

Solicitation 1501-006

**SCANNER AND MAINTENANCE, SOFTWARE AND
MAINTENANCE, TRAINING**

Bid designation: Public

State of California

Bid 1501-006

SCANNER AND MAINTENANCE, SOFTWARE AND MAINTENANCE, TRAINING

Bid Number **1501-006**
 Bid Title **SCANNER AND MAINTENANCE, SOFTWARE AND MAINTENANCE, TRAINING**
 Expected Expenditure **\$0.00** (This price is expected - not guaranteed)

Bid Start Date **Feb 3, 2015 1:18:34 PM PST**
 Bid End Date **Feb 10, 2015 11:00:00 AM PST**

Bid Contact **Marty Zubeidi**
Staff EDP Acquisition Specialist
916-375-4435
marty.zubeidi@dgs.ca.gov

Contract Duration **One Time Purchase**
 Contract Renewal **Not Applicable**
 Prices Good for **30 days**

Standard Disclaimer **The State of California advises that prospective bidders periodically check the websites, including but not limited to Bidsync, and/ or other state department links for modifications to bid documents. The State of California is not responsible for a prospective bidder's misunderstanding of the bid solicitation or nonresponsive bid due to failure to check these websites for updates or amendments to bid documents, and/ or other information regarding the bid solicitations. Failure to periodically check these websites will be at the bidder's sole risk.**
The information published and/ or responded to on these websites is public information. Confidential questions/ issues/ concerns should be directed to the contact on the ad.

Bid Comments **Ship to/Charge to: CCL - Technical Assistance Bureau Attn: Robert J. Bayles MS 9-14-89 FY 14/15**
Added on Feb 4, 2015:
inviting additional vendor

Addendum # 1

Item Response Form

Item **1501-006--01-01 - Imported Item Lot: SCANNER**
 Quantity **1 each**
 Unit Price
 Delivery Location **State of California**
Dept of Social Services - (744 P St)
 744 P Street
 Sacramento CA 95814
 Qty 1

Description

SCANNER: Dual Side - Pencil and Ink Read, OMR/Image read head, includes 1 Year Maintenance
 -see attached Scope of Work -
 Ref: Scantron iNSIGHT 4 ES OMR Scanner

Item **1501-006--01-02 - Imported Item Lot: LICENSE**
 Quantity **1 each**
 Unit Price

Delivery Location **State of California**
Dept of Social Services - (744 P St)
744 P Street
Sacramento CA 95814
Qty 1

Description

LICENSE: OMR v4 - RC01, includes first year support

Item **1501-006--01-03 - Imported Item Lot: TEMPLATE**
Quantity **1 each**
Unit Price
Delivery Location **State of California**
Dept of Social Services - (744 P St)
744 P Street
Sacramento CA 95814
Qty 1

Description

TEMPLATE: scanning template to scan for #F10377-DSS

Item **1501-006--01-04 - Imported Item Lot: TRAINING**
Quantity **1 each**
Unit Price
Delivery Location **State of California**
Dept of Social Services - (744 P St)
744 P Street
Sacramento CA 95814
Qty 1

Description

TRAINING: Remark Classic OMR Group
Online Training (2 Hours)

Item **1501-006--01-05 - Imported Item Lot: Online Technical Mentoring - 3 hours**
Quantity **1 each**
Unit Price
Delivery Location **State of California**
Dept of Social Services - (744 P St)
744 P Street
Sacramento CA 95814
Qty 1

Description

Online Technical Mentoring for Remark Classic OMR - 3 hours

Form GSOP S5-PIN (01-05)

STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES – PROCUREMENT DIVISION



Request for Quotation

<u>DUE DATE</u> 02/10/2015		Responses must be delivered to the Procurement Division before 11:00 AM on the Due Date		
SUPPLIER NAME AND ADDRESS		<u>SOLICITATION NO.</u> 1501-006	<u>REV. DATE</u> 02/03/2015	<u>DELIVERY DATE</u> As Specified
		<u>PURCHASE EST. NO.</u> REQ 101054	<u>AGENCY BILLING CODE</u> 68807	<u>AGENCY PURCHASE EST NO.</u> 40175
		F.O.B. DESTINATION UNLESS BID STATES OTHERWISE		ARE YOU CLAIMING PREFERENCE AS A CALIFORNIA CERTIFIED SMALL BUSINESS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, MANUFACTURER? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU A NON-SMALL BUSINESS CLAIMING AT LEAST 25% SMALL BUSINESS SUBCONTRACTOR PREFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SUPPLIER CONTACT: PHONE: SUPPLIER NUMBER: NAME (PRINT)		<u>% CASH DISCOUNT FOR</u> <u>PAYMENT WITHIN _____ DAYS</u> <u>SEE REQUIRED PAYMENT DATE OF THE GENERAL PROVISIONS PARAGRAPH 30.</u>	SHIP TO: As Specified	
TITLE		FOR FURTHER INFORMATION, CONTACT: BUYER: Marty Zubeidi PHONE: 916-617-3647 EMAIL: marty.zubeidi@dgs.ca.gov		
SIGNATURE _____ DATE _____		Return To: DGS/PROCUREMENT DIVISION 707 3RD ST. 2ND FL (95605) P.O. BOX 989054 W. SACRAMENTO, CA 95798		
TELEPHONE NUMBER _____ FAX NUMBER _____				
FEDERAL EMPLOYER IDENTIFICATION NUMBER _____				
Bidder offers and agrees if this response is accepted within 45 calendar days from the date of opening to furnish all of the items upon which prices are quoted, at the prices set opposite each item, delivered at the designated point(s) by the method of delivery and within the times specified above and subject to the attached General Provisions. DECLARATIONS UNDER PENALTY OF PERJURY: By signing above, with inclusion of the date of signature, the above signed bidder DECLARES UNDER PENALTY OF PERJURY under the laws of the State of California as follows: (1) (STATEMENT OF COMPLIANCE). The above signed has complied with the non-discrimination program requirements of Government Code 12990 and Title 2, California Administrative Code Section 8103, and such declaration is true and correct. (2) The National Labor Relations Board declaration set forth in Paragraph 43 of the General Provisions is true and correct. (3) If a claim is made for the small business preference, the information set forth within is true and correct.				

RFQ #1501-006 is for the purchase of a scanner, and hardware and software maintenance and support for the California Department of Social Services. The Hardware and Software Maintenance Support will be for twelve (12) months reflected in the Statement of Work, with an option to add two more years at bid price each fiscal year. See attached Cost Worksheet

****IMPORTANT SUPPLIER NOTE****

Bidders are required to **submit both an electronic bid and paper bid** response by the due date and time identified in this solicitation.

Paper Bid: The paper bid response will be deemed the "Master Copy". For evaluation purposes, the paper bid (Master Copy) shall be complete and include all of the required bid submittals in order to be deemed responsive to the bid requirements. If the paper bid response is incomplete and/or includes discrepancies, you may be deemed non-responsive and subject to the rejection process.

Electronic Bid: The electronic bid response will be deemed a "Copy". Please use the BidSync system to submit an electronic bid response. If you need assistance and/or have trouble submitting an electronic bid response, please contact a BidSync representative at (801) 765-9245.

METHOD OF AWARD

This solicitation shall be awarded on an "All or None" basis to the lowest responsive and responsible bidder meeting all administrative and technical requirements, terms, and conditions of this solicitation.

RESPONSIVE BIDDER

A supplier provides a bid response that is compliant with solicitation requirements and indicates performance without material deviation from the terms and conditions of the proposed contract.

RESPONSIBLE BIDDER

A supplier who is responsible and submits a responsive bid is one who clearly indicates compliance without material deviation from the solicitation's terms and conditions and who possesses the experience, facilities, reputation, financial resources and other factors existing at the time of contract award.

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION REQUIREMENTS

For the purposes of this solicitation, the Disabled Veteran Business Enterprises (DVBE) participation requirement has been waived.

PRICES

Prices shall be all inclusive. Only the prices/charges submitted in the bid response shall be accepted and included in the awarded contract.

TERMS AND CONDITIONS

The attached Statement of Work, consisting of eight (8) pages, Attachment 1 and 2 and a Cost Worksheet are part of this solicitation.

The following documents are incorporated into this solicitation and may be viewed at the website listed. If you are unable to view this document, please contact the buyer listed on the front of this RFQ.

BIDDER INSTRUCTIONS:

The Bidder Instructions applicable to this solicitation are located at the link below:

<http://www.documents.dgs.ca.gov/pd/modellang/GSPD451-110911.pdf>

INFORMATION TECHNOLOGY (IT) GENERAL PROVISIONS:

The General Provisions applicable to this solicitation are located at the link below:

http://www.documents.dgs.ca.gov/pd/poliproc/GSPD401IT14_0905.pdf

PLEASE NOTE:

The State is not negotiating any of the Terms and Conditions on the above Provisions.

Only bids quoted on the State's own bid form will be considered. Bids submitted referencing supplier attachments, which include legal terms, and conditions that conflict with the State's General Provisions shall be considered non-responsive and such bids may be rejected.

CALIFORNIA SELLER'S PERMIT

Bidders must provide their California retailer's seller's permit or certification of registration and, if applicable, the permit or certification of all participating affiliates, issued by California's State Board of Equalization (BOE), pursuant to all requirements as set forth in Sections 6487, 7101 and Sections 6452.1, 6487.3, 18510 of the Revenue and Taxation Code, and Section 10295.1 of the Public Contract code. In order to expedite the process of verifying the validity of the permit, provide the BOE permit number in the space provided below (or attach a copy of the permit with your bid.)

For instructions on how to obtain a California Sellers Permit number or register to do business in the State of California, visit the Board of Equalization website at www.boe.ca.gov.

Retailer's Seller's Permit Number: _____

SALES TAX

Sales tax is not to be included on the bid or in the bid pricing. If awarded this bid, sales tax should be added at time of invoicing. The sales tax rate applied should be based on the rate of the area where the product is to be delivered.

FACSIMILE (FAXED) BIDS

Faxed bids will be considered for the solicitation only if they are sent to **(916) 375-4613**. Bids sent to any other fax number will not be considered. Only pages of the faxed bid received prior to the bid opening time specified in the solicitation will be considered the "complete bid". Please be advised that there is a heavy demand placed on the fax machine receiving bids and the State assumes no responsibility if a supplier cannot transmit their bid via fax or if the entire bid is not received prior to the bid opening time.

CHANGE ORDERS

Any Purchase Order resulting from this bid may be amended, modified, or terminated at any time by mutual agreement of the parties in writing. Change orders amending, modifying or terminating the Purchase Order, including any modifications of the compensation payable, may be issued only by the Department of General Services State Procurement Officer. All such change orders shall be in writing and issued only upon written concurrence of the supplier. Termination, as that term is used in this section, does not include termination for default of the supplier.

SPECIFICATION COMPLIANCE

If the bidder has indicated that the product offered does not comply in all respects with the attached Statement of Work, bidder is to list below, in detail, any and all deviations.

RFQ 1501-006
CONTRACTOR NAME
Page 1 of 8

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ADMINISTRATOR CERTIFICATION SECTION (ACS)**

STATEMENT OF WORK

Scanner equipment and hardware and software services

This Statement of Work (“Agreement”) reflects the equipment, hardware and software services to be provided by (CONTRACTOR NAME), hereinafter referred to as the “Contractor,” for the Department of Social Services, hereinafter referred to as the “State”.

A. INTRODUCTION

The Administrator Certification Program is legislatively mandated by the California Community Care Facilities Act (Health and Safety Code 1500 et seq) and the Residential Care Facilities for the Elderly Act (H&SC 1569 et seq). Each individual applying for a certification as an administrator of Residential Care Facilities for the Elderly (RCFE), Adult Residential Facilities (ARF), or Group Homes (GH) must, as a component of the certification process, take and pass a written examination developed, administered, and scored by ACS staff.

Since 2009, ACS staff has utilized the Scantron Evolution Scanner/Optical Mark Reader (OMR), Model ScanMark ES 2260, and ScanBook software to score the written examination answer sheets received from 14 regional testing offices statewide. The exam answer sheets were custom-developed by Scantron Corporation for use with the administrator certification exams; additional answer sheets are purchased from Scantron when supplies are low. The results from the answer sheets are then transferred to the ACS Web-based application and made available through our Interactive Voice Recognition program. The ACS currently processes approximately 450 exams per month.

The ACS requires the replacement of its Scantron optical mark reader unit, as the existing Scanner/Optical Mark Reader unit is not compatible with Microsoft Windows 7 (Win 7) operating system. The existing unit is connected to a PC that is not Win 7 compliant, presenting security challenges/risks. The PC must be updated but the Scantron unit will not operate under Win 7. In order to be compliant with the Department’s IT requirements, the purchase of an upgraded scanner/optical mark reader model will be required to be Win 7 Compatible to meet Security Networking within the Department.

RFQ 1501-006
CONTRATOR NAME
Page 2 of 8

Additionally, new legislation (Assembly Bill 911 & Senate Bill 1570) requires the ACS to revise each of its nine exams, expanding the number of questions on each exam from 40 to 100, and requiring periodic test item analyses to ensure the exams are valid and reliable. Our current OMR software, ScanBook, does not possess the ability to perform this required analysis. The ACS requires replacement of its current OMR and software with an OMR that is Win7 compliant and provides the ability to create, modify, and analyze exams and individual exam questions.

B. DESCRIPTION OF GOODS

The goods requested are to be installed by a State representative at department headquarters located at 744 P Street, MS 9-14-89, Sacramento, CA 95814.

The following goods/elements must be included in your response to the solicitation.

- Scanner/Optical Mark Reader capable of dual-sided scanning of test answer sheets, size 8 1/2" x 11." Minimum speed 2,200 pages per hour. Marks on answer sheet will be made by pencil.
- Must have two read heads which allow simultaneous scanning of two-sided forms, reads marks by No. 2 pencils, is manual feed, 110-sheet auto feed capability.
- Scanner must have comparable or higher capacity as a Motorola 68340 processor with 512KB memory. The communication interface must be comparable to a RS-232C serial interface with asynchronous American Standard Code for Information Interchange (ASCII) data output.
- One year warranty coverage for hardware including all items as covered under manufacturer's warranty.
- Onsite Hardware Maintenance service period will be for a one (1) year period with two one year optional extensions. Maintenance coverage to include:
 - a. Perform repairs if equipment malfunctions.
 - Vendor will respond within 24 hours and will send a technician onsite within two business days to repair or provide a replacement unit.

- A ticket will be provided from the vendor asking CDSS if the problem has been resolved and if they can close the original ticket.
 - All charges for travel, labor, or parts are the Contractor's responsibility and will be included as part of maintenance service cost.
- b. Complete cleaning of equipment will be completed, inside and outside on an annual basis at no additional cost to the State.
- c. Replacement of worn components
- All parts found to be worn during scheduled preventive maintenance will be replaced by the contractor at no additional charge to the Department. Contractor shall bear all charges for travel, labor, and parts as part of any maintenance, in addition to annual preventive maintenance.
- d. Recalibration of read heads and review of performance with users for speed and accuracy will be done on an annual basis.
- OMR compatible software for scanning and processing data from tests, assessments, and surveys.
- a. A software program that is compatible with Windows 7 operating system and can be combined with an optical mark recognition reader to recognize filled-in marks on forms. The software must support the scanning and processing of data from tests and assessments, as well as the ability to perform test grading, test item analysis for validity and reliability, and report generation functions. A single software program capable of reading/scanning, as well as performing analysis is required, rather than separate software programs for each function.
- b. Warranty for software support and maintenance service period will be for a one (1) year period with two one year optional extensions, to be included in the bid. Software coverage should include:
- Minor product updates correcting reported problems
 - Software support by telephone, email, Web Ticket or Live Chat
 - Assistance with problem determination, resolution or work-around

- Upon notice of a service outage, supplier will respond within 48 hours during regular State business hours (8:00 a.m. to 6:00 p.m., Monday through Friday).
- o Creation of a scanning template/master answer sheet
 - a. The ACS currently uses a single master answer sheet (sample attached) for all nine administrator exams. The answer sheet is two-sided, 8 ½ x 11, and has fields for the following data:
 - Name (First, MI, Last)
 - Address
 - Telephone number
 - Social Security Number
 - Date of Birth
 - Facility Number
 - Facility Type
 - Vendor Number
 - Test Date
 - Test Number
 - Current Sheet accommodates 40 questions-20 multiple choice and 20 true/false (Attachment 1)
 - New answer sheet must accommodate answers to 100 multiple choice questions (A – E responses) while keeping to an 8 ½ x 11 size answer sheet.
 - The font and print size will be formatted to fit the fields to accommodate 100 questions.
 - b. The prior answer sheet, Attachment 1, and template was based on ACS specifications to align with the data we need to score and process the exam. With the passage of AB 911 and SB 1570, the exams will need to be revised from 40 to 100 questions, requiring a new master answer sheet template. We require the same data fields, as well as fields for responses to 100 multiple-choice questions.
 - c. The vendor chosen must be able to create a new answer sheet template. A sample of the prior answer sheet is attached: Attachment 2. CDSS will provide information to be included on the new template upon execution of the purchase order.

- User Training for software program
 - a. The ACS requests training from the vendor on the use of software. This will be online training. The training will be needed for four individuals in the Administrator Certification Section and should cover the following topics:
 - Process for scanning and scoring test answer sheets
 - Process for performing test item analysis
- Four hours of training is requested, which will include time provided for questions and answers. Four individuals will attend the training on the use of the selected software.

C. DESCRIPTION OF SERVICES

Contractor Responsibilities

- Create and supply a scanning template (master answer sheet) to work with selected software in scoring ACS standardized test answer sheets. The answer sheet must have the following elements/fields:
 - a. Name (First, MI, Last)
 - b. Address
 - c. Telephone number
 - d. Social Security Number
 - e. Date of Birth
 - f. Facility Number
 - g. Facility Type
 - h. Vendor Number
 - i. Test Date
 - j. Test Number
 - k. Accommodate 100 multiple choice questions (A – E responses)
 - l. Two-sided 8 ½ x 11 size
 - m. The font and print size will be formatted to fit the fields to accommodate 100 questions.
 - a. Provide 3 hours of online technical support to assist in the creation of .txt files that will be compatible with existing ACS Web-based application. Currently when tests are scored, a .txt file is created in a network folder. Our Web Application reads from this folder and interfaces with an IVR system, which allows test takers to retrieve pass/fail results.

- b. Technical Support includes assistance with software application on an as needed and requested basis. This assistance will be provided online.

Department Responsibilities

- CDSS will setup and install OMR Scanner which will not negate the warranty or maintenance agreement.
 - a. ACS staff will work with Information Systems Division (ISD) to install OMR scanner. Existing scanner will be disconnected to allow PC to be upgraded/updated to current Win 7 specifications, and then new scanner will be connected to the same PC.
 - b. No impact to network security, as the existing scanner and new scanner will be connected the same way and accomplish the same tasks.
- Install Scanning and Analysis Software Package
 - a. Software will be installed by CDSS personnel.
 - b. It is not necessary for contractor to come on-site for the installation of software.
- Coordinate with contractor on requirements for scanning template/master; supply sample template/master to contractor
- Identify individuals to attend online group training
 - a. Four individuals will attend the training on the use of software.

Additional Information

The vendor selected for this purchase must be willing and able to ensure that the hardware and software can be made compatible with our ACS Web Application, as test data is exported into a folder that is read from our Web Application. A sample of this file and data is attached to this SOW (Attachment 2).

D. PERIOD PERFORMANCE

- Onsite Hardware Maintenance service period will be upon execution of the purchase order for a one (1) year period with two one year optional extensions at bid price.
- Software Maintenance and Support service period will be upon execution of the purchase order for a one (1) year period with two one-year optional extensions at bid price.

E. PROJECT REPRESENTATIVES

The project representatives during the term of this agreement will be:

Department of Social Services**Robert Bayles**

Manager, Administrator Certification Section
744 P Street, MS 9-14-89
Sacramento, CA 95814
Phone: (916) 654-5859
Fax: (916) 654-1808
Email: Robert.bayles@dss.ca.gov

Henry Noriega

Analyst, Administrator Certification Section
744 P Street, MS 9-14-89
Sacramento, CA 95814
Phone: (916) 653-1270
Fax: (916) 654-1808
Email: Henry.noriega@dss.ca.gov

Billing Information**Robert Bayles**

Manager, Administrator Certification Section
744 P Street, MS 9-14-89
Sacramento, CA 95814
Phone: (916) 654-5859

RFQ 1501-006
CONTRATOR NAME
Page 8 of 8

Fax: (916) 654-1808

Email: Robert.bayles@dss.ca.gov

Contractor:

Name:

Street

City:

Phone:

Fax:

Email:

TERMINATION

The State shall have the right to terminate maintenance at no expense to the State upon delivery of written notice at least thirty (30) calendar days prior to any scheduled renewal date.

State of California
**OPTICAL MARK READER and
 SCANNING ANALYSIS SOFTWARE**

COST WORKSHEET

QTY	UNIT	PRODUCT	DESCRIPTION	UNIT PRICE	EXTENSION	TAXABLE YES OR NO
1	EA		OMR Scanner (Windows 7 compatible, 2-sided printing capability) including first year (12 month) maintenance support & warranty			
1	EA		Optional 2nd year hardware maintenance support			
1	EA		Optional 3rd year hardware maintenance support			
1	EA		Scanning and Analysis Software Package w/Single PC license and 1 year software support			
1	EA		Optional 2nd year software maintenance support			
1	EA		Optional 3rd year software maintenance support			
1	EA		Create and supply scanning template/master answer sheet. Cost to include any modifications required.			
1	EA		Four (4) hours Online Training for Software			
1	EA		Three (3) hours online technical mentoring and .txt file setup/creation for Web application			
1	EA		Unanticipated Tasks as required, up to 10% of total agreement cost.			
				GRAND TOTAL		

ELECTRONIC DELIVERY

COMPANY NAME:

COMPANY ADDRESS:

SIGNATURE: _____

DATE: _____

ADMINISTRATOR DATA SHEET

Bid 1501-006

State of California

FIRST NAME
A A A A A A A A A A A A A A A
B B B B B B B B B B B B B B B
C C C C C C C C C C C C C C C
D D D D D D D D D D D D D D D
E E E E E E E E E E E E E E E
F F F F F F F F F F F F F F F
G G G G G G G G G G G G G G G
H H H H H H H H H H H H H H H
I I I I I I I I I I I I I I I I I
J J J J J J J J J J J J J J J J J
K K K K K K K K K K K K K K K
L L L L L L L L L L L L L L L
M M M M M M M M M M M M M M M
N N N N N N N N N N N N N N N
O O O O O O O O O O O O O O O
P P P P P P P P P P P P P P P
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
R R R R R R R R R R R R R R R
S S S S S S S S S S S S S S S
T T T T T T T T T T T T T T T
U U U U U U U U U U U U U U U
V V V V V V V V V V V V V V V
W W W W W W W W W W W W W W W
X X X X X X X X X X X X X X X
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

M.I.
A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

LAST NAME
A A A A A A A A A A A A A A A
B B B B B B B B B B B B B B B
C C C C C C C C C C C C C C C
D D D D D D D D D D D D D D D
E E E E E E E E E E E E E E E
F F F F F F F F F F F F F F F
G G G G G G G G G G G G G G G
H H H H H H H H H H H H H H H
I I I I I I I I I I I I I I I I I
J J J J J J J J J J J J J J J J J
K K K K K K K K K K K K K K K
L L L L L L L L L L L L L L L
M M M M M M M M M M M M M M M
N N N N N N N N N N N N N N N
O O O O O O O O O O O O O O O
P P P P P P P P P P P P P P P
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
R R R R R R R R R R R R R R R
S S S S S S S S S S S S S S S
T T T T T T T T T T T T T T T
U U U U U U U U U U U U U U U
V V V V V V V V V V V V V V V
W W W W W W W W W W W W W W W
X X X X X X X X X X X X X X X
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

ADDRESS	APT.
A A A A A A A A A A A A A A A	A A A
B B B B B B B B B B B B B B B	B B B
C C C C C C C C C C C C C C C	C C C
D D D D D D D D D D D D D D D	D D D
E E E E E E E E E E E E E E E	E E E
F F F F F F F F F F F F F F F	F F F
G G G G G G G G G G G G G G G	G G G
H H H H H H H H H H H H H H H	H H H
I I I I I I I I I I I I I I I I I	I I I
J J J J J J J J J J J J J J J J J	J J J
K K K K K K K K K K K K K K K	K K K
L L L L L L L L L L L L L L L	L L L
M M M M M M M M M M M M M M M	M M M
N N N N N N N N N N N N N N N	N N N
O O O O O O O O O O O O O O O	O O O
P P P P P P P P P P P P P P P	P P P
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	Q Q Q
R R R R R R R R R R R R R R R	R R R
S S S S S S S S S S S S S S S	S S S
T T T T T T T T T T T T T T T	T T T
U U U U U U U U U U U U U U U	U U U
V V V V V V V V V V V V V V V	V V V
W W W W W W W W W W W W W W W	W W W
X X X X X X X X X X X X X X X	X X X
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y Y Y
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Z Z Z

CITY
A A A A A A A A A A A A A A A
B B B B B B B B B B B B B B B
C C C C C C C C C C C C C C C
D D D D D D D D D D D D D D D
E E E E E E E E E E E E E E E
F F F F F F F F F F F F F F F
G G G G G G G G G G G G G G G
H H H H H H H H H H H H H H H
I I I I I I I I I I I I I I I I I
J J J J J J J J J J J J J J J J J
K K K K K K K K K K K K K K K
L L L L L L L L L L L L L L L
M M M M M M M M M M M M M M M
N N N N N N N N N N N N N N N
O O O O O O O O O O O O O O O
P P P P P P P P P P P P P P P
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
R R R R R R R R R R R R R R R
S S S S S S S S S S S S S S S
T T T T T T T T T T T T T T T
U U U U U U U U U U U U U U U
V V V V V V V V V V V V V V V
W W W W W W W W W W W W W W W
X X X X X X X X X X X X X X X
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

STATE
A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

ZIP CODE
- - -
0 0 0 0 0 - 0 0 0 0 0
1 1 1 1 1 - 1 1 1 1 1
2 2 2 2 2 - 2 2 2 2 2
3 3 3 3 3 - 3 3 3 3 3
4 4 4 4 4 - 4 4 4 4 4
5 5 5 5 5 - 5 5 5 5 5
6 6 6 6 6 - 6 6 6 6 6
7 7 7 7 7 - 7 7 7 7 7
8 8 8 8 8 - 8 8 8 8 8
9 9 9 9 9 - 9 9 9 9 9

TELEPHONE #
- - -
0 0 0 0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9 9 9 9

IMPORTANT
USE NO. 2 PENCIL ONLY
EXAMPLE: ① ② ● ④ ⑤
ERASE COMPLETELY TO CHANGE

ADMINISTRATOR DATA SHEET - CONT.

Bid 1501-006

SOCIAL SECURITY #									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

DATE OF BIRTH		
Month	Day	Year
<input type="radio"/> JAN		
<input type="radio"/> FEB		
<input type="radio"/> MAR	0	0
<input type="radio"/> APR	1	1
<input type="radio"/> MAY	2	2
<input type="radio"/> JUN	3	3
<input type="radio"/> JUL	4	4
<input type="radio"/> AUG	5	5
<input type="radio"/> SEP	6	6
<input type="radio"/> OCT	7	7
<input type="radio"/> NOV	8	8
<input type="radio"/> DEC	9	9

FACILITY TYPE:

RCFE

ARF

GH

VENDOR #									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

FACILITY #									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

DO	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

ANSWER SHEET

INSTRUCTIONS:

Please blacken correct answer. Each question has only one correct answer.

Sample: T F
● ○

TEST DATE		
Month	Day	Year
<input type="radio"/> JAN		
<input type="radio"/> FEB		
<input type="radio"/> MAR	0	0
<input type="radio"/> APR	1	1
<input type="radio"/> MAY	2	2
<input type="radio"/> JUN	3	3
<input type="radio"/> JUL	4	4
<input type="radio"/> AUG	5	5
<input type="radio"/> SEP	6	6
<input type="radio"/> OCT	7	7
<input type="radio"/> NOV	8	8
<input type="radio"/> DEC	9	9

TEST #
0
1
2
3
4
5
6
7
8
9

PART 1 - MULTIPLE CHOICE

	A	B	C	D	E
1	○	○	○	○	○
2	○	○	○	○	○
3	○	○	○	○	○
4	○	○	○	○	○
5	○	○	○	○	○
6	○	○	○	○	○
7	○	○	○	○	○
8	○	○	○	○	○
9	○	○	○	○	○
10	○	○	○	○	○
11	○	○	○	○	○
12	○	○	○	○	○
13	○	○	○	○	○
14	○	○	○	○	○
15	○	○	○	○	○
16	○	○	○	○	○
17	○	○	○	○	○
18	○	○	○	○	○
19	○	○	○	○	○
20	○	○	○	○	○

PART 2 - TRUE OR FALSE

	T	F
21	○	○
22	○	○
23	○	○
24	○	○
25	○	○
26	○	○
27	○	○
28	○	○
29	○	○
30	○	○
31	○	○
32	○	○
33	○	○
34	○	○
35	○	○
36	○	○
37	○	○
38	○	○
39	○	○
40	○	○

State of California

RFQ 1501-006
ATTACHMENT 2

	A	B	C	D
1	Data Field	Start Position	Number Characters	
2	FirstName	1	15	
3	MI	16	1	
4	LastName	17	25	
5	Address	42	25	
6	City	67	15	
7	ST	82	2	
8	ZipCode	84	9	
9	Telephone	93	10	
10	SSN	103	9	
11	DOBM(DateOfBirthMonth)	112	2	
12	DOBDay(DateOfBirthDay)	114	2	
13	DOBYr(DateOfBirthYear)	116	2	
14	FacilityNbr	118	9	
15	FacilityType	127	3	
16	DO(DistrictOffice)	130	2	
17	TestM (TestMonth)	132	2	
18	TestDay	134	2	
19	TestYr	136	2	
20	Vendor	138	12	
21	Test(Number)	150	1	
22	Q1	151	1	
23	Q2	152	1	
24	Q3	153	1	
25	Q4	154	1	
26	Q5	155	1	
27	Q6	156	1	
28	Q7	157	1	
29	Q8	158	1	
30	Q9	159	1	
31	Q10	160	1	
32	Q11	161	1	
33	Q12	162	1	
34	Q13	163	1	
35	Q14	164	1	
36	Q15	165	1	
37	Q16	166	1	
38	Q17	167	1	
39	Q18	168	1	
40	Q19	169	1	

RFQ 1501-006
ATTACHMENT 2

	A	B	C	D
41	Q20	170	1	
42	Q21	171	1	
43	Q22	172	1	
44	Q23	173	1	
45	Q24	174	1	
46	Q25	175	1	
47	Q26	176	1	
48	Q27	177	1	
49	Q28	178	1	
50	Q29	179	1	
51	Q30	180	1	
52	Q31	181	1	
53	Q32	182	1	
54	Q33	183	1	
55	Q34	184	1	
56	Q35	185	1	
57	Q36	186	1	
58	Q37	187	1	
59	Q38	188	1	
60	Q39	189	1	
61	Q40	190	1	
62				

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE):** _____ **or None** (If "None," go to Item #2)
- b. Will subcontractors be used for this contract?** **Yes** **No** (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

- c. If you are a California certified DVBE:** (1) Are you a broker or agent? **Yes** **No**
 (2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** **No** **N/A**

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

BIDDER DECLARATION Instructions

All prime bidders (the firm submitting the bid) must complete the Bidder Declaration.

1.a. Identify all current certifications issued by the State of California. If the prime bidder has no California certification(s), check the line labeled “None” and proceed to Item #2. If the prime bidder possesses one or more of the following certifications, enter the applicable certification(s) on the line:

- Microbusiness (MB)
- Small Business (SB)
- Nonprofit Veteran Service Agency (NVSA)
- Disabled Veteran Business Enterprise (DVBE)

1.b. Mark either “Yes” or “No” to identify whether subcontractors will be used for the contract. If the response is “No,” proceed to Item #1.c. If “Yes,” enter on the line the distinct element of work contained in the contract to be performed or the goods to be provided by the prime bidder. Do not include goods or services to be provided by subcontractors.

Bidders certified as MB, SB, NVSA, and/or DVBE must provide a commercially useful function as defined in Military and Veterans Code Section 999 for DVBEs and Government Code Section 14837(d)(4)(A) for small/microbusinesses.

Bids must propose that certified bidders provide a commercially useful function for the resulting contract or the bid will be deemed non-responsive and rejected by the State. For questions regarding the solicitation, contact the procurement official identified in the solicitation.

Note: A subcontractor is any person, firm, corporation, or organization contracting to perform part of the prime’s contract.

1.c. This item is only to be completed by businesses certified by California as a DVBE.

(1) Declare whether the prime bidder is a broker or agent by marking either “Yes” or “No.” The Military and Veterans Code Section 999.2 (b) defines “broker” or “agent” as a certified DVBE contractor or subcontractor that does not have title, possession, control, and risk of loss of materials, supplies, services, or equipment provided to an awarding department, unless one or more of the disabled veteran owners has at least 51-percent ownership of the quantity and value of the materials, supplies, services, and of each piece of equipment provided under the contract.

(2) If bidding rental equipment, mark either “Yes” or “No” to identify if the prime bidder owns at least 51% of the equipment provided (quantity and value). If **not** bidding rental equipment, mark “N/A” for “not applicable.”

2. If no subcontractors are proposed, do not complete the table. Read the certification at the bottom of the form and complete “Page ___ of ___” on the form.

If subcontractors will be used, complete the table listing all subcontractors. If necessary, attach additional pages and complete the “Page ___ of ___” accordingly.

2. (continued) Column Labels

Subcontractor Name, Contact Person, Phone Number & Fax Number—List each element for all subcontractors.

Subcontractor Address & Email Address—Enter the address and if available, an Email address.

CA Certification (MB, SB, NVSA, DVBE or None)—If the subcontractor possesses a current State of California certification(s), verify on this website (www.eprocure.pd.dgs.ca.gov).

Work performed or goods provided for this contract—Identify the distinct element of work contained in the contract to be performed or the goods to be provided by each subcontractor. Certified subcontractors must provide a commercially useful function for the contract. (See paragraph 1.b above for code citations regarding the definition of commercially useful function.) If a certified subcontractor is further subcontracting a greater portion of the work or goods provided for the resulting contract than would be expected by normal industry practices, attach a separate sheet of paper explaining the situation.

Corresponding % of bid price—Enter the corresponding percentage of the total bid price for the goods and/or services to be provided by each subcontractor. Do not enter a dollar amount.

Good Standing?—Provide a response for each subcontractor listed. Enter either “Yes” or “No” to indicate that the prime bidder has verified that the subcontractor(s) is in good standing for all of the following:

- Possesses valid license(s) for any license(s) or permits required by the solicitation or by law
- If a corporation, the company is qualified to do business in California and designated by the State of California Secretary of State to be in good standing
- Possesses valid State of California certification(s) if claiming MB, SB, NVSA, and/or DVBE status

51% Rental?—This pertains to the applicability of rental equipment. Based on the following parameters, enter either “N/A” (not applicable), “Yes” or “No” for each subcontractor listed.

Enter “N/A” if the:

- Subcontractor is NOT a DVBE (regardless of whether or not rental equipment is provided by the subcontractor) or
- Subcontractor is NOT providing rental equipment (regardless of whether or not subcontractor is a DVBE)

Enter “Yes” if the subcontractor is a California certified DVBE providing rental equipment and the subcontractor owns at least 51% of the rental equipment (quantity and value) it will be providing for the contract.

Enter “No” if the subcontractor is a California certified DVBE providing rental equipment but the subcontractor does NOT own at least 51% of the rental equipment (quantity and value) it will be providing.

Read the certification at the bottom of the page and complete the “Page ___ of ___” accordingly.

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

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

STD. 204 (Rev. 6-2003)

1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>		
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</p>		
		<p>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</p>	<p>E-MAIL ADDRESS</p>
		<p>MAILING ADDRESS</p>	<p>BUSINESS ADDRESS</p>
		<p>CITY, STATE, ZIP CODE</p>	<p>CITY, STATE, ZIP CODE</p>
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input type="text"/></p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</p> <p>CORPORATION:</p> <p><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p><input type="checkbox"/> EXEMPT (nonprofit)</p> <p><input type="checkbox"/> ALL OTHERS</p> <p>ENTER SOCIAL SECURITY NUMBER: <input type="text"/></p> <p><small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small></p>	<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>	
4	<p>PAYEE RESIDENCY STATUS</p> <p><input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.</p> <p><input type="checkbox"/> No services performed in California.</p> <p><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>		
5	<p>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.</p>		
		<p>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</p>	<p>TITLE</p>
		<p>SIGNATURE</p>	<p>DATE</p>
		<p>TELEPHONE</p> <p>()</p>	
6	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: () _____ Fax: () _____</p> <p>E-mail Address: _____</p>		

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

<p>1</p>	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not 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 backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
<p>2</p>	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
<p>3</p>	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. 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 the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
<p>4</p>	<p><u>Are you a California resident or nonresident?</u></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>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 For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
<p>5</p>	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
<p>6</p>	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><u>Privacy Statement</u></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

STATE OF CALIFORNIA
 California Integrated Waste Management Board
 CIWMB 74 (Revised 4/07 for State Agencies)

To be completed by the State agency	
State Agency:	
Purchasing Agent:	PO #:
Phone:	E-mail:

Postconsumer-Content Certification

The State Agency Buy Recycled Campaign (SABRC) is a state mandated program that requires the reporting of all purchases made within 11 specified product categories. All state agencies are required to verify the recycled-content of all products purchased within each of these categories.

All businesses shall certify in writing to the contracting officer or his or her representative the minimum percentage, if not exact percentage, of postconsumer recycled-content (PCRC) material in the products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the minimum content requirements specified in law (see reverse side). The certification shall be furnished under penalty of perjury. The certification shall be provided regardless of content, even if the product contains no recycled material. A State agency may waive the certification requirement if the percentage of postconsumer material in the products, materials, goods, or supplies can be verified in a written advertisement, including, but not limited to, a product label, a catalog, or a manufacturer or vendor Internet website.

Contractor/Company Name _____

Address _____ Phone _____

Purchase Order # RFQ # RFP # IFB # Cal Card Order #	Item #	Product or Services Description	¹ Percent Postconsumer Recycled-Content Material	² SABRC Product Category Code	Meets SABRC

Public Contract Code sections 12205 (a) (1), (2), (3) and (b) (1), (2), and (3)

Pursuant to Public Contract Code 12205(a)(1), I certify under penalty of perjury under the laws of the State of California that the above information is true and correct.

 Print Name Signature Title Date

(See footnotes on the back of this page.)

FOOTNOTES:

1. “Postconsumer recycled-content material” is defined as products that were bought, used, and recycled by consumers. For example, a newspaper that has been purchased, recycled, and used to make another product would be considered postconsumer material.
2. “Product category” refers to one of the categories listed below, into which the reportable purchase is best placed.
3. If the product does not belong in any of the product categories, enter “N/A.” Common “N/A” products include wood products, natural textiles, aggregate, concrete, and electronics such as computers, TV, software on a disk or CD, and telephones.
4. Reused or refurbished products, there is no minimum content requirement. (PCC 12209 (l))

Code	Product Categories	Product Examples <i>Examples are inclusive but are not limited to the individual product.</i>	Minimum Postconsumer Content Requirement
1	Paper Products	Paper janitorial supplies, cartons, wrapping, packaging, file folders, and hanging files, building insulation and panels, corrugated boxes, tissue, and toweling.	30 percent by fiber weight postconsumer fiber.
2	Printing and Writing Papers	Copy, xerographic, watermark, cotton fiber, offset, forms, computer printout paper, white wove envelopes, manila envelopes, book paper, note pads, writing tablets, newsprint, and other uncoated writing papers, posters, index cards, calendars, brochures, reports, magazines, and publications.	30 percent by fiber weight postconsumer fiber.
3	Mulch, Compost, and Co-compost Products	Soil amendments, erosion controls, soil toppings, ground covers, weed suppressants, and organic materials used for water conservation; yard trimmings and wood byproducts that are separated from the municipal solid waste stream or other source of organic materials such as biosolids or other comparable substitutes such as livestock, horse, or other animal manure, food residues or fish processing byproducts; mechanical breakdown of materials.	80 percent recovered material that would otherwise be normally disposed of in a landfill.
4	Glass Products	Windows, test tubes, beakers, laboratory or hospital supplies, fiberglass (insulation), reflective beads, tiles, construction blocks, desktop accessories, flat glass sheets, loose-grain abrasives, deburring media, liquid filter media, and containers.	10 percent postconsumer, by weight.
5	Lubricating Oils	Intended for use in a crankcase, transmission, engine, power steering, gearbox, differential chainsaw, transformer dielectric, fluid, cutting, hydraulic, industrial, or automobile, bus, truck, vessel, plane, train, heavy equipment, or machinery powered by an internal combustion engine.	70 percent re-refined base oil.
6a	Plastic Products	Printer or duplication cartridges, diskette, carpet, office products, plastic lumber, buckets, wastebaskets, containers, benches, tables, fencing, clothing, mats, packaging, signs, posts, binders, sheet, buckets, building products, garden hose, and trays.	10 percent postconsumer, by weight.
6b	Printer or Duplication Cartridges		a. Have 10 percent postconsumer material, or b. Are purchased as remanufactured, or c. Are backed by a vendor-offered program that will take back the printer cartridge after their useful life and ensure that the cartridge is recycled and comply with the definition of recycled as set forth in section Public Contract Code 12156.
7	Paint	Water-based paint, graffiti abatement, interior and exterior, and maintenance.	50 percent postconsumer paint (exceptions when 50 percent postconsumer content is not available or is restricted by a local air quality management district, then 10 percent postconsumer content may be substituted).
8	Antifreeze	Recycled antifreeze, and antifreeze containing a bittering agent or made from polypropylene or other similar non-toxic substance.	70 percent postconsumer material.
9	Tires	Truck and bus tires, and those used on fleet vehicles and passenger cars.	Retreaded: Must use an existing casing that has undergone retreading or recapping process in accordance with Public Resource Code (commencing with section 42400).
10	Tire- Derived Products	Flooring, mats, wheelchair ramps, playground cover, parking bumpers, bullet traps, hoses, bumpers, truck bedliners, pads, walkways, tree ties, road surfacing, wheel chocks, rollers, traffic control products, mudflaps, and posts.	50 percent recycled used tires.
11	Metal	Staplers, paper clips, steel furniture, desks, pedestals, scissors, jacks, rebar, pipe, plumbing fixtures, chairs, ladders, file cabinets, shelving, containers, lockers, sheet metal, girders, building and construction products, bridges, braces, nails, and screws.	10 percent postconsumer material, by weight.

Question and Answers for Bid # 1501-006 - SCANNER AND MAINTENANCE, SOFTWARE AND MAINTENANCE, TRAINING

OVERALL BID QUESTIONS

Question 1

Would the State of California be interested in responses which offer a computer based testing model in place of the bubble sheet method currently being employed? (Submitted: Feb 4, 2015 6:45:46 AM PST)

Answer

- No, not at this time. The California Department of Social Services (CDSS) does not have the resources/equipment for multiple test takers at one time. (Answered: Feb 4, 2015 11:30:10 AM PST)

Question 2

Can you please identify the name and general details your current web application that is requiring interface with the new scan tool? (Submitted: Feb 4, 2015 6:46:27 AM PST)

Answer

- The current web application is the Administrator Certification Section Web Application (ACS Web App). This is an application built internally that relies on an access database switchboard for interface abilities. This information is maintained by CDSS's internal Information Technology staff. The ACS Web App is used to track and document application processing, including test information, payment postings, case comments, etc. (Answered: Feb 4, 2015 11:30:10 AM PST)