


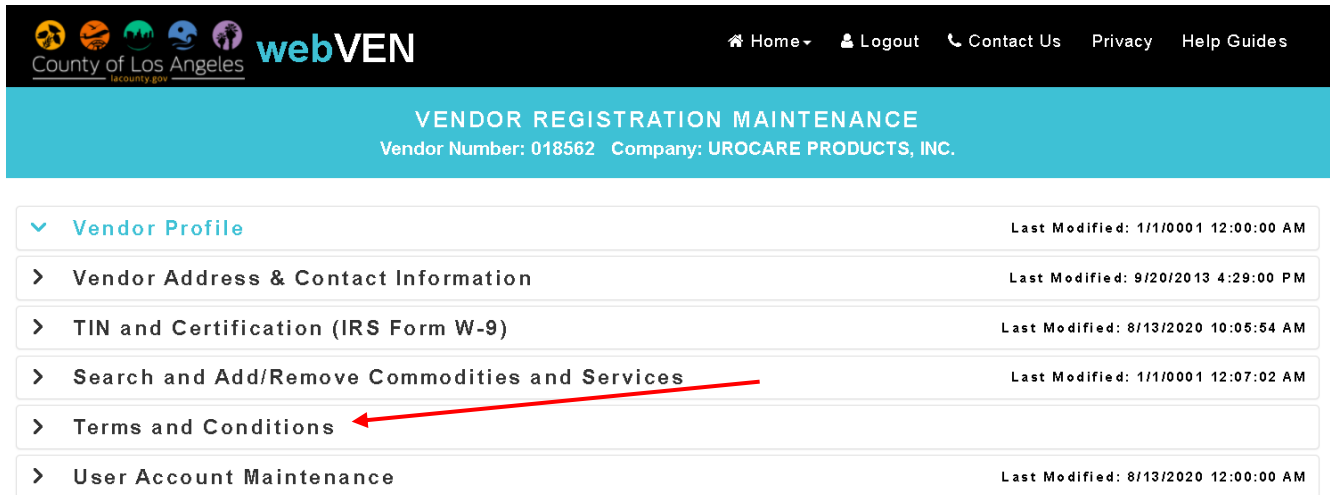
eCAPS Procurement Webven Terms and Conditions – Help Guide

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View or Update Terms and Conditions

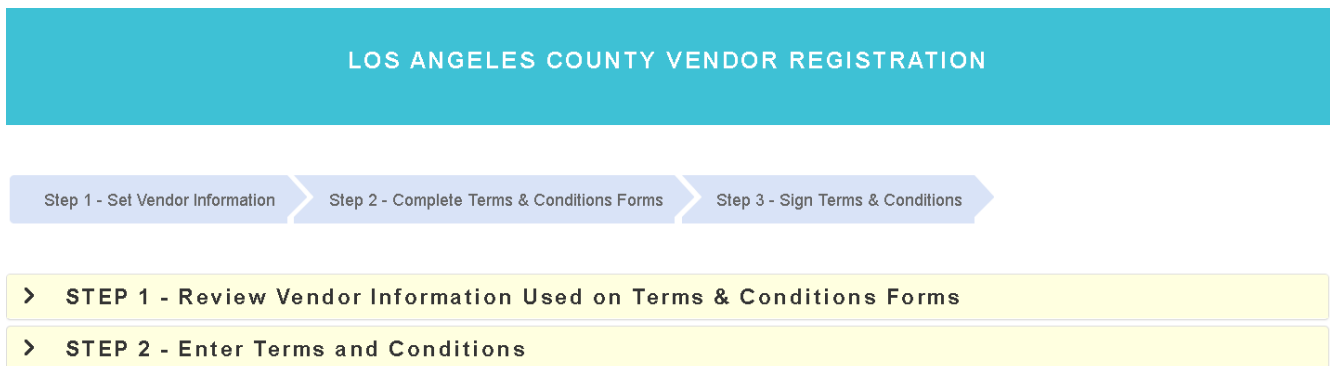
Once you log on to Webven successfully, the system takes you to VENDOR REGISTRATION MAINTENANCE page.

To expand Terms and Conditions, click on its section heading bar or  icon which the red arrow is pointing to.



Section	Last Modified
▼ Vendor Profile	1/1/0001 12:00:00 AM
> Vendor Address & Contact Information	9/20/2013 4:29:00 PM
> TIN and Certification (IRS Form W-9)	8/13/2020 10:05:54 AM
> Search and Add/Remove Commodities and Services	1/1/0001 12:07:02 AM
> Terms and Conditions	
> User Account Maintenance	8/13/2020 12:00:00 AM

To enter Terms and Conditions, go to STEP 2 by clicking on its section heading bar or  icon.



LOS ANGELES COUNTY VENDOR REGISTRATION

Step 1 - Set Vendor Information > Step 2 - Complete Terms & Conditions Forms > Step 3 - Sign Terms & Conditions


- > STEP 1 - Review Vendor Information Used on Terms & Conditions Forms
- > STEP 2 - Enter Terms and Conditions

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The form type and status are shown under each form heading as well as last modified date and time. There is a total of 14 forms. Seven forms are required. The remaining forms are optional.

Please click on  icon to expand each form to enter your information.

STEP 2 - Enter Terms and Conditions		
> Terms & Conditions Cover Page	Optional Form Not Completed	Last Modified:
> Sellers Permit	Optional Form Not Completed	Last Modified:
> Participating Municipalities	Required Form Not Completed	Last Modified:
> Request for Preference Consideration	Optional Form Not Completed	Last Modified:
> Certification as Minority, Women, Disadvantaged and Disabled Veteran Business Enterprises	Optional Form Not Completed	Last Modified:
> Bidder's Attestation of Willingness to Consider Gain/Grow Participants	Optional Form Not Completed	Last Modified:
> Federal Uniform Guideline Clause	Optional Form Not Completed	Last Modified:
> County of Los Angeles Contractor Employee Jury Service Program Application for Exception and Certification Form	Required Form Not Completed	Last Modified:
> Contractor's Attestation	Required Form Not Completed	Last Modified:
> Certification of Independent Price Determination and Acknowledgement of Solicitation Restrictions	Required Form Not Completed	Last Modified:
> Exhibit Proposer's Organization Questionnaire/Affidavit	Required Form Not Completed	Last Modified:
> Defaulted Property Tax Reduction Program	Required Form Not Completed	Last Modified:
> Additional County Terms and Conditions Attestations	Required Form Not Completed	Last Modified:

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Form Page: Terms & Conditions Cover

This form is **optional**. Please read the form instructions and provide the information as noted.

▼ **Terms & Conditions Cover Page**

Optional **Form Not Completed** Last Modified:

1. DELIVERY WILL BE MADE IN THIS NUMBER OF DAYS AFTER RECEIPT OF ORDER.

2. CASH DISCOUNT % DAYS. CASH DISCOUNT OF LESS THAN 30 DAYS OR 25TH PROX. WILL BE CONSIDERED AS NET IN EVALUATING THIS BID.

3. Select Yes or No. Or leave blank:
BID BOND ATTACHED: CERTIFIED CHECK ATTACHED: OTHER ATTACHMENTS:

4. BID REFERENCE NUMBER: *This field is left blank until signing off and printing the Terms and Conditions in Step 3.*

5. PLEASE REMOVE FROM THIS COMMODITY CODE:

6. FEIN OR SOCIAL SECURITY# REQUIRED: 951234567

Please click Save to save contents of Terms and Conditions Cover Page.

[View Draft of Terms & Conditions Cover Page](#) [Save](#)

- To save the contents of Cover Page, click on [Save](#) button on your right.
- How to view the draft of this terms and conditions form? Click [here](#).
- To collapse the form manually, click on ▼ icon or its section heading bar.
- Next form is expanded automatically once information is validated and saved successfully.

Form Page: Sellers Permit

This form is **optional**. Please read the form instructions and provide the information as noted.

▼ **Sellers Permit**

Optional **Form Not Completed** Last Modified:

Unless otherwise definitely specified, prices bid shall not include sales or use taxes. Bidders are required to provide their California Sellers Permit Number or their Sellers Certificate of Registration-Use Tax Number. Failure to provide the required information will prevent the County of Los Angeles from paying Sales/Use Tax to your company

SELLERS PERMIT #: CERTIFICATE OF REGISTRATION #:

If you are uncertain as to whether you have such a number or have any questions, please contact the State Board of Equalization at WWW.BOE.CA.GOV OR CALL 1.800.400.7115.


Please click Save to save contents of Sellers Permit

[View Draft of Seller's Permit](#) [Save](#)

- To save the contents of Sellers Permit, click on [Save](#) button on your right.

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Form Page: Participating Municipalities

This form is **required**. Please read the form instructions and provide the information as noted.

▼ **Participating Municipalities**

Required **Form Not Completed** Last Modified:

At County's sole discretion and option, County may inform other public agencies that they may acquire items listed in this agreement or purchase order. Such acquisition(s) shall be at the prices stated herein, and shall be subject to Vendor's acceptance. In no event shall County be considered a dealer, remarketer, agent or other representative of Vendor.

Public entity purchase orders complete with terms and conditions shall be submitted by the public entity.

Vendor authorizes County's use of Vendor's name, trademarks and Vendor provided materials in County's presentation and promotions regarding the availability of use for this agreement.



County will not be liable or responsible for any obligations, including but not limited to payment for any item ordered by public entities.

County makes no representation or guarantee as to any minimum to be purchased by County or public entities.

Do you agree to the aforementioned?* Yes No

Please click Save to save contents of Participating Municipalities

[View Draft of Participating Municipalities](#) [Save](#)

- To save the contents of Participating Municipalities, click on  button on your right.
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Form Page: Request for Preference Consideration

This form is **optional**. Please read the form instructions and provide the information as noted.

Request for Preference Consideration

Optional **Form Not Completed** Last Modified:

INSTRUCTIONS: Businesses requesting preference consideration must complete and return this form for proper consideration of the proposal/bid. Businesses may request consideration for one or more preference programs.

I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS PROPOSAL/BID BE CONSIDERED FOR THE PREFERENCE PROGRAM 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 for County Solicitations which are not subject to Federal Restrictions

A business 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

A business qualifying 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 Local Small Business Enterprise (LSBE) Program Preference for County Solicitations which are subject to the Federal Funding Restrictions*

***To determine whether this solicitation is federally funded, please refer to the SPECIAL TERMS AND CONDITIONS in this solicitation document.**

A business which meets the employee size and revenue requirements of the federal Small Business Administration and maintains an active registration as a small business in the federal System for Award Management (SAM) data base; and

Certified as a LSBE by the DCBA.

Request for Disabled Veterans Business Enterprise (DVBE) Program Preference

A business which is certified by the State of California as a DVBE, or

A business which is certified by U.S. Department of Veterans Affairs as a SDVOSB; or

A business qualifying 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.

Request for Social Enterprise 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 Social Enterprise business by the DCBA.

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BUSINESS UNDERSTANDS THAT IN NO INSTANCE SHALL 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.

Name of Firm

LAC VENDOR INC

County Webven No

123456

Print Name*

JOHN SMITH

Title*

SR SALES ASSOC

Acknowledgement of Understanding*

(Acknowledgement)



Date*

9/4/2020

Please click Save to save contents of Request For Preference Consideration

View Draft of Request For Preference Consideration

Save

- To save the contents of Request for Preference Consideration, click on  button on your right.
- How to view the draft of this terms and conditions form? Click [here](#).
- To collapse the form manually, click on  icon or its section heading bar.
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Form Page: Certification as Minority, Women, Disadvantaged and Disabled Veteran Business Enterprises

This form is **optional**. Please read the form instructions and provide the information as noted.

▼ **Certification as Minority, Women, Disadvantaged and Disabled Veteran Business Enterprises**

Optional **Form Not Completed** Last Modified:

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).

[Add New Agency](#)

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

Print Authorized Name*

Acknowledgement of Understanding*

(Acknowledgement)

Title*

Date*

Please click **Save** to save contents of Certification as Minority, Women, Disadvantaged and Disabled Veteran Business Enterprises.

[View Draft of Certification as Minority, Women, Disadvantaged and Disabled Veteran Business Enterprises](#) [Save](#)

- To add a new agency

- Click on [Add New Agency](#) button to expand the form.

Agency Name*

Minority

Women

Disadvantaged

Disabled Veteran

Date*

[Save Agency](#) [Cancel Agency](#)


- Fill in certifying Agency Name and Date.
- Check the box for the certification(s) that apply to you .
- Click on [Save Agency](#) button to save your information. Saved agency shows up in a grid shown below.





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- To edit or delete an Agency

Agency Name	Minority	Women	Dis-Advantaged	Disabled Veteran	Expiration Date	
ABC Agency Inc	No	No	No	No	09/10/2020	 

- Click on  button to edit your Agency information. Your edited information shows up in the grid shown above.
- Click on  button to remove your Agency information from the list.
- To save the contents of Certification, click on  button on your right.
- How to view the draft of this terms and conditions form? Click [here](#).
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Form Page: Bidder's Attestation of Willingness to Consider Gain/Grow Participants

This form is **optional**. Please read the form instructions and provide the information as noted.

▼ **Bidder's Attestation of Willingness to Consider Gain/Grow Participants**

Optional Form Not Completed Last Modified:

CONSIDERATION OF GAIN/GROW PARTICIPANTS FOR EMPLOYMENT - As a threshold requirement for consideration for an award, bidder shall demonstrate a proven record of hiring participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program or shall attest to a willingness to consider GAIN/GROW participants for future employment openings if they meet the minimum qualifications for that opening. Additionally, bidders shall attest to a willingness to provide employed GAIN/GROW participants access to the bidder's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, awarded bidder shall email: GAINGROW@dpss.lacounty.gov.

Bidders who are unable to meet this requirement shall not be considered for an award.

Bidder shall complete all of the following information, sign where indicated below, and return this form with any resumes and/or fixed price bid being submitted:

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

*

B. Bidder is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider " means that bidder is willing to interview qualified GAIN/GROW participants.

*

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

*

Bidder Organization
LAC VENDOR INC

Print Name* Title*

Acknowledgement of Understanding* (Acknowledgement) Date*

Tel#* Ext Fax Ext

Please click **Save** to save contents of Bidder's Attestation

- To save the contents of Bidder's Attestation, click on button on your right.
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09/17/2020

Form Page: Federal Uniform Guideline Clause

This form is **optional**. Please read the form instructions and provide the information as noted.

> Federal Uniform Guideline Clause

Optional Form Not Completed Last Modified:

Contractor/Vendor agrees to comply with all applicable provisions of Title 2, Subtitle A, Chapter II, PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS contained in Title 2 C.F.R. § 200 et seq.

Print Name* Title*


JOHN SMITH SR SALES ASSOC

Acknowledgement of Understanding* Date*

(Acknowledgement) 9/4/2020

Please click Save to save contents of Federal Uniform Guideline Clause

[View Draft of Federal Uniform Guideline Clause](#) [Save](#)

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Form Page: County of Los Angeles Contractor Employee Jury Service Program Application for Exception and Certification Form

This form is **required**. Please read the form instructions and provide the information as noted.

▼ **County of Los Angeles Contractor Employee Jury Service Program Application for Exception and Certification Form**

Required **Form Not Completed** Last Modified:

The County's solicitation for this Contract/Purchase Order (Request for Proposal or Invitation to Bid) is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program)(Los Angeles County Code, Chapter 2.203). All bidders or proposers whether a contractor or a subcontractor, must complete this form to either 1) request an exception from the Program requirements or 2) certify compliance. Upon review of the submitted form, the County's Department will determine, in its sole discretion, whether the bidder or proposer is excepted from the program.

Company Name LAC VENDOR INC

Company Address*

City* Country* State*

Zip*

Telephone Number* Ext

Solicitation for (Types of Goods or Services)

If you believe the Jury Service Program does not apply to your business, check the appropriate box in part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

***Selection from Part I or Part II is required**

Part I: Jury Service Program is Not Applicable to My Business

My Business does not meet the definition of "Contractor", as defined in the Program as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract/purchase order itself will exceed \$50,000 in any 12 month period). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Program. It 1) has ten or fewer employees; and 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the Contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operations, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

My Business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

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

Name* Title*

Acknowledgement of Understanding* Date*

(Acknowledgement)



Please click **Save** to save contents of County of Los Angeles Contractor Employee Jury Service Program Application for Exception and Certification Form.

[View Draft of County of Los Angeles Contractor Employee Jury Service Program Application for Exception and Certification Form](#) [Save](#)

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Form Page: Contractor's Attestation

This form is **required**. Please read the form instructions and provide the information as noted.

 **Contractor's Attestation**

Required **Form Not Completed** Last Modified:

PRICES SPECIFIC CONTRACTS AND PURCHASE ORDERS
Vendors are entitled to receive payment for goods received by, or services provided to the County specific to the Contract or Purchase Order price amount. Under no circumstances will those Suppliers, Contractors or Vendors who supply goods or otherwise contract services with the County of Los Angeles be entitled to or paid for expenditures beyond the Contract or Purchase Order amounts.

SAFELY SURRENDERED BABY LAW
The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is available on the Internet at for printing purposes.

CONTRACTOR'S ATTESTATION THAT IT NOR ANY OF ITS STAFF MEMBERS IS RESTRICTED, EXCLUDED OR SUSPENDED FROM PROVIDING GOODS OR SERVICES UNDER ANY FEDERAL OR STATE HEALTH CARE PROGRAM
Contractor hereby warrants that neither it nor any of its staff members is restricted, excluded, or suspended from providing goods or services under any health care program funded by the Federal or State Government, directly or indirectly, in whole or in part, and the Contractor will notify the Buyer within thirty (30) calendar days in writing of: 1) any event that would require Contractor or a staff member's mandatory exclusion or suspension from participation in a Federal or State funded health care program; and 2) any exclusionary action taken by any agency of the Federal or State Government against Contractor or one or more staff members barring it or the staff members from participation in a Federal or State funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part. Contractor shall indemnify and hold County harmless against any and all loss or damage Contractor may suffer arising from any Federal or State exclusion or suspension of Contractor or its staff members from such participation in a Federal or State funded health care program. Failure by Contractor to meet the requirements of this paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement.

Is Contractor/Proposer or any of its staff members currently barred from participation in any Federal or State funded health care program?

***Selection of a health care option is required**

NO, Contractor or any of its staff members is not currently barred from participation in any Federal or State funded health care program.

YES, Contractor or any of its staff members is currently barred from participation in any Federal or State funded health care program.

Describe the particulars in detail below


Printed Name of Vendor or Contractor LAC VENDOR INC	Printed Name of Responsible Manager* <input type="text" value="JOHN SMITH"/>
Acknowledgement of Understanding* <input type="checkbox"/> (Acknowledgement)	Date* <input type="text" value="9/4/2020"/>

Please click **Save** to save contents of Contractor's Attestation

- To save the contents of Contractor's Attestation, click on  button on your right.

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Form Page: Certification of Independent Price Determination and Acknowledgement of Solicitation Restrictions

This form is **required**. Please read the form instructions and provide the information as noted.

▼ **Certification of Independent Price Determination and Acknowledgement of Solicitation Restrictions**

Required **Form Not Completed** Last Modified:

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

B. List all names and telephone number of person legally authorized to commit the Proposer.

[Add New Person](#)

C. 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".

[Add New Interest Group](#)

D. Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this solicitation. Proposer understands that if it is determined by the County that the Proposer did participate as a consultant in this solicitation process, the County shall reject this proposal.

Print Name of Firm
LAC VENDOR INC

Print Name of Signer*

Acknowledgement of Understanding*
 (Acknowledgement)

Title*

Date*

Please click **Save** to save contents of Certification of Independent Price Determination and Acknowledgement of Solicitation Restrictions.

[View Draft of Certification of Independent Price Determination and Acknowledgement of Solicitation Restrictions](#) [Save](#)

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- To add a new person, click on **Add New Person** to expand the form

B. List all names and telephone number of person legally authorized to commit the Proposer.

Name*	<input type="text" value="John Smith"/>
Phone*	<input type="text" value="8181112345"/>
Phone Ext	<input type="text"/>

- Fill in Name and Phone.
 - Click on **Save Person** to save your entries. Then it shows up in a grid shown below.
- To edit or delete a person

Name	Phone Number	
John Smith	8181112345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>


- Click on **Edit** button to edit your information. Your edited information shows up in the grid shown above.
 - Click on **Delete** button to remove a person from the list.
- To add a new interest group, click on **Add New Interest Group** to expand the form

C. 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".

Name*	<input type="text" value="XYZ Groups"/>
-------	---

- Fill in Name.
 - Click on **Save Interest Group** to save your entry. Then it shows up in a grid shown below.
- To edit or delete an interest group

Name	
XYZ Groups	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

- Click on **Edit** button to edit your information. Your edited information shows up in the grid shown above.
 - Click on **Delete** button to remove an interest group from the list.
- To save the contents of Exhibit Proposer's Organization Questionnaire/Affidavit, click on **Save** button.
- How to view the draft of this terms and conditions form? Click [here](#).
- To collapse the form manually, click on  icon or its section heading bar.
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Form Page: Exhibit Proposer's Organization Questionnaire/Affidavit

This form is **required**. Please read the form instructions and provide the information as noted.

> Exhibit Proposer's Organization Questionnaire/Affidavit

Required **Form Not Completed** Last Modified:

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your firm is a corporation, state its legal name (as found in your Articles of Incorporation) and State of Incorporation.

NAME
UROCARE PRODUCTS, INC.

COUNTRY **STATE** **YEAR INC.**

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

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration.

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? *

5. Please list any other names your firm has done business as within the last five (5) years:

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

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Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed - Minimum Mandatory Requirements of this Request for Proposal, as listed below.

List each minimum requirement
Check the appropriate box below:

- * years experience, within the last years
- * Willingness to consider hiring GAIN/GROW participant
- * Complies with the County's Child Support Compliance
- * Certifies intent to comply with County's Jury Service Program
- * Declares intent to comply with County's Living Wage Program

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 judgement and his/her judgment shall be final.

Proposer's Name: LAC VENDOR INC

Address:

Street*	<input type="text" value="1234 FIRST AVE"/>	City*	<input type="text" value="LOS ANGELES"/>		
Country*	<input type="text" value="United States of America"/>	State*	<input type="text" value="California"/>	Zip*	<input type="text" value="90001"/>
E-mail	<input type="text"/>	Telephone Number*	<input type="text" value="2131234567"/>	Ext:	<input type="text"/>
Fax	<input type="text"/>	Ext	<input type="text"/>		

On behalf of LAC VENDOR INC (Proposer's name), I (Name of Proposer's authorized representative*), certify that the information contain in this Proposer's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Acknowledgement of Understanding*	Internal Revenue Service Employer Identification Number
<input type="checkbox"/> (Acknowledgement)	951234567
Title*	California Business License Number
<input type="text" value="SR SALES ASSOC"/>	SRAPA12-34567
Date*	County Vendor Number
<input type="text" value="9/4/2020"/>	123456

Please click Submit to save contents of Exhibit Proposer's Organization Questionnaire/Affidavit.

[View Draft of Exhibit Proposer's Organization Questionnaire/Affidavit](#)

[Save](#)

- To add new DBA
 - Click on [Add New DBA](#) to expand the form.

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration.

*Name	<input type="text" value="DBA Name"/>
*County of Registration	<input type="text" value="Orange County"/>
*Year Became DBA	<input type="text" value="2005"/>
Save DBA	Cancel DBA

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- Fill in Name, County of Registration and Year Became DBA.
- Click on **Save DBA** to save your inputs. Then it shows up in a grid shown below.

- To edit or delete DBA

Name	County of Registration	Year became DBA	
DBA Name	Orange County	2005	Edit Delete

- Click on **Edit** button to edit DBA. Your edited information shows up in the grid shown above.
- Click on **Delete** button to remove DBA from the list.

- To add new name for your firm

- Click on **Add New Name** to expand the form and fill in your information.

5. Please list any other names your firm has done business as within the last five (5) years:

*Name

*Year of Name Change


Save Other Name **Cancel Other Name**

- Fill in Name and Year of Name Change.
- Click on **Save Other Name** to save your inputs. Then it shows up in a grid shown below.

- To edit or delete a firm name

Name	Year of Name Change	
Other Firm Name	2000	Edit Delete

- Click on **Edit** button to edit your information. Your edited information shows up in the grid shown above.
- Click on **Delete** button to remove your information from the list.

- To save the contents of Exhibit Proposer's Organization Questionnaire/Affidavit, click on **Save** button.
- How to view the draft of this terms and conditions form? Click [here](#).
- To collapse the form manually, click on  icon or its section heading bar.
- Next form is expanded automatically once information is validated and saved successfully.

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Form Page: Defaulted Property Tax Reduction Program

This form is **required**. Please read the form instructions and provide the information as noted.

Defaulted Property Tax Reduction Program

Required **Form Not Completed** Last Modified:

The prospective contract is subject to the requirements of the County's Defaulted Property Tax Reduction Program ("Defaulted Tax Program"). Prospective Bidder/Proposer/Contractor should carefully read the Defaulted Tax Program Ordinance which may be found in Los Angeles County Code, Title 2. Administration, Chapter 2.206 at

<http://ordlink.com/codes/lacounty/index.htm>

which is incorporated by reference into and made a part of this solicitation. The Defaulted Tax Program applies to both Contractors and their subcontractors.

Each Bidder/Proposer/Contractor shall be required to certify that it is in full compliance with the provisions of the Defaulted Tax Program and shall maintain compliance during the term of any contract that may be awarded pursuant to this solicitation or shall certify that it is exempt from the Defaulted Tax Program. Failure to maintain compliance, or to timely cure defects, may be cause for termination of a contract or initiation of debarment proceedings against the non-compliant contractor (Los Angeles County Code, Chapter 2.202).

Bids/Proposals that fail to comply with the certification requirements of the Defaulted Tax Program will be considered non-responsive and excluded from further consideration.

The Proposer/Bidder/Contractor certifies that:

***At least one value must be selected**

It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206;

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; and

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

-OR-

I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

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

COMPANY NAME
LAC VENDOR INC

Print Name*	Title*
<input type="text" value="JOHN SMITH"/>	<input type="text" value="SR SALES ASSOC"/>
Acknowledgement of Understanding*	Date*
<input type="checkbox"/> (Acknowledgement)	<input type="text" value="9/4/2020"/>


Please click **Save** to save contents of Property Tax Reduction Program

- To save the contents of Property Tax Reduction Program, click on button on your right.
- How to view the draft of this terms and conditions form? Click [here](#).

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- To collapse the form manually, click on  icon or its section heading bar.
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Form Page: Additional County Terms and Conditions Attestation

This form is **required**. Please read the form instructions and provide the information as noted.

▼ **Additional County Terms and Conditions Attestations**

Required **Form Not Completed** Last Modified:

Priority Clause (Disastrous Events)

Unless legally prohibited, Vendor shall provide priority to the County of Los Angeles for the purchase and delivery of all agreement items during disastrous events, including but not limited to earthquakes, floods, fires and acts of terrorism to ensure the County has sufficient resources needed to sustain its business functions.

Prohibition Against Use of Child Labor

I hereby certify that, if awarded a Purchase Order or Agreement, bidder shall:

1. Not knowingly sell or supply to COUNTY any products, goods, supplies or other personal property produced or manufactured in violation of child labor standards set by the International Labor Organizations through its 1973 Convention Concerning Minimum Age for Employment.
2. Upon request by COUNTY, identify the country/countries of origin of any products, goods, supplies or other personal property bidder sells or supplies to COUNTY, and
3. Upon request by COUNTY, provide to COUNTY the manufacturer's certification of compliance with all international child labor conventions.

I understand and agree that, if awarded a Purchase Order or Agreement and COUNTY discovers that any products, goods, supplies or other personal property sold or supplied by bidder to COUNTY are produced in violation of any international child labor conventions, bidder shall immediately provide an alternative, compliant source of supply.

I further understand and agree that failure to comply with the foregoing provisions will be grounds for immediate cancellation of the Purchase Order or termination of the Agreement and award to an alternative bidder.

Off-Peak (Hours) - Delivery of Commodities

It is the policy of the Los Angeles County Board of Supervisors that County departments promote off-peak deliveries and pickup of all commodities by County Vendors between the hours of 9:00 a.m. and 3:30 p.m., Monday through Friday, during regularly scheduled County business days. The purpose of this policy is to reduce vehicle trips and vehicle emissions during the morning and afternoon commute periods. For purposes of the Board Policy, the trip shall be deemed to be compliant if the actual time of delivery provides for arrival at the County facility or location on or after 9:00 a.m. and the delivery or pickup is initiated at the County facility or location on or before 3:30 p.m.

Noncompliance with this policy may result in cancellation of a Purchase Order or termination of contract and/or agreement between the County and the awarded Vendor.

Unless otherwise instructed by authorized County department personnel, vendors shall be required to confer with County departments to schedule, as appropriate, regularly planned trips to County facilities for deliveries and/or pickup of commodities within the designated off-peak periods. County departments co-located at facilities that are serviced by the same Vendor shall make every effort to coordinate off-peak deliveries and pickups between the Vendor and other County departments at the facility.

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Company Name: LAC VENDOR INC

Company Address* 1234 FIRST AVE **City*** LOS ANGELES

Country* United States of America **State*** California **Zip*** 90001

Phone* 2131234567 **Ext** **Email*** JSMITH@VENDOR.COM


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

Name* JOHN SMITH **Title*** SR SALES ASSOC

Acknowledgement of Understanding* (Acknowledgement) **Date*** 9/4/2020

Please click **Submit** to save contents of **Additional County Terms and Conditions Attestations**.

[View Draft of Additional County Terms and Conditions Attestations](#) [Save](#)

- To save the contents of Additional County Terms and Conditions Attestations, click on [Save](#) button.
- How to view the draft of this terms and conditions form? Click [here](#).
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Sign Terms and Conditions

This is Step 3, to complete Terms and Conditions. Please see the instructions to acknowledge, sign, and print a copy (PDF) of your completed Terms and Conditions.

▼ **STEP 3 - Sign Terms & Conditions**

Your Solicitation Terms and Conditions were last signed and created on: 8/31/2020 2:43:17 PM

The County Solicitation ID is required on the Standard Terms and Conditions when responding to County solicitations. The Solicitation ID will be placed on each page of your Terms and Conditions document. The Solicitation ID must to be entered each time you wish to "Sign and Save" your Terms and Conditions.

County Solicitation ID: will default on all forms. (example: RFB-IS-123456)

Check the checkbox next to your Attestation and Understanding statement.

Then click "Sign and Save Terms and Conditions" button to Sign and Save your Terms and Conditions as a legal document.

Attestation checkbox is required to be checked.


On behalf of LAC VENDOR INC, I, JOHN SMITH , attest that I have read and understand the Solicitation Terms and Conditions and that the information entered is true and correct to the best of my knowledge and belief. ***Required**

- How to view the draft of this terms and conditions form? Click [here](#).
- To sign and save Terms and Conditions, click on button on your right. The system generates a PDF version of your Terms and Conditions for your record.


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View the Draft of a Terms and Conditions Form

To view the draft of a terms and conditions form, click on  button

Sample:

	REQUEST FOR BID INTERNAL SERVICES DEPARTMENT	SOLICITATION:
Vendor No. : COUNTRY CODE:	RETURN BID TO ADDRESS BELOW INTERNAL SERVICES DEPARTMENT ISD CENTRAL PURCHASING 1100 N EASTERN AVENUE RM 103 BID ROOM 1ST FLOOR LOS ANGELES CA 90063	
DRAFT		
1. DELIVERY WILL BE MADE IN _____ THIS NUMBER OF DAYS AFTER RECEIPT OF ORDER. 2. CASH DISCOUNT _____ % _____ DAYS. CASH DISCOUNT OF LESS THAN 30 DAYS OR 25TH PROX. WILL BE CONSIDERED AS NET IN EVALUATING THIS BID. 3. BID BOND ATTACHED: _____ CERTIFIED CHECK ATTACHED: _____ OTHER ATTACHMENTS: _____ 4. BID REFERENCE NUMBER: _____ (THIS NUMBER WILL APPEAR ON RESULTING ORDER OR CONTRACT). 5. FEIN OR SOCIAL SECURITY# REQUIRED: _____		
** IMPORTANT ** IN ORDER TO RECEIVE AN AWARD, VENDORS ARE REQUIRED TO BE REGISTERED WITH THE COUNTY OF LOS ANGELES. VENDORS MAY REGISTER ONLINE ON THE COUNTY OF LOS ANGELES VENDOR REGISTRATION WEBSITE @ HTTP://CAMISVR.CO.LA.CA.US/WEBVEN/ USE OF A BRAND NAME SPECIFICATION IS NOT INTENDED TO RESTRICT COMPETITION. QUOTE IN ACCORDANCE WITH SPECIFICATION OR ON YOUR ALTERNATE. ALTERNATE OFFERS TO MEET FUNCTIONAL REQUIREMENTS, ADEQUATELY SUPPORTED BY LITERATURE AND YOUR STATEMENT WHEREIN SPECIFICATIONS DIFFER, WILL BE CONSIDERED FOR FUTURE PURCHASE, OR WHEN FEASIBLE, FOR THIS PURCHASE. VENDORS ARE REQUIRED TO ENTER THEIR COMPANY NAME IN THE SPACE PROVIDED AT THE TOP OF EACH PAGE ON THIS SOLICITATION.		
VENDOR PHONE NUMBER:	TITLE:	DATE:
ELECTRONIC SIGNATURE OF BIDDER:		