



County of Santa Cruz, Human Services Department  
Request for Proposals # 2019HSD01

**Exhibit A: Proposal Checklist**

- \_\_\_\_\_ Cover Letter and Certification of Compliance (Attachment A)
- \_\_\_\_\_ Table of Contents (No form provided - Optional)
- \_\_\_\_\_ Non-Collusion Declaration Form (Attachment B)
- \_\_\_\_\_ Reference List Form/Authorization Release/Waiver of Liability (Attachment C)
- \_\_\_\_\_ Budget Proposal Worksheet (Attachment D)
- \_\_\_\_\_ Designation of Sub-Contractors (Attachment E)
- \_\_\_\_\_ Audited Financial Statements for the last two fiscal years
- \_\_\_\_\_ Terminated Contracts and Pending Litigation – As needed
- \_\_\_\_\_ Proposal Narrative (No Form Provided)