

Attach all required documents and completed forms to this Application Submittal Form. Incomplete forms may be rejected.

**APPLICATION INFORMATION**

FiT+ Operating Mode	Submittal Type	System Information
Normal	New PV/BESS System	BPE (\$/kWh):
Resiliency	Retrofit of Existing LADWP	Solar Photovoltaic (PV) Generator
Peak Shaving	FiT PV System	Capacity, in kW CEC-AC:
<i>For specific details regarding the different FiT+ Configurations and Interconnection topologies, see Section 5.12 in the FiT+ Pilot Program Guidelines</i>	<i>Enter the existing generation capacity (in kW CEC-AC and kW AC) for Retrofit FiT+ Projects:</i>	Total Capacity, in kW-AC:
	kW CEC-AC	<b>Battery Energy Storage System (BESS)</b>
	kW AC	BESS Capacity, in kW-AC:
		BESS Duration (hrs):
		BESS Chemistry:

**APPLICANT INFORMATION**

Applicant Entity Name: \_\_\_\_\_ Parent Company/Organization Name: \_\_\_\_\_

Applicant Federal Tax ID Number: \_\_\_\_\_ Organization Type: \_\_\_\_\_ State: \_\_\_\_\_

Applicant Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different)

**AUTHORIZED REPRESENTATIVE**

Name (First and Last): \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALTERNATIVE REPRESENTATIVE**

Name (First and Last): \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**FACILITY AND SITE DESCRIPTION**

Property Owner Name: \_\_\_\_\_

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

Project Physical Address: \_\_\_\_\_ Project Site Coordinates (Lat,Long): \_\_\_\_\_ , \_\_\_\_\_

Total Estimated Project Cost (\$): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Year 1 Net Generation (MWh): \_\_\_\_\_ Site Category: \_\_\_\_\_

Annual Degradation (%): \_\_\_\_\_ Type of Site Control: \_\_\_\_\_

**On-site PV Locations** Assessor's Parcel #: \_\_\_\_\_

Rooftop Solar:	kW;	kW CEC-AC	LADWP Account #: _____
Carpport Solar:	kW;	kW CEC-AC	
Ground Mount Solar:	kW;	kW CEC-AC	

PROJECT DEVELOPER

Developer Name: Years of Experience with Similar Projects:
Point of Contact: Role on Project:
Name of a Similar Project (in operation): COD:
Location of Similar Project (City, State): Project Size (kW-AC):

PROJECT MANAGER

Name (First and Last): Title:
Phone #: E-mail:

PROJECT CONTRACTOR INFORMATION

Name: Years of Experience with Similar Projects:
Point of Contact: Role on Project:
Name of a Similar Project (in operation): COD:
Location of Similar Project (City, State): Project Size (kW-AC):
Contractor License #: Workers' Comp. Insurance Coverage:
Name on Contractor License: Yes No

DECLARATION UNDER PENALTY OF PERJURY

The Undersigned declares that: 1) the information provided in the form is true and correct, 2) the Applicant has read and understands, and agrees to be bound by the FiT+ Pilot Program Guidelines, and 3) the Applicant has read and understands the FiT+ Competitive Offer Power Purchase Agreement. The Undersigned further declares that this Application is genuine, and not sham or collusive, nor made in the interest of or on behalf of any organization not herein named; the Applicant has not directly or indirectly induced or solicited any other Applicant to put in a sham application, or any other person, Firm, or corporation to refrain from submitting a proposal; and, the Applicant has not in any manner sought by collusion to secure for themselves an advantage over any other Applicant.

Print Name: Title:
Signature: Company:

Date:

<b>Topic</b>	<b>Notes</b>
<b>Applicant Information</b>	
Applicant/Organization Name	Name of applicant/project company/organization that will own the project. This is the person or entity to receive the energy payments.
Parent Company/Organization Name	If applicable, specify the parent company/organization
Type of Organization	Specify whether Applicant is Corporation, DBA, LLC, Partnership, Person, etc
State of Organization	Specify State where entity is organized
Applicant Federal Tax ID Number	Specify the Federal Tax ID Number of the Person/Entity
Contract Term (years)	20 Years
Applicant Physical Address	PO Box/Street/City/State/Zip Code
Applicant Mailing Address	
<b>Authorized Representative and Alternative</b>	
Name of Representative (First Last)	The authorized representative and alternative rep. that may execute all forms and contracts
Title of Representative	
Phone #	
Email	
<b>Facility and Site Description</b>	
Project Name	
Project Physical Address	Physical address where project is located (Street/City/State/Zip Code)
Project Site Coordinates (Lat,Long)	Please use <a href="https://www.latlong.net/convert-address-to-lat-long.html">https://www.latlong.net/convert-address-to-lat-long.html</a> to find the correct coordinates for you project site
Total Estimated Project Cost (\$)	
Capacity, in kW (AC-CEC)	Total nameplate capacity of generating equipment in alternating current. Capacity should be net of any auxiliary load, station electrical uses, and losses
Annual Degradation (%)	
1st Year Net Annual Generation (MWh)	
Site Category	Indicate the type of site the system will be installed on
Type of Site Control	Specify whether Applicant is Property Owner, Current Lessee, Have Exclusive Lease or Purchase Option to Property (from Site Control Form)
Assessor's Parcel Number	Enter County Assessor's property parcel number
LADWP Account #	Enter the LADWP Account # for existing service to the site
Property Owner Name	Individual or entity that currently holds title to the property
Property Owner Address	Business address of the individual or entity that holds title to the property (PO Box/Street/City/State/Zip Code)
<b>Project Manager</b>	
Name	This individual will be the contact for any questions regarding the project
Title	
Phone #	
Email	
<b>Project Contractor Information</b>	
Name	Name of the contracting company for the FiT+ project
Point of Contact	This individual will be the contact for communications with the FiT+ project Contractor
Role on Project	The Point of Contact's role on the FiT+ project
COD	Commercial Operation Date of a similar renewable energy project by the Contractor
Name on Contractor License	The name under which the Contractor's license is held
Workers Comp. Insurance Coverage	Will the Project Contractor have Workers Comp. Insurance Coverage for the proposed FiT+ Project? (Check Yes or No)
<b>Project Developer</b>	
Developer Name	Name of the FiT+ project Developer
Point of Contact	This individual will be the contact for communications with the FiT+ project Developer
<b>Declaration and Signature</b>	
	Applicant must sign and date the declaration or the application will not be accepted

**FIT+ Pilot Program Battery Energy Storage System (BESS) Technical Data**

Required Supplemental Form to the FIT+ Application for LADWP Service Planning

Applicant's Site Address \_\_\_\_\_

Authorized Agent \_\_\_\_\_ Authorized Agent's Contact Name \_\_\_\_\_

Battery Size in kW/ kWh \_\_\_\_\_

LADWP Account # (If Existing Customer) \_\_\_\_\_ Authorized Agent's Phone # \_\_\_\_\_

**BESS PROJECT DATES**

Estimated Installation Date: \_\_\_\_\_ Proposed Commercial Operation Date: \_\_\_\_\_

**BESS PROJECT DETAILS**

Project Contact Person _____	Project Contact Phone _____
Developer Company Name _____	
Project Contact Email _____	
Project Contact Mailing Address _____	
Interconnection Operating Voltage _____	
Battery System Installer _____	
Battery Provider _____	
Battery System Model _____	
Grid Interface Device Make & Model Number (Inverter) _____	
AC or DC Coupled interconnection _____	
Indoor/Outdoor Enclosure Rating _____	
Battery Chemistry: _____	Battery Shape (check one): Prismatic Pouch Cylindrical
Number of Battery Packs: _____	Number of Inverters: _____
Location (check one): Indoor/ Outdoor	Number of Converters: _____

**BESS ELECTRICAL INFORMATION**

Continuous rated storage Charging Power _____	kW
Continuous rated Storage Discharging Power _____	kW
Maximum Charge Rate _____	kW/Hr

Maximum Discharging Rate \_\_\_\_\_ kW/Hr

Maximum Discharging Capacity \_\_\_\_\_ kW

Useable Energy Capacity (100% Depth of Discharge) \_\_\_\_\_ kWh

Roundtrip Efficiency \_\_\_\_\_ %

Will Power be **Exported** to the Grid? (check one) Yes No

If **Yes**, Specify Maximum Export to the Grid \_\_\_\_\_ kW

Rated Cycle Lifetime Span \_\_\_\_\_ cycles

Will battery be charged from any other Source? Yes No

Will battery be charged from Applicant Solar Plant? Yes No

Specify approximate times when battery will be charged and

discharged Typical Schedule

Charge Hours

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Discharge Hours

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Are you interested in participating in future LADWP energy storage programs?  Yes  No

Battery Purpose(s) and Battery Capacity Allocation

\_\_\_\_\_ % Normal FiT+ Energy Export

\_\_\_\_\_ % Battery Backup (Resiliency)

\_\_\_\_\_ % Peak Shaving

\_\_\_\_\_ % Other \_\_\_\_\_

100% Total (Depth of Discharge Limit)

BESS Operation

\_\_\_\_\_ Remote Manual Control, Communications Protocol: \_\_\_\_\_

\_\_\_\_\_ Energy Management System (EMS), Platform: \_\_\_\_\_

Attachments Required:

- |   |   |
|---|---|
| <input type="checkbox"/> Battery Specifications | <input type="checkbox"/> Installation Manual                    |
| <input type="checkbox"/> One Line (Proposed)    | <input type="checkbox"/> UL Certifications/Other Certifications |
| <input type="checkbox"/> Site Plan (Proposed)   | <input type="checkbox"/> Safety and Data Sheets                 |

**FOR LADWP USE ONLY**

Project WMIS CCFiT+ #: \_\_\_\_\_

## Proof of Site Control Form

Please complete all fields on this form and check the applicable site control option below.

I, \_\_\_\_\_ (“Site Representative”), representing  
\_\_\_\_\_ (“Site Owner”), attest that  
\_\_\_\_\_ (“Applicant”), has Site Control in the  
manner indicated below, of assessor’s parcel number: \_\_\_\_\_ located at  
\_\_\_\_\_ (“Property”). The Applicant  
has dominion over the Property to the extent necessary to construct, own and operate the  
\_\_\_\_\_ kilowatt (kW) \_\_\_\_\_ (“Project”) in  
accordance with an executed Competitive Offer Power Purchase Agreement (“COPPA”) with  
Los Angeles Department of Water and Power (“LADWP”).

In this case, Site Control means (check one applicable item below):

Applicant holds title to the Property.

Applicant has a duly executed contract for the purchase of the Property.

Applicant has been granted a valid written option, unconditionally exercisable by Applicant, to purchase the Property at a pre-determined price upon executing a COPPA with LADWP. (The option is binding on the Site Owner of the Property and the Site Owner cannot unilaterally withdraw, revoke, or rescind the obligation to sell the property to the Applicant.)

Applicant has a duly executed contract for the lease or license of the Property. (The lease or license unconditionally binds the Site Owner, subject to payment of a named rent or license and compliance by the Applicant with standard commercial terms.)

Applicant has been granted a valid written option, unconditionally exercisable by Applicant, to lease the Property for a pre-determined rent upon executing a COPPA with LADWP, for a duration of no less than the term of the COPPA, including rights to install, own, and operate the Project on the Property. (The option is binding on the Owner of the Property and the Owner cannot unilaterally withdraw, revoke, or rescind the obligation to lease the property to the Applicant.)

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California \_\_\_\_\_  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

**(Seal)**

Notary

## Facility Diagrams

At minimum, facility diagrams must include the following:

- Project description
- Single-line diagram (must indicate PV system CEC-AC rating and BESS AC rating)
- Site plan (must specify equipment locations, LADWP access to generator, proposed point of interconnection, parcel boundary, and street references)
- Equipment schedule
- Note: Attached diagrams must show generator, energy storage system, disconnect(s), meter(s), ATS(s) (if applicable), and protection equipment scheme.

**Energy Production Profile**

Project Name:

Enter Average Expected kWh per Hour for Each Hour of the Month

Address:

Select the Program

Select:

FiT+ Pilot Program

Select the Zone (FiT+ Only)

Select:

N/A

**Daily Power Production (kWh)**

Capacity in KW  
CEC-AC

Proposed Base  
Price \$/kWh:

Additional  
Energy  
Payment Limit

Hour Ending

Month											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12
1											
2											
3											
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**Attach Completed FiT+ Facility  
Energy Production Profile  
(excel document)**



**Municipal Lobbying Ordinance**  
**CEC Form 55**



City Ethics Commission  
 200 N Spring Street  
 City Hall — 24th Floor  
 Los Angeles, CA 90012  
 Mail Stop 129  
 (213) 978-1960

# Bidder Contributions CEC Form 55

**ALL BOXES MUST BE COMPLETED**

**Bid/Contract Number:** \_\_\_\_\_

**Date Bid Submitted:** \_\_\_\_\_

**Description of Contract:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**BIDDER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email (optional): \_\_\_\_\_ Phone: \_\_\_\_\_

**PRINCIPALS**

Please identify the names and titles of all principals (attach additional sheets if necessary). Principals include a bidder's board chair, president, chief executive officer, chief operating officer, and individuals who serve in the functional equivalent of one or more of those positions. Principals also include individuals who hold an ownership interest in the bidder of at least 20 percent and employees of the bidder who are authorized by the bid or proposal to represent the bidder before the City.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ additional sheets are attached.

Bidder is an individual with no principals.

**SUBCONTRACTORS**

Please identify all subcontractors whose subcontracts are worth \$100,000 or more (attach additional sheets if necessary).

Subcontractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

\_\_\_\_\_ additional sheets are attached.

Bidder has no subcontractors on this bid or proposal whose subcontracts are worth \$100,000 or more.



City Ethics Commission  
 200 N Spring Street  
 City Hall — 24th Floor  
 Los Angeles, CA 90012  
 Mail Stop 129  
 (213) 978-1960

# Bidder Contributions CEC Form 55

## PRINCIPALS OF SUBCONTRACTORS

Please identify the names and titles of all principals for each subcontractor identified on page 1 (attach additional sheets if necessary). Principals include a subcontractor's board chair, president, chief executive officer, chief operating officer, and individuals who serve in the functional equivalent of one or more of those positions. Principals also include individuals who hold an ownership interest in the subcontractor of at least 20 percent and employees of the subcontractor who are authorized by the bid or proposal to represent the subcontractor before the City.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Of the subcontractors identified on page 1, the following are individuals with no principals (attach additional sheets if necessary):

Subcontractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

\_\_\_\_\_ additional sheets are attached.

Bidder has no subcontractors on this bid or proposal

## CERTIFICATION

I certify that I understand, will comply with, and will notify my principals and subcontractors of the requirements and restrictions in Los Angeles City Charter section 470(c)(12) and any related ordinances. I understand that I must amend this form within ten business days if the information above changes. I certify under penalty of perjury under the laws of the State of California that the information provided above is true and complete.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*Under Los Angeles City Charter § 470(c)(12), this form must be submitted to the awarding authority with your bid or proposal. A bid or proposal that does not include a completed Form 55 will be deemed nonresponsive.*



**Bidder Campaign Contribution and Fundraising Restrictions**  
**CEC Form 50**



City Ethics Commission  
 200 N Spring Street  
 City Hall — 24th Floor  
 Los Angeles, CA 90012  
 Mail Stop 129  
 (213) 978-1960

# Bidder Certification CEC Form 50

<b>Bid/Contract Number:</b>	<b>Department:</b>
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<b>Name of Bidder:</b>	<b>Phone:</b>
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**Address:**

**Email:**

### CERTIFICATION

I certify the following on my own behalf or on behalf of the entity named above, which I am authorized to represent:

- A. I am a person or entity that is applying for a contract with the City of Los Angeles.
- B. The contract for which I am applying is an agreement for one of the following:
  - 1. The performance of work or service to the City or the public;
  - 2. The provision of goods, equipment, materials, or supplies;
  - 3. Receipt of a grant of City financial assistance for economic development or job growth, as further described in Los Angeles Administrative Code § 10.40.1(h) [see reverse]; or
  - 4. A public lease or license of City property where both of the following apply, as further described in Los Angeles Administrative Code § 10.37.1(i) [see reverse]:
    - a. I provide services on the City property through employees, sublessees, sublicensees, contractors, or subcontractors, and those services:
      - i. Are provided on premises that are visited frequently by substantial numbers of the public; or
      - ii. Could be provided by City employees if the awarding authority had the resources; or
      - iii. Further the proprietary interests of the City, as determined in writing by the awarding authority.
    - b. I am not eligible for exemption from the City's living wage ordinance, as eligibility is described in Los Angeles Administrative Code § 10.37(i)(b).
- C. The value and duration of the contract for which I am applying is one of the following:
  - 1. For goods or services contracts—a value of more than \$25,000 and a term of at least three months;
  - 2. For financial assistance contracts—a value of at least \$100,000 and a term of any duration; or
  - 3. For construction contracts, public leases, or licenses—any value and duration.
- D. I acknowledge and agree to comply with the disclosure requirements and prohibitions established in the Los Angeles Municipal Lobbying Ordinance if I qualify as a lobbying entity under Los Angeles Municipal Code § 48.02.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*Under Los Angeles Municipal Code § 48.09(H), this form must be submitted to the awarding authority with your bid or proposal on the contract noted above.*

## Los Angeles Administrative Code § 10.40.1(h)

- (h) "City Financial Assistance Recipient" means any person who receives from the City discrete financial assistance in the amount of One Hundred Thousand Dollars (\$100,000.00) or more for economic development or job growth expressly articulated and identified by the City, as contrasted with generalized financial assistance such as through tax legislation.

Categories of such assistance shall include, but are not limited to, bond financing, planning assistance, tax increment financing exclusively by the City, and tax credits, and shall not include assistance provided by the Community Development Bank. City staff assistance shall not be regarded as financial assistance for purposes of this article. A loan shall not be regarded as financial assistance. The forgiveness of a loan shall be regarded as financial assistance. A loan shall be regarded as financial assistance to the extent of any differential between the amount of the loan and the present value of the payments thereunder, discounted over the life of the loan by the applicable federal rate as used in 26 U.S.C. Sections 1274(d), 7872(f). A recipient shall not be deemed to include lessees and sublessees.

## Los Angeles Administrative Code § 10.37.1(i)

- (i) "Public lease or license".
- (a) Except as provided in (i)(b), "Public lease or license" means a lease or license of City property on which services are rendered by employees of the public lessee or licensee or sublessee or sublicensee, or of a contractor or subcontractor, but only where any of the following applies:
- (1) The services are rendered on premises at least a portion of which is visited by substantial numbers of the public on a frequent basis (including, but not limited to, airport passenger terminals, parking lots, golf courses, recreational facilities); or
  - (2) Any of the services could feasibly be performed by City employees if the awarding authority had the requisite financial and staffing resources; or
  - (3) The DAA has determined in writing that coverage would further the proprietary interests of the City.
- (b) A public lessee or licensee will be exempt from the requirements of this article subject to the following limitations:
- (1) The lessee or licensee has annual gross revenues of less than the annual gross revenue threshold, three hundred fifty thousand dollars (\$350,000), from business conducted on City property;
  - (2) The lessee or licensee employs no more than seven (7) people total in the company on and off City property;
  - (3) To qualify for this exemption, the lessee or licensee must provide proof of its gross revenues and number of people it employs in the company's entire workforce to the awarding authority as required by regulation;
  - (4) Whether annual gross revenues are less than three hundred fifty thousand dollars (\$350,000) shall be determined based on the gross revenues for the last tax year prior to application or such other period as may be established by regulation;
  - (5) The annual gross revenue threshold shall be adjusted annually at the same rate and at the same time as the living wage is adjusted under section 10.37.2 (a);
  - (6) A lessee or licensee shall be deemed to employ no more than seven (7) people if the company's entire workforce worked an average of no more than one thousand two-hundred fourteen (1,214) hours per month for at least three-fourths (3/4) of the time period that the revenue limitation is measured;
  - (7) Public leases and licenses shall be deemed to include public subleases and sublicenses;
  - (8) If a public lease or license has a term of more than two (2) years, the exemption granted pursuant to this section shall expire after two (2) years but shall be renewable in two-year increments upon meeting the requirements therefor at the time of the renewal application or such period established by regulation.



**Contractor Responsibility Ordinance  
Responsibility Questionnaire**

**NOTICE:** Responses to this Questionnaire will not be made available to the public for review.  
 This is not a public document. [ CPCC §20101(a) ]

**CITY OF LOS ANGELES  
 RESPONSIBILITY QUESTIONNAIRE**

**RESPONSES TO THE QUESTIONS CONTAINED IN THIS QUESTIONNAIRE MUST BE SUBMITTED ON THIS FORM.** In responding to the Questionnaire, neither the City form, nor any of the questions contained therein, may be retyped, recreated, modified, altered, or changed in any way, in whole or in part. Bidders or Proposers that submit responses on a form that has been retyped, recreated, modified, altered, or changed in any way shall be deemed non-responsive.

The signatory of this Questionnaire guarantees the truth and accuracy of all statements and answers to the Questions herein. Failure to complete and return this questionnaire, any false statements, or failure to answer (a) question(s) when required, may render the bid/proposal non-responsive. All responses must be typewritten or printed in ink. Where an explanation is required or where additional space is needed to explain an answer, use the Responsibility Questionnaire Attachments. Submit the completed form and all attachments to the awarding authority. Retain a copy of this completed form for future reference. Contractors must submit updated information to the awarding authority if changes have occurred that would render any of the responses inaccurate in any way. Updates must be submitted to the awarding authority within 30 days of the change(s).

**A. INFORMATION**

\_\_\_\_\_  
 Bid Number and Project Title

**BIDDER/CONTRACTOR INFORMATION**

\_\_\_\_\_  
 Bidder/Proposer Business Name Contractor's License Number

\_\_\_\_\_  
 Street Address City State Zip

\_\_\_\_\_  
 Contact Person, Title Phone Fax

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury under the laws of the State of California that I have read and understand the questions contained in this questionnaire and the responses contained herein and on all Attachments. I further certify that I have provided full and complete answers to each question, and that all information provided in response to this Questionnaire is true and accurate to the best of my knowledge and belief.

**The Questionnaire being submitted is:** *(check one)*

- An initial submission of a completed Questionnaire.
- An update of a prior Questionnaire dated \_\_\_\_/\_\_\_\_/\_\_\_\_. A copy of the prior Questionnaire **and** newly updated information are attached.
- No change. There has been no change to any of the responses since the last Responsibility Questionnaire dated \_\_\_\_/\_\_\_\_/\_\_\_\_ was submitted. A copy of the last Responsibility Questionnaire is attached.

\_\_\_\_\_  
 Print Name, Title Signature Date

**TOTAL NUMBER OF PAGES SUBMITTED, INCLUDING ALL ATTACHMENTS:** \_\_\_\_\_

**B. BUSINESS ORGANIZATION/STRUCTURE**

Indicate the organizational structure of your firm. "Firm" includes a sole proprietorship, corporation, joint venture, consortium, association, or any combination thereof.

**Corporation:** Date incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of incorporation: \_\_\_\_\_

List the corporation's current officers.

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Check the box only if your firm is a publicly traded corporation.

List those who own 5% or more of the corporation's stock. Use Attachment A if more space is needed. Publicly traded corporations need not list the owners of 5% or more of the corporation's stock.

\_\_\_\_\_  
\_\_\_\_\_

**Partnership:** Date formed: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of formation: \_\_\_\_\_

List all partners in your firm. Use Attachment A if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_

**Sole Proprietorship:** Date started: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any firm(s) that you have been associated with as an owner, partner, or officer for the last five years. Use Attachment A if more space is needed. Do not include ownership of stock in a publicly traded company in your response to this question.

\_\_\_\_\_  
\_\_\_\_\_

**Joint Venture:** Date formed: \_\_\_\_/\_\_\_\_/\_\_\_\_

List: (1) each firm that is a member of the joint venture and (2) the percentage of ownership the firm will have in the joint venture. Use Attachment A if more space is needed. **Each member of the Joint Venture must complete a separate Questionnaire for the Joint Venture's submission to be considered as responsive to the invitation.**

\_\_\_\_\_  
\_\_\_\_\_

**C. OWNERSHIP AND NAME CHANGES**

1. Is your firm a subsidiary, parent, holding company, or affiliate of another firm?

Yes  No

If **Yes**, explain on Attachment A the relationship between your firm and the associated firms. Include information about an affiliated firm only if one firm owns 50% or more of another firm, or if an owner, partner or officer of your firm holds a similar position in another firm.

2. Has any of the firm's owners, partners, or officers operated a similar business in the past five years?

Yes  No

If **Yes**, list on Attachment A the names and addresses of all such businesses, and the person who operated the business. Include information about a similar business only if an owner, partner or officer of your firm holds a similar position in another firm.

3. Has the firm changed names in the past five years?

Yes  No

If **Yes**, list on Attachment A all prior names, addresses, and the dates they were used. Explain the reason for each name change in the last five years.

4. Are any of your firm's licenses held in the name of a corporation or partnership?

Yes  No

If **Yes**, list on Attachment A the name of the corporation or partnership that actually holds the license.

**Bidders/Contractors must continue on to Section D and answer all remaining questions contained in this Questionnaire.**

**D. FINANCIAL RESOURCES AND RESPONSIBILITY**

5. In the past five years, has your firm ever been denied bonding?

Yes  No

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

6. Is your firm now, or has it ever been at any time in the last five years, the debtor in a bankruptcy case?

Yes  No

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

7. Is your firm in the process of, or in negotiations toward, being sold?

Yes  No

If **Yes**, explain the circumstances on Attachment B.

**E. INSURANCE**

8. In the past five years, has any bonding company made any payments to satisfy any claims made against a bond issued on your firm's behalf?

Yes  No

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

9. Indicate whether your firm currently has a workers' compensation insurance policy in effect, whether it is legally self-insured, or whether it currently has no workers' compensation insurance policy in effect.

**Workers' Compensation Insurance Policy Currently in Effect**

**Legally Self-Insured**

**No Workers' Compensation Policy Currently in Effect**

If you have no worker's compensation insurance policy currently in effect, and you are not legally self-insured, provide an explanation on Attachment B.

10. List the Experience Modification Rate (EMR) issued to your firm annually by your workers' compensation insurance carrier for the last three years. Begin with the most recent year (YR 1) that an EMR rate was issued (EMR -1). If any of the rates for the three years is or was 1.00 or higher, you may provide an explanation on Attachment B.

YR. 1: \_\_\_\_ EMR-1: \_\_\_\_ YR 2: \_\_\_\_ EMR-2: \_\_\_\_ YR. 3: \_\_\_\_ EMR-3:

11. Within the past five years, has your firm ever had employees but was without workers' compensation insurance or state approved self-insurance?

Yes  No

If **Yes**, explain on Attachment B each instance. If **No**, attach a statement from your workers' compensation insurance provider that you have been continuously insured for the past five years.

**F. PERFORMANCE HISTORY**

12. How many years has your firm been in business? \_\_\_\_\_ Years.
13. Has your firm ever held any contracts with the City of Los Angeles or any of its departments?  
 Yes  No

If, **Yes**, list on Attachment B all contracts your firm has had with the City of Los Angeles for the last 10 years. For each contract listed in response to this question, include: (a) entity name; (b) name of a contact and phone number; (c) purpose of contract; (d) total cost; (e) starting date; and (f) ending date.

14. List on Attachment B all contracts your firm has had with any private or governmental entity (other than the City of Los Angeles) over the last five years that are similar to the work to be performed on the contract for which you are bidding or proposing. For each contract listed in response to this question, include: (a) entity name; (b) name of a contact and phone number; (c) purpose of contract; (d) total cost; (e) starting date; and (f) ending date.

Check the box if you have not had any similar contracts in the last five years.

15. In the past five years, has a governmental or private entity or individual terminated your firm's contract prior to its completion of the contract?

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

16. In the past five years, has your firm used any subcontractor to perform work on a government contract when you knew that the subcontractor had been debarred by a governmental entity?

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

17. In the past five years, has your firm defaulted on a contract or been debarred or determined to be a non-responsible bidder or contractor?

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

**G. DISPUTES**

18. In the past five years, has your firm been the defendant in court on a matter related to any of the following issues? For parts (a) and (b) below, check **Yes** even if the matter proceeded to arbitration without court litigation. For part (c), check **Yes** only if the matter proceeded to court litigation. If you answer **Yes** to any of the questions below, explain the circumstances surrounding each instance on Attachment B. You must include the following in your response: the name of the plaintiffs in each court case, the specific causes of action in each case; the date each case was filed; and the disposition/current status of each case.

- (a) Payment to subcontractors?

**Yes**  **No**

- (b) Work performance on a contract?

**Yes**  **No**

- (c) Employment-related litigation brought by an employee?

**Yes**  **No**

19. Does your firm have any outstanding judgments pending against it?

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

20. In the past five years, has your firm been assessed liquidated damages on a contract?

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance and identify all such projects, the amount assessed and paid, and the name and address of the project owner.

**H. COMPLIANCE**

21. In the past five years, has your firm or any of its owners, partners or officers, ever been investigated, cited, assessed any penalties, or been found to have violated any laws, rules, or regulations enforced or administered, by any of the governmental entities listed on Attachment C (Page 10)? For this question, the term “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation.

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance, including the entity that was involved, the dates of such instances, and the outcome.

22. If a license is required to perform any services provided by your firm, has your firm, or any person employed by your firm, been investigated, found to have violated, cited, assessed any penalties, or subject to any disciplinary action by a licensing agency for violation of any licensing laws in the past five years?

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance in the last five years.

23. In the past five years, has your firm, any of its owners, partners, or officers, ever been penalized or given a letter of warning by the City of Los Angeles for failing to obtain authorization from the City for the substitution of a Minority-owned (MBE), Women-owned (WBE), or Other (OBE) business enterprise?

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance in the last five years.

24. Provide on **Attachment B**, the name(s), address(s) and telephone number(s) of the apprenticeship program sponsor(s) approved by the California Division of Apprenticeship Standards that will provide apprentices to your company for use on any public works projects that you are awarded by the City of Los Angeles.

Provide on **Attachment B**, the name(s), address(s) and telephone number(s) of the apprenticeship program sponsor(s) approved by the California Division of Apprenticeship Standards that have provided apprentices to your company on any public works project on which your firm has participated within the last 3 years.

**I. BUSINESS INTEGRITY**

25. For questions (a), (b), and (c) below, check **Yes** if the situation applies to your firm. For these questions, the term “firm” includes any owners, partners, or officers in the firm. The term “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation. If you check **Yes** to any of the three questions below, explain on Attachment B the circumstances surrounding each instance.

(a) Is a governmental entity or public utility currently investigating your firm for making (a) false claim(s) or material misrepresentation(s)?

**Yes**  **No**

(b) In the past five years, has a governmental entity or public utility alleged or determined that your firm made (a) false claim(s) or material misrepresentation(s)?

**Yes**  **No**

(c) In the past five years, has your firm been convicted of, or found liable in a civil suit for, making (a) false claim(s) or material misrepresentation(s) to any governmental entity or public utility?

**Yes**  **No**

26. In the past five years, has your firm, any of its owners or officers been convicted of a crime involving the bidding of a government contract, the awarding of a government contract, the performance of a government contract, or the crime of theft, fraud, embezzlement, perjury, or bribery? For this question, the term “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation.

**Yes**  **No**

If **Yes**, explain on Attachment B the circumstances surrounding each instance.

**ATTACHMENT A FOR SECTIONS A THROUGH C**

Where additional information or an explanation is required, use the space below to provide the information or explanation. Information submitted on this sheet must be typewritten or printed in ink. Include the number of the question for which you are submitting additional information. Make copies of this Attachment if additional pages are needed.

Page \_\_\_\_\_

**ATTACHMENT B FOR SECTIONS D THROUGH I**

Where additional information or an explanation is required, use the space below to provide the information or explanation. Information submitted on this sheet must be typewritten or printed in ink. Include the number of the question for which you are submitting additional information. Make copies of this Attachment if additional pages are needed.

**Page** \_\_\_\_\_

**ATTACHMENT C: GOVERNMENTAL ENTITIES FOR QUESTION NO. 21**

Check **Yes** in response to Question No. 21 if your firm or any of its owners, partners or officers, have ever been investigated, cited, assessed any penalties, or found to have violated any laws, rules, or regulations enforced or administered, by any of the governmental entities listed below (or any of its subdivisions), including but not limited to those examples specified below. The term “owner” does not include owners of stock in your firm if your firm is a publicly traded corporation. If you answered Yes, provide an explanation on Attachment B of the circumstances surrounding each instance, including the entity involved, the dates of such instances, and the outcome.

**FEDERAL ENTITIES****Federal Department of Labor**

- American with Disabilities Act
- Immigration Reform and Control Act
- Family Medical Leave Act
- Fair Labor Standards Act
- Davis-Bacon and laws covering wage requirements for federal government contract workers
- Migrant and Seasonal Agricultural Workers Protection Act
- Immigration and Naturalization Act
- Occupational Safety and Health Act
- anti-discrimination provisions applicable to government contractors and subcontractors
- whistleblower protection laws

**Federal Department of Justice**

- Civil Rights Act
- American with Disabilities Act
- Immigration Reform and Control Act of 1986
- bankruptcy fraud and abuse

**Federal Department of Housing and Urban Development (HUD)**

- anti-discrimination provisions in federally subsidized/assisted/sponsored housing programs
- prevailing wage requirements applicable to HUD related programs

**Federal Environmental Protection Agency**

- Environmental Protection Act

**National Labor Relations Board**

- National Labor Relations Act

**Federal Equal Employment Opportunity Commission**

- Civil Rights Act
- Equal Pay Act
- Age Discrimination in Employment Act
- Rehabilitation Act
- Americans with Disabilities Act

**STATE ENTITIES****California’s Department of Industrial Relations**

- wage and labor standards, and licensing and registration
- occupational safety and health standards
- workers’ compensation self insurance plans
- Workers’ Compensation Act
- wage, hour, and working standards for apprentices
- any provision of the California Labor Code

**California’s Department of Fair Employment and Housing**

- California Fair Employment and Housing Act
- Unruh Civil Rights Act
- Ralph Civil Rights Act

**California Department of Consumer Affairs**

- licensing, registration, and certification requirements
- occupational licensing requirements administered and/or enforced by any of the Department’s boards, including the Contractor’s State Licensing Board

**California’s Department of Justice****LOCAL ENTITIES**

**City of Los Angeles** or any of its subdivisions for violations of any law, ordinance, code, rule, or regulation administered and/or enforced by the City, including any letters of warning or sanctions issued by the City of Los Angeles for an unauthorized substitution of subcontractors, or unauthorized reductions in dollar amounts subcontracted.

**OTHERS**

**Any other federal, state, local governmental entity** for violation of any other federal, state, or local law or regulation relating to wages, labor, or other terms and conditions of employment.



## **Iran Contracting Act of 2010**

### **Iran Contracting Act of 2010 Compliance Affidavit**

IRAN CONTRACTING ACT  
**(Public Contract Code sections 2202-2208)**

Prior to bidding on, submitting a proposal or executing a contract or renewal for goods or services of \$1,000,000 or more, a contractor must either: a) certify it is **not** on the current list of persons engaged in investment activities in Iran created by the California Department of General Services (“DGS”) pursuant to Public Contract Code section 2203(b) and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person, for 45 days or more, if that other person will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS; or b) demonstrate it has been exempted from the certification requirement for that solicitation or contract pursuant to Public Contract Code section 2203(c) or (d).

To comply with this requirement, please insert your contractor or financial institution name and complete the certification below. Please note: California law establishes penalties for providing false certifications, including civil penalties equal to the greater of \$250,000 or twice the amount of the contract for which the false certification was made; contract termination; and three-year ineligibility to bid on contracts. (Public Contract Code section 2205.)

**CERTIFICATION**

I, the official named below, certify I am duly authorized to execute this certification on behalf of the contractor/financial institution identified below, and the contractor/financial institution identified below is **not** on the current list of persons engaged in investment activities in Iran created by DGS and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person/vendor, for 45 days or more, if that other person/vendor will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS.

<i>Contractor Name/Financial Institution (Printed)</i>	
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in</i>

**EXEMPTION**

Pursuant to Public Contract Code sections 2203(c) and (d), a public entity may permit a contractor/financial institution engaged in investment activities in Iran, on a case-by-case basis, to be eligible for, or to bid on, submit a proposal for, or enters into or renews, a contract for goods and services.

If you have obtained an exemption from the certification requirement under the Iran Contracting Act, please fill out the information below, and attach documentation demonstrating the exemption approval.

<i>Contractor Name/Financial Institution (Printed)</i>	
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in</i>