Levine Act Compliance Form (Gov't Code section 84308
(Prospective Contractors/Subcontractors/Consultants/Applicants)

Please submit your response to the questionnaire with your submission package to this solicitation, and also email this completed form to commserv@bos.lacounty.gov. This form must be completed separately by each bidder/proposer/applicant, including each prime contractor and subcontractor.

Pursuant to the Levine Act (Government Code section 84308), a member of the LACAHSA Governing Board, and other LACAHSA employees and/or officers (including contractors serving in this capacity) (each and collectively, the "LACAHSA Officer" or "LACAHSA Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the LACAHSA Officer received more than $500 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

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

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

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

Complete each section below. State "none" if applicable.

A. <u>COMPANY OR APPLICANT INFORMATION</u>

1) Declarant Company or Applicant Name:

_____

a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal:

b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months:

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a LACAHSA Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the parent(s), subsidiaries and related business entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

b) Subsidiaries:

c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

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

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

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

B. CONTRIBUTIONS

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

Date (contribution solicited, or directed)	Recipient Name (LACAHSA Officer)	Amount

*Please attach an additional page, if necessary.

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

Date (contribution made)	Name (of the contributor)	Recipient Name (LACAHSA Officer)	Amount

*Please attach an additional page, if necessary.

C. DECLARATION

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

There are ___ additional pages attached to this Contribution Declaration Form.

COMPANY PROPOSERS, BIDDERS, OR APPLICANTS

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

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with LACAHSA about this contract, application, project, permit, license, or other entitlement for use, you agree to inform LACAHSA of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to LACAHSA any future contributions made to members of the LACAHSA Governing Board or any other LACAHSA Officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with LACAHSA about this contract, application, license, permit, or other entitlement after the date of signing this disclosure form, and contract, application, license, permit, or entitlement for use.

_____ _____

Signature Date

INDIVIDUAL BIDDERS OR APPLICANTS

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

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

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

_____ _____

Signature Date

Conflict of Interest/Confidentiality Statement
(Prospective Contractors/Consultants/Contractors/Applicants)

APPLICANT/PROPOSER/BIDDER
CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENT ("STATEMENT")
FOR
LOS ANGELES COUNTY AFFORDABLE HOUSING SOLUTIONS AGENCY
("LACAHSA")

I certify, represent, warrant and agree that I have no personal or financial interest and no present or past employment, relationship, contract, agency membership, board membership or activity which would be incompatible, or create a conflict of interest, with my application/bid/proposal for, my participation in the interview or screening process for, or my selection as _____ for LACAHSA (the "Search Process").

For the duration of my involvement in the Search Process, I agree not to accept or provide any gift, benefit, gratuity, or consideration, or begin a personal or financial interest in any other person or entity who is or may be participating in the Search Process.

I certify that I will keep confidential and secure and will not copy, give, or otherwise disclose to any other party who has not signed a LACAHSA Conflict of Interest and Confidentiality Statement, all information concerning the Search Process which I learn, access or receive in the course of my involvement in the Search Process. I understand that the information to be kept confidential includes, but is not limited to, specifications, administrative requirements, and service agreement terms and conditions, and includes concepts and discussions as well as written or electronic materials. I understand that if I cease participating in the Search Process before it ends, I must still keep all Search Process information confidential. I agree to follow any instructions provided relating to the confidentiality of the Search Process. I further agree that I will strictly abide by the terms of this Conflict of Interest and Confidentiality Statement ("STATEMENT").

A failure to adhere to the terms of this STATEMENT, as determined within the sole discretion of LACAHSA, may be considered a breach of this STATEMENT, and may lead to disqualification from further participation in the Search Process and from further consideration for any contracts or positions under this solicitation.

I acknowledge, accept, and understand that any conflicts of interest that could be or may be perceived to impact my ability to serve as a LACAHSA contractor, consultant, employee and/or agent (as applicable) must be disclosed to LACAHSA as soon as known or reasonably foreseeable, and by no later than the submission of an application/proposal/bid. These disclosures should include, but are not limited to, (i) financial arrangements with, interest(s) with or donations to any members of the LACAHSA Board or any employees or contractors of LACAHSA, (ii) having held or

currently holding any LACAHSA Board member or alternate position, or, (iii) having been or currently being a LACAHSA contractor, consultant, donor or service provider, including having been or currently serving as an employee or subcontractor for said contractor, consultant, donor or service provider. For additional information concerning conflicts of interest refer to Fair Political Practices Commission rules and guidance: https://www.fppc.ca.gov/media/factsheets.html

LACAHSA may consider the nature and extent of any actual, potential, perceived, or apparent conflict of interest, including those discovered outside of this solicitation process, as a basis for disqualifying my application/proposal/bid, or as basis for future contract or employment termination. A conflict of interest may cause any agreement or contract to be void and of no force or effect.

I certify, represent, warrant, and agree that all real and perceived conflicts of interest, if any, have been disclosed, in writing, to LACAHSA and submitted with this STATEMENT:

I hereby affirm that (CHECK ONE):

☐ All statements and disclosures above have been read, and I have determined, based on a reasonable inquiry into all facts and circumstances, that I do not have any conflicts of interests (real or perceived) to disclose.

☐ A suspected or potential conflict of interest does exist, and additional information is attached along with a plan to address the possible conflict of interest.

I declare under penalty of perjury, under the laws of the State of California, that all statements and disclosures in this STATEMENT and responses are true and correct, with full knowledge that all disclosures and statements are subject to investigation and that any incomplete, unclear, false, or dishonest response may be grounds for rejection of my application/proposal/bid, as well as additional legal consequences.

_____

APPLICANT/PROPOSER/BIDDER NAME AND ADDRESS

_____

APPLICANT/PROPOSER/BIDDER SIGNATURE

_____

APPLICANT/PROPOSER/BIDDER CURRENT TITLE

_____

DATE OF SIGNATURE