

## **ADDITIONAL BID INFORMATION**

**Bidders are advised to read the Instructions to Bidders, Document 00 21 00 and the Supplementary Instruction to Bidders, Document 00 22 00, of the Project Manual.**

**YOUR CALIFORNIA STATE CONTRACTOR'S LICENSE HAS NOT BEEN VERIFIED BY THE DEPARTMENT OF GENERAL SERVICES. YOUR BID IS SUBJECT TO REJECTION AT THE TIME OF BID OPENING IF:**

1. Your license does not meet the requirements as set forth in the project manual.
2. Your license is suspended.
3. Your license is expired.
4. Your license has been cancelled.
5. Your company or any listed subcontractor is not currently registered with the Department of Industrial Relations (DIR).
6. Your company did not attend a mandatory pre-bid site inspection or meeting, if required.

### **BIDDING INSTRUCTIONS**

#### **REGISTRATION WITH THE DIR**

1. ALL Contractors and subcontractors for public works projects must register with DIR. Check out <http://www.dir.ca.gov/Public-Works/PublicWorks.html> for complete information and the online registration site.
2. Beginning March 1, 2015, any contractor is not qualified to bid, be listed in a bid or engage in the performance of any contract for public work if they are not registered. Refer to Instructions to Bidders (00 21 00), Article 2 for more information.

#### **PROPOSAL FORM REQUIREMENTS**

1. Submit bids on the enclosed Bid Form.
2. Present bids under sealed cover, clearly identifying the project.
3. The Bid Form is not transferable.

#### **BIDDER'S NAME**

1. Submit the Bid Form under the same name as licensed.

#### **BIDDER'S SECURITY (Does not apply to solicitations pursuant to GC 14838.7)**

1. Bid Security is not required for bids under ten thousand dollars (\$10,000).
2. Bid Security shall be a minimum of ten percent (10%) of the bid.
3. Bid Security may be bidder's bond, cashiers check, certified check or cash. Personal checks will not be accepted.
4. Bid Security shall be made payable to: The Department of General Services.
5. When a Bidder's Bond is used, it is required to be on the DGS Bid Bond form attached to the Bid Form. Attach the power of attorney for the attorney-in-fact and the signature must be notarized. Contact this office if another copy of the form is needed.

#### **SIGNATURE**

1. The Bidder, or Bidder's authorized representative, is required to sign the bid.
2. Include the address of the Bidder or the authorized representative.
3. If the Bidder is a corporation, affix the corporate seal.
4. Sign the Bidder's Bond (Does not apply to solicitations pursuant to GC 14838.7).
5. Include applicable documentation; see Instructions to Bidders (00 21 00), Article 9.2.

## ADDENDUM

Refer to the Instructions to Bidders for addendum information. Acknowledge the addendum on the appropriate page of the Bid Form.

## WITHDRAWAL OF BID

A written notice to withdraw a bid is required prior to the bid opening. A notice not bearing an original signature will not be accepted.

## IRREGULARITIES

1. The Bid may be rejected if the bid form is altered. Alterations are, but not limited to:
  - a. Additions or erasures not requested or required.
  - b. An incomplete bid.
  - c. A conditioned bid.
  - d. Irregularities of any kind.
  - e. Use of the term "N/A".
2. If the bid amount or other items including the subcontractors list are changed after being inserted on the bid form, initial or sign the change.
3. Avoid the acronym "N/A" or the term 'not applicable' when filling out the bid form.

## PAYEE DATA RECORD

Bidders are requested to complete and return the State's Payee Data Record form, Std. 204, included with the Bid Forms. The Payee Data Record form is required in lieu of IRS W-9 when doing business with the State of California, and will be used by the State to prepare tax information returns as stated on the form. Failures to submit the completed form with the Bid will not be cause for rejection of a Bid, but will be required prior to Award of Contract if not on file.

## DVBE REQUIREMENTS (Does not apply to solicitations pursuant to GC 14838.7)

DVBE Requirements have recently changed (July 2009). You must meet the required percentage of DVBE participation in order for your bid to be considered responsive. Please refer to the Instructions to Bidders (00 21 00) and the DVBE Program Requirements (00 22 10) of the Project Manual for additional information.

## BID RESULTS

Bid results, bid rejections, awards and project start dates shall be made available via email. **The preliminary bid tabulation will be made available immediately after the bid opening is completed and it will be emailed to bidders. A final bid tabulation will be emailed in about 2-8 business days after bidding requirements, such as bonds, DIR Registration and DVBE, have been verified.**

# BID FORM

THE STATE OF CALIFORNIA  
DEPARTMENT OF GENERAL SERVICES  
REAL ESTATE SERVICES DIVISION  
PROJECT MANAGEMENT AND DEVELOPMENT BRANCH

FROM: \_\_\_\_\_  
(Name of Bidding Firm)

DELIVER TO: Office of Business and Acquisition Services  
707 Third Street  
West Sacramento, CA 95605

BEFORE 2:00 P.M., March 20, 2025

FOR: DSH-ATASCADERO RE-ROOF, HVAC REPLACEMENT & ELECTRICAL UPGRADES  
DEPARTMENT OF STATE HOSPITALS  
ATASCADERO, SAN LUIS OBISPO COUNTY, CALIFORNIA  
DGS000000142452

Plainly mark outside of envelope with "Bid For"; followed by the above title and Project Number.

The undersigned hereby proposes and agrees to furnish all labor, materials, and equipment, and to perform all work required for the above-named Project in the manner and time prescribed in the Drawings and Project Manual, dated 09/29/2023 and such addenda thereto as may be issued prior to bid opening date and in accordance with prevailing wage rates ascertained by the Department of Industrial Relations and set forth on the DIR web site ([Prevailing Wage Requirements](#)) for General Prevailing Wage Rates as determined by the August 2024 DIR prevailing wage published rates. The Bid Price, set forth below in clear legible figures, includes the cost of Bonds, insurance, sales tax, and every other item of expense, direct or indirect, incidental to the Bid Price.

## SCHEDULE OF WORK AND PRICES

WORK ITEM	DESCRIPTION	ITEM TOTAL IN FIGURES
1.	Performing all work associated with the 12KV feeder extension outlined on note 2 EE6.1, the 12KV switch gear and associated civil work shown on detail 3B/ASE2, detail B/C-2.3 of the Electrical Upgrade Permit:	\$ _____
2.	Performing all other work on the Main Permit, the Fire House Permit, the Steam Plant Permit and the Electrical Upgrade Permit not included in Work Item 1 above, for the lump sum of:	\$ _____
3.	Allowance(s) as specified in Section 01 21 00, not included in Work Items 1 or 2 above for the sum of:	\$ <u>270,000</u>
COMPLETE WORK: Total of Work Items 1, 2 and 3 for the lump sum of:		\$ _____

**DETERMINATION OF BID:** Determination of amount of bid will be on the basis of total sum of Work Items as verified by the State.

**IMPORTANT - READ BEFORE SIGNING:** Bid Form must be executed in same name-style in which the bidder is licensed. Bidder bidding jointly or as a combination of several business organizations is specially cautioned that such bidder must be jointly licensed in the same form and style in which the bid is executed. If making a bid as a joint venture, each person submitting the bid shall provide the information required below with respect to his or her licensure. The undersigned Bidder certifies and agrees to provide the information and comply with the requirements contained in Articles 1 through 10 on the following pages of the Bid Form. By signing, Bidder swears under penalty of perjury that the conditions of Article 2; Article 4, Paragraph 4.2; Article 7 and Article 9, Paragraph 9.2.1 are true.

Legal Name of Bidder: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_ License Classification: \_\_\_\_\_

Contractor's Public Works Registration No. (Dept. of Industrial Relations): \_\_\_\_\_

Contractor's DGS Small Business/DVBE Certification Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

E-Mail Address: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_

**SIGN HERE ----->** \_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Print Name and Title of Bidder

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, California.

#### ARTICLE 1 – BIDDER'S BUSINESS IDENTIFICATION

**THIS BID IS SUBMITTED BY** (check one):

☐ Individual  
☐ Joint Venture

☐ Partnership  
☐ Corporation

\_\_\_\_\_  
State in which Incorporated

**NOTE:** If Bidder is a corporation, the State in which incorporated shall be inserted above and the legal name of the corporation shall be set forth on Page 1, together with the signature of the officer or officers authorized to sign contracts on behalf of the corporation; if Bidder is a partnership, the true name of the firm shall be set forth on Page 1, together with the signature of a partner authorized to sign contract in behalf of the partnership; and if Bidder is an individual, that person's signature shall be placed on Page 1. If signature is by an agent, other than an officer of a corporation or a member of a partnership, a Power of Attorney must be on file with the Department prior to opening bids or submitted with the bid; otherwise, the bid will be regarded as irregular and unauthorized. If bid is submitted by partnership or joint venture, the members are:

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

## ARTICLE 2 – PREFERENCES AND INCENTIVES

**2.1 Small Business Preference** - By checking "yes" below, Bidder requests preference as a "Small Business" and further certifies under penalty of perjury, that the firm still meets the requirements of Section 1896 et. seq. Title 2, of the California Code of Regulations, and has either: 1) been approved by the Office of Small Business and Disabled Veteran Business Enterprise (DVBE) Services (OSDS) or; 2) submitted a complete application pursuant to Section 1896.14 to the OSDS by 5:00 p.m. on the bid opening date.

The Legal Name of Bidder and the Bidder's OSDS Certification must be executed in the same name-style in which bidder is licensed. A Bidder bidding jointly or as a combination of several business organizations is specially cautioned that such bidder must be jointly licensed in same form and style in which the bid is executed.

Special attention is directed to Section 1896.16 for penalties for furnishing incorrect supporting information in obtaining preference.

**2.1.1 Small Business Preference Claimed?** ☐ **Yes** \_\_\_\_\_ ☐ **No**  
(List date filed if not yet certified)

**2.2 Non-Small Business Subcontractor Preference** - By checking "yes" below Bidder requests preference as a Non-Small Business and agrees to complete and submit Document 00 43 16-2 attached hereto, no later than forty-eight (48) hours after the time of receipt of bids (or the following business day if a weekend or state holiday). Special attention is directed to Section 1896.16 for penalties for furnishing incorrect supporting information in obtaining preference.

**2.2.1 Non-Small Business Subcontractor Preference Claimed?** ☐ **Yes** ☐ **No**

**2.3 Disabled Veteran Business Enterprise Bid Incentive** - By checking "yes" below, Bidder certifies and claims credit for achieving 1% or greater of DVBE Participation on this bid as is shown in Article 9 of this bid form and also requests that the corresponding DVBE Incentive be applied to this bid.

**2.3.1 DVBE Incentive Claimed?** ☐ **Yes** ☐ **No**

## ARTICLE 3 – BONDING ASSISTANCE

In the event Bidder has received assistance in obtaining bonding for this Project, Bidder shall set forth name and nature of firm providing such assistance. Should that firm be listed as subcontractor, Bidder shall set forth the percentage of contract to be performed by that subcontractor.

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Firm Providing Assistance and Nature of Assistance

Subcontractor: ☐ **Yes** ☐ **No** Percentage \_\_\_\_\_

## ARTICLE 4 – CERTIFICATIONS - BID DEPOSITORY AND FEDERAL COURT FINDINGS

**4.1** By signing this Bid Form, Bidder certifies that in preparation of this Bid Form, no bid was received by the bidder from a bid depository, which depository (as to any portion of the work) prohibits or imposes sanctions for the obtaining by bidder, or the submission to bidder by any subcontractor or vendor or supplier of goods and services, of a bid outside the bid depository. This certification shall constitute a warranty, the falsity of which shall entitle the State to pursue any remedy authorized by law, and shall include the right, at the option of the State, of declaring any contract made as a result thereof to be void.

**4.2** By signing this Bid Form, Bidder swears under penalty of perjury that representations of the bid with respect to bidder's license are true and that no more than one final un-appealable finding of contempt of court by a Federal Court has been issued against the Contractor within the immediately preceding two-year period because of the Contractor's failure to comply with an order of a Federal Court which orders the Contractor to comply with an order of the National Labor Relations Board.

4.3 By signing this Bid Form, Bidder acknowledges that in accordance with the provisions of Section 3700 of the Labor Code, every contractor will be required to secure the payment of compensation to his employees. The Bidder agrees that they are aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the work of this contract.

4.4 By signing this Bid Form, Bidder certifies they will not ask an applicant for onsite construction-related employment to disclose orally or in writing information concerning the conviction history of the applicant on or at the time of an initial employment application.

This section shall not apply to a position for which the person or the state is otherwise required by state or federal law to conduct a conviction history background check or to any contract position with a criminal justice agency, as that term is defined in Section 13101 of the Penal Code.

This section shall not apply to a person to the extent that he or she obtains workers from a hiring hall pursuant to a bona fide collective bargaining agreement.

## **ARTICLE 5 – STATEMENT OF COMPLIANCE - NONDISCRIMINATION**

Bidder (hereinafter referred to as "prospective contractor" in this Statement), by signing this Bid Form, hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 (a-f), and CCR, Title 2, Division 4, Chapter 5, Section 8103, in matters relating to reporting requirements and the development, implementation and maintenance of a Nondiscrimination Program; as set forth in the General Conditions of the Contract for Construction. Prospective contractor agrees not to unlawfully discriminate, harass or allow harassment against any employee or applicants for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), medical disability (cancer), age (over 40), marital status, and denial of family care leave.

## **ARTICLE 6 – QUESTIONNAIRE**

6.1 In accordance with Public Contract Code, Section 10162, the Bidder shall complete the following questionnaire:

6.1.1 Has the Bidder, any officer of the Bidder, or any employee of the Bidder who has a proprietary interest in the Bidder, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a Federal, State or Local government project because of a violation of law or a safety regulation?

☐ Yes

☐ No

6.1.2 Has the Bidder, any officer of the Bidder, or any employee of the Bidder who has a proprietary interest in the Bidder, ever received a safety violation or failed to file notifications to the Cal-OSHA, Federal OSHA, or EPA Agencies for employee records as required by CCR, Title 8, Section 5208 and CFR 40, Part 61?

☐ Yes

☐ No

If the answer to either 6.1.1 or 6.1.2 above is "Yes", then give the date(s) of the citation(s) or failure to make notifications, and explain the circumstances by attachment to this Bid Form.

## **ARTICLE 7 – NON-COLLUSION DECLARATION TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID**

By signing this Bid Form, Bidder, being first duly sworn, deposes and says that he or she is the authorized representative of the Bidder, the party making the foregoing bid, that the bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and is not collusive or sham; that the Bidder has not directly or indirectly induced or solicited any other Bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any Bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that the Bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the Bidder or any other Bidder, or to fix any overhead, profit, or cost element of the bid price, or that of any other Bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the Bidder has not, directly or indirectly, submitted his or her bid price 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

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association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

## ARTICLE 8 – ADDENDA

In submitting this bid, Bidder represents that Bidder has examined copies of all the Contract Documents and acknowledges receipt of the following addenda:

Addendum No.: _____	Date: _____	Addendum No.: _____	Date: _____
Addendum No.: _____	Date: _____	Addendum No.: _____	Date: _____
Addendum No.: _____	Date: _____	Addendum No.: _____	Date: _____

Failure to acknowledge on the Bid Form receipt of an addendum shall not in itself be cause for withdrawal or rejection of bids, if it can be shown that bidder did, in fact, receive such addendum prior to bid opening.

## ARTICLE 9 – DVBE COMPLIANCE & PARTICIPATION SUMMARY

9.1 In accordance with Public Contract Code Section 10115, et seq., the Department of General Services has established criteria to implement the DVBE Program Goal as set forth in Document 00 22 10 of the Project Manual. Document 00 22 10, DVBE PARTICIPATION PROGRAM REQUIREMENTS cites the specific percentage of DVBE Participation required for this contract. **Failure to meet this requirement will result in a non-responsive bid.**

If DVBE Participation is a requirement for this bid, Bidder must complete Article 9.2.1 - DVBE PARTICIPATION SUMMARY. Failure to meet the full percentage of required DVBE participation will cause the bid to be deemed non-responsive and the bid will be rejected by the State. Listed DVBE vendor or subcontractor relationships should be first tier.

Any DVBE person, firm, corporation or organization committed by the bidder to fulfill DVBE Participation must: 1) be certified with the OSDS, and; 2) perform or provide a Commercially Useful Function as defined in Military and Veterans Code Section 999. Failure to comply with these requirements will deem the bid non-responsive and the bid will be rejected by the State.

If DVBE participation is set at zero percent, Bidder may still claim DVBE Incentive for voluntary DVBE Participation of 1% or greater. To have DVBE Incentive applied to this bid, Bidder must claim the Incentive in ARTICLE 2.3 - PREFERENCES & INCENTIVES and complete ARTICLE 9.2 - DVBE PARTICIPATION SUMMARY of the Bid Form.

If any DVBE subcontractor will be performing work in excess of 1/2 of 1% of the bid amount, the subcontractor **MUST** be listed under ARTICLE 9.2.1 - DVBE PARTICIPATION SUMMARY **AND** ARTICLE 10 - LIST OF SUBCONTRACTORS in accordance with Public Contract Code Section 4100, et.seq.

9.2 DVBE PARTICIPATION SUMMARY

NAME OF BIDDER: \_\_\_\_\_

Completion Instructions: Capture all required and non-required first tier DVBE Participation in the space below. Identify the proposed work (services, trade or materials) to be completed by the DVBE. List the Company name, contact information, OSDS Certification Number, and the DIR Registration Number. If the Bidder is a DVBE, list only the Bidder's information as 100%; do not list additional subcontractors. Indicate the dollar amount of the work to be performed by each DVBE company and the corresponding percentage of this bid price rounded to two decimals. Add up each Dollar Amount and identify the total on the bottom row marked, TOTAL DVBE PARTICIPATION. Calculate and list the percentage of the bid price this amount represents.

Pursuant to Military and Veterans Code §999.7, the awarding department shall withhold, on a contract entered into on or after January 1, 2021, ten thousand dollars (\$10,000) from the final payment, or the full final payment if less than ten thousand dollars (\$10,000), until a prime contractor complies with the certification requirements of subdivision (d) of Section Military and Veterans Code §999.5. A prime contractor that fails to comply with the certification requirement shall, after notice, be allowed to cure the defect. Notwithstanding any other law, if, after at least 15 calendar days but not more than 30 calendar days from the date of notice, the prime contractor refuses to comply with the certification requirements, the awarding department shall permanently deduct ten thousand dollars (\$10,000) from the final payment, or the full payment if less than ten thousand dollars (\$10,000).

9.2.1 Listed hereinafter is the certified DVBE company(s) proposed to perform work if the contract is awarded to Bidder:

TYPE OF WORK PERFORMED (Service, Trade or Materials)	NAME OF DVBE COMPANY, CONTACT PERSON AND PHONE NUMBER	OSDS CERTIFICATION NUMBER	DIR REGISTRATION NUMBER	DOLLAR AMOUNT OF WORK PERFORMED	PERCENTAGE OF BID PRICE
TOTAL DVBE PARTICIPATION:					

**DETERMINATION OF TOTAL DVBE PARTICIPATION:** Determination of total DVBE participation will be on the basis of total sum of all listed DVBE above and as verified by the State. When there is a discrepancy between the Dollar Amount and the Percentage of Bid, the higher of the two will prevail.



**ARTICLE 10 – LIST OF PROPOSED SUBCONTRACTORS**

Listed hereinafter are the **name, location, license number, and registration number** of all subcontractors who will be employed, and the **kind of work** which each will perform if the contract is awarded to the undersigned. I understand that under Public Contract Code Section 4100, et. seq., I must here clearly set forth the name and location of each subcontractor who will perform work or labor or render service to me in or about the construction of the work in an amount in excess of one-half of one percent (1/2 of 1%), of my total bid, and that as to any work in which I fail to do so, I agree to perform that portion myself or be subject to penalty under the act. (Note: In case more than one subcontractor is named for the same kind of work, state the portion that each will perform.) I also understand that listed subcontractors must be registered with the Department of Industrial Relations in order to be listed for and to engage in the performance of work on Public Works projects. Notwithstanding General Conditions Paragraph 1.1, the definition of a **SUBCONTRACTOR** for the purposes of the Subletting and Subcontracting law is as follows: A trade Contractor who is licensed with the Contractors' State License Board with an A, B, C or D classification, as defined pursuant to PCC Section 4113.

- Vendors or suppliers of materials only need not be listed.
- Any DVBE subcontractor performing work in excess of ½ of 1% of the bid amount **MUST** be listed below **AND** under ARTICLE 9.2.1 - DVBE PARTICIPATION SUMMARY.
- C-16 or C-57 subcontractors must contract directly with the prime contractor, and must be first tier subcontractors. If a C-16 or C-57 subcontract is for more than 1/2 of 1% of the total bid, it must be listed below.

**Failure to list Kind of Work, Name, Location or License Number shall cause the bid to be rejected as non-responsive.**

Kind of Work	Name	Location (City)	CSLB License No.	DIR Registration No.

If further space is required below, copy this page and attached hereto to be made a part of the Bid Form. Sub List Page \_\_\_\_\_ of \_\_\_\_\_

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

**CERTIFICATION**

**I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Proposer/Bidder Firm Name (Printed)	Federal ID Number
By (Authorized Signature)	
Printed Name and Title of Person Signing	
Executed in the County of	Executed in the State of
Date Executed	

NONCOLLUSION DECLARATION TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID

The undersigned declares:

I am the \_\_\_\_\_ of \_\_\_\_\_, the party making the foregoing bid.

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on \_\_\_\_\_ [date], at \_\_\_\_\_ [city], \_\_\_\_\_ [state]."

\_\_\_\_\_  
Signed

**Generative Artificial Intelligence (GenAI) Disclosure & Factsheet**

Bidder/Offer Information

Solicitation Number	Bidder ID/Vendor ID (optional)		
Business Name	Business Telephone Number		
Business Address	City	State	Zip Code

GenAI Disclosure & Factsheet

Will you be using or offering GenAI technology, model, or service (collectively, “system”)? ☐ Yes ☐ No (If No, skip to Signature section of this form.)

If yes, provide details regarding the GenAI system”). See *GenAI Disclosure & Factsheet Definitions* at the end of this form for more information.

Failure to disclose GenAI to the State and submit the detailed description may result in disqualification and may void any resulting contract.

1. GenAI Model Name, Version (including number of parameters)	
2. Model Owner	
3. Overview	
4. Purpose	
5. Intended Domain	
6. Model Training Data	
7. Model Information	

8. Input and Outputs	
9. Performance Metrics	
10. Optimal Conditions	
11. Poor Conditions	
12. Bias	
13. Test Data	

Explain below how you are ensuring the GenAI system is not adversely affecting “decisions that materially impact access to, or approval for, housing or accommodations, education, employment, credit, health care, and criminal justice.” (AB 302, Department of Technology: High-Risk automated decision systems: inventory).

Signature

By signing this document, I certify that I have identified and disclosed, if any, all GenAI components in the proposed solution or service.

Signature

Date

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## GenAI Disclosure & Factsheet Definitions

Please use the following definitions to complete the GenAI Disclosure and Factsheet:

**1. Model Name, Version & Number of Parameters:**

- Definition: The unique identifier or name assigned to the specific GenAI model or service.
- Purpose: Allows users to refer to and distinguish between different GenAI models.

**2. Model Owner**

- Definition: The name of the organization or entity responsible for creating or deploying the GenAI model or service.
- Importance: Helps identify the source and accountability for the GenAI system.

**3. Overview:**

- Definition: A concise summary of the GenAI model's purpose, functionality, and key characteristics.
- Role: Provides a high-level understanding for users and stakeholders.

**4. Purpose:**

- Definition: The intended use or goal of the GenAI model (e.g., image recognition, natural language processing, text summarization).
- Significance: Helps users assess whether the GenAI model aligns with their needs.

**5. Intended Domain:**

- Definition: The context, subject matter or domain for which the GenAI model is designed to operate effectively.
- Importance: Helps users determine if the GenAI model is suitable for their specific use case.

**6. Training Data:**

- Definition: Information used to train the GenAI model (e.g., labeled images, text corpora).
- Role: Influences the GenAI model's behavior and performance.

**7. Model Information:**

- Definition: Details about the architecture, parameters, and configuration of the GenAI model.
- Relevance: Provides insights into how the GenAI model functions.

**8. Inputs and Outputs:**

- Definition:
  - Inputs: The data or features provided to the model for prediction (e.g., images, text).
  - Outputs: The GenAI model's predictions or results (e.g., class labels, probabilities).
- Understanding: Crucial for integrating the GenAI model into applications.

**9. Performance Metrics:**

- Definition: Quantitative measures (e.g., accuracy, F1-score) used to evaluate the GenAI model's performance.
- Assessment: Determines how well the GenAI model meets its intended purpose.
- Continuous Monitoring Plan: Establishes a plan for continuous monitoring and evaluation of the GenAI model's performance.

**10. Optimal Conditions:**

- Definition: The ideal environment or context for the GenAI model to perform optimally.
- Contextual Guidance: Helps users achieve the best results.

**11. Poor Conditions:**

- Definition: Scenarios or conditions where the GenAI model's performance may degrade.
- Risk Awareness: Alerts users to potential limitations.

**12. Bias:**

- Definition: Any systematic error or unfairness in the GenAI model's predictions due to biased training data or design.
- Mitigation: Addressing bias is crucial for ethical and unbiased GenAI.

**13. Test Data:**

- Definition: Independent data used to evaluate the GenAI model's performance after training.
- Validation: Ensures the GenAI model generalizes well to unseen examples.

END OF DOCUMENT

# BIDDER'S BOND

STATE OF CALIFORNIA

DEPARTMENT OF GENERAL SERVICES

## KNOW ALL MEN BY THESE PRESENTS:

That we,

\_\_\_\_\_, as Principal,  
and \_\_\_\_\_

as Surety, are held and firmly bound unto the State of California, hereinafter called the State, in the penal sum of ten percent (10%) of the total amount of the bid of the Principal above named, submitted by said Principal to the State of California, Department of General Services, for the work described below, for the payment of which sum in lawful money of the United States, well and truly to be made, we bind ourselves, our heirs, executors, administrators and successors, jointly and severally, firmly by these presents.

**THE CONDITION** of this obligation is such that:

**WHEREAS**, the Principal has submitted the above-mentioned bid to the State of California, Department of General Services, for certain construction specifically described as follows, for which bids are to be opened at \_\_\_\_\_  
\_\_\_\_\_. (Insert place where bids will be opened) on \_\_\_\_\_ (Insert date of bid opening)  
for \_\_\_\_\_

(Copy here the exact description of work, including location, as it appears on the proposal)

**NOW, THEREFORE**, If the aforesaid Principal is awarded the contract and, within the time and manner required under the specifications, after the prescribed forms are presented to him for signature, enters into a written contract, in the prescribed form, in accordance with the bid, and files the two bonds with the Department, one to guarantee faithful performance and the other to guarantee payment for labor and materials, as required by law, then this obligation shall be null and void; otherwise, it shall be and remain in full force and virtue.

In the event suit is brought upon this bond by the Obligee and judgment is recovered, the Surety shall pay all costs incurred by the Obligee in such suit, including a reasonable attorney's fee to be fixed by the court.

**IN WITNESS WHEREOF**, We have hereunto set our hands and seals on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

(SEAL)

(SEAL)

Name of Principal and Address for Service

By \_\_\_\_\_

Contractor Signature

(SEAL)

(SEAL)

(SEAL)

Name of Surety and Address for Service

By \_\_\_\_\_

Attorney-in-Fact Signature

NOTE: Signatures of those executing for the Surety must be properly acknowledged.

## CERTIFICATE OF ACKNOWLEDGMENT

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_ ss

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year of 20\_\_\_\_ before me, a notary public in and for the county and state aforesaid, personally appeared, \_\_\_\_\_ and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and proved to me on the basis of satisfactory evidence to be the attorney-in-fact of \_\_\_\_\_ and acknowledged to me that he/she subscribed the name of the said company thereto as surety, and his/her own name as attorney-in-fact.

(SEAL)

\_\_\_\_\_  
Notary Public



**DOCUMENT 00 43 16-1**

**LIST OF CERTIFIED SMALL BUSINESS SUBCONTRACTOR(S)**

**COMPLETION INSTRUCTIONS**

**PLEASE READ THESE INSTRUCTION CAREFULLY**

IN ORDER TO GRANT A FIVE PERCENT (5%) NON-SMALL BUSINESS SUBCONTRACTOR PREFERENCE TO A NON-SMALL BUSINESS, THE BIDDER MUST COMPLETE THE CERTIFIED SMALL BUSINESS SUBCONTRACTOR SUMMARY (CSBSS) FORM 00 43 16-2. THIS FORM **MUST** BE COMPLETED BY THE NON-SMALL BUSINESS BIDDER AND RETURNED TO THE AWARDING AGENCY NO LATER THAN FORTY-EIGHT (48) HOURS AFTER THE TIME OF RECEIPT OF BIDS. IF THE BIDDER FAILS TO RETURN THE COMPLETED FORM 00 43 16-2 WITHIN 48 HOURS, THE CLAIM FOR SMALL BUSINESS PREFERENCE WILL BE DENIED.

**CSBS COMPANY NAME** – list the name(s) of the certified small business subcontractor(s) to be used to complete this project.

**CSBS COMPANY ADDRESS** – list the address(es) of the certified small business subcontractor(s) to be used to complete this project.

**CSBS COMPANY TELEPHONE NUMBER** – list the telephone number(s) of the certified small business subcontractor(s) to be used to complete this project.

**CSBS PERCENTAGE (%) OR DOLLAR (\$) AMOUNT** – list the percentage(s) or dollar amount(s) that will be given to the certified small business subcontractor(s) used to complete this project.

**DESCRIPTION OF WORK** – identify the proposed work including services or materials to be performed by the certified small business subcontractor(s) to complete this project.

**TO OBTAIN THE 5% NON-CERTIFIED SMALL BUSINESS PREFERENCE, THE LISTED SUBCONTRACTOR(S) AND/OR SUPPLIER(S) FIRM(S) MUST BE FORMALLY CERTIFIED BY THE OFFICE OF SMALL BUSINESS AND DVBE CERTIFICATION (OSDC) AS A SMALL AND/OR MICROBUSINESS. (Prime contractors should ask Subcontractor/Supplier to provide them with a copy of their OSDC certification letter)**

**CERTIFIED SMALL BUSINESS SUBCONTRACTOR(S) SUMMARY**

BIDDER NAME \_\_\_\_\_

PROJECT NUMBER \_\_\_\_\_

STATE OF CALIFORNIA

**CERTIFIED SMALL BUSINESS SUBCONTRACTOR(S) SUMMARY**

Form date 09/28/2004

Listed hereinafter is the name of business, address, telephone number, dollar amount or percentage of all certified subcontractors who will be employed, and the description of the work which each will perform if the contract is awarded to this bidder.

**Failure to list name of business, address, telephone number, description of work to be performed and dollar amount or percentage of work for each subcontractor may be cause for denial of the non-small business subcontractor preference.**

(If further space is required for the List of Proposed Subcontractors, additional sheets showing the required information, as indicated below, shall be attached hereto and made a part of the Bid).

CERTIFIED SMALL BUSINESS SUBCONTRACTOR (Name of Business)	CERTIFIED SMALL BUSINESS SUBCONTRACTOR (Address)	CERTIFIED SMALL BUSINESS SUBCONTRACTOR (Telephone Number)	CERTIFIED SMALL BUSINESS SUBCONTRACTOR (\$ or % Amount)	CERTIFIED SMALL BUSINESS SUBCONTRACTOR (Description of Work) (Service or Materials)

**CERTIFIED SMALL BUSINESS SUBCONTRACTOR(S) SUMMARY**

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

**Section 1 – Payee Information****NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)**CITY, STATE, ZIP CODE****E-MAIL ADDRESS****Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2)☐ **SOLE PROPRIETOR / INDIVIDUAL**☐ **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual*☐ **PARTNERSHIP**☐ **ESTATE OR TRUST****CORPORATION** (see instructions on page 2)☐ **MEDICAL** (e.g., dentistry, chiropractic, etc.)☐ **LEGAL** (e.g., attorney services)☐ **EXEMPT** (e.g., nonprofit)☐ **ALL OTHERS****Section 3 – Tax Identification Number**

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR****Federal Employer Identification Number (FEIN)**

\_\_\_\_\_ - \_\_\_\_\_

**Section 4 – Payee Residency Status** (See instructions)☐ **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.☐ **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.☐ No services performed in California☐ Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification*****I hereby certify under penalty of perjury that the information provided on this document is true and correct.******Should my residency status change, I will promptly notify the state agency below.*****NAME OF AUTHORIZED PAYEE REPRESENTATIVE****TITLE****E-MAIL ADDRESS****SIGNATURE****DATE****TELEPHONE** (include area code)**Section 6 – Paying State Agency****Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE**

Department of General Services, Administration Division

**UNIT/SECTION**

Office of Business Acquisition Services, Contract Services Section

**MAILING ADDRESS**

707 Third Street, MS 508

**FAX**

n/a

**TELEPHONE** (include area code)

(916) 376-1768

**CITY**

West Sacramento

**STATE**

CA

**ZIP CODE**

95605

**E-MAIL ADDRESS**

n/a

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

**NOTE:** Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

**Section 1 – Payee Information**

**Name** – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

**Business Name** – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

**Mailing Address** – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

**Section 2 – Entity Type**

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

**Section 3 – Tax Identification Number**

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

**Section 4 – Payee Residency Status****Are you a California resident or nonresident?**

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
  - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900

E-mail address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov)

For hearing impaired with TDD, call: 1-800-822-6268

Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Section 5 – Certification**

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

**Section 6 – Paying State Agency**

This section must be completed by the state agency/department requesting the STD 204.

**Privacy Statement**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

## STATE OF CALIFORNIA – STATE CONTROLLERS OFFICE

**PAYEE DATA RECORD SUPPLEMENT**

(This form is optional. Form is used to provide remittance address information if different than the mailing address on the STD 204 – Payee Data Record. Use this form to provide additional remittance addresses and additional Authorized Representatives of the Payee not identified on the STD 204.)  
STD 205 (New 03/2021)

**Payee Information (must match the STD 204)****NAME** (Required. Do not leave blank.)**TAX ID NUMBER** (Required)

SSN, ITIN, or FEIN that matches Tax ID number provided on STD 204

**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME**

(If different from above)

**Additional Remittance Address Information**

- Use the fields below to provide remittance addresses for payee if different from the mailing address on the STD 204.
- **The addresses provided below are for remittance purposes only. 1099 information returns will be sent to the mailing address specified on the STD 204.**

**1 REMITTANCE ADDRESS** (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

**2 REMITTANCE ADDRESS**

CITY

STATE

ZIP CODE

**3 REMITTANCE ADDRESS**

CITY

STATE

ZIP CODE

**4 REMITTANCE ADDRESS**

CITY

STATE

ZIP CODE

**5 REMITTANCE ADDRESS**

CITY

STATE

ZIP CODE

**Additional Contact Information**

Use the fields below to provide additional Authorized Representatives for the Payee if applicable.

**1 CONTACT NAME**

TELEPHONE (Include area code)

EMAIL

**2 CONTACT NAME**

TELEPHONE

EMAIL

**3 CONTACT NAME**

TELEPHONE

EMAIL

**Certification**

*I hereby certify under penalty of perjury that the information provided on this supplemental document is true and correct.*

*By signing this document, I authorize the State of California to remit payment to the addresses specified on this supplemental form (STD 205) and certify that all persons identified on this form are authorized representatives of this payee. Payments remitted to any of the listed addresses may be reported on 1099 information returns to the tax liable entity identified on the accompanying Payee Data Record - STD 204.*

**NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

(Print or Type name)

**TITLE****E-MAIL ADDRESS****SIGNATURE****DATE****TELEPHONE** (Include area code)

X \_\_\_\_\_

**PAYEE DATA RECORD SUPPLEMENT**

(This form is optional. Form is used to provide remittance address information if different than the mailing address on the STD 204 – Payee Data Record. Use this form to provide additional remittance addresses and additional Authorized Representatives of the Payee not identified on the STD 204.)  
STD 205 (New 03/2021)

**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record Supplement, STD 205. Sign, date, and return to the state agency/department with a completed STD 204. Prompt return of the fully completed forms will prevent delays when processing payments.

**Purpose** – Completion of this form (STD 205) is optional. Payees may use this form to provide remittance addresses or contact information in addition to the 1099 information return mailing address provided on the STD 204. This form shall only be used in conjunction with the STD 204, and will not be accepted without a STD 204.

**Please note:** The State of California Government will issue 1099 information returns to the mailing address provided on the most recently dated form STD 204 validated by the Payee. Addresses provided on this form (STD 205) will be used for remittance purposes only. If the payee would like to update the address for receiving 1099 information returns, please complete the STD 204.

**Payee Information:** The Payee's Tax ID number (TIN) and Name (including any Business, DBA, or Disregarded LLC names) are required. This information is subject to TIN matching via the IRS database for validation. Payee Information provided in this section must clearly match the STD 204. Any discrepancies may result in delays of payment, up to and including denial of the request.

**Name** – Enter the name of the Payee. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

**Business Name** – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

**Tax ID Number**-The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

**Additional Remittance Address Information** - Enter the Payee's additional remittance address(s) that are not listed on STD 204. Up to five (5) addresses may be provided on this form. The Payee may provide additional remittance addresses on a second STD 205 form if needed.

**Additional Contact Information** - Enter the Payee's additional or updated contact information. Up to three contacts may be identified on this form. Payee may provide additional contacts on a second STD 205 if needed.

**PRIVACY STATEMENT**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

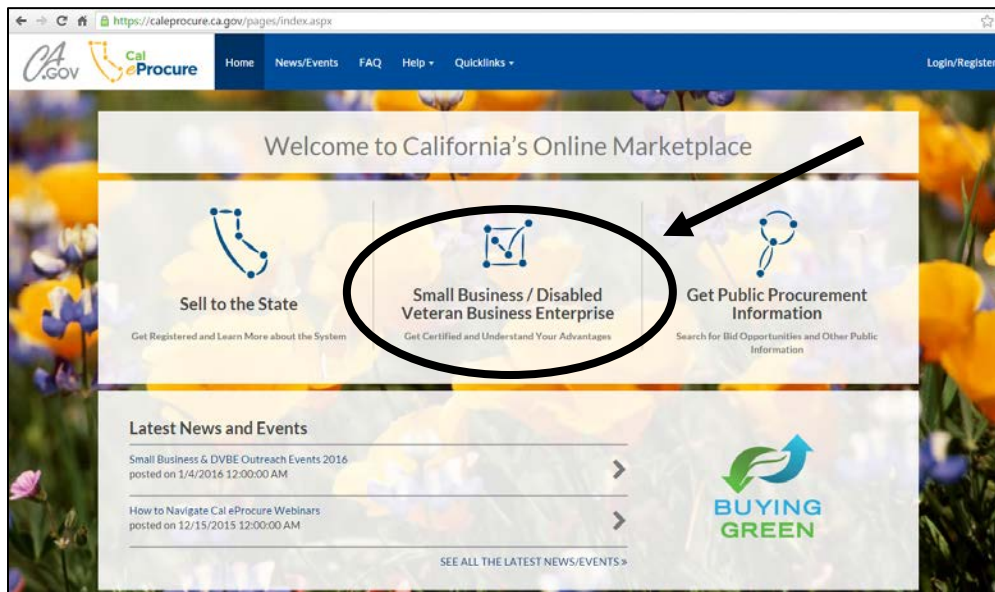
You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of the STD 204 form.

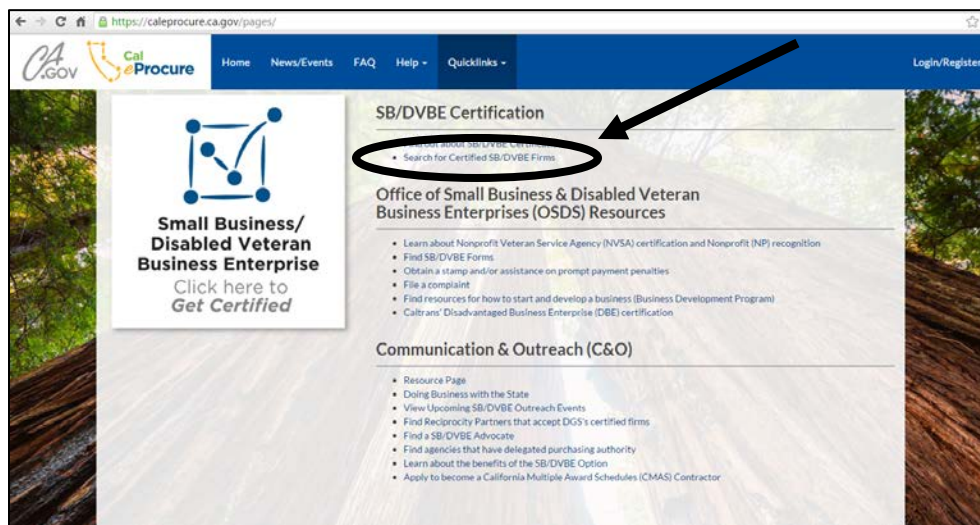
## Locate certified Small Business and Disabled Veteran Business Enterprises firms on the new Cal eProcure System

Search the new Cal eProcure website to locate certified Small Business (SB) and Disabled Veterans Business Enterprise (DVBE) firms. No registration or log in is required.

- Go to <https://caleprocure.ca.gov/>



- Click on Small Business / Disabled Veteran Business Enterprise



- Click on Search for Certified SB/DVBE Firms

The State of California Certifications

Search Criteria

Business Name

Certification ID

Keywords

Zip Code

Service Area ID

UNSPC Classifications

NAICS Classifications

License Code

Certification Type

- ☐ Micro Business (MB)
- ☐ Small Business (SB)
- ☐ Disabled Veteran Business Enterprise (DVBE)
- ☐ Non-Profit Veteran Service Agency (NVSA)
- ☐ Non-Profit Recognition (NP)

Business Type

- ☐ Construction
- ☐ Manufacturer
- ☐ Non-Manufacturer
- ☐ Service

The system allows you to customize your search and target your specific needs. Search by Business Name, Certification Type, Business Type, Keywords, Zip Code, Service Area ID, UNSPC Classifications, NAICS Classifications or License Code.

Bidders may consider trade subcontractors with a Contractor's license, but are reminded to also consider services, and/or material suppliers whose business functions may be relevant to the project's scope of work (commercially useful function, *CCR, Title 2, Section 1896.6*).

**For Small Business and Disabled Veteran Business Enterprise certification program related inquiries:**

Office of Small Business & Disabled Veteran Business Enterprise Services (OSDS)

Email: [OSDSHelp@dgs.ca.gov](mailto:OSDSHelp@dgs.ca.gov)

Phone: 916-375-4940



## DVBE Incentive Information for RESD Construction Contracts

The Department of General Services (DGS) established a Disabled Veteran Business Enterprise (DVBE) Incentive pursuant to a revision of the Military and Veterans Code § Sections 999.5(a) & (d), California Code of Regulations §1896.98 et seq. and Government Codes §14600, §14615 & §14838(F).

DVBE has two inter-related aspects to the program:

1. The DVBE Participation Program – where bidders must meet or exceed the required participation goal percentage set for the solicitation.
2. The DVBE Incentive Program which gives bidders an opportunity to improve their bid status based on the participation percentage attained from the DVBE Participation Program.

The DVBE incentive is only used during the bid evaluation process and is applied by reducing the bid price by the amount of incentive as computed from the lowest responsive and responsible bid price.

The percentage of incentive given is equal to the percentage of DVBE participation achieved from a minimum of 1.00 % to a maximum of 5.00 % not to exceed a total of \$500,000. The SB Preference (5% up to \$50,000) may be **combined** with the DVBE Incentive but will not exceed a combined total of \$500,000.

**Application of the incentive shall not displace an award to a certified Small Business by a non-small business.**

**Under the incentive program, a bidder claiming the “Non-Small Business preference” is considered a “non-small” business.**

When a contractor achieves participation with a DVBE company, the contractor fulfills two needs: 1) it fulfills the required DVBE participation and 2) it gets an incentive to lower their competitive bid price for evaluation purposes only.

### Application

Check the appropriate box in the Bid Form requesting the DVBE Incentive and also list the participating DVBE company(s) in the DVBE Summary giving the subcontractor’s monetary bid amount and the percentage of the Prime’s bid.

Examples of the DVBE Incentive program being applied as recommended above:

### **Example (1)**

#1	Bidder A – (with 2.5% DVBE participation) Less the Incentive (2.5% of \$1,270,000) <i>Adjusted Bid Price of #1 Low Bid</i>	\$1,270,000 - 31,750 \$1,238,250
#2	Bidder B – (with 5% DVBE participation) Less the Incentive (5% of \$1,270,000) <i>Adjusted Bid Price of #2 Bid</i>	\$1,300,000 - 63,500 \$1,236,500

Bidder A’s Adjusted Bid Price of \$1,238,250 is higher than Bidder B’s Adjusted Bid Price of \$1,236,500. Award will be made to Bidder B for \$1,300,000. Bidder B holds the Low Bid position with the additional DVBE Incentive.

**Example (2)**

<b>#1</b>	Bidder A – (with Small Business Preference)	\$1,250,000
<b>#2</b>	Bidder B – (with 5% DVBE participation) Less the Incentive (5% of 1,250,000) <i>Adjusted bid for comparison</i>	\$1,300,000 <u>- 62,500</u> \$1,237,500

Bidder A with a SB preference cannot be displaced by Bidder B utilizing only the incentive. Bidder B would have had to have been a SB in order to displace Bidder A.

**Example (3)**

<b>#1</b>	Bidder A – (with 1.15 % DVBE participation) Less the incentive (1.15% of \$1,200,000) <i>Adjusted bid for comparison</i>	\$1,200,000 <u>-13,800</u> \$1,186,200
<b>#2</b>	Bidder B – (with Non-Small Business Preference and 3.25% DVBE participation) Less the preference (5% or \$50,000 max) Less the incentive (3.25% of \$1,200,000) <i>Adjusted bid for comparison</i>	\$1,250,000 -50,000 <u>-39,000</u> \$1,161,000
<b>#3</b>	Bidder C – (with Small Business Preference and 15.89% DVBE participation) (5% max. incentive) Less the preference (5% or \$50,000 max) Less the incentive (5% max of \$1,200,000) <i>Adjusted bid for comparison</i>	\$1,275,000 -50,000 <u>-60,000</u> \$1,165,000

Applying only the preference, Bidder A and Bidder B would have the same bid price of \$1,200,000, but Bidder B would have the lower bid because of the Non-Small Business Preference. Bidder B would thus be in the #1 position. But when adding in the incentive, calculations are based off the original low bid price of Bidder A. Thus, Bidder B has the lowest adjusted bid price at \$1,161,000. Even though Bidder B claims a 3.25% incentive, Bidder B cannot displace Bidder C for the #1 position because Bidder C is a certified Small Business and cannot be replaced by a non-small business. The award would be made to Bidder C for \$1,275,000. The order would be as follows:

#1 - Bidder C, #2 - Bidder B, #3 - Bidder A.

**Example (4)**

<b>#1</b>	Bidder A – (with 2.15% DVBE participation) Less the incentive (2.15% of \$93,000) <i>Adjusted bid for comparison</i>	\$93,000.00 <u>- 1,999.50</u> \$91,000.50
<b>#2</b>	Bidder B – (with 8.97% DVBE participation) Less the incentive (5% of \$93,000) <i>Adjusted bid for comparison</i>	\$94,600.00 <u>- 4,650.00</u> \$89,950.00
<b>#3</b>	Bidder C – (with Small Business Preference) Less the preference (5% of \$93,000) <i>Adjusted bid for comparison</i>	\$99,500.00 <u>- 4,650.00</u> \$94,850.00

Adjusting bids for evaluation gives Bidder B, with a higher incentive than Bidder A, a lower adjusted bid. Even though SB preference can take precedence over the incentive program, Bidder C's adjusted bid is still higher than Bidder B's original bid before the incentive was applied.

The award order would be as follows: #1 - Bidder B, #2 - Bidder C, #3 - Bidder A.

## **Preferences for Certified Small Business (SB) & Non-Certified Small Business Contractors**

*This is an overview showing the benefits of being a State certified Small Business or utilizing Small Businesses in the construction, service, manufacturing and non-manufacturing fields.*

### **Small Business Benefits:**

- State agencies should award at least 25% of their annual contracting dollars to certified Small Business.
- The State gives a 5% preference to certified Small Businesses through the bidding process.
- Government Code Section 14838.7 allows State agencies to solicit public works SB firms directly for projects up to \$281,000 (effective 1/30/2014).
- Agencies use the Department of General Service's certified Small Business firm database to find suppliers, services, manufacturers and contractors.
- Prompt payment.

### **Small Business Preferences:**

The Small Business Procurement and Contract Act (Government Code, Section 14835) was enacted to afford small businesses which includes Microbusinesses (MB) the same opportunities as their non-SB competitors. A 5 % preference is offered during the bidding process. Under the Prompt Payment Act, the State must pay a certified SB higher interest penalties for late payment of an undisputed invoice.

### **Non-Small Business Subcontractor Preference**

Departments offer a 5 % preference to businesses that commit 25 % of their bid to CA certified Small Businesses.

**What is the 5% Preference?** State law allows certified SB's, certified MB's, and businesses who subcontract with certified SB/MB firm(s) to receive a 5% bidding preference on Public Works projects. The preference is used only for computation purposes up to a maximum amount of \$50,000, to determine the winning bidder. The contract is awarded at the actual bid amount.

### **Applying and Calculating the 5% Preference:**

Take 5% of the lowest bid (Business A) and subtract that dollar amount from the bidder requesting the SB or non-SB preference (Business B). Compare the original bid of Business A with Business B using the Preference. If the bid with the preference is less, Business B will be lower. But, if the bid with the preference is greater, Business A remains the lower.

Example:

<b>Business A</b>		<b>Business B with 5% preference</b>	
Low Bid	\$250,000	Bid	\$260,000
	x 5 %	Preference Factor	- 12,500
Preference Factor	\$12,500		\$247,500

Conclusion: After applying the 5% preference, Business B now falls into low bidder position with an adjusted bid below that of Business A. Therefore, the contract is awarded to Business B, but at the original bid amount of \$260,000.

## **Small Business Requirements & Helpful Information**

*This information shows the certification requirements to be a State certified Small Business, access to publications, where to file and contracting opportunities for Public Works projects.*

### **Small Business Certification Requirements:**

- Must be independently owned and operated;
- Cannot be dominant in its field of operation;
- Must have its principal office located in California;
- Must have its owners, or officers in the case of a corporation, domiciled in California;
- Together with its affiliates, be either:
  1. A business with 100 or fewer employees and an average annual gross receipts of \$14 million or less over the last three tax years, or
  2. A manufacturer with 100 fewer employees.
  3. A microbusiness. A small business will automatically be designated as a microbusiness, if gross annual receipts are less than \$3,500,000; or the small business is a manufacturer with 25 or fewer employees.

### **Reference Publications and Forms**

Information can be found by linking to <http://www.dgs.ca.gov/pd/Programs/OSDS/GetCertified.aspx> The certification application process requires the contractor to complete and submit a 2-page application (with an original signature) along with supporting documents as specified in the “Required Support Documents” section of the certification application. The contractor may complete the application on line via a fill-in format or mail a hard copy to:

**Department of General Services  
Office of Small Business & DVBE Services  
707 Third Street, 1<sup>st</sup> Floor, Room 400  
West Sacramento, CA 95605**

### **Filing Time:**

Applications are processed on a “first-in”, “first-out” basis. To meet certification needs, the Office of Small Business and DVBE Services (OSDS) requests application packages a minimum of 5-10 working days prior to the bid due date. To be considered a valid certified small business participant in a bid competition; a complete certification application package must be received and deemed complete by OSDS. For help: email [OSDSHelp@dgs.ca.gov](mailto:OSDSHelp@dgs.ca.gov) or call (916) 375-4940.

### **Utilizing State Contracting Opportunities**

Effective January 1, 2016, Cal eProcure is the new portal for the California State Contracts Register (CSCR) and the online SB & DVBE queries. All contractors that wish to do business with the State via the Cal eProcure system must do a quick free registration using <https://caleprocure.ca.gov/pages/CertificationProcess/sbdvbe-1.aspx> to obtain a user name and password. From that point forward, you will only need one user logon for all eProcurement functions. Some of the benefits of the free registration:

- Receive E-mail or Fax notifications regarding State business opportunities and other related correspondence
- View, download and/or electronically respond to solicitations posted in the CSCR and any other nationwide opportunities that are posted Cal eProcure.
- View the status of any non-confidential State procurement or contracting transaction

Suppliers should receive bid notifications matching your preferences as soon as they become available in the system. Suppliers also have the option to opt out of receiving notifications; however, please note that the opt-out action removes you from all communications and notifications from the State's acquisition arena, including SB/DVBE certification, if applicable. For more information go to <https://caleprocure.ca.gov> or call (916) 375-2000.