## ✤ VENDOR'S EEO CERTIFICATION

✤ If you have previously submitted a signed and dated 1998/99 Vendor's EEO Certification with any 1998/99 Los Angeles County SDA executed contracts, just include a copy of this document with your submission.

## ✤ ASSURANCE OF COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964

# ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

_____ (hereinafter called the "Grantee") HEREBY AGREES THAT it will Comply With Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Grantee receives federal financial assistance from the EMPLOYMENT DEVELOPMENT DEPARTMENT (hereinafter called the State), a recipient of federal financial assistance from the Employment and Training Administration through the Department of Labor; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this Agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Grantee by the Department, this assurance shall obligate the Grantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Grantee for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Grantee for the period during which the federal financial assistance is extended to it by the State.

THIS ASSURANCE Is given in consideration of and for the purpose of obtaining any and all federal grants, loans. contracts, property, discounts, or other federal financial assistance extended after the date hereof to the Grantee by the State, including installment payments after such date on account of applications for federal financial assistance which were approved before such date. The Grantee recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreement made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Grantee, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Grantee.

Signature: _____ Date: _____

Printed Name: _____

Printed Title: _____

## ✤ AGENCY GRIEVANCE PROCEDURES STAFF AND PARTICIPANTS

✤ Agency to submit their own procedures.

## ✤ CHILD SUPPORT COMPLIANCE PROGRAM CERTIFICATION
## ✤ PRINCIPAL OWNER INFORMATION

- ✤ Both of these forms are necessary for the Los Angeles County Child Support Compliance Program.
- ✤ If there is no Principal Owner, this form must still be completed.
- ✤ Please have these forms signed by the person who is signatory to the Contract.

(CSCP CERTIFICATION)

# CHILD SUPPORT COMPLIANCE PROGRAM CERTIFICATION

Los Angeles County Code Chapter 2.200 establishes the Los Angeles County Child Support Compliance Program. This Program requires the County to provide certain information to the District Attorney *concerning* its employees and business licensees. It further requires that bidders or proposers for County contracts submit certifications of Program compliance to the soliciting County department along with their bids or proposals. (In an emergency procurement, as determined by the soliciting County department, these certifications may be provided immediately following the procurement.)

IN ORDER TO COMPLY WITH THIS REQUIREMENT, COMPLETE THIS FORM AND SUBMIT IT DIRECTLY TO THE SOLICITING COUNTY DEPARTMENT ALONG WITH YOUR BID OR PROPOSAL. IN ADDITION, PROVIDE A COPY TO THE DISTRICT ATTORNEY AT THE ADDRESS OR FAX NUMBER SHOWN BELOW.

I, (print name) _____, hereby submit this certification to the (name of County department) _____ pursuant to the provisions of County Code Section 2.200.060 and hereby certify that (contractor name as shown on bid or proposal) _____ located at (contractor address) _____ is in compliance with Los Angeles County's Child Support Compliance Program and has met the following requirements:

1) Submitted a completed Principal Owner Information Form to the District Attorney Bureau of Family Support Operations;

2) Fully complied with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and will continue to comply with such reporting requirements;

3) Fully complied with all lawfully served Wage and Earnings Withholding Orders or District Attorney Notices of Wage and Earnings Assignment, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b), and will continue to comply with such Orders or Notices.

*I declare under penalty of perjury that the foregoing is true and correct.*

Executed this _____ day of _____
(Month and Year)

at: _____ _____
(City/State) (Telephone No.)

by: _____
(Signature of a principal owner, an officer, or manager responsible for submission of the bid or proposal to the County.)

Copy to: District Attorney Bureau of Family Support Operations Special Projects
P.O. Box 911009
Los Angeles, CA 90091-1009
FAX: (213) 890-9741 Telephone: (213) 889-2960 or (213) 889-2953

(POI FORM)

# PRINCIPAL OWNER INFORMATION FORM

Los Angeles County Code Chapter 2.200 establishes the Los Angeles County Child Support Compliance Program. This Program requires the County to provide certain information to the District Attorney concerning its employees and business licensees. It further requires that bidders or proposers for County contracts provide directly to the District Attorney information concerning their "Principal Owners," that is, those natural persons who own an interest of 10 percent or more in the Contractor. For each "Principal Owner," the information which must be provided to the District Attorney is: 1) the Principal Owner's name, 2) his or her title, and 3) whether or not the Contractor has made a payment of any sort to the Principal Owner.

IN ORDER TO COMPLY WITH THIS REQUIREMENT, COMPLETE THIS FORM AND SUBMIT IT DIRECTLY TO THE DISTRICT ATTORNEY AT THE ADDRESS OR FAX NUMBER SHOWN BELOW ON OR BEFORE THE DATE YOU SUBMIT A BID OR PROPOSAL TO A COUNTY DEPARTMENT. MAINTAIN DOCUMENTATION OF SUBMISSION.

In addition, bidders or proposers must certify to the soliciting County department that they are in full compliance with the Program requirements by submitting the Child Support Compliance Program Certification along with the bid or proposal.

**To:** District Attorney Bureau of Family Support Operations
Special Projects
P.O. Box 91109
Los Angeles, CA 90091-1009
FAX: (213) 890-9741 Telephone: (213) 889-2960 or (213) 889-2953

**Contractor Name as Shown on Bid or Proposal:** _____

**Contractor Address:** _____

_____

_____

**Telephone:** _____ **FAX:** _____

**County Department Receiving Bid or Proposal:** _____

**Type of Goods or Services To Be Provided:** _____

**Contract or Purchase Order No.** (if applicable): _____

**Principal Owners:** Please check appropriate box. If box I is checked, no further information is required. Please sign and date the form below.

I. [ ] No natural person owns an interest of 10 percent or more in this Contractor.
II. [ ] Required principal owner information is provided below. (Use a separate sheet if necessary.)

| | Name of Principal Owner | Title | Payment Received From Contractor | |
|---|---|---|---|---|
| 1. | _____ | _____ | [YES] | [NO] |
| 2. | _____ | _____ | [YES] | [NO] |
| 3. | _____ | _____ | [YES] | [NO] |

***I declare under penalty of perjury that the foregoing information is true and correct.***

By: _____ Date: _____
(Signature of a principal owner, an officer, or manager responsible for submission of the bid or proposal to the County.)

_____ _____
(Print Name) (Title/Position)

## SAMPLE

## ✣ CONFLICT OF INTEREST

- ✣ Agency to retain form and submit written statement only on letterhead.
- ✣ Written Assurance Statement on Agency Letterhead
  1. Conflict of Interest 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).

# EMPLOYEE CONFLICT OF INTEREST
## INSTRUCTIONS/DEFINITIONS

**INSTRUCTIONS**

**EMPLOYER**: Please print the name, address, telephone number and administrator/manager of the agency responsible for distributing, collecting, and maintaining the Employee Conflict of Interest form. Also, please have the administrator/manager sign and date the form following completion by the applicable employee. The signature certifies that the form is **AN OFFICIAL RECORD MAINTAINED IN THE AGENCY'S FILES**.

**EMPLOYEE**: Please print your name, position/title and telephone number in the appropriate section of this form. **READ, SIGN, AND DATE** the form prior to submission to the appropriate administrator/manager of your agency.

In the event there is a change in your employment status, or other circumstances which affects the certification contained in this form, **NOTIFY APPROPRIATE AGENCY STAFF IMMEDIATELY.**

**DEFINITIONS**

The following definitions shall be applicable to the terms used in this Employee Conflict of Interest Form:

**"Agency"** shall refer to the agency identified in the Employer section of this Employee Conflict of Interest form.

**"County"** shall refer to the County of Los Angeles, including any of its involved County departments, bureaus or offices.

**"WtW"** shall refer to the Welfare-to-Work program established under the Balanced Budget Act of 1997, HR 2015, Title IV, Part A of the Social Security Act.

**"WtW Contract"** shall refer to the agreement between the Agency and the County entered into pursuant to the WtW for the program year identified in the Agency certification section of this Employee conflict of interest form.

# EMPLOYEE CONFLICT OF INTEREST

**EMPLOYER**

_____
AGENCY NAME

_____
AGENCY ADDRESS

_____
ADMINISTRATOR/MANAGER

**EMPLOYEE**

_____
EMPLOYEE NAME

_____
POSITION/TITLE

_____
TELEPHONE NUMBER

**STATEMENT**

**I, _____, as an employee of the Agency, hereby certify as follows:**

I am not presently engaged in any outside employment activity which is in conflict with my duties: (1) as an employee of the Agency, and 92) as they relate to the WtW Contract.

I am not involved in an advisory or consultant service which might conflict with the interests of the Agency or County.

Except as to salary and other employee benefits derived from employment with the Agency, I do not have any financial interest in any contract, sale or transaction to which the Agency or County is a party either directly, or indirectly.

I am not involved in any outside employment or activity which is subject to review by me in my official capacity with the Agency, or by any other Agency employee.

If at any time there is a change in my employment status or other circumstance which affects the certification contained herein, I shall immediately report such change to the Agency's administrator or manager. Failure to notify the Agency of this change may result in disciplinary action, up to and including, termination from the Agency, or WtW program.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the certification contained herein and that the foregoing is true and correct.

_____ _____
EMPLOYEE SIGNATURE DATE

The forgoing Employee conflict of Interest Statements are an official record of the Agency, collected and maintained in the Agency files (located at the agency's principal office), pursuant to relevant provisions of the WtW contract for the program year 19___ - 19____.

# SAMPLE

## ✤ CLASSROOM TRAINING CURRICULA

✤ Use sample statement applicable for your agency's FY 1998/99 WtW programs

## ✤ CHARTER OR ARTICLES OF INCORPORATION

- ✤ Submit the most updated copy of this document.
- ✤ If submitted at the time your 1998/99 contracts were executed, please state that on this page.

## ✤ JOINT POWERS AGREEMENT

- ✤ If applicable, submit signed and dated copies of 1998/99 agreements for all partners.