

**CITY OF LOS ANGELES  
CONTRACTOR RESPONSIBILITY ORDINANCE**

**CRO QUESTIONNAIRE RECEIPT VERIFICATION FORM**

To verify the Contractor Responsibility Ordinance's (CRO) compliance, this form must be completed by the Awarding Authority and submitted to the appropriate Designated Administrative Agency (DAA) along with the Responsibility Questionnaires. Upon receipt of the Questionnaires, the DAA will return this signed form to the Awarding Authority. **The Awarding Authority must attach the certified form to each draft contract for review by the Office of the City Attorney. No contract may be executed unless a certified Receipt Verification Form indicates that the CRO requirement has been met.**

**1. Information Regarding Proposed Contract**

Project Name/Description: \_\_\_\_\_

RFB/RFQ/RFP # (if any): \_\_\_\_\_

Date RFB/RFQ/RFP Released: \_\_\_\_\_

Procuring Dept.: \_\_\_\_\_

Mail Stop #: \_\_\_\_\_

Name of Dept. Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**2. Questionnaires Are Submitted for the Following Bidders/Proposers/Proposed Contractors:**

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**FOR DAA USE ONLY – VERIFICATION REGARDING RECEIPT**

The Responsibility Questionnaires for the bidders/proposers/proposed contractors listed above were received on (date) \_\_\_\_\_.

The Questionnaires were processed by:

Dept. of Public Works for Construction Contracts and **Service** Contracts  
 Dept. of General Services for Procurement Contracts

Authorized DAA Representative (Print Name) \_\_\_\_\_ George Espindola \_\_\_\_\_ Phone (213) 847-2408

DAA Representative Signature \_\_\_\_\_ Date \_\_\_\_\_