

STATE OF CALIFORNIA  
DGS/PD 525 (Rev. 01/05)

## MANUFACTURER'S SUMMARY Of Contract Activities and Labor Hours

**Section I**

SOLICITATION NUMBER

AGENCY/DEPT

**To be eligible for bidding preferences, the following data/information must be provided AND signed, as indicated, by both the Manufacturer and the Bidder. Any person furnishing false certifications, willfully providing false information, or failing to comply with the preference requirements is subject to sanctions as set forth in the statutes.**

**Section II****Manufacturer's Information: Must be completed by the Manufacturer**

Report the projected production capacity of the facility for each product type/solicitation line item. This form must accompany any bid preference request form(s) (STD 830, STD 831, STD 832) submittal to the designated contracting official at the awarding department. Enter the number of all employee labor hours in an 8-hour shift at this site required and necessary to perform the contract. Employee labor hours may cover such activities as manufacturing, packaging, handling, warehousing and/or shipping the product (see reverse for additional information). Do not include labor-free time (automation or machine hours /storage/etc). If additional lines are needed, copies of this form may be used.

Product Type Or Line Item (Manufactured At This Site)	Contract Quantity (Include Product Units)	Production Capacity (Units Per 8-Hr Shift)	Number Of Employees Used In 8-Hr Shift (Of The Product Production Cycle)						Total Employee Contract Labor Hours Per Product Type Or Line Item
			Manufacturing	Packaging	Handling	Warehousing	Shipping	Other *	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
<b>GRAND TOTAL</b> (Employee labor hours)									
*EXPLAIN "OTHER" ACTIVITIES OF THE MANUFACTURING CYCLE MUST BE DEFINED HERE, IF USED: (Use additional sheets, if necessary)									

**Section III****Manufacturer's Information and certification: Must be completed and signed by the Manufacturer**

Separate "Manufacturer's Summaries" are required for each site that is identified as a manufacturer of the contract goods.

MANUFACTURER'S NAME AND ADDRESS	NAME AND TITLE OF PERSON SIGNING AS MANUFACTURER	PHONE NUMBER (    )	DATE
	MANUFACTURER'S SIGNATURE	FAX NUMBER (    )	

**Section IV****Bidder's Certification: Must be completed and signed by the Bidder to be eligible for bidding preferences**

I hereby certify under penalty of perjury that the manufacturer provided the above information to me. The proposed employee labor hours indicated above correlate with the hours reported on the preference request form(s) [STD 830, STD 831, and/or STD 832] that accompany this bid.

BIDDER'S NAME AND TITLE	BIDDER'S SIGNATURE	PHONE NUMBER (    )	DATE
		FAX NUMBER (    )	

## MANUFACTURER'S SUMMARY

### References and Instructions

The California Legislature has declared that it serves a public purpose and is a benefit to the State to encourage business investment, promote job development, and to facilitate job maintenance in economically distressed areas of the state. It is the intent of the Legislature to further these goals by providing appropriate preferences to California based companies submitting bids or proposals for state contracts to be performed at worksites in economically distressed areas when the contract is for goods or services in excess of \$100,000. To obtain preferences, the bidder must demonstrate that a minimum 50% (for goods contracts) or 90% (for services contracts) of the projected employee labor hours necessary for the contract will be performed within the economically distressed area. This includes manufacturer's employee labor hours.

If the bidder requests TACPA, EZA, and/or LAMBRA contract preferences<sup>1</sup>, the completed *Manufacturer's Summary* must be signed by both the manufacturer<sup>2</sup> and the bidder for each requested preference. The information provided on this form will be used to evaluate the total manufacturing employee labor hours required to complete this contract.

#### Section I To be completed by the Bidder

**Solicitation Number:** Enter the solicitation number identified on the front page of the Invitation For Bid for which this form is being submitted.

**Agency/Dept:** Enter the name of the buying Agency and/or Department (e.g., State and Consumer Services Agency, Department of General Services)

#### Section II To be completed by the Manufacturer

This section identifies the projected production capacity of the manufacturer's facility; number of employees used for each type of the bid product and total of the projected employee contract labor hours used to manufacture the bid product for the entire contract period.

<sup>1</sup> Target Area Contract Preferences Act, GC § 4530 et seq., Enterprise Zone Act GC Section 7070 et seq.; and/or Local Agency Military Recovery Area Act (LAMBRA), GC § 7118 et seq.

<sup>2</sup> The State considers the manufacturer to be the company or companies that add value to the product by converting or transforming it from the raw or bulk product into the final bid product.

**Product Type or Line Item:** List the product type or line item as specified on the solicitation. Identify each product type or match the line items on the solicitation.

**Contract Quantity:** List the number of product unit(s) (i.e. # cases, pounds, etc.). Use the same quantity and unit of measure used in the state's solicitation.

**Production Capacity:** Indicate the manufacturing capacity for each product type/line item in an 8-hour period.

**Employees Used In 8-Hr Period:** Indicate the number of employees used for the various production segments during an 8-hour period (example: .5, 1.5, 2). List only the production processes pertaining to the production of the bid product/line item. Production tasks may include: manufacturing, packaging, handling, shipping, and/or other. Production hours listed under "other" must be defined.

**Total Hours:** For each product type/line Item, identify the total number of employee contract labor hours projected to be used for the entire contract period.

#### Section III To be completed by the Manufacturer

**Firm & address:** Enter the manufacturer's name & address.

**Authorized Representative:** Type or print the name and title of the person signing the form.

**Contact phone number:** Enter the telephone number and fax number for the manufacturer.

**Date:** Enter the date the form is completed and signed by the manufacturer

**Signature:** Signed by the manufacturer

#### Section IV To be completed by the Bidder

Section IV must be completed and signed by the bidder to be eligible for the bidding preference.