satisfactory**" within the CHP's 120-day reinspection periods and/or received a "**Conditional**" rating and **did not** upgrade the rating to "**Satisfactory**" within the CHP 180-day reinspection period, whether on the initial inspection or the CHP reinspection, the Bidder will have failed this criteria.

5. Bidder must meet or exceed the service vehicle requirements as set forth in Exhibit I, Contractor-Provided Service Vehicle Requirements. If the Bidder does not meet the service vehicle(s) requirement at the time of submission, but fully intends to comply if awarded the contract, the Bidder must provide an affirmative statement that upon start of the contract, the

service vehicle(s) will comply with Exhibit I, Contractor-Provided Service Vehicle Requirements.

- ☐ Yes. Bidder does meet the spare service vehicle(s) requirement stated above. (In addition to responding on this form, please provide a detailed narrative in your bid to support this minimum mandatory requirement).
- ☐ Bidder does not meet the spare service vehicle(s) requirement stated above at present, but fully intends to comply if awarded the contract. The Bidder will comply with the spare service vehicle requirements set forth in this IFB. (This commitment is evident by Bidder's detailed plan which describes when and how the Bidder plans to meet the minimum required contractor spare vehicle requirements submitted in the Bid.)
- ☐ No. Bidder does not meet the spare service vehicle(s) requirement stated above and does not intend to comply.

6. Bidder must submit copies of its employees' valid State of California Department of Motor Vehicles (DMV) Class B (with a minimum of a "P" endorsement) commercial driver's licenses, as well as any other required licenses or endorsements required by Federal, State, and local regulations. **Subcontracting is not allowed to meet this requirement.**

- ☐ Yes. Bidder submitted copies of its employees' valid State of California Department of Motor Vehicles (DMV) Class B (with a minimum of a "P" endorsement) commercial driver's licenses, as well as any other required licenses or endorsements required by Federal, State, and local regulations. (In addition to responding on this form, please provide copies of the driver's licenses in your bid and provide the names of the staff assigned to this Contract and indicate type of certification they possess to support this minimum mandatory requirement).

Employees with DMV Class B (with a minimum of a "P" endorsements)		
Employee Name	Class of Driver's License	"P" endorsement or Higher (Yes or No)

- ☐ Bidder's employee does not meet the commercial driver's licenses requirement stated above at present, but fully intends to comply if awarded the contract.

- ☐ No. Bidder did not submit copies of the Proposer's employees' valid State of California Department of Motor Vehicles (DMV) Class B (with "P" endorsement) commercial driver's licenses as well as any other required licenses or endorsements required by Federal, State, and local regulations.

7. Bidder or its subcontractor must submit copies of all National Institute for Automotive Service Excellence (ASE) certification in H-4 ASE Transit Bus Brake Test for all maintenance personnel identified; or Bidder must submit an affirmative statement that all of Bidder's maintenance personnel assigned to this contract, within 12 months of the date of hire or the start of the contract, whichever occurs last, will obtain ASE certification in the H-4 ASE Transit Bus Brakes Test.

- ☐ Yes. Bidder or its Subcontractor does meet the license/certification requirement stated above. In addition to responding on this form, please provide the names of all mechanic staff assigned to this Contract and indicate type of ASE certifications they possess, if any on the chart below.

If the employee does not have ASE Certificate, please indicate N/A.

<b>Mechanics with ASE Certifications</b>		
<b>Employee Name</b>	<b>Types of Certification (List multiple, if applicable)</b>	<b>Directly Employed by the Contractor (Yes or No)</b>

- ☐ Bidder or its Subcontractor does not currently employ personnel that meet the requirement, however, Bidder's maintenance personnel assigned to this Contract, within 12 months of the date of hire or the start of the contract, whichever occurs last, will obtain ASE certification in the H4 ASE Transit Bus Brakes Test.

Complete the chart below. List all mechanic staff assigned to this Contract.

<b>Mechanics Assigned to this Contract</b>	
<b>Employee Name</b>	<b>Types of Certification (List multiple, if applicable)</b>

☐ No. Bidder or its Subcontractor's mechanic staff assigned to this Contract does not meet the certification/licensing requirement stated above and the request to affirmative statement will not be provided.

8. Bidder or its subcontractor must submit proof of Section 609 of the Clean Air Act: Motor Vehicle Air conditioning certification from an EPA-approved program or the equivalent ASE Refrigeration Recovery and Recycling Program certification for at least one member of their maintenance personnel identified above.

☐ Yes. Bidder or its Subcontractor does meet the license/certification requirement stated above. (In addition to responding on this form, please submit a copy of the license/certification of mechanic staff assigned to this Contract and indicate type of certification they possess, e.g. MACS or equivalent.)

Employee Name	Type of Certification

☐ No. Bidder or its Subcontractor's mechanic staff does not meet the certification/licensing requirement stated above.

Bidder declares under penalty of perjury that the information stated above is true and accurate. Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Bid are made, the Bid may be rejected at the sole discretion of the County.

Bidder's Name:	
Authorized representative Name:	
Signature:	Date:



**DISPLACED TRANSIT EMPLOYEE DECLARATION**

In accordance with California Labor Code Sections 1070-1074, the County will give a preference to any proposer who declares on this form that they will retain the employees of the prior contractor and/or subcontractor. The undersigned declares:

- ☐ that the Proposer will retain the employees of the prior contractor and/or subcontractor for a period of not less than 90 days pursuant to California Labor Code 1070-1074.

**OR**

- ☐ that the Proposer does NOT agree to retain the employees of the prior contractor or subcontractor for a period of 90 days pursuant to California Labor Code 1070-1074.

Signature	Title
Firm Name	Date

## **Living Wage Rate Annual Adjustments**

The Living Wage Ordinance is applicable to Proposition A and cafeteria services contracts. Employers shall pay employees a Living Wage for their services provided to the county of no less than the hourly rates and effective dates as follows:

<b>Effective Date</b>	<b>Hourly Rate</b>
March 1, 2016	\$13.25
January 1, 2017	\$14.25
January 1, 2018	\$15.00
January 1, 2019	\$15.79

Effective January 1, 2020, the Living Wage rate will be adjusted based on the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the 12-month period preceding July 1 of each year.

The Chief Executive Office (CEO) will issue a memo advising departments of the CPI to be used when determining the Living Wage rate effective January 1, 2020, and every year thereafter.



## COUNTY OF LOS ANGELES

ACKNOWLEDGMENT AND STATEMENT OF COMPLIANCE FOR LIVING WAGE ORDINANCE  
AND CONTRACTOR NON-RESPONSIBILITY DEBARMENT

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization ("Firm") identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the following two boxes:

## LIVING WAGE ORDINANCE:

☐ The Agent has read the County's Living Wage Ordinance (Los Angeles County Code Section 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

## CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:

☐ The Agent has read the County's Determinations of Contractor Non-Responsibility and Contractor Debarment Ordinance (Los Angeles County Code Section 2.202.010 through 2.202.060), and understands that the Firm is subject to its terms.

## LABOR LAW/PAYROLL VIOLATIONS:

A "Labor Law/Payroll Violation" includes violations of any federal, state or local statute, regulation, or ordinance pertaining to wages, hours or working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

## History of Alleged Labor Law/Payroll Violations (Check One):

☐ The Firm **HAS NOT** been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of the proposal; **OR**

☐ The Firm **HAS** been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each allegation.)

## History of Determinations of Labor Law /Payroll Violations (Check One):

☐ There **HAS BEEN NO** determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; **OR**

☐ There **HAS BEEN** a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (The County may deduct points from the proposer's final evaluation score ranging from 1% to 20% of the total evaluation points available with the largest deductions occurring for undisclosed violations.)

## HISTORY OF DEBARMENT (Check one):

☐ The Firm **HAS NOT** been debarred by any public entity during the past ten (10) years; **OR**

☐ The Firm **HAS** been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

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

Owner's/Agent's Authorized Signature	Print Name and Title
Print Name of Firm	Date

**PROPOSER'S EMPLOYEE BENEFITS**

**Proposer:** \_\_\_\_\_

**Name of Proposer's Health Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Insurance/Health Plan:**

Employer Pays \$ \_\_\_\_\_ Employee Pays \$ \_\_\_\_\_ Total Mo. Premium \$ \_\_\_\_\_

Annual Deductible  
Employee \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

Coverage (✓)  
\_\_\_\_\_ Hospital Care (In Patient \_\_\_\_\_ Out Patient \_\_\_\_\_)  
\_\_\_\_\_ X-Ray and Laboratory  
\_\_\_\_\_ Surgery  
\_\_\_\_\_ Office Visits  
\_\_\_\_\_ Pharmacy  
\_\_\_\_\_ Maternity  
\_\_\_\_\_ Mental Health/Chemical Dependency, In Patient  
\_\_\_\_\_ Mental Health/Chemical Dependency, Out Patient

**Dental Insurance:**

Employer Pays \$ \_\_\_\_\_ Employee Pays \$ \_\_\_\_\_ Total Mo. Premium \$ \_\_\_\_\_

**Life Insurance:**

Employer Pays \$ \_\_\_\_\_ Employee Pays \$ \_\_\_\_\_ Total Mo. Premium \$ \_\_\_\_\_

**Vacation:**

Number of Days \_\_\_\_\_ and

Any increase after \_\_\_\_\_ years of employment, number of days or hours \_\_\_\_\_

**Sick Leave:**

Number of Days \_\_\_\_\_ and

Any increase after \_\_\_\_\_ years of employment, number of days or hours \_\_\_\_\_

**Holidays:**

Number of Days \_\_\_\_\_ per year

**Retirement:**

Employer Pays \$ \_\_\_\_\_ Employee Pays \$ \_\_\_\_\_ Total Premium \$ \_\_\_\_\_