APPENDIX A

PURCHASING REQUIRED FORMS

Exhibits

1) Declaration
2) Proposer's Organization Questionnaire/Affidavit
3) Proposer's Certification of Compliance
4) Request for Preference Consideration
5) Commercially Useful Function Certification Form
6) Community Business Enterprise (CBE) Information (Excel Worksheet)*
7) Prevailing Wage

Important: Bidders must attach a copy of a complete bid, including all required documentation and attachments, and all Exhibits from Appendix A - Purchasing Required Forms. Bids received that do not include all completed Appendix A forms may be labeled non-responsive as an incomplete submission at County's discretion.

* Bidders must submit Exhibit 6 - Community Business Enterprise (CBE) Information form in excel format.

PURCHASING REQUIRED FORMS – EXHIBIT 1

DECLARATION

INSTRUCTIONS: Bidder must complete, sign, and date this form**. Failure to sign this form may deem your offer as non-responsive.**

TO BE COMPLETED BY VENDOR	
1.	SOLICITATION #: RFB-IS-27200141
2.	DELIVERY WILL BE MADE IN 15 (NUMBER OF DAYS) AFTER RECEIPT OF ORDER.
3.	CASH DISCOUNT 0 %_____ DAYS. CASH DISCOUNT OF LESS THAN 30 DAYS OR 25th PROX. WILL BE CONSIDERED AS NET IN EVALUATING THIS BID.
4.	PROVIDE VENDOR EMAIL FOR COUNTY BID INQUIRIES AND AWARD DOCUMENTS: mike@duromaxpower.com

DECLARATION: BY SIGNING BELOW, THE REPRESENTATIVE EXECUTING THIS DECLARATION ON BEHALF OF BIDDER WARRANTS THAT HE/SHE IS AUTHORIZED TO EXECUTE THIS AGREEMENT ON BEHALF OF BIDDER AND THAT BIDDER WILL BE BOUND BY THE TERMS AND CONDITIONS CONTAINED HEREIN. THE REPRESENTATIVE ALSO DECLARES UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION SUBMITTED IN THE ENCLOSED EXHIBITS (EXHIBITS 1-5) IS TRUE AND CORRECT.

PRINT NAME:	TITLE:
Mike Hamilton	B2B Development Manager
SIGNATURE	DATE: 9/16/2026

PURCHASING REQUIRED FORMS – EXHIBIT 2

PROPOSER'S ORGANIZATION QUESTIONNAIRE/

AFFIDAVIT

PROPOSER NAME: Imperial Industrial Supply Co	**COUNTY WEBVEN NUMBER:** LA County
ADDRESS: 5798 Ontario Mills Pkwy	
TELEPHONE NUMBER: 909 592 6888	**E-MAIL:** mike@duromaxpower.com
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	**CALIFORNIA BUSINESS LICENSE NUMBER:**

1	**Select the options that best define your firm's business structure:** ☐ **Corporation** ☐ **Limited Liability Company (LLC)** ☐ **Limited Partnership** ☐ **Sole Proprietorship** ☐ **Non-Profit** ☐ **Franchise** ☐ **Other (Specify)**	**If Corporation or Limited Liability Company (LLC):** Legal Name (as stated in Articles of Incorporation): _____ State if Incorporation: _____ Year of Incorporation: _____ **If Limited Partnership or a Sole Proprietorship:** Name of proprietor or managing partner: _____ **If other:** Specify business structure name: _____
2	**Is your firm doing business under one or more DBA's?** ☑ Yes ☐ No	Name: DuroMax Power Equipment Country of Registration: _____ + Year became DBA: _____
3	**Is your firm wholly/majority owned by, or a subsidiary of another firm?** ☐ Yes ☑ No	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm: _____ State of Incorporation or registration of parent firm: _____
4	**Has your firm done business as other names within last five (5) years?** ☐ Yes ☑ No	If yes, indicate any other names and the year of name change. Name(s): _____ Year(s) of Name Change _____ +

5	**List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".**	NONE
6	**Is your firm involved in any pending acquisition or mergers?** ☐ Yes ☑ No	If yes, please provide additional information regarding the pending merger.
7	**List all names and telephone numbers of individuals legally authorized to commit the Proposer.**	Name: Mike Hamilton Title: B2B Development Manager Phone: 909 284 4464 Email: mike@duromaxpower.com

PURCHASING REQUIRED FORMS – EXHIBIT 3

CERTIFICATION OF COMPLIANCE

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed below. Proposer further declares under penalty of perjury under the laws of the State of California that information contained in the enclosed exhibits is true, complete and accurate.

	TITLE	REFERENCE	CERTIFICATIONS/EXEMPTIONS
1	PARTICIPATING MUNICIPALITIES		**Certifies Compliance?** ☐ Yes ☐ No **If No, Identify exemption:**
At County's sole discretion and option, County may inform other public agencies that they may acquire items listed in this agreement or purchase order. Such acquisition(s) must be at the prices stated herein, and must be subject to Vendor's acceptance. In no event will County be considered a dealer, remarketer, agent or other representative of Vendor. Public entity Purchase Orders complete with terms and conditions must be submitted by the public entity. Vendor authorizes County's use of Vendor's name, trademarks and Vendor provided materials in County's presentation and promotions regarding the availability of use for this agreement. County will not be liable or responsible for any obligations, including but not limited to payment for any item ordered by public entities. County makes no representation or guarantee as to any minimum to be purchased by County or public entities.			
2	PRIORITY CLAUSE (DISASTROUS EVENTS):	Unless legally prohibited, Vendor must provide priority to the County of Los Angeles for the purchase and delivery of all agreement items during disastrous events, including but not limited to earthquakes, floods, fires and acts of terrorism to ensure the County has sufficient resources needed to sustain its business functions.	**Certifies Compliance?** ☐ Yes ☐ No **If No, Identify exemption:**
3	FEDERAL UNIFORM GUIDELINE CLAUSE	Contractor/Vendor agrees to comply with all applicable provisions of Title 2, Subtitle A, Chapter II, PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS contained in Title 2 C.F.R. § 200 et seq.	**Certifies Compliance?** ☐ Yes ☐ No **If No, Identify exemption:**
4	ELECTRONIC CATALOG	Download the ELECTRONIC CATALOG file (Microsoft Excel) here http://file.lacounty.gov/SDSInter/isd/dbw/1058527_Electronic_Catalog_Format.xls	**Certifies Compliance?** ☐ Yes ☐ No
If required by the County, the awarded Vendor will submit a catalog of its entire product offering in an electronic format. The submitted electronic catalog must be in the format prescribed in the ELECTRONIC CATALOG file which may be accessed (downloaded) from the link indicated below. Such submission must be within the time frame mutually agreed upon between the County and awarded Vendor.			

	TITLE	REFERENCE	CERTIFICATIONS/EXEMPTIONS
5	CONTRACTOR'S ATTESTATION THAT IT NOR ANY OF ITS STAFF MEMBERS IS RESTRICTED, EXCLUDED OR SUSPENDED FROM PROVIDING GOODS OR SERVICES UNDER ANY FEDERAL OR STATE HEALTH CARE PROGRAM		Is Contractor/Proposer or any of its staff members currently barred from participation in any Federal or State funded health care program?**?** ☐ No, Contractor or any of its staff members is not currently barred from participation in any Federal or State funded health care program. ☐ Yes, Contractor or any of its staff members is currently barred from participation in any Federal or State funded health care program.
Contractor hereby warrants that neither it nor any of its staff members is restricted, excluded, or suspended from providing goods or services under any health care program funded by the Federal or State Government, directly or indirectly, in whole or in part, and the Contractor will notify the Buyer within thirty (30) calendar days in writing of: 1) any event that would require Contractor or a staff member's mandatory exclusion or suspension from participation in a Federal or State funded health care program; and 2) any exclusionary action taken by any agency of the Federal or State Government against Contractor or one or more staff members barring it or the staff members from participation in a Federal or State funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part. Contractor must indemnify and hold County harmless against any and all loss or damage Contractor may suffer arising from any Federal or State exclusion or suspension of Contractor or its staff members from such participation in a Federal or State funded health care program. Failure by Contractor to meet the requirements of this paragraph will constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement. Noncompliance with this policy may result in cancellation and/or termination of the award.			
6	OFF-PEAK (HOURS) - DELIVERY OF COMMODITIES (between the hours of 9:00 am and 3:30 pm)	Board Policy 3.025	**Certifies Compliance?** ☐ Yes ☐ No **If No, Identify exemption:**
Noncompliance with this policy may result in cancellation of a Purchase Order or termination of Contract and/or Agreement between the County and the awarded Vendor. Unless otherwise instructed by authorized County Department personnel, vendors will be required to confer with County Departments to schedule, as appropriate, regularly planned trips to County facilities for deliveries and/or pickup of commodities within the designated off-peak periods. County departments co-located at facilities that are serviced by the same Vendor must make every effort to coordinate off-peak deliveries and pickups between the Vendor and other County departments at the facility.			
7	SELLER'S PERMIT	SELLERS PERMIT #_____ CERTIFICATE OF REGISTRATION #_____	Unless otherwise definitely specified, prices bid must not include sales or use taxes. Bidders are required to provide their California Sellers Permit Number or their Sellers Certificate of Registration-Use Tax Number. Failure to provide the required information will prevent the County of Los Angeles from paying Sales/Use Tax to your company.
8	CERTIFICATION OF NO CONFLICT OF INTEREST	LACC 2.180	**Certifies Compliance?** ☐ Yes ☐ No
9	FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION	LACC 2.160	**Certifies Compliance?** ☐ Yes ☐ No

	TITLE	REFERENCE	CERTIFICATIONS/EXEMPTIONS
10	CERTIFICATION OF INDEPENDENT PRICE DETERMINATION AND ACKNOWLEDGEMENT OF SOLICITATION RESTRICTIONS		Proposer certifies that the prices quoted have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition. **Certifies Compliance?** ☐ Yes ☐ No **If No, Identify exemption:** Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this solicitation. Proposer understands that if it is determined by the County that the Proposer did participate as a consultant in this solicitation process, the County will reject this proposal. **Certifies Compliance?** ☐ Yes ☐ No **If No, Identify exemption:**
11	ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING CERTIFICATION	Motion	**Certifies Compliance?** ☐ Yes ☐ No
12	ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS	Board Policy 5.050	**Has proven record of GAIN/GROW hiring?** ☐ Yes (subject to verification) ☐No **Willing to provide GAIN/GROW participants access to employee-mentoring program?** ☐ Yes ☐No ☐N/A-program not available
13	CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM	LACC 2.206	**Certifies Compliance?** ☐ Yes ☐ No **If No, Identify exemption:**
14	CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM & APPLICATION FOR EXCEPTION	LACC 2.203	**Certifies Compliance?** ☐ Yes ☐No **If No, Identify exemption:** ☐ My business does not meet the definition of "contractor," as defined in the Program ☐ My business is a small business as defined in the Program. ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

PURCHASING REQUIRED FORMS – EXHIBIT 4

REQUEST FOR PREFERENCE CONSIDERATION

INSTRUCTIONS: Proposers requesting preference consideration must complete and include this form in their proposal. Proposers may request consideration for one or more preference programs. **In order to qualify for a preference, firm must be certified by the County of Los Angeles Department of Consumer and Business Affairs (DCBA). Please reference your Certification Letter issued by DCBA to determine Federal/Non-Federal preference eligibility.**

☐ PREFERENCE NOT REQUESTED

OR

☐ PREFERENCE REQUESTED (SELECT ALL THAT APPLY)		
Preference Program		**Reference**
☐	Request for Local Small Business Enterprise (LSBE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.204
☐	Request for Social Enterprise (SE) Program Preference ☐ Certification for Non-Federally Funded County Solicitations ☐ Certification for Federally Funded County Solicitations	LACC 2.205
☐	Request for Disabled Veterans Business Enterprise (DVBE) Program Preference	LACC 2.211

Note: In no instance will any of the listed preference programs price or scoring be combined with any other County program to exceed fifteen percent (15%) in response to any county solicitation.

PURCHASING REQUIRED FORMS – EXHIBIT 5

County of Los Angeles
COMMERCIALLY USEFUL FUNCTION CERTIFICATION FORM

INSTRUCTIONS: A Certified Local Small Business (LSBE) requesting a Local Small Business Enterprise preference must complete and return this form with their bid/proposal for proper consideration. This form is required for any certified Local Small Business Enterprise prime that will perform an element of work. (Chapter 2.204 -REV 2018)

VENDOR CONFLICT OF INTEREST: Vendor must comply with all conflict of interest laws, ordinances and regulations now in effect or hereafter to be enacted during the term of this Purchase Order/Contract. Vendor warrants that it is not aware of any facts which create a conflict of interest. If Vendor hereafter becomes aware of any facts which might reasonably be expected to create a conflict of interest, it must immediately make full written disclosure of such facts to County. Full written disclosure must include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances.

1. BUSINESS INFORMATION (Business submitting bid/proposal)

COMPANY NAME:	VENDOR NUMBER:	PERCENTAGE OF WORK:
		%

2. COMMERCIALLY USEFUL FUNCTIONS (CUF)

A Local Small Business Enterprise is deemed to perform a commercially useful function if the business does **all** the following:

1. It is responsible for the execution of a distinct element of the work of the contract.
2. It carries out its contractual obligation by performing, managing, or supervising the work involved.
3. It performs work that is normal for its business services and functions.
4. It is responsible, with respect to products, inventories, materials, and supplies required for the contract, for negotiating price, determining quality and quantity, ordering, installing, if applicable, and making payment.
5. It is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.

An LSBE will not be considered to perform a commercially useful function if the contractor's, subcontractor's, or supplier's role is limited to that of an external participant in a transaction, contract, or project through which funds are passed to obtain the appearance of a LSBE.

Please answer the following questions, as they apply to your company for the goods and/or services being solicited. A response of "No" in questions 1-3 or a response of "Yes" in questions 4-5 may result in your bid/proposal not receiving a preference.

1.	If awarded a contract, will your business be responsible for the execution of a distinct element of the resulting work?	☐ Yes	☑ No
2.	If awarded a contract, will your business carry out the obligation of the contract by performing, managing, or supervising the work involved?	☐ Yes	☑ No
3.	If awarded a contract, will you perform work that is normal for your business, service and functions?	☐ Yes	☑ No
4.	If awarded a contract, will your business subcontract a portion of the work greater than would be expected by normal industry practices?	☐ Yes	☑ No
5.	If awarded a contract, will your business role be limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of small Business participation?	☐ Yes	☑ No

3. WRITTEN STATEMENT

In this section, provide a written statement detailing the services, products, or elements of the contract you will fulfill to meet the commercially useful function requirement. Prior to award, the County reserves the right to request clarification of this form. You may attach additional sheets if more space is needed.

The signer of this certification must be the business owner or authorized representative in the case of a corporation, limited liability company, or other business entity and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE:	**TITLE:**
PRINTED NAME:	**DATE:**

FOR INTERNAL USE ONLY

COUNTY EMPLOYEE CONFLICT OF INTEREST: No County employee, whose position with the County enables such employee to influence the award of the Purchase Order/Contract, and no spouse or economic dependent of such employee, will be employed in any capacity by Vendor, or have any other direct or indirect financial interest in this Purchase Order/Contract. No officer or employee of Vendor, who may financially benefit from the award of this Purchase Order/Contract will in any way participate in the County's approval or ongoing evaluation of this Purchase Order/Contract.

Did the business fill out this form completely?	**YES** ☐	**NO** ☐
Based on the information provided on this form by the business will the business perform a Commercially Useful Function?	**YES** ☐	**NO** ☐

Procurement Officer Name:	**Title:**	**Department:**
Signature:	**Date:**	

Solicitation No.

PURCHASING REQUIRED FORMS – EXHIBIT 7

☐ **Check if not applicable**

A. Prevailing Wages

Vendor, its agents, and employees will be bound by and must comply with all applicable provisions of the California Labor Code as well as all other applicable Federal, State, and local laws related to labor including compliance with prevailing wage laws. The services provided in an awarded contract may consist of both prevailing wage and non-prevailing wage work. Prevailing wage work constitutes "public works" as defined in the Labor Code, and is therefore subject to payment of prevailing wages, compliance monitoring and enforcement by the Department of Industrial Relations (DIR).

Vendor must comply with the provisions of Section 1775 of the Labor Code relating to the payment of prevailing wages, including the assessment of penalties determined by the California Labor Commissioner. The Director of the DIR has established the general prevailing rate of per diem wages for each craft, classification, type of worker, or mechanic needed to execute public works and improvements. The current general prevailing wage rates are on file with the DIR and available at https://www.dir.ca.gov/OPRL/DPreWageDetermination.htm. Vendor is required to pay its agents and employees the applicable, current prevailing wage rate, is responsible for selecting the classification of workers required to perform this service and will indemnify the County for any claims resulting from their failure to so comply. Vendor must comply with Section 1777.5 of the Labor Code, with respect to the employment of apprentices.

B. Work Records

Vendor must comply with the requirements of Section 1812 of the Labor Code. Vendor must maintain an accurate written record of all employees working on the project each calendar day. The record must include each employee's name, Social Security number, job classification, and the actual number of hours worked.

C. Posting of Prevailing Wage Rates

Vendor must comply with the provisions of Section 1773.2 of the Labor Code. Vendor must post a copy of the prevailing wage rates at the worksite and comply with applicable law including posting of jobsite notices required by 8 Calif. Code Reg. §16451(d):

"This public works project is subject to monitoring and investigative activities by the Compliance Monitoring Unit (CMU) of the Division of Labor Standards Enforcement, Department of Industrial Relations, State of California. This Notice is intended to provide information to all workers employed in the execution of the Contract for public work and to all Vendors and other persons having access to the jobsite to enable the CMU to ensure compliance with and enforcement of prevailing wage laws on public works projects.

The prevailing wage laws require that all workers be paid at least the minimum hourly wage as determined by the Director of Industrial Relations for the specific classification (or type of work) performed by workers on the project. These rates are listed on a separate jobsite posting of minimum prevailing rates required to be maintained by the public entity which awarded the public works Contract. Complaints concerning nonpayment of the required minimum wage rates to workers on this project may be filed with the CMU at any office of the Division of Labor Standards Enforcement (DLSE).

Local Office Telephone Number:
Division of Labor Standards Enforcement Office
320 W. Fourth Street, Suite 450
Los Angeles, CA 90013
(213) 620-6330

Complaints should be filed in writing immediately upon discovery of any violations of the prevailing wage laws due to the short period of time following the completion of the project that the CMU may take legal action against those responsible.

Complaints should contain details about the violations alleged (for example, wrong rate paid, not all hours paid, overtime rate not paid for hours worked in excess of 8 hours per day or 40 hours per week, etc.) as well as the name of the employer, the public entity which awarded the public works Contract, and the location and name of the project.

For general information concerning the prevailing wage laws and how to file a complaint concerning any violation of these prevailing wage laws, you may contact any DLSE office. Complaint forms are also available at the Department of Industrial Relations website found at https://www.dir.ca.gov/dlse/howtofilepwcomplaint.htm"

D. Certified Payroll Records

Vendor must comply with the requirements of Section 1776 of the Labor Code. Vendor and Subcontractors, if any, must furnish certified payroll records directly to the Labor Commissioner (a.k.a. Division of Labor Standards Enforcement) in a format prescribed by the Labor Commission.

E. Subcontractor

Subcontractors, if any, must comply with all prevailing wage requirements as provided in this Section.

F. Contractor Registration

Proposer and its subcontractor(s), if any, must submit proof of a valid and active State of California Department of Industrial Relations Public Works Contractor Registration pursuant to Labor Code 1725.5. Pending registrations will not be accepted.

☐ **Yes. Proposer and its Subcontractor(s) if any, does meet the registration requirement stated above.** *(Complete the chart below. Use additional sheet if necessary.)*

Registration Name	**Registration Number**	**Valid/Active Dates** (Mo./Year to Mo./Year)	**Subcontractor?** (If yes, please provide name of Subcontractor on the line provided.)
		From: _____ To: _____	☐ Yes ☐ No _____
		From: _____ To: _____	☐ Yes ☐ No _____
		From: _____ To: _____	☐ Yes ☐ No _____
		From: _____ To: _____	☐ Yes ☐ No _____
		From: _____ To: _____	☐ Yes ☐ No _____

☐ **No. Proposer and its Subcontractor(s) if any, does not meet the registration requirement as stated above.** *Checking this box will render your proposal nonresponsive and subject to disqualification.*

Solicitation No.

G. Prevailing Wage Rate Classification

Vendor is required to pay its agents and employees the applicable, current prevailing wage rate and is responsible for selecting the classification of workers required to perform this service. *(Complete the chart below. Use additional sheet if necessary.)*

Craft	Classification of Worker	Determination	Issue Date

Proposer declares under penalty of perjury that the information stated above is true and accurate. Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected at the sole discretion of the County.

Proposer:	
Authorized Representative (PRINT):	Title:
Signature:	Date: