1998/99 Welfare to Work Contracts
Additional Compliance Documents

COMPLIANCE DOCUMENT SUBMITTED	CSS FORMS & SAMPLES	AGENCY RECORDS[1]	LETTERHEAD STATEMENTS[2]
Debarment Certificate	X	N/A	N/A
Confidentiality Agreement	sample	N/A	X
Resolution Authorizing Submittal of Application	X	N/A	N/A
Certification of Compliance with Tax Regulations	X	N/A	N/A
Certificate of Lobbying	X	N/A	N/A
Current Insurance Documents Section 603 (General Liability, Crime/Loss, Property, Workers' Comp)	sample	X	N/A
Roster of Board of Directors	X	N/A	N/A
Roster of City Council	X	N/A	N/A
Minority/Participation/Ownership/Agencies/Entities Percent Minority/Women Participation	X	N/A	N/A
Drug-Free Workplace Certification	X	N/A	N/A
Revenue Disclosure	X	N/A	N/A
Cost Allocation Plan	sample	X	N/A
504 Accessibility Survey	X	N/A	N/A
Vendor's EEO Certification	X	N/A	N/A
Assurance of Compliance with the Civil Rights Act of 1964	X	N/A	N/A
Agency Grievance Procedures/Staff & Participants	N/A	X	N/A
Child Support and Principal Owner Information	X	N/A	N/A
Conflict of Interest	sample	N/A	X
Classroom Training Curricula Statement	sample	N/A	X
Charter or Articles of Incorporation	N/A	X	N/A
Joint Powers Agreement	N/A	X	N/A

Key: X = Documents to be submitted to CSS

[1]Documents to be provided from your own agency records to be submitted, not CSS documents.

[2]This is just a statement, and does not need to be directed to any CSS representative, nor is it required that it be signed by an agency representative. Document title and statement only required for [illegible] completed forms/records to be kept at agency for program reviews.

SAMPLE

✚ DEBARMENT CERTIFICATE

✚ If you have previously submitted a signed and dated 1998/99 Debarment Certificate with any 1998/99 Los Angeles County SDA executed contracts, just include a copy of this document with your submission.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

Applicant Organization _____

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' Responsibilities. The regulations were published as Part VII of the May 26, 1988, *Federal Register* (Pages 191601-19211).

(1) The prospective primary participant (i.e., grantee) certifies to the best of its knowledge and belief that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction or contract under a public transaction: violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal State, or local) with commission of any of the offenses enumerated in Paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, State, or local) terminated for cause of default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
TYPED OR PRINTED NAME OF AUTHORIZING SIGNATURE	
APPLICANT ORGANIZATION	DATE SUBMITTED

SAMPLE

✤ CONFIDENTIALITY AGREEMENT

- ✤ Agency to retain form and submit written statement only on letterhead.
- ✤ Written Assurance Statement on Agency Letterhead
  1. Contractor Acknowledgement and Confidentiality forms have been completed for applicable (agency name) staff, and are on file at (office address). These files are located in (unit/central/file name), and are available for audit or review on (days/hours).

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

GENERAL INFORMATION

Your employer, the (Employer Name), has entered into a contract with the County of Los Angeles to provide various services to the County. Therefore, we need your signature on this employee acknowledgement and confidentiality agreement.

EMPLOYEE ACKNOWLEDGEMENT

- I understand that the (Employer Name) is my sole employer for purposes of this employment.
- I rely exclusively upon the (Employer Name) for payment of salary and any and all other benefits payable to me or on my behalf during the period of this employment for work performed under the Contract.
- I understand and agree that I am not an employee of Los Angeles County for any purposes and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles during the period of this employment.
- I understand and agree that I do not have and will not acquire any rights or benefits pursuant to any agreement between my employer, the (Employer Name), and the County of Los Angeles.

_____ _____

Signature Date

CONFIDENTIALITY AGREEMENT

As an employee of the (Employer Name), you may be INVOLVED WITH WORK PERTAINING TO County services and if so, you may have access to confidential data pertaining to persons and/or other entities who receive services from the County of Los Angeles. The County of Los Angeles has a legal obligation to protect all confidential data, especially data concerning welfare recipient records. If you are to be involved in County work, the County must ensure that you, too, will protect the confidentiality of all data. Consequently, you must sign this confidentiality agreement as a condition of your work to be provided by the (Employer Name) for the County.

CONFIDENTIALITY STATEMENT

All state or county information is confidential when it identifies an individual or an employing unit. Confidential information provided to your agency by any state or county entity is protected by law, regulation, and policy. Information security is strictly enforced. If you violate these provisions, you may be subject to disciplinary, civil, and/or criminal action. Protecting confidential information is in the public interest, the state's interest, and your own personal interest.

You agree to protect the following types of information:

- Claimant information
- Applicant information
- Employer information
- Information about how automated systems operate
- How your agency safeguards its information
- Any other proprietary information

You agree to protect confidential information by:

- Accessing or modifying information only for the purpose of performing official duties.
- Never accessing information for curiosity or personal reasons.
- Never showing or discussing confidential information to or with anyone who does not have the need to know.
- Placing confidential information only in approved locations.
- Never removing confidential information from your work site without authorization.

You have a responsibility to know whether information is protected. If you have any questions reading whether particular information is confidential, check with your department's/agency's Information Security Officer.

Unauthorized access, use, modification, or disclosure of confidential information is a crime under state and federal laws, including but not limited to Section 1796.55 of the California Civil Code, Section 502 of the California Penal Code, and Section 2111 of the California UI Code. The penalties for unauthorized access, use, modification, or disclosure may include any or all of the following:

- Salary Reduction and/or demotion
- Loss of employment
- Criminal action
- Civil action

You are reminded that these guidelines are designed to protect everyone's right to privacy, including your own.

✚ RESOLUTION AUTHORIZING SUBMITTAL OF APPLICATION FOR FUNDING

NAME OF ORGANIZATION
(Address optional)

RESOLUTION
(Number optional)

A RESOLUTION OF THE (Governing body and name of organization) AUTHORIZING THE SUBMITTAL OF A PROPOSAL AND THE SIGNING OF A CONTRACT FOR PROVIDING SERVICES FOR THE WELFARE TO WORK PROGRAM.

WHEREAS, the County of Los Angeles Department of Community and Senior Services has been awarded the funds for providing services under the Balanced Budget Act of 1997, which established a new Welfare-to-Work (WtW) program under Title IV, Part A of the Social Security Act (hereinafter refered to as "WtW"); and

WHEREAS, (name of organization) wishes to apply for WtW funds for services, in order to administer said services; and

WHEREAS, it is necessary that (name of organization) approve the submittal of a proposal for WtW funds, and

WHEREAS, it is necessary that (name of organization) designate and authorize a representative to sign the contract for WtW funds on behalf of the said (governing-body).

NOW, THEREFORE, BE IT RESOLVED that the (full name of organization preceding governing body)

1. approves the submittal of a proposal and WtW funds, and

2. designates the (title of office) or, in his/her absence, the (title of office) as the authorized representative to sign the contract and all documents necessary to accompany said contract, including all amendments to said contract within the fiscal year.

APPROVED AND ADOPTED THIS (written date) day of (month), 199_.

_____ _____

_____ _____

Title Title

✚ CERTIFICATION OF COMPLIANCE WITH TAX REGULATIONS

✚ If you have previously submitted a signed and dated 1998/99 Certification of Compliance with Tax Regulations with any 1998/99 Los Angeles County SDA executed contracts, just include a copy of this document with your submission.

CERTIFICATION OF COMPLIANCE WITH TAX REGULATIONS

Contractor's Name: _____

Contractor's Address: _____

_____

_____

Federal Employer Identification No. _____

State Unemployment Insurance Account No. _____

I hereby certify that this contract has

1. Paid all Federal and State payroll taxes through the end of the calendar quarter preceding this certificate;

2. Made all tax deposits required by Federal and State laws through the month preceding the date indicated below;

3. Complied with all the rules and regulations of the Federal and State Employer Tax Guide (W-2 and W-4);

4. Complied with all payroll tax rules and regulations of the State of California.

Signed: _____
Contractor's Authorized Signature

Date: _____

✚ CERTIFICATION REGARDING LOBBYING

✚ If you have previously submitted a signed and dated 1998/99 Certification regarding Lobbying form with any 1998/99 Los Angeles County SDA executed contracts, just include a copy of this document with your submission.

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of Any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Organization State

Authorized Signature Title Date

SAMPLE

- **REQUIRED INSURANCE DOCUMENTS**
  - CERTIFICATE(S) OF INSURANCE (SECTION 603)
    - GENERAL LIABILITY, PROPERTY, CRIME/LOSS, WORKERS' COMP
    - POLICY ENDORSEMENT
      - ADDITIONAL INSURED (LIABILITY COVERAGES)
      - LOSS PAYEE (CRIME COVERAGE)

- Please ensure that the required information numbered on the sample documents (#'s: 1-4) is included on all of your agency's insurance certificates and policy endorsements.
- If policy endorsement copies are unavailable when your supplemental contract documents are submitted to CSS, please request that your insurance agent provide you with a written statement on their company letterhead, stating the date these documents were requested from the underwriter, and that copies will be forwarded to CSS upon receipt. (Sample not included) Include a copy of this statement with your submission.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 10/27/98

PRODUCER

'lank Associates Inc
icense #11122
1445 Zero Street
Los Angeles, CA 90045

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATIO ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICAT HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND O ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY A: Big Casunity Insurance Co

COMPANY B:

COMPANY C:

COMPANY D:

INSURED

Agency Name
Agency Address
Agency City, State Zip

#1

LJF

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	P11111	07/01/98	07/01/99	GENERAL AGGREGATE	$ 3,000,00
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	$ 3,000,00
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	$ 1,000,00
	X OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$ 1,000,00
					FIRE DAMAGE (Any one fire)	$ 50,0
					MED EXP (Any one person)	$ 5,0
A	AUTOMOBILE LIABILITY	P11111	07/01/98	07/01/99	COMBINED SINGLE LIMIT	$ 1,000,0
	ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS					
	SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
	X HIRED AUTOS					
	X NON-OWNED AUTOS				PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY: EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS / OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE ___ INCL ___ EXCL				EL EACH ACCIDENT	$
					EL DISEASE - POLICY LIMIT	$
					EL DISEASE - EA EMPLOYEE	$
A	OTHER Faculty Liability	PN2222	07/01/98	07/01/99	$1,000,000 aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate Holder is named as additional insured as respects their interest in connection with the named insured

#2

CERTIFICATE HOLDER

County of Los Angeles
Community & Senior Serv. Div.
WtW Contracts, Room 100
3175 West Sixth Street

#3

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIA OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTA

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: PN2222

CL-261
(11-85)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#1

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

NAME OF PERSON OR ORGANIZATION:

County of Los Angeles
Community & Senior Serv. Div.
WtW Contracts, Room 100
3175 West Sixth Street
Los Angeles, CA 90020-1708

#2

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of you operations or premises owned by or rented to you.

Named Insured:

#3

Agency Name
Agency Address
Agency City, State Zip

#4

12-7-98

DATE (MM/DD/YY)
10/27/98

ACORD CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER

Blank Associates Inc
License #11122
1445 Zero Street
Los Angeles, CA 90045

COMPANIES AFFORDING COVERAGE

COMPANY A Coverage Company

COMPANY B

COMPANY C

COMPANY D

INSURED

Agency Name
Agency Address
Agency City, State Zip

#1

LJF

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	$
	CLAIMS MADE ___ OCCUR				PERSONAL & ADV INJURY	$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS					
	SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
	HIRED AUTOS					
	NON-OWNED AUTOS				PROPERTY DAMAGE	$
					AUTO ONLY - EA ACCIDENT	$
	GARAGE LIABILITY				OTHER THAN AUTO ONLY:	
	ANY AUTO				EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE ___ EXCL / ___ INCL				EL EACH ACCIDENT	$
					EL DISEASE - POLICY LIMIT	$
					EL DISEASE - EA EMPLOYEE	$
A	OTHER Crime $1,000 deducible	CCP001789403	10/21/98	10/21/99	$75,000 emp. dishonesty	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate Holder is named as loss payee as respects their interest in connection with the Crime coverage captioned above #2

CERTIFICATE HOLDER

County of Los Angeles
Community & Senior Serv. Div.
WtW Contracts, Room 100
3175 West Sixth Street
Los Angeles, CA 90020-1708

#3

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

12/17/98

#1

Policy Number: PN111 23

Agency Name
Agency Address
Agency City, State Zip

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#2 LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

EMPLOYEE DISHONESTY BOND
DEPOSITORS' FORGERY

SCHEDULE

Prem. No.	Bldg. No.	Description of Property	Provision Applicable (*)
1-1	1	Employee Dishonesty (Fidelity Bond)	A

Loss Payee Name & Address

#3

County of Los Angeles
Community & Senior Serv. Div.
WtW Contracts, Room 100
3175 West Sixth Street
Los Angeles, CA 90020-1708

(*) A= Loss Payable
B= Lenders Loss Payable
C= Contract of Sale

A. When this endorsement is attached to the STANDARD PROPERTY POLICY CP 00 99 the term Coverage Part in this endorsement is replaced by the term Policy.

#4 12/7/98

SAMPLE

✤ ROSTER OF BOARD OF DIRECTORS

- ✤ Submit if applicable.
- ✤ Please include Gender and Ethnicity along with names.

Agency Name: ______________________

Roster of Board of Directors
Name

SAMPLE

✚ ROSTER OF CITY COUNCIL

- ✚ Submit if applicable.
- ✚ Please include Gender and Ethnicity along with names.

Agency Name: ____________________

Roster of City Council
Name

- **Minority/Participation/Ownership of Firms/Agencies/Entities**
  - **PERCENT MINORITY/WOMEN PARTICIPATION**

- Please calculate the percentage of Minority and Women Participation in your organization.
- This information is necessary for submission to the Board of Supervisors.

Minority/Participation/Ownership of Firms/Agencies/Entities
PERCENT MINORITY/WOMEN PARTICIPATION

Name of Firm, Agency, or Entity: _____

Please complete applicable areas:

OWNERSHIP Minority%/Women%	PARTNERSHIP Minority%/Women%	BOARD MEMBERS Minority%/Women%	STAFF Minority%/Women%