



**Heluna Health**

**Request for Qualifications  
for**

**Mobile Vaccination Services**

Proposal Deadline: Applications accepted on a rolling basis until a sufficient quantity of candidates are selected

Public Health Foundation Enterprises, Inc. dba  
Heluna Health  
On behalf of  
County of Los Angeles, Department of Public Health  
Mobile Vaccine Team

HELUNA HEALTH  
13300 Crossroads Parkway, North Suite 450  
City of Industry, CA 91746  
[www.HelunaHealth.org](http://www.HelunaHealth.org)



**Request for Qualifications – Los Angeles County Mobile Vaccinations**

**KEY DATES SCHEDULE**

PROPOSAL SUBMITTAL DEADLINE .....\***May 26th**, 2023 by 5:00 PM PST  
NOTIFICATION OF SELECTED CONTRACTOR BY .....\***May 29th**, 2023

**\*\*Proposals will be reviewed and approved on a rolling basis – early submission is highly recommended. Heluna Health may extend this deadline at its sole discretion.**

**SUBMISSION INSTRUCTIONS FOR PROPOSAL**

Electronic Submissions ONLY Including Application Narrative and Budget.

**Send to:** LACCOVID.invoices@helunahealth.org

**Subject Line:** Entity Name - RFQ for LAC DPH Mobile Vaccine Program

**ANTICIPATED TERM OF SERVICE/AFTER-ACTION PROJECT**

Anticipated project term is from May 1<sup>st</sup>, 2023 to June 30<sup>th</sup>, 2024. Any extensions to your agreement will be made via an amendment to the agreement based upon LAC DPH’s discretion and are subject to the availability of funding.

**NOTICE: ALL QUESTIONS RELATED TO THIS RFP ARE TO BE DIRECTED TO Charles Witwer via E-MAIL, subject line “LAC Mobile Vax – RFQ Question – Provider name” at LACCOVID.invoices@helunahealth.org----- no later than April 30<sup>th</sup>, 2023 by 5:00 PM PST. Questions will only be accepted via email. NO PHONE CALLS PLEASE**

Once the Contractor’s application has been reviewed and approved, HELUNA HEALTH will draft and send a contract encompassing required activities and approved funding.

Additional documents may be required to establish the contractual agreement.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COVID-19 VACCINATION SITES-MOBILE VACCINE VISITS AND SPECIAL VACCINE  
CLINICS**



**Purpose, Goals and Objectives:**

**Purpose:**

To provide supplemental funding to service providers conducting mobile vaccination clinics for COVID-19 (and other vaccines as deemed applicable by DPH).

**Goals and Objectives:**

County seeks to increase COVID-19 vaccination capacity, to ensure high-quality safe administration and equitable distribution of COVID-19 vaccines across (throughout) Los Angeles County within the jurisdiction of Public Health, especially among high-risk and underserved populations.

**Scope of Work and Budget:**

**Service Overview:**

The contractor agrees to provide HELUNA HEALTH/ County of Los Angeles Department of Public Health the services described herein.

Term of Service is May 1<sup>st</sup>, 2023 to June 30<sup>th</sup>, 2024. Any renewals or extensions to agreements will be made at the sole discretion of DPH/Heluna Health and will be subject to the availability of funding.

**Services to be Performed:**

**SPECIFIC SERVICES TO BE PROVIDED**

Heluna Health will work directly with qualified Vendors in consultation with DPH to assure mobile vaccination clinics and Special Vaccine Clinic (SVC) events receive payment for services rendered. This will be done through the following:

1. Heluna Health will distribute funding to Vendor through a work order agreement to support mobile vaccination visits at mobile vaccination sites



## Heluna Health

2. Vendor will develop and implement mobile vaccination programs to prioritize California Healthy Places Index (HPI) regions and neighborhoods. Vendor will coordinate and implement mobile vaccinations with vaccination site/facilities approved by DPH.
3. Vendor will work directly with DPH to ensure mobile vaccination data and other performance metrics are tracked.
4. Vendor will provide Heluna Health monthly progress reports to support work order completion for supplemental funding, which will be reviewed and approved by DPH
5. Vendor will coordinate and implement SVC events with vaccination site/facilities approved by DPH, as an SVC. A clinic that requires additional accommodations from the subcontractor, in order to administer vaccinations to address immediate vaccine access. DPH shall determine and approve what is deemed as a qualifying additional accommodation for the additional funding, associated with SVC.

DPH will routinely monitor Heluna Health and Vendor's progress in all elements of the project through routine reports and meetings. Heluna Health will also be required to report monthly on Vendor's progress to DPH.

### **Service Location:**

Mobile vaccination services must be rendered only in Los Angeles County to be eligible for supplemental funding from Heluna Health (excluding Pasadena and Long Beach).

### **Budget:**

Heluna will pay up to \$1,000 per day for Mobile Vaccine Clinics per unique location and up to \$2,000 for Special Vaccine Clinics (SVC):

- Mobile Vaccine Clinics must be operational for a minimum of 1.5 hours at a distinct location. Any request for an exception must receive prior approval from Public Health.
- Special Vaccine Clinics must meet the same conditions as a Mobile Vaccine Clinic while meeting one of the following criteria:
  - 1) Vendor administers more than 100 doses of COVID 19 or flu vaccines
  - 2) Vendor receives prior approval from Heluna and DPH to hold an SVC in order to meet an urgent and vital Public Health need

Contractors may offer a discount on this maximum rate in the interest of increasing the competitiveness of their application.

### **Reporting:**



## Heluna Health

Vendor will submit the Invoice Template and Site Tracking Sheet within 30 days of month via email to [LACCOVID.invoices@helunahealth.org](mailto:LACCOVID.invoices@helunahealth.org). To complete the Site Tracking Sheet, please list each Mobile or POD site's Name/Location, Address, and Date on its own line within the appropriate table. The number of sites counted on this page will be reflected as the quantity on your invoice template. Please submit a copy of both the completed excel template and a signed PDF version.

- Mobile Vaccination Visits will be paid \$1,000 per site visit and must list 1035.0201 as the respective project number.
- SVC sites will be paid \$2,000 per day and must list 1035.0101 as the respective project number.

**FINAL COST REPORT:** This is a Cost Reimbursement invoice based on Fee for Service activities. In the event that actual allowable and documented cost for a unit of service are less than fee-for-service rate(s) set out in the budget(s), the vendor shall be reimbursed for its actual allowable and documented costs only. A final annual cost report (see Attachment C) at the end of the year is required. Please submit a copy of both the completed excel template and a signed PDF.

### **Proposal Guidelines**

All proposers must follow the proposal requirements and provide the following as part of their proposal:

- 12 pt. Font, Times New Roman.
- Double-spaced.
- All documents submitted as PDFs.
- Each section must contain a separate header.

### **Title Page/Cover Letter**

**Maximum of 1 page in length.**

Include you or your company's name, address, web site, telephone number, and primary contact person with e-mail, direct line and mobile phone numbers.



The title page will be considered a cover letter, and should be signed by an agent, owner or authorized officer of your company.

### Documents to Include with Application

- Completed and signed W9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Certificate of insurance:  
Insurance Coverage Requirements (see Attachment D):
  - Commercial General Liability
    - General Aggregate: \$2 Million
      - “Heluna Health” and “Los Angeles County and its Agents” must be added as additional insured and the full Additional Insured Endorsement form must be provided. **Listing an entity as additionally insured in the description of operations section of the COI is insufficient evidence of additionally insured status.**
    - Products/Completed Operations Aggregate: \$1 Million
    - Personal and Advertising Injury: \$1 Million
    - Each Occurrence: \$1 Million
  - Automobile Liability: \$1 Million per accident
  - Workers Compensation and Employers’ Liability: \$1 Million per accident
  - Professional Liability/Errors and Omissions: \$1 Million per claim and \$3 Million aggregate
  - Sexual Misconduct Liability: \$2 Million per claim and \$2 million Aggregate
    - Vendors who are a small business may apply for a partial exemption to this requirement (reducing requirements to \$1 million/\$1 million). All such requests should be made to Heluna using the form attached to this RFQ [Attachment G])
- State Business License number
- MyCAVax Proof of registration and active status
- Vendor Self-Assessment form (Attachment B)
- Budget (Attachment C)
- Scope (Attachment A and E– please provide a signed statement verifying that you agree to the terms of the scope provided)
- COVID-19 Certificate of Compliance (Attachment F)



Heluna Health

## **ATTACHMENT A: Statement of Work (SOW) and Invoice**

### Statement of Work

#### **COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH COVID-19 - MOBILE VACCINE VISITS STATEMENT OF WORK**

### **1.0 INTRODUCTION**

The County of Los Angeles (County) Department of Public Health (Public Health) is responsible to provide COVID-19 vaccine and other vaccine access throughout the Los Angeles County (LAC) within the jurisdiction of Public Health, which excludes cities of Long Beach & Pasadena which have their own respective health departments.

COVID-19 has had a vastly disproportional impact on communities of color, and that disproportionate impact demands intentional effort for equitable distribution of the vaccine. As the County's Vaccine Equity Committee stated, "Disparities in mortality among Blacks, Latinx, Asian Americans, Native Hawaiians and Pacific Islanders, and Native Americans and those who live in poverty highlight the dire need for an immediate and persistent response from Public Health to develop, implement, and continuously assess strategies to equitably allocate, administer, and surveil vaccination against COVID-19 in LAC." (COVID-19 Vaccine Equity Committee Assessment and Recommendations Feb 2021 pg 4).

Public Health remains committed to equity as a core tenet of the distribution of vaccine mission. We have made significant strides in decreasing the disparity in vaccine uptake over the past few months and have led the state in meeting equity metrics measuring California's progress. Additionally, the County continues to expand access to vaccination opportunities through mobile vaccination efforts, federally qualified health centers, and pharmacies and increase investments in community-based organizations (CBOs) to provide outreach, engagement, and navigation support in communities most impacted by COVID-19.

Despite California opening vaccine eligibility to all residents 6 months old and over, we have seen a decline in vaccination uptake. As the State has reopened, our strongest defense against a resurgence of COVID-19 and the proliferation of resistant variants of SARS-COV-2 is to fully vaccinate as many people as possible. Since February, Public Health has been partnering with private partners, laboratories and ambulance companies to provide vaccinations at senior residential developments, senior centers, places of worship, parks, grocery stores and multiple other locations in communities hardest hit by COVID-19. Mobile vaccination partners work closely with the community partners to promote and conduct outreach and schedule events, that meet the intended participants' logistical, cultural, and linguistic needs. At the height of the pandemic, when vaccines were first made available, our mobile vaccination partners were able to ensure an adequate number of vaccinees to recoup administrative and staffing costs. However, due to multiple factors, including number of people already vaccinated and vaccine hesitancy, declining vaccination rates have made it difficult for our partners to cover administrative and staffing costs. Although mobile vaccination sites will yield lower vaccination numbers than in previous months, they remain a critical access point for communities of color, particularly Black and Latinx populations which are less likely to have a primary care provider.



The American Rescue Plan (ARP) Act was signed into U.S. law by the President of the United States and the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) were established. The SLFRF are intended to respond to the public health emergency with respect to COVID-19.

County seeks to increase COVID-19 vaccination capacity, to ensure high-quality safe administration and equitable distribution of COVID-19 vaccines across (throughout) Los Angeles County within the jurisdiction of Public Health, especially among high-risk and underserved populations.

## **2.0 OVERVIEW OF NEEDS OF SERVICES**

The purpose of this contract is to state the terms of the agreement between Heluna and Vendor Name to support and expand COVID-19 vaccination and/or other vaccinations for vulnerable populations by providing supplemental funding to keep mobile vaccination sites open in critical areas in LAC including communities of color, particularly Black and Latinx populations.

Heluna wishes to engage Vendor Name to provide mobile vaccinations that are necessary to ensure equitable distribution and safe administration of high-quality COVID-19 and other vaccines throughout Los Angeles County, especially among high-risk and underserved populations and neighborhoods.

## **3.0 SPECIFIC SERVICES TO BE PROVIDED**

Heluna will work directly with Vendor Name who has been identified and approved by Public Health to assure mobile vaccination clinics and Special Vaccine Clinic (SVC) events receive payment for services rendered. This will be done through the following:

1. Heluna will provide supplemental funding to Vendor Name to support mobile vaccination visits at mobile vaccination sites
2. Develop and implement mobile vaccination programs to prioritize California Healthy Places Index (HPI) regions and neighborhoods.
3. Vendor Name will coordinate and implement mobile vaccinations with vaccination site/facilities approved by Public Health
4. Vendor Name will work directly with Public Health to ensure mobile vaccination data and other performance metrics are tracked
5. Vendor Name will coordinate and implement SVC events with vaccination site/facilities approved by Public Health, as a SVC. A clinic that requires additional accommodations from the subcontractor, in order to administer vaccinations to address immediate vaccine access. Public Health shall determine and approve what is deemed as a qualifying additional accommodation for the additional funding, associated with SVC.

Public Health will routinely monitor Heluna and Vendor Name's progress in all elements of the project through routine reports and meetings. Heluna will also be required to report monthly on Vendor Name's programmatic progress to Public Health.

## **4.0 RESPONSIBILITIES**

Heluna and Vendor Name's responsibilities are as follows in addition to those specified in Section 3 above:

## **4.1 Heluna Responsibilities**

Heluna is required to ensure that the Vendor is using Program Funds in compliance with current or subsequent United States Treasury (U.S. Treasury) guidelines and instructions, Coronavirus State and Local Fiscal Recovery Funds (SLFRP-0137) – as well as any other applicable laws or regulations... Responsibilities of Subcontractors must include, but are not limited to:

- 4.1.1 Oversee the disbursement of Program Funds to Vendor Name and conduct fiscal and administrative monitoring of Vendor Name. Submit copies of all requested reporting (i.e monthly progress report) to Public Health for review and approval. Ensure clear communication to Vendor Name regarding reporting requirements and timelines. Provide regular updates to Public Health regarding Subcontractor's use of funds and challenges.
- 4.1.2 Develop tracking tools for documenting number of mobile vaccination site visits provided by Vendor Name.
- 4.1.3 Provide semi-annual assessment report to County to Justify allocation of funds to Vendor Name
- 4.1.4 Elicit and synthesize recommendations and lessons learned from Vendor Name, including opportunities for coordination, collaboration, and learning regarding implementation and delivering vaccinations.
- 4.1.5 Compile monthly progress reports and semi-annual assessment reporting and invoices for submission to Public Health.

## **4.2 Vendor Name Mobile Vaccine and Special Vaccine Clinic (SVC) Responsibilities**

- 4.2.1 Administer vaccines to individuals at sites/facilities throughout LAC as instructed by Public Health. Mobile vaccine events must be within the jurisdiction of Public Health and located at an address other than subcontractor's place of business. Public Health jurisdiction includes all of Los Angeles County, excluding the City of Pasadena and City of Long Beach.
- 4.2.2 Recover costs for vaccinations by billing health insurance plans or seeking reimbursement from Federal sources of funding for uninsured persons; Public Health, facilities and/or vaccine recipients will not receive a bill for the balance of any unreimbursed cost. Public Health will provide supplemental funding of \$1000 per mobile vaccination visit or supplemental funding of \$2000 per SVC event. Supplemental funding is to support and expand COVID-19 vaccination for vulnerable populations. Supplemental funding must only be used to support direct costs associated with hosting a vaccination event. Direct costs include but may not be limited to staffing, travel and mileage, technical equipment and maintenance, vaccine storage and handling, personal protective equipment, medical emergency preparedness supplies, furniture, and other approved costs by Public Health. Indirect costs are not allowed. Vaccination event classifications will be determined by Public Health.

- 4.2.3 Vendor Name is prohibited from receiving other federal funds for direct costs associated with mobile clinic services rendered and paid with this agreement.
- 4.2.4 Vendor Name is required to demonstrate supplemental funds are used to support direct costs associated with hosting a vaccination event through annual cost reporting.
- 4.2.5 Receive approval from Public Health for SVC event designation prior to scheduling vaccination event. Mobile vaccine events must be within the jurisdiction of Public Health and located at an address other than Subcontractor's place of business, if the place of business provides clinical services.
- 4.2.6 Coordinate with designated contact per vaccination site/facility on best time to provide vaccination clinic, type of COVID-19 vaccine, number of COVID-19 vaccines requested, logistical needs (tables, chairs, tents, etc.).
- 4.2.7 For mobile vaccination requests directly from Public Health, Subcontractor should initiate contact and schedule with designated contact according to the following:
- **Urgent Priority:** Initial contact/scheduling attempt should be made within 1 business day of receiving the request. Public Health will communicate with Subcontractor if a request requires an earlier contact attempt.
  - **High Priority:** Initial contact/scheduling attempt should be made within 3 business days
  - **Low Priority:** Initial contact/scheduling attempt should be made within 5 business days
- 4.2.8 Vendor Name shall ensure all personnel assigned to settings subject to the CDPH Order and/or any local health order regarding mandatory vaccinations shall be fully vaccinated against COVID-19 and/or compliant with the Order(s), and obtain proper authorization/security clearance for its personnel from the County department(s) responsible for each mobile vaccination or SVC event.
- 4.2.9 Vendor Name shall adhere to Public Health Mobile Vaccine Setting Guidelines and Best Practices (Attachment H) as part of mutual risk mitigation efforts.
- 4.2.10 Maintain communication with designated contact per vaccination site/facility to ensure any modifications leading up to vaccination event are captured.
- 4.2.11 Maintain communication with designated contact per vaccination site/facility to schedule and confirm any necessary subsequent mobile vaccine visits or appointments at another vaccination site to complete vaccination series.
- 4.2.12 Employ software platforms assigned to Vendor Name by Public Health (i.e., MyTurn) for scheduling events and managing patient information in

accordance with all medical privacy laws.

- 4.2.13 Support directed outreach, pre-register, and schedule appointments for vaccine recipients at mobile or SVC vaccination sites.
- 4.2.14 Work with Public Health to develop a model for COVID-19 vaccinations at mobile and/or SVC event vaccination sites as needed.
- 4.2.15 Vendor Name's communication and outreach team will work with Public Health to align messaging and communication efforts.
- 4.2.16 Assist Public Health with ensuring that data and other performance metrics are timely tracked using templates provided by Public Health, which is to include but not be limited to:

#### Mobile Vaccinations Data Tracking

1. Number of vaccines administered
2. Manufacturer of vaccine(s) used
3. As applicable, provide number of vaccines administered by dose series (i.e. number of 1<sup>st</sup>, 2<sup>nd</sup>, booster inoculations etc.)
4. Vaccination Event Locations with scheduled dates and times
5. Sites referred by Public Health that were unsuccessfully reached

#### SVC Vaccinations Data Tracking

1. Number of vaccines inoculated
2. Manufacturer of vaccine/s used
3. If applicable, provide number of vaccines inoculated by dose series (i.e. number of 1<sup>st</sup>, 2<sup>nd</sup>, boosters inoculations etc.)
4. Vaccination Event Locations with scheduled dates and times
5. Sites referred by Public Health that were unsuccessfully reached

- ii. Submit monthly progress report to the Subrecipient. The reports will include the following information:

#### Monthly Progress Reports

- Number of mobile vaccination visits (including date and location information)

## **5.0 PAYMENTS**

### **5.1 Heluna to Vendor Name**

Heluna hereby represents and warrants that the payment of the \$1000 per mobile vaccination visit and \$2000 per SVC visit to Vendor Name (1) is in accordance with the County's policies and procedures and work plan; (2) is reasonable, allocable, allowable, and necessary under 2 CFR Part 200 and 45 CFR Part 75; (3) is authorized and in accordance with all applicable law, the ARPA Act, current or subsequent Treasury guidelines and instructions, and any other applicable laws or regulations.; and (4) has received all necessary approvals from Public Health.

Vendor Name will receive supplemental funds based on the number of mobile vaccination visits and/or SVC performed monthly from Heluna.

5.1.1 Vendor Name will provide an itemized invoice for work order completion, which will include the following:

Mobile Vaccine

- Total number of mobile vaccination visits completed and date range
- Itemized mobile vaccination visits including the date and location for each visit

**5.2** This subcontract is subject to the terms of Heluna Health’s prime contract with the County of Los Angeles and shall be subject to all applicable provisions of such prime contract to include but not limited to Federal flow down requirements. **These flowdown provisions are detailed in Attachment C.**

**Invoice and Annual Cost Report Requirements**

**MONTHLY:** Vendor will submit the Invoice Template and Site Tracking Sheet within 30 days of month via email to [LACCOVID.invoices@helunahealth.org](mailto:LACCOVID.invoices@helunahealth.org). To complete the Site Tracking Sheet, please list each Mobile site’s Name/Location, Address, and Date on its own line within the appropriate table. The number of sites counted on this page will be reflected as the quantity on your invoice template. Please submit a copy of both the completed excel template and a signed PDF version.

- Mobile Vaccination Visits will be paid \$1,000 per site visit and must list 1035.0201 as the respective project number.
- SVC sites will be paid \$2,000 per day and must list 1035.0101 as the respective project number.

**FINAL COST REPORT:** This is a Cost Reimbursement invoice based on Fee for Service activities. In the event that actual allowable and documented cost for a unit of service are less than fee-for-service rate(s) set out in the budget(s), the vendor shall be reimbursed for its actual allowable and documented costs only. A final annual cost report at the end of the year is required. Please submit a copy of both the completed excel template and a signed PDF version. **Vendors must submit a budget for the applicable budget period to [LACCOVIDinvoices@helunahealth.org](mailto:LACCOVIDinvoices@helunahealth.org) within 30 days of the execution of this agreement. If vendor fails to submit a budget within 30 days, Heluna Health reserves the right to withhold payment of invoices until the vendor submits their budget and it is approved.**

**Vendor Name:** \_\_\_\_\_

# Attachment B - Self Assessment

**Self-Assessment Survey**

Contract No: PH-005082

Organization Name: _____	
Address _____	
Contact Name _____	
Contact Telephone Number _____	Email _____
SAM.gov UEI # _____	Federal Tax ID# _____
State Business ID # _____	
Business Classification: _____ Large	_____ Non profit
_____ Small	_____ Foreign/Other

(a small business is fewer than 100 employees and less than \$15 million average in gross receipts per year over the last 3 years)

The purpose of the Self-Assessment Survey is to obtain an understanding of your organization's capability to adequately document, record, track, report a federal sub-award in accordance with the terms and conditions from 2 CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Costs Principles, and Audit Requirements of Federal Awards. Please respond to each item as "yes" or "no" and if necessary please provide an explanation.

If it is determined after the award of the funding that any of your responses were incorrect or misleading, Heluna Health may terminate your agreement and request that LA County perform an investigation.

Item	Yes	No	Explanations
<b>1. Permanent File: Provide the latest version of the following requested items:</b>			
a) Your most recent Financial Statement Audit with footnotes (Mark yes and provide a copy if applicable; mark no if N/A)			
b) Federal Award required audit with Report on Internal Controls (Note 1) if your organization did not expend \$750K or more in federal funds during the fiscal year, your organization is not subject to audit requirements for Federal Awards; 2.) If your organization did expend \$750K during the fiscal year, received an unqualified opinion, had no material instances of noncompliance with federal awards, and had no findings that specifically relate to award(s) from Heluna Health, and there are no prior year findings in the audit report that require follow up or are unresolved with the federal government, please provide a copy of your audit report; 3.) If your organization had findings in your audit report, please provide a copy of your audit report and management's response; Additionally, if there were findings in the audit report that specifically related to an award(s) from Heluna Health, please provide a listing of the award(s) as well as an explanation of the finding(s) as they relate to the award(s). If your organization falls into #3, please provide management's decisions relating to the corrective action(s) taken by management to appropriately resolve such findings. If your organization has not yet completed your Federal Award required audit, please state when you expect the audit to be completed by. Within 30 days of completion, please provide the applicable information requested above.			
c) Any Agreed Upon Procedure audit (Mark yes and provide a copy if applicable; mark no if N/A)			
d) MyCAVax proof of registration and good standing			
e) SAM.gov Unique Identifier			
f) W-9			
g) Certificates of Insurance satisfying LA County's requirements (you do not need to reattach if you have already received approval and your coverage has not expired)			
<b>2. Other Significant Matters:</b>			
<b>Please answer "yes / no" or provide an explanation to the following</b>			
a) Any grant suspensions, debarments, terminations over the past 3 years?			
b) Any civil or criminal convictions?			
c) Any judgments from employees or vendors?			
d) Any history of bankruptcy?			
e) Any unpaid payroll, income or UBIT tax?			
f) Any late filing penalties for tax returns?			
g) Any qualified or disclaimer audit opinions with respect to your annual financial statements?			
h) Has there been any changes in your accounting system?			
i) Have you had any recent staff turnover in major, high-level positions?			
j) For any applicable contracts and/or grants, have you met your reporting and program outcomes to the satisfaction of the funder?			
k) Have you had any audit findings or questioned costs on Federal, state or local government contracts?			
I have made a good faith effort to prepare and respond to the Self-Assessment Survey. I have attached all of the documents requested. The information provided is current, accurate and complete. I understand that any incorrect or misleading response is grounds for possible termination of this agreement and my organization may be referred to Los Angeles County for an investigation.			
<b>Signature</b>			
<b>Date</b>			
<b>Print Name</b>			
<b>Title</b>			

# Attachment C - Budget

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
ICS MOBILE VAX  
COVID-19 VACCINATION SITES  
ANNUAL COST REPORT  
FISCAL YEAR 2022-23

Agency Name: enter your agency's name here

Address: enter your agency's address here

Service Category: MOBILE VISIT

Schedule Number: \_\_\_\_\_

Contract Number: PH-005082

Budget Period: [Please add start & end date listed in the WOA]

Budget Amount: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

One original of this report must be filled out completely and submitted to HH & LACDPH to be included as an attachment in the work order agreement:

a. Department of Public Health - Finance Division  
5555 Ferguson Drive  
Los Angeles, California 90022  
Attention: Noelene Kao

b. Jose C. Garcia  
Contracts and Grants Administration  
Division of Chronic Disease and Injury Prevention  
3530 Wilshire Blvd., Suite 800  
Los Angeles, California 90010

c. Contracts and Grants Management  
13300 Crossroad Parkway North, Suite 450  
City of Industry, California 91746

The undersigned hereby certifies to the Department of Public Health that this cost report includes a true and correct statement of the amounts due for services provided under this contract.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH**  
**ICS MOBILE VAX**  
**COVID-19 VACCINATION SITES**  
**ANNUAL COST REPORT**  
**FISCAL YEAR 2021-2022**

<b>Agency Name:</b> <u>enter your agency's name here</u>
<b>Contract Number:</b> <u>PH-005082</u> <b>Budget Period:</b> <u>[Please add start &amp; end date listed in the WOA]</u>
<b>Schedule Number:</b> <u>0</u> <b>Service Category:</b> <u>MOBILE VISIT</u>

	A	B	C	D
Section	Budget Category	Approved Budget	Invoiced Expenditures	Year-End Expenditures
A.	Salaries	-	-	-
B.	Employee Benefits	-	-	-
C.	Operating Expenses	-	-	-
D.	Equipment	-	-	-
E.	Travel & Mileage	-	-	-
F.	Other Costs	-	-	-
<b>Total</b>		-	-	-



COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
 ICS MOBILE VAX  
 COVID-19 VACCINATION SITES  
 ANNUAL COST REPORT WORKSHEET  
 FISCAL YEAR 2023-2024

Agency Name: enter your agency's name here

Contract #: PH-005082

A	B	C	D	E	F
Budget Category	Budget Line Item/Billing Description	General Ledger Account Number	General Ledger Account Name	Total General Ledger	Total Expenditure
Full Time Salaries	Registered Nurse			-	
	Physician			-	
	Project Manager			-	
	Administrative Aid			-	
	Licensed Vocational Nurse			-	
	Pharmacist			-	
	Emergency Medical Technician			-	
	Coordinator			-	
	Project Specialist			-	
Director			-		
<b>A. Total Salaries</b>				-	-
Full-time Employee Benefits				-	
<b>B. Total Benefits</b>				-	
Operating Expenses	Clinical Supplies			-	
	Technology Maintenance			-	
	IT Equipment Maintenance			-	
	Vaccine Storage			-	
	Biohazard Removal			-	
<b>C. Total Operating Expenses</b>				-	-
Equipment	Onsite Communications			-	
	Furniture				
	Software & Accessories				
				-	
				-	
<b>D. Total Equipment</b>				-	-
Travel & Mileage	Travel			-	
	Mileage			-	
	Training			-	
<b>E. Total Travel &amp; Mileage</b>				-	-
Other Costs				-	
				-	
				-	
<b>F. Total Other Costs</b>				-	-
<b>TOTAL COST</b>				-	-

## Attachment D - Insurance Coverage Requirements

### 12. INSURANCE COVERAGE REQUIREMENTS:

A. Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form "CG 00 01"), naming County and its Agents as an additional insured, with limits of not less than the following:

General Aggregate:	\$2 Million
Products/Completed Operations Aggregate:	\$1 Million
Personal and Advertising Injury:	\$1 Million
Each Occurrence:	\$1 Million

B. Automobile Liability insurance (providing scope of coverage equivalent to ISO policy form "CA 00 01") with limits of not less than \$1 Million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Contract, including "owned", "leased", "hired", and/or "non-owned" autos, as each may be applicable.

C. Workers Compensation and Employers' Liability insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 Million per accident. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer. The written notice shall be provided to County at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for any other cancellation or policy change. If applicable to Contractor's operations, coverage shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law.

D. Sexual Misconduct Liability: Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than \$2 Million per claim and \$2 Million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

L . Application of Excess Liability Coverage: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as (“follow form” over) the underlying primary policies, to satisfy the Required Insurance provisions.

**CERTIFICATE OF INSURANCE SUBMITTED TO HELUNA HEALTH SHOULD INCLUDE THE FOLLOWING:**

- County Contract Number (PH-005082)
- Description of services provided for contract (eg “Mobile Vaccinations”)
- Heluna Health and “Los Angeles County and its Agents” must be separately and explicitly listed as additional insured and the full Additional Insured Endorsement form must be submitted.
- Address for LA County and its Agents:

County of Los Angeles, Department of Public Health  
Contract Monitoring Section  
5555 Ferguson Drive, 3rd Floor, Suite 3031  
Commerce, CA 90022

- Address for Heluna Health:

Heluna Health  
13300 Crossroads Pkwy Suite 450  
City of Industry, CA 91746

**Attachment E**  
**AMERICAN RESCUE PLAN ACT**  
**REQUIREMENTS**

The terms of this Exhibit shall apply to the Vendor Name (as defined in 2 CFR 200.93), and all of its contractors, agents, service providers at any tier, and any other entities or persons (excluding beneficiaries) receiving or being reimbursed under the Agreement. Vendor Name shall include this Exhibit in all agreements executed for performance of this Agreement. To the extent there are conflicts between this Exhibit and the Agreement, this Exhibit shall prevail unless stated otherwise. Definitions can be found in the Agreement or in 2 CFR 200.1 (Definitions) if not found in the Agreement.

This Exhibit includes key provisions of the ARP Act set forth in 2 CFR Appendix II to Part 200 (Contract Provisions for Non-Federal Entity Contracts Under Federal Awards), and in no means limits the Vendor Name's obligation to comply with all applicable requirements of federal, State, and local laws, ordinances, executive orders, regulations, program and administrative requirements, policies and any other requirements as they pertain to the performance of this Agreement including Treasury Laws and Regulations.

**1.0 Equal Employment Opportunity (41 CFR Part 60).** During the performance of this Agreement, the Vendor Name agrees as follows:

- 1.1** The Vendor Name shall comply with Executive Order 11246 of September 24, 1965, titled, Equal Employment Opportunity, later amended by Executive Order 11375 of October 13, 1967, and supplemented in the Department of Labor Guidelines (41 CFR Part 60), which require that during the performance of this Agreement, the Vendor Name will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Vendor Name will take affirmative action to ensure that applicants are employed, and that employees are treated fairly during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to, the following: employment, promotion, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Vendor Name agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the non-discrimination clause.
- 1.2** The Vendor Name will, in all solicitations or advertisements for employees placed by or on behalf of the Vendor Name, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
- 1.3** The Vendor Name will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency of the Vendor Name's contracting officer, advising the labor union or worker's representative of the Vendor Name's commitments under

Section 202 of Executive Order No. 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

- 1.4** The Vendor Name will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- 1.5** The Vendor Name will furnish all information and reports required by the Executive Orders and by the rules, regulations and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the County and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations and orders.
- 1.6** In the event that the Vendor Name fails to comply with the non-discrimination clauses of this Agreement or with any of such rules, regulations, or orders, this Agreement may be canceled, terminated, or suspended in whole or in part, and the Vendor Name may be declared ineligible for further Government contracts in accordance with procedures authorized in the Executive Orders and such other sanctions may be imposed and remedies invoked as provided in the Executive Orders or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- 1.7** The Vendor Name will include the provisions of these paragraphs in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of the Executive Order No. 11246 of September 24, 1965, that such provisions shall be binding upon each subVendor Name or vendor. The Vendor Name will take such actions with respect to any contract or purchase order as the County may direct as a means of enforcing such provisions including sanctions for noncompliance, provided, however, in the event that the Vendor Name becomes involved in, or is threatened with litigation with a contractor or vendor as a result of such direction by the County, the Vendor Name may request the United States to enter into such litigation to protect the interests of the United States.

**2.0 Davis-Bacon Act, as amended (40 U.S.C. 3141-3148).** As applicable, the Vendor Name shall comply with the prevailing wage requirements of the Davis-Bacon Act as amended, and as supplemented by the Department of Labor Regulations (29 CFR Part 5).

**3.0 Contract Work Hours, Accident Prevention, And Safety Standards Act (40 U.S.C. 3701-3708).** As applicable, the Vendor Name shall comply with the contract work hours and safety standards act set forth in 40 U.S.C. 3701-3708.

The Vendor Name shall also comply with all applicable federal, state, and local laws governing safety, health, and sanitation. The Vendor Name shall provide all safeguard safety devices and protective equipment and take any other needed actions, as its own responsibility, as reasonably necessary to protect the life and health of employees on the job, the safety of the public and personal and real property in connection with the performance of this Agreement.

**4.0 Rights To Inventions Made Under the Agreement (37 CFR Part 401).** As applicable, Vendor Name must comply with the requirements of 37 CFR Part 401, "rights to inventions made

by nonprofit organizations and small business firms under government grants, contracts and cooperative agreements,” and any implementing regulations issued by the County.

**5.0 Clean Air Act (42 U.S.C. 7401-7671Q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387).** As applicable, Vendor Name agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act and the Federal Water Pollution Control Act, as amended.

**6.0 Debarment and Suspension (Executive Orders 12549 and 12689).** Vendor Name certifies that neither it nor any of its owners, officers, partners, directors, principals, or other contractors is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. All agreements shall include a contractual provision to this effect and of this substance in all of its contractor agreements. Vendor Name shall immediately notify County in writing, during the term of this Agreement, should it or any principals be suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement. County may also pursue any additional, available remedies, including but not limited to, suspension and debarment.

## **7.0 Lobbying.**

**7.1 Federal Lobbyist Requirements.** Vendor Names are prohibited from using Program Funds for the purpose of influencing or attempting to influence an officer or employee of any agency, a member of congress, officer or employee of congress, or an employee of a member of congress in connection with obtaining any federal contract, grant or any other award covered by the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). Each Vendor Name must also disclose any lobbying with non-federal funds that takes place in connection with obtaining program funds. Should the Vendor Names acting on behalf of the Agreement fail to fully comply with the Federal Lobbyist Requirements, civil penalties may result.

**7.2 County Lobbyist Requirements.** Vendor Name and each County lobbyist or County lobbyist firm, as defined in the Los Angeles County Code ("Code") Chapter 2.160, retained by the Vendor Name, shall also fully comply with the requirements as set forth in said County Code.

**7.3 Lobbying Certifications.** Each Vendor Name shall complete and submit Attachment 1, Certification Regarding Lobbying, to this Exhibit C. 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 31 U.S.C. Section 1352. 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.

**7.4 Failure to Comply.** Failure on the part of the Vendor Names to fully comply with said Federal and County Lobbyist Requirements shall constitute a material breach of the Agreement upon which the County may immediately terminate this Agreement, and the

Vendor Name shall be liable for any and all damages incurred by the County and/or any Federal agency as a result of such breach.

**8.0 Procurement of Recovered Materials (2 CFR 200.323).** Vendor Names must comply with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act.

**9.0 Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment (2 CFR 200.216).** Vendor Names shall comply with 2 CFR Section 200.216 in regards to prohibition on certain telecommunications and video surveillance services or equipment.

**10.0 Domestic Preferences for Procurements (2 CFR 200.322).** Vendor Name shall comply with 2 CFR Section 200.322 for work, services or products under this Agreement.

**11.0 Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.).** Vendor Name shall comply with Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal financial assistance from excluding from a program or activity, denying benefits of or otherwise discriminating against a person on the basis of race, color, or national origin, as implemented by the Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of the Agreement. Title VI also includes protection to persons with "Limited English Proficiency" in any program or activity receiving federal financial assistance.

#### **EXHIBIT D**

#### **ATTACHMENT 1**

### **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 an 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 contracts, subgrants and contracts under grants, loan and cooperative agreements) and that all contractors 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 31 USC § 1352. 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.

\_\_\_\_\_  
Signature of Vendor Name's Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Vendor Name's Authorized Official



COVID-19 CONTRACTOR NOTIFICATION & CERTIFICATION  
Released March 13, 2022, Version 2.0

### Certification of Compliance

The purpose of this Certification of Compliance is to permit the County to oversee, monitor, confirm, and audit Contractor’s compliance with Urgency Ordinance, County Code Title 2 – Administration, Division 4 – Miscellaneous – Chapter 2.212 (COVID-19 Vaccinations of County Contractor Personnel) (the “Ordinance”). Contractor shall submit the information requested in this Certification of Compliance in accordance with Sections 2.212.060 and 2.212.090(A) of the Ordinance.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, (the “Subrecipient”), certify that on County Contract \_\_\_\_\_

\_\_\_\_ All Contractor Personnel on this Contract are fully vaccinated as required by the Ordinance.

\_\_\_\_ Most Contractor Personnel on this Contract are fully vaccinated as required by the Ordinance. The Contractor or its employer of record, has granted a valid medical or religious exemption to the below identified Contractor Personnel. Contractor will certify weekly that the following unvaccinated Contractor Personnel have tested negative within 72 hours of starting their work week under the County Contract, unless the contracting County department requires otherwise. The Contractor Personnel who have been granted a valid medical or religious exemption are [LIST ALL CONTRACTOR PERSONNEL]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have authority to bind the Contractor and have reviewed the requirements above and further certify that I will comply with said requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company/Contractor Name



## SEXUAL HARASSMENT AND MISCONDUCT LIABILITY RISK ASSESSMENT FORM

Submission of this form **does not** constitute a partial exemption of the required coverage. Any partial exemption is contingent upon DPH review and approval. Once completed please submit this form to [MobileProvMgt@ph.lacounty.gov](mailto:MobileProvMgt@ph.lacounty.gov) and [LACCOVID.invoices@HelunaHealth.org](mailto:LACCOVID.invoices@HelunaHealth.org).

### Section 1: Business Information

<b>Business Name</b>			
<b>Street Address</b>		<b>City</b>	<b>Zip</b>
<b>Email Address</b>			
<b>Phone Number</b>			
<b>Business Classification</b>	<input type="checkbox"/> Small* <input type="checkbox"/> Large <input type="checkbox"/> Foreign/Other _____ *fewer than 100 employees and average of \$15 mil or less in gross receipts over the last 3 years		
<b>Agreement Information</b>			
<b>Contract Number</b>		<b>Primary Entity</b>	
<b>Completed By</b>			
<b>Name</b>		<b>Title</b>	

### Section 2: Nature of Request for Partial Exemption or Alternate Equivalent Coverage

**For what reason are you unable to meet the County's standard Sexual Misconduct Liability coverage requirements?**

- I am a small business and I cannot afford the full coverage requirements for Sexual Misconduct Liability  
 I have an alternate equivalent coverage policy to meet the County's requirement. Please describe below.  
 I am unable to purchase sufficient coverage for Sexual Misconduct Liability for another reason. (Please describe below and attach supporting documentation, e.g. a written statement from your insurance broker)

**Reason:**

### Section 3: Business Risk Assessment

**Has your business dealt with sexual harassment/misconduct claims in the past?**  Yes  No

**If Yes, please complete the sections below.** Additional claim details can be added on Page 4

<b>#1</b>	<b>Date of Claim (mm/dd/yyyy)</b>	
	<b>Description of Allegation</b>	
	<b>Description of Resolution</b>	
	<b>Was a claim made to your insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are the employees involved still employed by your business?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If Yes, are they providing services under this agreement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>#2</b>	<b>Date of Claim (mm/dd/yyyy)</b>	



	Description of Allegation	
	Description of Resolution	
	Was a claim made to insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the employees involved still employed by your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, are they providing services under this agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3	Date of Claim (mm/dd/yyyy)	
	Description of Allegation	
	Description of Resolution	
	Was a claim made to your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the employees involved still employed by your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, are they providing services under this agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Section 4: Employee Risk Assessment

Have any of your current employees been involved in sexual harassment/misconduct allegations/complaints outside of their employment with your business?  Yes  No

If Yes, please complete the sections below. Additional complaint details can be added on Page 4

#1	Date of Complaint (mm/dd/yyyy)	
	Description of Allegation	
	Description of Resolution	
	Is the employee involved providing services under this agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2	Date of Complaint (mm/dd/yyyy)	
	Description of Allegation	
	Description of Resolution	
	Is the employee involved providing services under this agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3	Date of Complaint (mm/dd/yyyy)	



	<b>Description of Allegation</b>		
	<b>Description of Resolution</b>		
	<b>Is the employee involved providing services under this agreement?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 5: Risk Management Assessment

<b>For new employees that may be brought on to work under this Agreement, what screening process does your business conduct to determine any history of sexual misconduct/harassment?</b>		
<b>Are any of your employees Live scanned?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	
<b>What trainings does your business require for employees to protect against sexual harassment/misconduct?</b>		
<b>Does your business have a written policy to deal with sexual harassment/misconduct?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach policy with this form.
<b>Does your business have other insurance policies that cover general harassment/misconduct claims?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach policies with this form.

### Section 6: Risk Mitigation Measures/Policies/Procedures

<b>What current measures/policies/procedures does your business have in place to minimize risk of sexual harassment/misconduct incidents while operating under this agreement?</b>
Please list below:
<b>In the event of an insurance partial exemption, what measures/policies/procedures will be implemented to ensure minimization of sexual harassment/misconduct incident risk while operating under this agreement?</b>
Please list below:

**I hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.**

Authorized Representative:	Signature:

### For DPH Use Only

<b>Approval Status</b>			
<b>Comments</b>			
<b>Reviewed By</b>		<b>Job Title</b>	
<b>Signature</b>		<b>Date Reviewed</b>	

### Section 2A: Business Risk Assessment cont.



<b>#4</b>	<b>Date of Claim (mm/dd/yyyy)</b>	
	<b>Description of Allegation</b>	
	<b>Description of Resolution</b>	
	<b>Was a claim made to your insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are the employees involved still employed by your business?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If Yes, are they providing services under this agreement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>#5</b>	<b>Date of Claim (mm/dd/yyyy)</b>	
	<b>Description of Allegation</b>	
	<b>Description of Resolution</b>	
	<b>Was a claim made to insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are the employees involved still employed by your business?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If Yes, are they providing services under this agreement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3A: Employee Risk Assessment cont.**

<b>#4</b>	<b>Date of Complaint (mm/dd/yyyy)</b>	
	<b>Description of Allegation</b>	
	<b>Description of Resolution</b>	
	<b>Is the employee involved providing services under this agreement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>#5</b>	<b>Date of Complaint (mm/dd/yyyy)</b>	
	<b>Description of Allegation</b>	
	<b>Description of Resolution</b>	
	<b>Is the employee involved providing services under this agreement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **Mobile Vaccine Setting Guidelines and Best Practices**

Los Angeles County Department of Public Health has developed a list of guidelines for the setting of Mobile Vaccine Clinics. Mobile Vaccine Clinic events should follow the following risk mitigation standards:-

- All mobile events, public or closed, should be conducted in settings within clear view of the participants, clinical staff, and hosting entity
- DPH and Heluna Health strongly recommends establishing clinics in open-air or communal indoor spaces when at all possible
- Mobile events should be conducted in a group setting allowing for any participants who are present and eligible for vaccines to receive services
  - Vaccine activities such as at-home, homebound, or private residential vaccine administration do not qualify as a mobile vaccine clinic and are not within the purview of the agreement
- Vaccine administration area should be within public view of the clinic and not hidden. The area may be separated by a screen when appropriate, for example when subcutaneous injections below the shoulder blade are administered
  - Under no circumstances should a vaccine administration occur behind closed doors, away from the mobile clinic
  - One potential exception is when providers host clinics for facilities which provide specialized care to patients and clients such as skilled nursing facilities (SNFs). In addition to vaccinating staff, providers may be escorted to patient rooms to administer vaccines directly to clients who are not ambulatory or have difficulty moving to the primary mobile clinic location. Under these circumstances, providers should be in the presence of the appropriate hosting facility's staff when administering vaccine.
- All providers should follow the CDC's Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations, which links to best practice guidelines for mobile clinic settings.
  - Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations - <https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>
  - Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist - <https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/vaccination-clinic-supply-checklist.html>
  - Hosting Off-Site COVID-19 Vaccination Clinics Webinar - [https://www2.cdc.gov/vaccines/ed/covid19/videos/hosting\\_cv\\_clinics/hosting\\_cv\\_clinic\\_s.asp](https://www2.cdc.gov/vaccines/ed/covid19/videos/hosting_cv_clinics/hosting_cv_clinic_s.asp)
  - Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations - <https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>