

**ON-CALL PROFESSIONAL SERVICES
SUPPLEMENTAL QUESTIONNAIRE**

CITY OF COMMERCE CITY HALL
2535 Commerce Way
Commerce, CA 90040

Applicants and/or existing on-call consultants shall provide the information requested herein below, with the ~~notarized~~ certification requested at the end of this document, to the City of Commerce ("City"). **Failure to fully and accurately provide the requested notarized certification or information to the City may result in a determination that the applicant and/or existing on-call consultant is not responsible, nonresponsive and/or that their application is incomplete.**

I. Criminal Conviction(s):

For the five (5) years preceding the date of when this document is submitted to the City, identify on attached page(s) any criminal conviction in any jurisdiction of the United States for a violation of law arising out of the performance of a contract (1) by the applicant and/or existing on-call consultant submitting this supplemental information to the City, including any person who is an officer of, or in a management position with, or has an ownership interest in the entity which is submitting this supplemental information on behalf of the applicant and/or existing on-call consultant, or (2) by the person(s) performing the work described in the original, or subsequent Bid/Proposal/statement of Qualifications, including any such person when they were an officer, manager, owner, or responsible managing employee of any other consulting company other than the applicant and/or existing on-call consultant submitting this supplemental questionnaire to the City.

Provide on an attached page, and label "Criminal Convictions Information":

- (1) The date of conviction;
- (2) The name and court case identification number;
- (3) The identity of the law violated;
- (4) The identity of the prosecuting agency;
- (5) The contract or project involved;
- (6) The punishment imposed; and
- (7) Any exculpatory information of which the City should be aware.

II. Non-Collusion Declaration:

I am the party submitting a proposal for the award of an On-Call Professional Services Agreement, and/or that submitted a Statement of Qualifications to provide said services, for the City. I hereby declare, on behalf of LOST WEST, and each and every person who is an officer of, or in a management position with, or has an ownership interest in the entity, which is submitting this supplemental information on behalf of the applicant and/or existing on-call consultant, that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the proposer has not directly or indirectly induced or solicited any other proposer to put in a false or sham proposal, and has not directly or

indirectly colluded, conspired, connived, or agreed with any proposer or anyone else to put in a sham proposal, or that anyone shall refrain from proposing; that the proposer has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the terms of the proposal, including the amount to paid to the City in the form of consulting fees, permit fees and other forms of compensation, or to fix any overhead, profit or cost element of the proposal, or of that of any other proposer, or to secure any advantage against the public body awarding the agreement to anyone interested in being awarded professional services agreements; that all statements contained in the proposal/statement of qualifications are true; and, further, that the proposer has not, directly or indirectly, submitted its proposal/statement of qualifications or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company, association, organization or to any member or agent thereof to effectuate a collusive or sham proposal.

I further declare, on behalf of LOST WEST, and each and every person who is an officer of, or in a management position with, or has an ownership interest in the entity, which is submitting this supplemental information on behalf of the applicant and/or existing on-call consultant, that we have individually, and as an organization, not been subject of an open, pending or past civil or criminal investigation for the actions discussed herein; and/or that we have not been sued civilly or prosecuted criminally for the actions discussed herein.

III. Civil Litigation History:

For the five (5) preceding years preceding the date of when this document is submitted to the City, identify on attached page(s) any civil litigation arising out of the performance of a professional services/on-call-consulting contract within the State of California in which any of the following was a named plaintiff or defendant in a lawsuit brought by or against the entity soliciting Bid/Proposal/Statement of Qualifications: the applicant submitting the instant Bid/Proposal/Statement of Qualifications, including any person who is an officer of, or in a managing position with, or has an ownership interest in the entity submitting the Bid/Proposal/Statement of Qualifications. Do not include litigation which is limited solely to enforcement of mechanics' liens or stop notices. Provide on an attached page(s) labeled "Civil Litigation History Information:"

- (1) The name and court case identification number of each case,
- (2) The jurisdiction in which it was filed; and
- (3) The outcome of the litigation, e.g., whether the case is pending, a judgment was entered, a settlement was reached, or the case was dismissed.

IV. False Claims:

"False Claims Act", as used herein, is defined as either or both the Federal False Claims Act, 31 U.S.C. Sections 3729 et seq., and the California False Claims Act, Government Code Sections 12650 et seq. In submitting a Bid/Proposal/Statement of Qualifications to the City of I, hereby certify that neither the applicant nor any person who is an officer of, in a managing position with, or has an ownership interest in the applicant has been determined by a court or tribunal of competent jurisdiction to have violated the False Claims Act as defined above.


If there has been a determination that the applicant, or any individual associated with the

applicant as discussed herein, has violated the False Claim Act, in attached page(s), label "False Claim Act Information", the following:

- (1) Date of determination of violations;
- (2) Identity of tribunal or court and case name or number;
- (3) Government contract or project involved;
- (4) Government agency involved (local, state and/or federal);
- (5) Amount of fine(s) imposed; and
- (6) Any exculpatory information.

Declaration: I declare under penalty of perjury that the above information, and any information attached and incorporated herein, is true and correct.

Executed this 14TH day of SEPTEMBER at CARLSBAD, CO.
(month and year) (city and state)

by  PRESIDENT
(signature of owner, officer, manager, or licensee responsible for submission of
Bid/Proposal/Statement of Qualifications)

[NOTARY ACKNOWLEDGEMENT TO FOLLOW]

See Attached Acknowledgment

STATE OF CALIFORNIA)
)
SS: COUNTY OF LOS)
ANGELES)

Subscribed and sworn to (or affirmed) before me this____day of_____, 20_____.

In witness whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL OF NOTARY)

(Signature of Notary)

(Typed Name of Notary)

END OF DOCUMENT

See Attached Acknowledgment

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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.

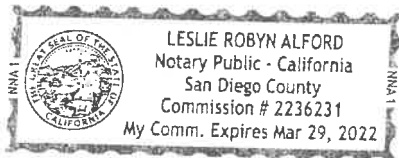
State of California

County of San Diego)On September 14 2018 before me, Leslie Robyn Alford notary public
Date Here Insert Name and Title of the Officerpersonally appeared Robert V Mekjian
Name(s) of Signer(s)

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

Leslie R Alford
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____