

**STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS  
AND REHABILITATION  
INVITATION FOR BID**

**BID NO. 6000001005**

Date: August 3, 2012

The California Department of Corrections and Rehabilitation (CDCR), hereafter referred to as the State, is inviting responses to this Invitation For Bid (IFB) entitled **Dental and X-Ray Equipment Maintenance, Inspection and Repair**.

In accordance with the California Government Code and Americans with Disabilities Act, this IFB is available in a text-only format on a compact disc as a disability-related reasonable accommodation.

To discuss how to receive a copy of this IFB in the specified format or to request a different format, please contact the person identified below.

This IFB package contains the following documents (except as otherwise indicated). Please note that you must comply with the requirements contained in **all** of these documents.

- Notice to Prospective Bidders
- Bidder Acknowledgment/Certification (OBS 300)
- Bid Submittal Checklist
- Sample Standard Agreement (STD 213)
- Scope of Work (Exhibit A)
- Equipment List (Exhibit A-1)
- Preventive Maintenance Schedule (Exhibit A-1A)
- Service Report (Exhibit A-2)
- Written Change Request (Exhibit A-3)
- Budget Detail and Payment Provisions (Exhibit B)

- Rate Sheet (Exhibit B-1)  
*Electronically downloaded bid package includes an Excel spreadsheet file in addition to the PDF version (for additional information, see Exhibit B-2, first paragraph).*
- General Terms and Conditions (Exhibit C)  
*This document is incorporated in this bid package by reference only and is available on the Internet at <http://www.documents.dgs.ca.gov/ols/GTC-610.doc>. If you do not have Internet access, you may request a hard copy of Exhibit C by contacting the contract analyst listed below.*
- Special Terms and Conditions (Exhibit D)
- List of Participating Institutions (Exhibit E)
- California State Institutions Map (Exhibit F)
- Attachment 1 (References)
- Standard Contractor Certification Clauses (CCC)  
*This document is incorporated in this bid package by reference only and is available on the Internet at <http://www.documents.dgs.ca.gov/ols/CCC-307.doc>. You **MUST** submit an original signed copy with your bid package. If you do not have Internet access, you may request a hard copy of the CCC by contacting the contract analyst listed below.*
- Payee Data Record (STD 204)
- Subcontractor/Consultant List
- DVBE Bid Incentive Request and Acknowledgement (OBS 554)
- Non-Small Business Preference Request and Subcontractor Acknowledgement (OBS 555)
- Darfur Contracting Act (OBS 1500)
- Sample Certificate of Insurance
- DVBE Participation in Exempt Contracts (CDCR 1786)

It is the opinion of the State that this IFB is complete and without need of explanation. However, if any documents are missing, or if you have any questions regarding this IFB, immediately contact the person(s) identified below.

**Joseph O'Connor**  
**(916) 255-5656**  
**Joseph.O'Connor@cdcr.ca.gov**  
**Primary Contract Analyst**

**Paul.Fillingame**  
**(916) 255-5692**  
**Paul.Fillingame@cdcr.ca.gov**  
**Secondary Contract Analyst**

**California Relay Service 1-800-735-2929**

**THE STATE OF CALIFORNIA**  
**Department of Corrections and Rehabilitation**

**NOTICE TO PROSPECTIVE BIDDERS**

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE/INSPECTION AND REPAIR**

**Bid No. 6000001005**

**I. PROJECTED TIMETABLE**

The following dates are set forth for informational and planning purposes only and are subject to change.

IFB Available to Prospective Bidders	August 3, 2012
Questions/Inquiry	August 21, 2012 – 1:00 PM
Submission of Bid	August 28, 2012 - 1:30 pm
Public Bid Opening	August 28, 2012 - 2:00 pm
Anticipated Date for Commencement of Services	Upon Approval
Termination of Agreement	March 31, 2014

**II. FUNDING**

A Purchase Order will be issued to each participating institution. The California Department of Corrections and Rehabilitation reserves the right to augment the total bid amount by 25% to 100% upon contract award depending on the needs of each institution.

**III. BIDDER QUALIFICATIONS AND LICENSING REQUIREMENTS**

Bidder qualifications and licensing requirements (if any) are specified in Exhibit A. Unless otherwise stated, the bidder shall meet all qualifications and licensing requirements at the time of the bid opening.

**IV. BIDDER RESPONSIBILITIES & THE BID PACKAGE**

Bidders are solely responsible for understanding the scope of work and all requirements, terms, conditions, evaluation criteria, etc., before submitting a bid. If the language is unclear or ambiguous, it is the bidder's responsibility to request clarification or assistance before submitting a bid. Please note that no verbal information will be binding upon the State unless the State issues such information in writing as an official addendum. If the IFB is modified prior to the final bid submission date, the State will issue an addendum to all bidders that received a bid package.

Bidder shall provide rate(s) on Rate Sheet (Exhibit B-1). Bidder shall set forth rates in clear, legible figures in the spaces provided in Exhibit B-1. Failure to provide the required rates shall be cause for rejection of your bid.

NOTE:

1. Any quantities listed on Exhibit B-1 are CDCR's estimates only and are offered as a basis for the comparison of bids. The State does not expressly or by implication agree that the actual amount of work will correspond therewith and reserves the right to omit portions of the work as may be deemed necessary or advisable by the State.
2. In the case of a discrepancy between the Unit Price (e.g., Hourly Rate, Cost per Service) and Item Total (e.g., Hourly Rate x Hours Worked = Item Total), the Unit Price shall prevail. However, if the Unit Price figure is ambiguous, illegible, uncertain, or is omitted, the Item Total shall be divided by the estimated usage (e.g., Hours Worked) to determine the Unit Price. In the case of a discrepancy between the Basis of Award and the sum of the Item Totals, the sum of the Item Totals shall prevail.
3. The amount of the total bid will be rounded up to the nearest whole dollar when the Agreement documents resulting from this bid are prepared.
4. CDCR reserves the right to include additional institution(s) or delete institution(s), which no longer require this service. The additional institution(s) will be included in the appropriate Institution Group and the bid rate for that group shall apply.

A lump sum total for all services stated herein must be entered on Exhibit B-1 Rate Sheet. Bidder shall set forth rates in clear, legible figures in the spaces provided in Exhibit B-1. Failure to provide the required lump sum total shall be cause for rejection of your bid.

All required documents listed in the Bid Submittal Checklist must be included within the sealed bid package. No bid will be considered unless it is submitted with the CDCR Bidder Acknowledgement/Certification form (OBS 300) and Exhibit B-1 Rate Sheet and is in conformance with the submission requirements of this IFB. Additionally, an original, signed copy of all pages of the Contractor Certification Clause (CCC) must be submitted to CDCR with the completed bid package. The State reserves the right to request clarification of any documents included with this bid.

The bid must be for the entire activity described herein. The State does not accept alternate contract language from a prospective Contractor. A bid with such language will be considered a counter proposal and will be rejected. Additionally, bids may be rejected if the bid proposal shows any alterations of form, additions not called for, a conditioned or incomplete bid, or erasures and/or irregularities of any kind. Any bid amounts changed after the amounts are originally inserted **MUST** be initialed in ink by the bidder.

Failure to submit required documentation may result in the rejection of your bid.

**V. BID SUBMITTAL**

Sealed bids must be received no later than the time and date specified in the Projected Timetable (Section I of these instructions) at the designated address stated below

MAIL DELIVERY,  
HAND DELIVERY, or  
OVERNIGHT MAIL: California Department of Corrections and Rehabilitation  
Office of Business Services, Contracts Management Branch  
**Attention: Joseph O'Connor (Contract Analyst)**  
10000 Goethe Road, Suite C-1  
Sacramento, CA 95827

Any bid received at the above address after the Submission of Bid date and time specified in the Projected Timetable, Section I, will NOT be considered. It is the State's policy to make every effort to ensure that all bids have been received and properly time stamped; however, bidders are ultimately responsible for ensuring timely receipt of their bid. Bidders may verify receipt of their bid by contacting the person identified in the cover letter of this IFB prior to the Public Bid Opening.

Bids that are not properly marked may be disregarded. All completed bids and required documents shall be packaged and submitted in a sealed envelope to the address specified in the section entitled "Bid Submission Requirements". The sealed envelope must be clearly marked **"BID FOR DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR – BID NO. 6000001005 Attention: JOSEPH O'CONNOR - DO NOT OPEN."** Failure to do so may result in the premature opening of, or failure to open, your bid.

In submitting a bid, the bidder accepts the terms and conditions expressed herein. Costs incurred for developing bids and in anticipation of award of the Agreement are the responsibility of the bidder and shall not be charged to the State.

A bidder may modify a bid after its submission by withdrawing the original bid and resubmitting a new bid prior to the bid submission deadline. Bidder modifications offered in any other manner, oral or written, will not be considered.

A bid may be withdrawn from consideration by submitting a written withdrawal request to the State, signed by the bidder or an authorized agent. Once opened by the State, the submitted bid is binding and may not be withdrawn without cause.

All documents submitted in response to this IFB will become the property of the State and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

**VI. PUBLIC BID OPENING**

If you are planning to attend the public bid opening, you must notify the contact person listed in the cover letter of this IFB three (3) working days before the bid opening date specified in Section I – Projected Timetable. If you and/or your representative require reasonable accommodation to participate in the Public Bid Opening, you must contact the contract analyst identified in this package and identify what reasonable accommodation(s) is required for you to participate.

At the time of the public bid opening, the dollar amount of each bid shall be read. The contract award is subject to a complete review of the entire bid proposal for compliance

and adherence to the IFB requirements, verification of all calculations and claimed preferences, and compliance with DVBE Mandatory participation requirements, if applicable.

**VII. DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PROGRAM**

This IFB is exempt from the DVBE requirement. However, the State is committed to achieving legislatively established goals for the participation of DVBEs in all state contracting and seeks to use certified DVBE business whenever possible. Therefore, the State requests your voluntary participation in reporting any certified DVBEs, including yourself, that will be used in the performance of this Agreement.

CDCR 1786 (DVBE Participation in Exempt Contracts) is enclosed to assist you in reporting certified DVBE participation levels.

**VIII. NONRESPONSIBLE BIDDER**

If a previous Agreement with a prospective bidder was terminated for cause, the State reserves the right to hold a responsibility hearing before awarding the Agreement to determine if the bidder is responsible. The bid may be rejected if the State deems, at the conclusion of the responsibility hearing, that the bidder is not responsible.

**IX. BASIS FOR AWARD**

The award of an Agreement, if it is to be awarded, will be made to the lowest responsible bidder whose bid complies with all requirements prescribed herein. In the event a bidder submits more than one (1) bid for the same institution/service under this bid process, the State shall select the lowest bid and reject all other bids from this bidder.

In the event of tie bids, except as provided in Government Code §14838(f), CDCR reserves the right to determine the bidder entitled to the contract award based on the percent of discount specified in Exhibit B-2, if applicable. If not applicable or if there is a discount tie, a coin toss or lot drawing will be used to determine the bidder entitled to the contract award. The coin toss or lot drawing will be officially witnessed and all affected bidders will be advised of the tiebreaker method and invited to attend.

The State is not required to award an Agreement and reserves the right to reject any and all bids and to waive any immaterial deviations in the bid. The State's waiver of an immaterial deviation shall in no way modify the IFB document or excuse the bidder from full compliance with all requirements if awarded the Agreement.

The State intends to award one or more Agreements to the lowest responsible bidder(s). The State reserves the right to award either 1) one Agreement for all institutions specified herein, 2) one Agreement per geographic group, e.g., Deuel Vocational Institute (DVI), Mule Creek State Prison (MCSP) and Sierra Conservation Center (SCC), or 3) one Agreement per institution. This determination will be based on what is in the best interests of the State.

Bidders may submit bids for service at any and all Institutions and Facilities as specified in the Rate Sheet (Exhibit B-1).

**X. PROTEST AWARD**

Information regarding the protest of an award may be found by going to [www.ols.dgs.ca.gov/Contract+Manual/Chapters4through6.htm](http://www.ols.dgs.ca.gov/Contract+Manual/Chapters4through6.htm), under Chapter 6: Contract Award Protests.

A protest to this bid must adhere to Public Contract Code (PCC) Section 10345.

The envelope containing the written protest must clearly state: **"Protest Concerning IFB Number 6000001005 for the California Department of Corrections and Rehabilitation"**. Protests **MUST** be filed with:

ORIGINAL	COPY
<b>HAND OR MAIL DELIVERY</b> Department of General Services Office of Legal Services Attn: Protest Coordinator 707 Third Street, 7 <sup>th</sup> Floor West Sacramento, CA 95605	<b>HAND OR MAIL DELIVERY</b> Department of Corrections and Rehabilitation Office of Business Services Contracts Management Branch 10000 Goethe Road, Suite C-1 Sacramento, CA 95827

**XI. AGREEMENT EXECUTION**

The Agreement will be executed only upon the State's acceptance of the Contractor's certificates of insurance, bonds, licenses, and permits, when such items are required. Should the Contractor fail to commence work at the agreed-upon date and time, the State, upon five (5) days written notice to the Contractor, reserves the right to terminate the Agreement.

The successful bidder shall enter into an Agreement with the State, which will be prepared on a State of California Standard Agreement (STD 213 form, sample attached) and shall include from this IFB Exhibits A, A-1, A-1A, A-2, A-3, B, B-1, D, E and F.

This Agreement will not include a hard copy of the General Terms and Conditions for Private Contractors (Exhibit C), which is incorporated into the Agreement by reference only on the STD 213. Also not provided is a hard copy of the Contractor Certification Clauses (CCC). Exhibit C and the CCC may be downloaded from the Internet at [www.ols.dgs.ca.gov/standard+language](http://www.ols.dgs.ca.gov/standard+language) and printed for your files. An original, signed copy of all pages of the CCC must be submitted to CDCR. Failure to submit a signed CCC may result in rejection of your bid.

After award, two (2) original Standard Agreements will be forwarded to the Contractor for signature. Upon receipt, the Contractor must sign each Agreement with an original signature and return all Agreements with any required documentation in accordance with the time frame specified in the transmittal letter. In the event the State has not received the signed Agreements and the required documentation within the specified time frame, the award may be rescinded and awarded to the next lowest responsible bidder.

This Agreement is not valid unless and until approved by the Department of General Services, or, under its authority CDCR. The State has no legal obligation unless and until the Agreement is approved. Any work commenced by the Contractor prior to approval may be considered voluntary and the Contractor may have to pursue claim for



payment by filing with the California Victim Compensation and Government Claims Board. When the Agreement is fully approved, a copy will be forwarded to you.

**XII. EXTENSION OF TERM**

This Agreement may be amended to extend the term up to one year, if it is determined to be in the best interest of the State. Upon signing the amendment, Contractor hereby agrees to provide services for the extended period at the rates specified in the original Agreement.

Enclosures

## BID SUBMITTAL CHECKLIST

### DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR

IFB No. 600001005

Use this checklist to ensure that the documents identified below are included in your company's bid package. Place a check mark or "X" next to each document being submitted to the State. Failure to submit these documents may be cause for rejection of your bid. This checklist should also be returned with your bid.

A complete bid will consist of the documents identified below.

**NOTE TO BIDDER:** The company name identified on all documents submitted to the State (e.g., licenses, permits, certifications) must be identical to the company name written on the Bid Proposal (Exhibit B-1). Failure to comply may cause delays in the award or result in the rejection of your bid.

- Bidder Acknowledgement/Certification (OBS 300)
- Rate Sheet (Exhibit B-1) – For the bidder's convenience, Exhibit B-1 is an Excel spreadsheet file. The spreadsheet(s) are password protected and cannot be altered, except where highlighted. The bidder will enter figures or amounts into each of the highlighted cells and print the document.
- Payee Data Record (STD 204)
- Subcontractor/Consultant List
- Darfur Contracting Act (OBS 1500)
- Copy of valid California city or county business license (if applicable) or, if a corporation located within the State of California, incorporation documents or letter from the Secretary of State or, if not a California business, an affidavit that business is in good standing with the state, province, or country in which business is headquartered.
- Attachment I, Service Technician References
- Letters of Reference, as required in Exhibit A, section 9
- Copy of Contractor Certification Clauses (CCC)  
The CCC can be found on the Internet at <http://www.ols.dgs.ca.gov/standard+language>. The first page must be signed and submitted prior to the award of the contract.
- OBS 554 DVBE Bid Incentive Request and Subcontractor Acknowledgement (If necessary)
- OBS 555 Non-Small Business Preference Request and Subcontractor Acknowledgement (If necessary)
- One original CDCR 1786 DVBE Participation in Exempt Contracts

**NOTE TO BIDDER:** In addition to the above, the Provider shall furnish the following to CDCR upon award.

- Copy of any required Certificate(s) of Insurance.
  - with proof of Commercial General Liability
  - with proof of Automobile Liability
  - with proof of Workers' Compensation, if applicable (If exempt, please cite the legal code that exempts you from this requirement.

See Exhibit D, Special Terms and Condition, 27. Insurance Requirements

**Bidder Acknowledgement/Certification (OBS 300)**  
 California Department of Corrections and Rehabilitation (CDCR)

**Bid No. 6000001005**

The bidder hereby agrees to provide all labor, materials, supplies, licenses, permits, equipment and transportation necessary to perform all services required for the foregoing titled work in accordance with the Scope of Work, all Terms and Conditions, Disabled Veteran Business Enterprise (DVBE) requirements, if applicable, and such addenda thereto as may be issued before the public bid opening date, at the rates set forth by the bidder in Exhibit B-1, Rate Sheet. **Exhibit B-1 Rate Sheet must be submitted with this Bidder Acknowledgement/Certification form.**

Exhibit B-1 Rate Sheet shall remain in force for the stated term of this Agreement and shall include every item of expense, direct and indirect, including any taxes incidental to the specified rates.

By virtue of submitting this bid, the undersigned is accepting the terms and conditions expressed in this IFB. Any and all services performed outside the scope of this Agreement shall be at the sole risk and expense of the bidder.

COMPANY NAME:	
STREET ADDRESS:	P.O. BOX:
CITY, STATE AND ZIP CODE:	CITY, STATE AND ZIP CODE:
TELEPHONE NUMBER: ( )	FAX NUMBER: ( )
FEDERAL ID or SOCIAL SECURITY NUMBER:	E-MAIL ADDRESS:
TAX STATUS <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State in which incorporated _____) <input type="checkbox"/> Other: _____	

By signing this document, I **CERTIFY UNDER PENALTY OF PERJURY**, that I am duly authorized to legally bind the prospective proposer/bidder to the requirements of this bid document. This certification is made under the laws of the State of California.

PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	DATE:

**Bidding Preferences Claimed** (Check only the preferences claimed)

Preferences:	Certification Number/Expiration Date
<input type="checkbox"/> DGS certified Small Business	
<input type="checkbox"/> DGS certified Micro Business	
<input type="checkbox"/> Non-Small Business Subcontractor Preference (committing use of 25% or more of DGS certified Small/Micro Business Subcontractors) include the OBS 555	
<input type="checkbox"/> DGS certified Disabled Veteran Business Enterprise	
<input type="checkbox"/> DVBE Incentive requested by bidder (include the completed OBS 554 with bid)	
<input type="checkbox"/> NVSA preference request	
Check all that bidder is applying for: <input type="checkbox"/> TACPA <input type="checkbox"/> LAMBRA <input type="checkbox"/> EZA    Attach all applicable forms	

**Bidder Providing Facility(ies)** If the bidder is supplying the facility(ies) for services, please specify the complete address(es) of the facility(ies) where services will be provided (use additional sheets if necessary). The bidder hereby authorizes the State to insert the bidder's facility(ies) listed below into the Exhibit A Scope of Work.

<b>Street Address, City, State, Zip Code</b>

<b>Street Address, City, State, Zip Code</b>

AGREEMENT NUMBER

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

**California Department of Corrections and Rehabilitation**

CONTRACTOR'S NAME

***(1) Enter Contractor's Legal Business Name***

2. The term of this Agreement is: \_\_\_\_\_ through \_\_\_\_\_

3. The maximum amount of this Agreement is: **\$ DO NOT ENTER**

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work \_\_\_\_\_ page(s)

Exhibit B – Budget Detail and Payment Provisions \_\_\_\_\_ page(s)

Exhibit C\* – General Terms and Conditions \_\_\_\_\_

Check mark one item below as Exhibit D:

Exhibit - D Special Terms and Conditions (Attached hereto as part of this agreement) \_\_\_\_\_ page(s)

Exhibit - D\* Special Terms and Conditions \_\_\_\_\_

Exhibit E – Additional Provisions \_\_\_\_\_ page(s)

*Items shown with an Asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at [www.ols.dgs.ca.gov/Standard+Language](http://www.ols.dgs.ca.gov/Standard+Language)*

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

**CONTRACTOR**

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

***(1) Enter Contractor's Legal Business Name***

BY (Authorized Signature)

*(original signature here)*

DATE SIGNED(Do not type)

***Enter date signed***

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

***Enter Contractor's Address and Phone Number***

**STATE OF CALIFORNIA**

AGENCY NAME

BY (Authorized Signature)

PRINTED NAME AND TITLE OF PERSON SIGNING

DATE SIGNED(Do not type)

ADDRESS

**California Department of General Services Use Only**

Exempt per:

## **DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

### **1. INTRODUCTION**

This is a California Department of Corrections and Rehabilitation (CDCR) Master Agreement in which the Contractor shall provide all labor, including travel and per diem, materials, non-consumable supplies, transportation, equipment, and every other item of expense necessary as needed to perform maintenance, inspection, and repair services of the Dental and X-Ray Equipment at the various CDCR institutions/facilities listed in the Exhibit E, List of Institutions/Facilities incorporated by this reference.

**The State assumes no responsibility for any work commenced by the Contractor and will not reimburse the Contractor for any work performed prior to approval and scheduling by the Health Program Manager III, Supervising Dental Assistant, or designee.**

**The Contractor shall report to the Supervising Dental Assistant or designee upon arrival at the institution to pick up the Service Reports (see Exhibit A-2). Upon completion of the maintenance/inspection and/or repairs, the Contractor shall return the Service Reports for approval and signature to the Supervising Dental Assistant or designee. Invoices will be paid only when accompanied by the approved/signed Service Report for the service performed.**

### **2. SCOPE OF WORK**

The Contractor shall perform maintenance, inspections and repairs on dental and x-ray equipment as needed, upon the request of the Supervising Dental Assistant or designee. See Exhibit A-1, Equipment List hereby incorporated into this agreement.

The State reserves the right to add equipment similar to the list established for the duration of this agreement and delete equipment that has become obsolete or no longer needed. Additional equipment will be serviced at the unit rates specified herein. The Supervising Dental Assistant or designee shall submit a Written Change Request (Exhibit A-3) to the Contractor notifying them of like equipment being added and/or obsolete equipment or equipment no longer needed being removed from the equipment list.

The services shall be performed at the dental offices located at various sites at each institution/facility.

### **3. ANNUAL/SEMI-ANNUAL PREVENTIVE MAINTENANCE/INSPECTION SCHEDULE**

The Contractor shall provide annual/semi-annual preventive maintenance and inspection services for the equipment as specified in Exhibit A-1A, Preventive Maintenance Schedule. Dates of service will be indicated by the Supervising

**SCOPE OF WORK**

Dental Assistant or designee upon approval of the contract. Services shall be performed during business hours 7:00 a.m. to 4:00 p.m. Monday through Friday, State Holidays excluded. The Contractor agrees to provide the requested services on the dates specified or within five (5) business days, or as mutually agreed upon between the Contractor and the State. The State reserves the right to request additional maintenance services at the Contractor's bid rate or to decrease the number of services should equipment be added or old equipment becomes obsolete or should the State determine it is in the State's best interest.

The Contractor shall perform all maintenance services as specified herein and as necessary to maintain the optimum level of efficiency for each specified piece of equipment. Services shall include, as applicable, but not be limited to: cleaning, oiling, lubrication, adjustment, calibration, alignment, timing, replacement of any filters, gaskets and seals and operational testing of each piece of equipment, furnishing all necessary lubricants, cleaning supplies and testing equipment, and providing any necessary repairs and parts replacement as specified by the manufacturer to maintain optimum efficiency.

If the Contractor identifies any non-operable or unsafe equipment and/or components that are not in good working order or in an unsafe condition while performing maintenance services, the Contractor shall immediately report findings, verbally, to the Supervising Dental Assistant or designee. The Contractor shall submit a Service Report (Exhibit A-2) with recommendation for repairs to the Supervising Dental Assistant or designee within twenty-four (24) hours of findings. Upon approval by the Health Program Manager or designee, the contractor may be instructed to make recommended repairs approved by the Supervising Dental Assistant or designee.

**Preventive maintenance services shall be paid by the State at the Contractor's rates specified in the Exhibit B-1, Rate Sheet. If services are less than 30 minute increments, the Contractor shall bill ½ of the hourly rate in 30 minute increments, i.e.; services rendered equal 22 minutes, thus bill shall equate to half the hourly repair rate.** Any parts requiring replacement will be replaced in accordance with the Parts Replacement section specified herein.

Any services performed by the Contractor are to be inspected by the Health Program Manager or designee after completion. The State is solely responsible for determining acceptability of the work performed and the operability of the equipment.

**4. EQUIPMENT CALIBRATION**

The Contractor shall identify all equipment requiring calibration by placing an inspection sticker on each piece of equipment. The sticker shall indicate the date of calibration and/or date of service, and signature of service technician servicing the equipment. All instruments used to calibrate the equipment shall be certified and traceable to the National Institute of Standards Technology (NIST). The Supervising Dental Assistant or designee shall maintain an instrument log book and the contractor shall provide a calibration certificate signifying that a continuing quality control program is in existence for each piece of equipment.

**5. REPAIR SERVICE**

The Contractor shall provide unlimited visits for any repair services for equipment listed on Exhibit A-1, Equipment List, as requested by the Supervising Dental Assistant or designee as necessary to keep the equipment fully operational. Repair services that are not provided during regularly scheduled preventive maintenance visits or not covered by the Guarantee section of the Scope of Work, shall be paid by the State at the Contractor's Hourly Repair Rate as specified in Exhibit B-1 Rate Sheet. Any parts requiring replacement will be replaced in accordance with the Parts Replacement section as specified herein.

The Contractor shall respond by telephone or email to requests for non-emergency repair services by 12:00 pm on the business day following the request for service. A site visit shall occur not later than three (3) business days following the day of the initial contact. The State may, at its discretion, allow access to the equipment during non-business hours, when necessary. Non-emergency repair services performed outside of the normal business hours as specified herein must be approved in advance in writing by the Supervising Dental Assistant or designee. Hourly repair service rates begin when the Contractor begins work at the job site, not upon arrival at the institution.

The Contractor shall make every effort to complete repairs the same business day. Unless the repair requires part(s) that must be ordered, no repair shall take longer than five (5) business days to complete. When a delay in repair occurs due to part(s) that must be ordered, written notification must be presented immediately to the Supervising Dental Assistant or designee for approval.

**6. EMERGENCY REPAIR SERVICE**

Emergency repair service will be requested *only when* an equipment failure effectively curtails the delivery of dental care to patients. The Contractor shall provide emergency repair services as requested by the Supervising Dental Assistant or designee.

The Contractor shall respond by telephone or email to requests for emergency repair services not later than by 12:00 p.m. on the business day following the request for service. A site visit shall occur not later than the business day following the day of the initial contact. Every effort shall be made to perform repair services during normal business hours. The State may, at its discretion, allow access to the equipment during non-business hours, when necessary.

Emergency repair services provided by the Contractor will be charged at 150% of the Contractor's Hourly Repair Rate specified in Exhibit B-1 Rate Sheet. The Contractor shall make every effort to complete repairs immediately after diagnosis of the equipment problem. Written justification shall be submitted to the Supervising Dental Assistant or designee stating the reason for any delay of equipment repair. Any part(s) requiring replacement will be replaced in accordance with the Parts Replacement section specified herein. Hourly repair

**SCOPE OF WORK**

service rates begin when the Contractor begins work at the site, not upon arrival at the institution.

**7. EQUIPMENT REMOVAL**

The Contractor shall perform all services under this agreement on State premises. In the event equipment must be removed from State premises for repair, prior written approval must be obtained from the Supervising Dental Assistant or designee.

Before equipment may be removed from State premises, the Supervising Dental Assistant or designee shall record the serial number(s) of the equipment being removed and inspect the equipment. Upon return of the equipment by the Contractor, the Supervising Dental Assistant or designee shall check the serial number(s) against those previously recorded and inspect the equipment for acceptability and return to the original location ready for installation and use.

Upon completion of repair, the Contractor will notify the Supervising Dental Assistant or designee to schedule a return delivery date and time. Under no circumstances shall equipment removed from State premises be kept by the Contractor longer than five (5) business days, unless prior written permission has been obtained from the Supervising Dental Assistant or designee.

**8. PARTS REPLACEMENT**

This agreement includes replacement of parts that become worn or inoperable, or that otherwise affects the equipment's operability. The Contractor must notify the Supervising Dental Assistant or designee prior to ordering and/or installing any parts. A written estimate of the required repair part(s) must be submitted by the Contractor to the Supervising Dental Assistant or designee and approved in writing before replacement.

**Proof of cost, such as a copy of the actual invoice for the part(s) from the company from which it was purchased, must be attached to the Contractor's invoice for payment.**

The State shall retain the right to purchase repair part(s) independently. Parts with a dollar value above one hundred dollars (\$100) may be replaced only with prior written approval from the Health Program Manager III or designee.

All parts replaced by the Contractor shall be new, factory manufactured, and authorized parts. Replacement parts that are not factory authorized may be considered only when there will be no impact on the equipment's original factory warranty and the replacement parts are of equal or greater quality as compared to the original manufacturer's parts. The Contractor agrees to maintain an adequate supply and/or be able to obtain within a reasonable amount of time any necessary replacement parts in order to perform repairs and maintenance as specified herein. Any parts that have been replaced become the property of the State.



**The State assumes no responsibility and will not reimburse the Contractor for parts ordered and/or installed prior to written authorization by the Health Program Manager III or designee. All approved parts must be included on the Service Report. Invoices will be paid only when accompanied by a signed Service Report with proof of cost for parts approved by the Health Program Manager III or designee.**

**Parts for Preventive Maintenance** – The cost for preventive maintenance (PM) kits or (PM) parts recommended by manufacturer for maintenance for each piece of dental equipment must be included in the Semi-Annual/Annual Preventive Maintenance and Inspection service cost per piece of equipment as specified in Exhibit B-1 Rate Sheet.

## 9. **QUALIFICATIONS**

The Contractor shall assign a minimum of one (1) separate service technician per Institution who is qualified to perform services on the equipment specified herein.

The Contractor shall provide the State with proof of the required experience and references for each service technician providing service under this agreement at time of bid submittal. The Contractor shall maintain the required number of qualified technicians throughout the term of the contract. The State reserves the right to verify that the Contractor has the required number of qualified technicians at anytime.

### **Experience and References**

The Contractor shall list three (3) different professional references and all required information on Attachment I, References, for each service technician who will be providing services as specified. The qualifying experience must have been performed **within the last (24) months consecutively prior to date of bid opening** in maintaining and repairing equipment specified herein. Each of the three references listed in Attachment I shall also be accompanied by a letter of reference. The body of the letter of reference shall include:

- Technicians name
- Dates that services were provided
- Verification of satisfactory service provided by the technician.
- Specific list of the equipment serviced, which is similar to the equipment specified in Exhibit A-1, Equipment List.

Each reference shall be contacted and verified by the State. Only service technicians meeting the above criteria shall perform dental equipment maintenance, inspection and repair services on the dental equipment listed herein. Apprentices or trainees are not acceptable and shall not be used under this agreement.

Contractor certifies that he/she has ready access to repair manuals, schematic diagrams, and to manufacturer's replacement parts for all equipment listed in Exhibit A-1, Equipment List.

**10. DOCUMENTATION REQUIREMENTS**

After completion of service, the Contractor and/or service technician shall submit a Service Report, Exhibit A-2, to the Supervising Dental Assistant or designee. Report shall include: date of service, time in and time out, (please verify the Service Report has this section because some versions do not have it) description of service provided, including replacement of any worn parts, name and signature of Contractor or service technician, location of equipment, equipment make, model and serial number, description of any noted deficiencies and suggested corrective action, total labor hours expended, and signature of Supervising Dental Assistant or designee certifying services were performed. The completed service report must be approved and submitted with the invoice for payment of services satisfactorily rendered.

**11. ACCIDENTS/DAMAGES**

Damage caused to the equipment covered herein due to fire, abuse, Act of God, accident, unauthorized alterations, disasters, the elements, failure of electrical power, misuse, use of unauthorized agents, vandalism or negligence by the State or its officers, agents, employees, or CDCR inmates/wards, are not covered by this agreement except on a time and material basis. Such repairs will be performed by the Contractor at the Contractor's current, published rates at the time service is required, but only after the Contractor has made an estimate of all costs involved and written documentation has been provided to the Supervising Dental Assistant or designee. The State is solely responsible for deciding what, if any, repairs shall be made.

**12. EXCLUSIONS**

Services provided under this agreement do not include maintenance of machines or other devices not specified herein. Also excluded are painting or refinishing of equipment, and the furnishing of supplies, accessories, or devices of any nature, except such items or equipment as may be necessary for the maintenance and repair of the equipment.

**13. GUARANTEE**

The Contractor shall guarantee all services performed by the Contractor and/or service technician(s), including any replaced parts, for a minimum of ninety (90) days from the date of service. If it is determined that failure has occurred due to defective parts or workmanship, the Contractor shall correct the failure at no additional cost to the State. Correction shall occur during normal business hours upon request for service by the Supervising Dental Assistant or designee within two (2) days of first notification.

**14. DEPARTMENT OF CORRECTION AND REHABILITATION CONTACT INFORMATION**

Should questions or problems arise during the term of this agreement, the contractor should contact the following offices:

**CDCR Scope of Work/Performance Issues:**

- Please refer to the contract contact person for the appropriate Institution listed in Exhibit E, CDCR Listing of Participating Institution.

**CDCR Billing/Payment Issues:**

Sacramento Regional Accounting Office  
Phone Number: (916) 255-2042  
Fax Number (916) 255-2103

**General Contract Issues:**

- Office of Business Services  
Phone Number: (916) 255-5624  
FAX Number: (916) 255-6187

The Supervising Dental Assistant or designee shall be solely responsible for determining acceptability or machine quality, operability, and satisfactory completion of any services provided by Contractor.

### Dental and X-Ray Equipment Maintenance, Inspection and Repair

<b>Dental and X-Ray Equipment Requiring Maintenance and/or Repair</b>		
Manufacturers and Models are Included but are Not Limited to Those Listed Below		
<b>Equipment Description</b>	<b>Manufacturer</b>	<b>Model Name</b>
DENTAL CHAIR	OTHER( Non-A-dec)	
ASSISTINA	W&H	301 PLUS
AUTO CLAVE/STERILIZER	SCICAN	STATIM
AUTO CLAVE/STERILIZER	TUTTANAUER	TUTTANAUER
AUTO CLAVE/STERILIZER	MID MARK	M9, M11
AUTO CLAVE/STERILIZER	PELTON CRANE	VALIDATOR PLUS AC-12566
AIR COMPRESSOR	AIR TECHNIQUES	AIRSTAR SERIES
VACUUM SYSTEM w/ AMALGAM COLLECTOR	AIR TECHNIQUES	STS SERIES
X-RAY SYSTEM (PANOGRAPHIC)	PLANMECA, GENDEX, & OTHER	Kodak 8000
X-RAY UNIT (INTRA-ORAL)	PLANMECA & OTHER	
CURING UNIT	KERR & OTHERS	DEMETRON II
ENDODONIC SYSTEM	PROSYSTEMG	
HIGH- SPEED HANDPIECE	PALISADES DENTAL	IMPACT AIR 45
HIGH- SPEED HANDPIECE	MIDWEST	
HIGH- SPEED SURGICAL HANDPIECE	IMPACTED AIRE	
HANDPIECE , LOW-SPEED ATTACHMENT	STAR TITAN	
ULTRASONIC CLEANER	SULTAN & OTHERS	PRO-SONIC 300 & OTHERS
ULTRASONIC SCALER	DENTSPLY	CAVITRON SPS
X-RAY PROCESSOR (Digital)	PERI PRO 2	
X-RAY PROCESSOR (Digital)	AT-2000XR	
WATER DISTILLER	TATTNAUER	PURE WISE
WIG-L-BUG	DENTSPLY	

<b>Dental Laboratory Equipment Requiring Repair</b>		
<b>Equipment Description</b>	<b>Manufacturer</b>	<b>Model Number</b>
Starcasting Casting Machine	CMP Industries	2006M
Polishing Lathe	CMP Industries, Redwing	406551
Esmadent Three Station	CMP Industries	E678-3
18 Case Funace	CMP Industries	8008AH
Model Drying Oven	CMP Industries	405511
Rosin Dip Heater	CMP Industries	8004
Demco Hi-Speed Lathe/Grinder	CMP Industries, Baldor	B-1
Dental Welder w/Microscope	Orion	1
3 Gallon Tabletop Auto Duplicator	CMP Industries	406111
Dental lab Handpiece	Wells, Osada, Derby, Henry Schein	H011, EXLM40, Z50, Z500
Lab Vibrator	CMP Vibrator	406111
Dust Collector		
Lathe	Baldor	
Model Trimmer	Buffalo, CMP Industries, Handler	
Vacuum Power Mixer		
Vacuum Forming Machine		
Boil/Wash Out/Curing Unit		

## Dental and X-Ray Equipment Maintenance, Inspection and Repair Preventive Maintenance Schedule

*Manufacturers And Models Are Included But Are Not Limited To Those Listed Below*

Equipment Description	Manufacturer	Model Name	Preventive Maintenance Cycle
AUTO CLAVE/ STERILIZER	SCICAN	STATIM	<p><b>Do the following every six months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Statim for water/ steam leaks. Correct any leaks found.</li> <li><input type="checkbox"/> Change Statim door seal</li> <li><input type="checkbox"/> Test pump per Statim manual</li> <li><input type="checkbox"/> Check reservoir for water quality</li> </ul>
AUTO CLAVE/ STERILIZER	MID MARK	M9, M11	<p><b>Do the following every six months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> On EA and EKA models, replace the air filter, every 6 months</li> <li><input type="checkbox"/> Once every six months clean the fan grid with a vacuum cleaner from the inside outward.</li> <li><input type="checkbox"/> Check the Safety Valve(Located in the water reservoir)</li> </ul> <p>Replace the door gasket</p>
AIR COMPRESSOR	AIR TECHNIQUES	AIRSTAR Series	<p><b>Do the following every six months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Replace intake Filter</li> <li><input type="checkbox"/> Replace 5 Micron filter</li> <li><input type="checkbox"/> Inspect the Moisture Monitor; if pink in color perform necessary maintenance.</li> <li><input type="checkbox"/> Inspect for possible air leaks</li> <li><input type="checkbox"/> Check tank pressure switch for adjustment</li> <li><input type="checkbox"/> Disconnect main power supply drain the storage tank slowly until a click is heard. Storage tank pressure should read 85 PSI</li> </ul> <p>Close tank outlet valve, turn power switch and verify pump-up time.</p>
VACUUM SYSTEM W/ AMALGAM COLLECTOR	AIR TECHNIQUES	STS Series	<p><b>Do the following every six months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inspect to verify proper drainage.</li> <li><input type="checkbox"/> Check build-up at the base of the tank entering the drain.</li> <li><input type="checkbox"/> Check for any evidence that liquids have reached the float assembly.</li> <li><input type="checkbox"/> Inspect the Vacuum Relief Valve for adjustment and cleaning</li> </ul>
X RAY SYSTEM (PANOGRAPHIC)	PLANMECA, GENDEX, & OTHER		<ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Calibration</li> </ul>
X-RAY UNIT (INTRA-ORAL)	PLANMECA AND OTHER		<ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Calibration</li> </ul>

**SERVICE REPORT**

Date of Service: \_\_\_\_\_

**Type of Maintenance/Inspection**     Monthly     Quarterly     Semi-Annual     Annual  
 Safety Inspection     Calibration  
\_\_\_\_\_ Hours Service Provided (To/From)  
Provide explanation on all parts replaced  
\_\_\_\_\_

**Repairs** \_\_\_\_\_ Hours Service Provided (To/From)  
 TOTAL REPAIR HOURS  
Were parts replaced?     Yes     No  
Provide explanation for all parts replaced.  
\_\_\_\_\_

Location of Equipment \_\_\_\_\_  
Description of Equipment \_\_\_\_\_  
Equipment Make    Make \_\_\_\_\_    Model \_\_\_\_\_    Serial Number \_\_\_\_\_

Description of service performed: *(use back of this page if more space is needed)*  
\_\_\_\_\_  
\_\_\_\_\_

Describe any noted deficiencies and suggested corrective action  
\_\_\_\_\_  
\_\_\_\_\_

**The State assumes no responsibility for any work commenced by the Contractor and will not reimburse the contractor for any work performed prior to approval and scheduling by the Institution Contract Liaison, Chief Dentist, or designee. Payment will only be made on invoices accompanied by a Service Report signed by the Institution Contract Liaison, Chief Dentist, or designee.**

Name of Service Technician/Contractor _____	Authorized Institution Personnel _____
Print Name Here _____	Print Name Here _____
Signature _____	Signature _____
Date _____	Date _____

California Department of Corrections and Rehabilitation (CDCR)  
**WRITTEN CHANGE REQUEST SAMPLE**

STATE OF CALIFORNIA

EDMUND G. BROWN JR., Governor

**DEPARTMENT OF CORRECTIONS AND REHABILITATION**  
OFFICE OF BUSINESS SERVICES  
10000 Gothe Road, Suite C-1  
Sacramento, CA 95827



Date

Name, Title  
Name of Company  
Address  
City, State, Zip

**AGREEMENT NUMBER:** \_\_\_\_\_  
**PURCHASE ORDER NUMBER:** \_\_\_\_\_  
**SERVICE:** \_\_\_\_\_

Per Exhibit A Scope of Work, Number 2, Paragraph 3, the California Department of Corrections and Rehabilitation (CDCR) is exercising its right to add or remove equipment to the above agreement for \_\_\_\_\_.  
(Institution/Facility name)

The following changes are to be made:

Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No of Services	=	Total

The Agreement Number and the Purchase Order number must be referenced on all invoices submitted for payment. Should you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_, Chief  
Institution Service Contracts Section  
Contract Management Branch

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

Electronic bid packages include an Excel version of the Rate Sheet (Exhibit B-1) in addition to the PDF file in order to assist bidders in computing accurate totals. Bidders should download the Excel version and complete all highlighted cells.

**The bidder is not required to bid on all facilities/institutions. Contracts will be awarded to the lowest bidder for each facility or institution. A zero (\$0.00) dollar amount shall denote that the Contractor shall perform any such services at no cost to the State. Any and all services performed outside the Scope of Work, Exhibit A, shall be at the sole risk and expense of the Contractor.**

*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CALIFORNIA CORRECTIONAL INSTITUTION (CCI)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	10	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	5	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	5	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	3	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	6	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	100			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$30,000.00</b>
<b>CCI TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.							



**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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**The bidder is not required to bid on all facilities/institutions. Contracts will be awarded to the lowest bidder for each facility or institution. A zero (\$0.00) dollar amount shall denote that the Contractor shall perform any such services at no cost to the State. Any and all services performed outside the Scope of Work, Exhibit A, shall be at the sole risk and expense of the Contractor.**

*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CALIFORNIA MEN'S COLONY (CMC)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	2	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	2	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	2	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	8	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>CMC TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
<b>The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.</b>							

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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**The bidder is not required to bid on all facilities/institutions. Contracts will be awarded to the lowest bidder for each facility or institution. A zero (\$0.00) dollar amount shall denote that the Contractor shall perform any such services at no cost to the State. Any and all services performed outside the Scope of Work, Exhibit A, shall be at the sole risk and expense of the Contractor.**

*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY (SATF)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	2	X	4	=	\$ -
Auto Clave/Sterilizer (Statim aka Scican)	\$ -	X	8	X	4	=	\$ -
Auto Clave/Sterilizer (Pelton Crane)	\$ -	X	2	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	8	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	8	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	8	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	100			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$60,000.00</b>
<b>SATF TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
<b>The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.</b>							

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

Electronic bid packages include an Excel version of the Rate Sheet (Exhibit B-1) in addition to the PDF file in order to assist bidders in computing accurate totals. Bidders should download the Excel version and complete all highlighted cells.

**The bidder is not required to bid on all facilities/institutions. Contracts will be awarded to the lowest bidder for each facility or institution. A zero (\$0.00) dollar amount shall denote that the Contractor shall perform any such services at no cost to the State. Any and all services performed outside the Scope of Work, Exhibit A, shall be at the sole risk and expense of the Contractor.**

*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>KERN VALLEY STATE PRISON (KVSP)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark) Tuttanauer	\$ -	X	6	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	6	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	6	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	6	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>KVSP TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							

**The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.**

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

Electronic bid packages include an Excel version of the Rate Sheet (Exhibit B-1) in addition to the PDF file in order to assist bidders in computing accurate totals. Bidders should download the Excel version and complete all highlighted cells.

**The bidder is not required to bid on all facilities/institutions. Contracts will be awarded to the lowest bidder for each facility or institution. A zero (\$0.00) dollar amount shall denote that the Contractor shall perform any such services at no cost to the State. Any and all services performed outside the Scope of Work, Exhibit A, shall be at the sole risk and expense of the Contractor.**

*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<b>Contractor name is required for each institution or facility bid.</b>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CALIFORNIA STATE PRISON - LOS ANGELES COUNTY (LAC)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Tuttnauer 2340M)	\$ -	X	4	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	11	X	6	=	\$ -
Air Compressor (APOLLO AP021)	\$ -	X	1	X	1	=	\$ -
Vacuum System (Air Techniques)	\$ -	X	11	x	6	=	\$ -
Vacuum System (DEN-TAL-EZ)	\$ -	X	1	x	1	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	8	X	8	=	\$ -
<b>SECTION (A) TOTAL</b>							<b>\$ -</b>
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>LAC TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.							



**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

Electronic bid packages include an Excel version of the Rate Sheet (Exhibit B-1) in addition to the PDF file in order to assist bidders in computing accurate totals. Bidders should download the Excel version and complete all highlighted cells.

**The bidder is not required to bid on all facilities/institutions. Contracts will be awarded to the lowest bidder for each facility or institution. A zero (\$0.00) dollar amount shall denote that the Contractor shall perform any such services at no cost to the State. Any and all services performed outside the Scope of Work, Exhibit A, shall be at the sole risk and expense of the Contractor.**

*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

*Contractor name is required for each institution or facility bid.*

**CONTRACTOR NAME:**

**NORTH KERN STATE PRISON (NKSP)**

**(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)**

Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL	
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	5	X	4	=	\$ -	
Air Compressor (Air Techniques)	\$ -	X	3	X	4	=	\$ -	
Vacuum System w/Amalgam Collector	\$ -	X	5	X	4	=	\$ -	
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -	
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	10	X	2	=	\$ -	
<b>SECTION (A) TOTAL</b>							\$	-

	Estimated Hours	<b>SECTION (B) TOTAL</b>					
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -

**(C) Parts - Estimated for Term of Agreement** **\$15,000.00**

**NKSP TOTAL AMOUNT (A+B+C)** **\$ -**

**Basis of Award**

**The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.**

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

*Contractor name is required for each institution or facility bid.*

**CONTRACTOR NAME:**

**PLEASANT VALLEY STATE PRISON (PVSP)**

**(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)**

Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	6	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	6	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	6	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	7	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -

	Estimated Hours	<b>SECTION (B) TOTAL</b>					
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -

**(C) Parts - Estimated for Term of Agreement** **\$15,000.00**

**PVSP TOTAL AMOUNT (A+B+C)** **\$ -**

**Basis of Award**

**The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.**

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

*Contractor name is required for each institution or facility bid.*

**CONTRACTOR NAME:**

**WASCO STATE PRISON (WSP)**

**(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)**

Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	2	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	5	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	5	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	5	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -

	Estimated Hours	<b>SECTION (B) TOTAL</b>					
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -

**(C) Parts - Estimated for Term of Agreement** **\$15,000.00**

**WSP TOTAL AMOUNT (A+B+C)** **\$ -**

**Basis of Award**

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**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CALIPATRIA STATE PRISON (CAL)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (SciCan)	\$ -	X	3	X	4	=	\$ -
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	1	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	5	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	3	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	4	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>CAL TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
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**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CENTINELA STATE PRISON (CEN)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	5	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	5	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	5	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							<b>\$ -</b>
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>CEN TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
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**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b>CALIFORNIA INSTITUTION FOR MEN (CIM)</b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	2	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	3	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	3	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	4	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>CIM TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
<b>The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.</b>							

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CALIFORNIA INSTITUTION FOR WOMEN (CIW)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Air Compressor (Air Techniques)	\$ -	X	2	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	2	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	8	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							<b>\$ -</b>
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>CIW TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.							

**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

*Contractor name is required for each institution or facility bid.*

**CONTRACTOR NAME:**

**CALIFORNIA REHABILITATION CENTER (CRC)**

**(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)**

Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	2	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	4	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	4	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	5	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -

	Estimated Hours	<b>SECTION (B) TOTAL</b>					
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -

**(C) Parts - Estimated for Term of Agreement** **\$15,000.00**

**CRC TOTAL AMOUNT (A+B+C)** **\$ -**

**Basis of Award**

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**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>CHUCKAWALLA VALLEY STATE PRISON (CVSP)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	5	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	5	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	5	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	5	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>CVSP TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
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**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

*Contractor name is required for each institution or facility bid.*

**CONTRACTOR NAME:**

**IRONWOOD STATE PRISON (ISP)**

**(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)**

Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL	
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	4	X	4	=	\$ -	
Air Compressor (Air Techniques)	\$ -	X	7	X	4	=	\$ -	
Vacuum System w/Amalgam Collector	\$ -	X	7	X	4	=	\$ -	
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -	
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	7	X	2	=	\$ -	
<b>SECTION (A) TOTAL</b>							\$	-

	Estimated Hours	<b>SECTION (B) TOTAL</b>					
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -

**(C) Parts - Estimated for Term of Agreement** **\$15,000.00**

**ISP TOTAL AMOUNT (A+B+C)** **\$ -**

**Basis of Award**

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**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>RICHARD J. DONOVAN CORRECTIONAL FACILITY (RJD)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark/Pelton & Chance)	\$ -	X	2	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	10	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	5	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	5	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>RJD TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
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**DENTAL AND X-RAY EQUIPMENT MAINTENANCE, INSPECTION AND REPAIR**

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*Hourly Emergency Repair Rate shall be 150% of the Contractor's Hourly Repair Rate (see Exhibit A, Scope of Work)*

<i>Contractor name is required for each institution or facility bid.</i>							
<b><u>CONTRACTOR NAME:</u></b>							
<b><u>VENTURA YOUTH CORRECTIONAL FACILITY (VNT)</u></b>							
<b>(A) Semi-Annual/Annual Preventive Maintenance and Inspection(See Exhibit A-1A)</b>							
Equipment Description	Cost per Unit	X	Estimated No. of Units	X	Estimated No. of Services	=	TOTAL
Auto Clave/Sterilizer (Mid Mark)	\$ -	X	1	X	4	=	\$ -
Air Compressor (Air Techniques)	\$ -	X	1	X	4	=	\$ -
Vacuum System w/Amalgam Collector	\$ -	X	1	X	4	=	\$ -
X-Ray System Panographic (Planmeca & Other)	\$ -	X	1	X	2	=	\$ -
X-Ray Unit Intra-Oral (Planmeca & Other)	\$ -	X	2	X	2	=	\$ -
<b>SECTION (A) TOTAL</b>							\$ -
			Estimated Hours		<b>SECTION (B) TOTAL</b>		
<b>(B) Contractor's Hourly Repair Rate</b>	\$ -	X	50			=	\$ -
<b>(C) Parts - Estimated for Term of Agreement</b>							<b>\$15,000.00</b>
<b>VNT TOTAL AMOUNT (A+B+C)</b>							<b>\$ -</b>
<b>Basis of Award</b>							
<b>The Basis of Award is strictly used for bidding purposes only. The CDCR reserves the right to augment the total bid amount by 25% - 100 % upon contract award depending on the needs of the institution.</b>							

**1. Invoicing and Payment**

- a. For services satisfactorily rendered, and upon receipt and approval of Contractor's invoices, the State agrees to compensate the Contractor in accordance with the rates specified herein on Exhibit B-1 Rate Sheet, and made a part of this Agreement. Exhibit B-1 Rate Sheet shall remain in force for the stated term of this Agreement and shall include every item of expense, direct and indirect, including taxes incidental to the specified rates.
- b. Invoices shall include the Agreement Number, Purchase Order Number and shall be submitted in triplicate not more frequently than monthly in arrears to:

California Department of Corrections and Rehabilitation (CDCR)  
Sacramento Regional Accounting Office  
Attention: Accounts Payable  
P.O. Box 187016  
Sacramento, CA 95818-7016

**2. Budget Contingency Clause**

- a. It is mutually agreed that if the California State Budget Act for the current fiscal year and/or any subsequent fiscal years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor, or to furnish any other considerations under this Agreement, and Contractor shall not be obligated to perform any provisions of this Agreement.
- b. If funding for the purposes of this program is reduced or deleted for any fiscal year by the California State Budget Act, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an Agreement amendment to Contractor to reflect the reduced amount.

**3. Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment to small/micro businesses shall be made in accordance with and within the time specified in Chapter 4.5, Government Code 927 et seq.

**4. Subcontractors**

Nothing contained in this Agreement, or otherwise, shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the Contractor of Contractor's responsibilities and obligations hereunder. The Contractor agrees to be as fully responsible to the State for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. The Contractor's obligation to pay its subcontractors is an independent obligation from the

State's obligation to make payments to the Contractor. As a result, the State shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.

**5. Bidder Acknowledgement/Certification (OBS 300)**

The Contractor hereby agrees to provide all labor, materials, supplies, licenses, permits, equipment and transportation necessary to perform all services required for the foregoing titled work in accordance with the Scope of Work and all Terms and Conditions

Any and all services performed outside the scope of this Agreement will be at the sole risk and expense of the Contractor.

**1. Contract Disputes** (Supersedes provision number 6, Disputes, of Exhibit C)

As a condition precedent to Contractor's right to institute and pursue litigation or other legally available dispute resolution process, if any, Contractor agrees that all disputes and/or claims of Contractor arising under or related to the Agreement shall be resolved pursuant to the following processes. Contractor's failure to comply with said dispute resolution procedures shall constitute a failure to exhaust administrative remedies.

Pending the final resolution of any such disputes and/or claims, Contractor agrees to diligently proceed with the performance of the Agreement, including the delivering of goods or providing of services. Contractor's failure to diligently proceed shall constitute a material breach of the Agreement.

The Agreement shall be interpreted, administered, and enforced according to the laws of the State of California. The parties agree that any suit brought hereunder shall have venue in Sacramento, California, the parties hereby waiving any claim or defense that such venue is not convenient or proper.

**a. Final Payment**

The acceptance by Contractor of final payment shall release the California Department of Corrections and Rehabilitation (CDCR) from all claims, demands and liability to Contractor for everything done or furnished in connection with this work and from every act and neglect of CDCR and others relating to or arising out of this work except for any claim previously accepted and/or in process of resolution.

**b. Informal Appeal**

Contractor and the program or institution contract liaison, or other designated CDCR employee of the unit for which the goods are being delivered or the service is being performed, shall first attempt in good faith to resolve the dispute or claim by informal discussion(s). Contractor shall identify the issues and the relief sought. Informal discussion(s) between Contractor and contract liaison, or the designated CDCR employee, shall be written, dated, and signed by the authors.

The program or institution contract liaison shall issue an informal written statement to Contractor regarding the dispute within fifteen (15) calendar days following settlement or an impasse in the informal discussion(s) process. The written statement shall either: (1) document the dispute settlement and what, if any, conditions were reached; or, (2) document the reason(s) the dispute could not be resolved informally and provide notification to Contractor of its option to file a formal appeal within thirty (30) days of the informal statement. One (1) copy of the informal statement and the discussion(s) on which it is based shall be forwarded immediately to the Office of Business Services (OBS) for inclusion in the Agreement file.

**c. Formal Appeal**

If the dispute or claim is not resolved to Contractor's satisfaction by the informal appeal process, Contractor may file with the Associate Director, OBS, and a formal written appeal within thirty (30) calendar days of the date of CDCR's informal written decision. The formal written appeal shall be addressed as follows:

(SUBJECT)

Associate Director  
Office of Business Services  
California Department of Corrections and Rehabilitation  
10000 Goethe Road, Suite C-1  
Sacramento, CA 95827

Contractor shall specify in the formal written appeal the issue(s) in dispute, the particular relief or remedy sought, the factual basis for Contractor's claim or dispute, and Contractor's legal, technical and/or other authority upon which Contractor bases its claim or dispute.

The formal written appeal shall include a written certification signed by a knowledgeable company official under the penalty of perjury according to the laws of the State of California pursuant to California Code of Civil Procedure Section 2015.5 that the dispute, claim, or demand is made in good faith, and that the supporting data are accurate and complete. If an Agreement adjustment is requested, the written certification shall further state under penalty of perjury that the relief requested accurately reflects the Agreement adjustment for which the CDCR is responsible.

If Contractor is a corporation, the written certification shall be signed by an officer thereof. If Contractor is a sole proprietorship or partnership, it shall be signed by an owner or full partner. If Contractor is other than a corporation, sole proprietorship or partnership, it shall be signed by a principal of the company with authority to bind the company.

The Associate Director, OBS, shall issue a formal written decision on behalf of CDCR within thirty (30) calendar days of receipt of the properly addressed formal written appeal. If mutually agreed by the parties, the date for the issuance of CDCR's final written decision may be extended.

**d. Further Resolution**

If the dispute is not resolved by the formal appeal process to Contractor's satisfaction, or Contractor has not received a written decision from the Associate Director, OBS, after thirty (30) calendar days, or other mutually agreed extension, Contractor may thereafter pursue its right to institute other dispute resolution process, if any, available under the laws of the State of California.

**e. Contract Disputes with Public Entities**

A county, city, district or other local public body, state board or state commission, another state or federal agency, or joint-powers authority shall resolve a dispute with CDCR, if any, through a meeting of representatives from the entities affected. If the dispute cannot be resolved to the satisfaction of the parties, each entity may thereafter pursue its right to institute litigation or other dispute resolution process, if any, available under the laws of the State of California.

**2. Right to Terminate** (Supersedes provision number 7, Termination for Cause, of Exhibit C)

The State reserves the right to terminate this Agreement subject to thirty (30) calendar day written notice to the contractor. Contractor may submit a written request to terminate this

Agreement only if the State should substantially fail to perform its responsibilities as provided herein.

Failure to provide services on three (3) or more occasions may result in termination of your Agreement or the institution not having to contact Provider prior to going to the other providers for the duration of the agreement term. The Warden, CMO or designee has sole discretion in this selection.

Additionally, the State reserves the right to terminate this Agreement subject to thirty (30) calendar days written notice to the contractor should it be later identified as a service which can be consolidated into a statewide/regionalized Agreement. The State may exercise its option to cancel the remaining years of this Agreement, should it be decided that with additional institutions and/or sites, the State would receive a better rate for the same service.

However, the State can immediately terminate this Agreement for cause. The term "for cause" shall mean that the contractor fails to meet the terms, conditions, and/or responsibilities of the Agreement. In this instance, the Agreement termination shall be effective as of the date indicated on the State's notification to the contractor.

This Agreement may be suspended or cancelled without notice, at the option of the contractor, if the contractor or State's premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the contractor is unable to render service as a result of any action by any governmental authority.

### **3. Contract Suspension**

Notwithstanding any other provisions of this Agreement, pursuant to a Governor's Executive Order or equivalent directive, such as a court order or an order from a federal or state regulatory agency, mandating the suspension of state contracts, the State may issue a Suspension of Work Notice. The Notice shall identify the specific Executive Order or directive and the Agreement number(s) subject to suspension. Unless specifically stated otherwise, all performance under the Agreement(s) must stop immediately upon receipt of the Notice. During the period of contract suspension, Contractor is not entitled to any payment for the suspended work. Once the order suspending state contracts has been lifted, a formal letter from the Department will be issued to the Contractor to resume work.

### **4. Responsibility Hearing**

If this Agreement is terminated for cause, CDCR reserves the right to conduct a responsibility hearing to determine if the contractor is a responsible bidder before an award of future Agreements can be made.

### **5. Confidentiality of Data**

All financial, statistical, personal, technical and other data and information relating to State's operation, which are designated confidential by the State and made available to carry out this Agreement, or which become available to the contractor in order to carry out this Agreement, shall be protected by the contractor from unauthorized use and disclosure.

If the methods and procedures employed by the contractor for the protection of the contractor's data and information are deemed by the State to be adequate for the protection of the State's confidential information, such methods and procedures may be used with the written consent of the State. The contractor shall not be required under the provisions of this paragraph to keep confidential any data already rightfully in the contractor's possession that is independently developed by the contractor outside the scope of the Agreement or is rightfully obtained from third parties.

No reports, information, inventions, improvements, discoveries, or data obtained, repaired, assembled, or developed by the contractor pursuant to this Agreement shall be released, published, or made available to any person (except to the State) in violation of any State or federal law.

Contractor by acceptance of this Agreement is subject to all of the requirements of California Government Code Section 11019.9 and California Civil Code Sections 1798, et seq., regarding the collection, maintenance, and disclosure of personal and confidential information about individuals.

**6. Liability for Loss and Damages**

Any damages by the contractor to the State's facility including equipment, furniture, materials or other State property, will be repaired or replaced by the contractor to the satisfaction of the State at no cost to the State. The State may, at its option, repair any such damage and deduct the cost thereof from any sum due contractor under this Agreement.

**7. Computer Software Management Memo**

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

**8. Accounting Principles**

The contractor will adhere to generally accepted accounting principles as outlined by the American Institute of Certified Public Accountants. Dual compensation is not allowed; a contractor cannot receive simultaneous compensation from two or more funding sources for the same services performed even though both funding sources could benefit.

**9. Liability for Nonconforming Work**

All work provided by the contractor shall conform to the latest requirement of federal, state, city and county regulations. Contractor is responsible for compliance with all applicable laws, codes, rules and regulations in connection with work performed under this Agreement.

The contractor will be fully responsible for ensuring that the completed work conforms to the agreed upon terms. If nonconformity is discovered prior to the contractor's deadline, the contractor will be given a reasonable opportunity to cure the nonconformity. If the nonconformity is discovered after the deadline for the completion of the project, CDCR, in its sole discretion, may use any reasonable means to cure the nonconformity. The contractor

shall be responsible for reimbursing CDCR for any additional expenses incurred to cure such defects.

#### **10. Subcontractor/Consultant Information**

Contractor is required to identify all subcontractors and consultants who will perform labor or render services in the performance of this Agreement. Additionally, the contractor shall notify CDCR, OBS in writing within ten (10) working days of any changes to the subcontractor and/or consultant information.

#### **11. Contract Violations**

The contractor acknowledges that any violation of Chapter 2 or any other chaptered provision of the Public Contract Code (PCC) is subject to the remedies and penalties contained in PCC Sections 10420 through 10425.

#### **12. Temporary Nonperformance**

If, because of mechanical failure or for any other reason, the contractor shall be temporarily unable to perform the work as required, the State, during the period of the contractor's inability to perform, reserves the right to accomplish the work by other means and shall be reimbursed by the contractor for any additional costs above the Agreement price.

#### **13. Extension of Term**

If it is determined to be in the best interest of the State this Agreement may be amended to extend the term. Upon signing the amendment, the Contractor hereby agrees to provide services for the extended period at the rates specified in the original Agreement.

#### **14. Employment of Ex-Offenders**

Contractor cannot and will not either directly, or on a subcontract basis, employ in connection with this Agreement:

- a. Ex-Offenders on active parole or probation, who have been on active parole or probation during the last three years preceding their employment;
- b. Ex-offenders convicted of drug trafficking in a prison/jail; escape or aiding/abetting escape; battery on a Peace Officer or Public Official; arson offenses; or, any violations of Penal Code Sections 4570-4574 (unauthorized Communications with Prisons and Prisoners Offenses).
- c. Ex-Offenders required to register as a sex offender pursuant to Penal Code Section 290 or if such ex-offender has an offense history involving a "violent felony" as defined in subparagraph (c) of Penal Code Section 667.5; or
- d. Any ex-offender in a position which provides direct supervision of parolees, except in the following instances:
  1. Contractor shall only employ ex-offenders who can provide written evidence of having satisfactorily completed parole or probation, and who have remained off



parole or probation, and have had no arrests or convictions within the past three years

#### **15. Electronic Waste Recycling**

The Contractor certifies that it complies with the requirements of the Electronic Waste Recycling Act of 2003, Chapter 8.5, Part 3 of Division 30, commencing with Section 42460 of the Public Resources Code, relating to hazardous and solid waste. Contractor shall maintain documentation and provide reasonable access to its records and documents that evidence compliance.

#### **16. Tax**

The State of California and Contractor will each bear their own respective federal, state and local tax liabilities arising from this Agreement. It is expressly understood that neither the State nor the Contractor will assign, shift, pass on or otherwise assume the tax liabilities of the other party.

#### **17. Licenses and Permits**

The contractor shall be an individual or firm licensed to do business in California and shall obtain at contractor's expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this Agreement.

In the event any license(s) and/or permit(s) expire at any time during the term of this Agreement, contractor agrees to provide CDCR with a copy of the renewed license(s) and/or permit(s) within thirty (30) days following the expiration date. In the event the contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to any other remedies it may have, terminate this Agreement upon occurrence of such event.

#### **18. Permits and Certifications from State Board of Equalization**

This solicitation and any resulting contract shall be subject 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 requiring suppliers to provide a copy of their reseller'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. Failure of the supplier to comply by supplying the required permit or certification will cause the supplier's bid response to be considered non-responsive and their bid rejected. Unless otherwise specified in this solicitation, a copy of the reseller's permit or certification of registration must be supplied within five (5) state business days of the request made by the State.

#### **19. Darfur Contracting Act**

Effective January 1, 2009, CDCR generally cannot contract with "scrutinized" companies that do business in the African nation of Sudan, as described in Public Contract Code sections 10475 -10478. A company that currently has (or within the previous three years has had) business activities or other operations outside of the United States must certify that it is not a "scrutinized" company when it submits a bid or proposal to CDCR. A scrutinized

company may still submit a bid or proposal for a contract with CDCR if the company first obtains permission from the Department of General Services (DGS).

All bidders must submit a completed OBS 1500 verifying status, with their bid proposal.

## **20. Conflict of Interest**

The contractor and their employees shall abide by the provisions of Government Code (GC) Sections 1090, 81000 et seq., 82000 et seq., 87100 et seq., and 87300 et seq., Public Contract Code (PCC) Sections 10335 et seq. and 10410 et seq., California Code of Regulations (CCR), Title 2, Section 18700 et seq. and Title 15, Section 3409, and the Department Operations Manual (DOM) Section 31100 et seq. regarding conflicts of interest.

### **a. Contractors and Their Employees**

Consultant contractors shall file a Statement of Economic Interests, Fair Political Practices Commission (FPPC) Form 700 prior to commencing services under the Agreement, annually during the life of the Agreement, and within thirty (30) days after the expiration of the Agreement. Other service contractors and/or certain of their employees may be required to file a Form 700 if so requested by CDCR or whenever it appears that a conflict of interest may be at issue. Generally, service contractors (other than consultant contractors required to file as above) and their employees shall be required to file an FPPC Form 700 if one of the following exists:

1. The Agreement service has been identified by CDCR as one where there is a greater likelihood that a conflict of interest may occur;
2. The contractor and/or contractor's employee(s), pursuant to the Agreement, makes or influences a governmental decision; or
3. The contractor and/or contractor's employee(s) serves in a staff capacity with CDCR and in that capacity participates in making a governmental decision or performs the same or substantially all the same duties for CDCR that would otherwise be performed by an individual holding a position specified in CDCR's Conflict of Interest Code.

### **b. Current State Employees**

1. No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
2. No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.
3. In addition to the above, CDCR officials and employees shall also avoid actions resulting in or creating an appearance of:
  - a. Using an official position for private gain;
  - b. Giving preferential treatment to any particular person;
  - c. Losing independence or impartiality;
  - d. Making a decision outside of official channels; and

- e. Affecting adversely the confidence of the public or local officials in the integrity of the program.
4. Officers and employees of the Department must not solicit, accept or receive, directly or indirectly, any fee, commission, gratuity or gift from any person or business organization doing or seeking to do business with the State.
- c. Former State Employees**
1. For the two year (2-year) period from the date he or she left state employment, no former state officer or employee may enter into an Agreement in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the Agreement while employed in any capacity by any state agency.
  2. For the twelve-month (12-month) period from the date he or she left state employment, no former state officer or employee may enter into an Agreement with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed Agreement within the 12-month period prior to his or her leaving state service.

In addition to the above, the contractor shall avoid any conflict of interest whatsoever with respect to any financial dealings, employment services, or opportunities offered to inmates or parolees. The contractor shall not itself employ or offer to employ inmates or parolees either directly or indirectly through an affiliated company, person or business unless specifically authorized in writing by the CDCR. In addition, the contractor shall not (either directly, or indirectly through an affiliated company, person or business) engage in financial dealings with inmates or parolees, except to the extent that such financial dealings create no actual or potential conflict of interest, are available on the same terms to the general public, and have been approved in advance in writing by CDCR. For the purposes of this paragraph, "affiliated company, person or business" means any company, business, corporation, nonprofit corporation, partnership, limited partnership, sole proprietorship, or other person or business entity of any kind which has any ownership or control interest whatsoever in the contractor, or which is wholly or partially owned (more than 5% ownership) or controlled (any percentage) by the contractor or by the contractor's owners, officers, principals, directors and/or shareholders, either directly or indirectly. "Affiliated companies, persons or businesses" include, but are not limited to, subsidiary, parent, or sister companies or corporations, and any company, corporation, nonprofit corporation, partnership, limited partnership, sole proprietorship, or other person or business entity of any kind that is wholly or partially owned or controlled, either directly or indirectly, by the contractor or by the contractor's owners, officers, principals, directors and/or shareholders.

The contractor shall have a continuing duty to disclose to the State, in writing, all interests and activities that create an actual or potential conflict of interest in performance of the Agreement.

The contractor shall have a continuing duty to keep the State timely and fully apprised in writing of any material changes in the contractor's business structure and/or status. This includes any changes in business form, such as a change from sole proprietorship or partnership into a corporation or vice-versa; any changes in company ownership; any dissolution of the business; any change of the name of the business; any filing in bankruptcy; any revocation of corporate status by the Secretary of State; and any other

material changes in the contractor's business status or structure that could affect the performance of the contractor's duties under the Agreement.

If the contractor violates any provision of the above paragraphs, such action by the contractor shall render this Agreement void.

Members of boards and commissions are exempt from this section if they do not receive payment other than payment for each meeting of the board or commission, payment for preparatory time and payment for per diem.

## **21. Disclosure**

Neither the State nor any State employee will be liable to the contractor or its staff for injuries inflicted by inmates or parolees of the State. The State agrees to disclose to the contractor any statement(s) known to State staff, made by any inmate or parolee, which indicate violence may result in any specific situation, and the same responsibility will be shared by the contractor in disclosing such statement(s) to the State.

## **22. Security Clearance/Fingerprinting**

The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined.

## **23. Notification of Personnel Changes**

Contractor must notify the State, in writing, of any changes of those personnel allowed access to State premises for the purpose of providing services under this Agreement. In addition, contractor must recover and return any State-issued identification card provided to contractor's employee(s) upon their departure or termination.

## **24. Hiring Considerations**

If this Agreement is in excess of \$200,000, the contractor shall be required to give priority consideration in filling vacancies in positions funded by the Agreement to qualified recipients of aid under Welfare and Institutions Code Section 11200 et seq.

## **25. Contractor Employee Misconduct**

During the performance of this Agreement, it shall be the responsibility of the contractor whenever there is an incident of use of force or allegation(s) of employee misconduct associated with and directly impacting inmate and/or parolee rights, to immediately notify CDCR of the incident(s), to cause an investigation to be conducted, and to provide CDCR with all relevant information pertaining to the incident(s). All relevant information includes, but is not limited to: a) investigative reports; b) access to inmates/parolees and the associated staff; c) access to employee personnel records; d) that information reasonably necessary to assure CDCR that inmates and/or parolees are not or have not been deprived of any legal rights as required by law, regulation, policy and procedures; and e) written evidence that the contractor has taken such remedial action, in the event of unnecessary or

excessive force, or employee misconduct with inmates and/or parolees, as will assure against a repetition of incident(s) or retaliation. To the extent that the information provided by the contractor fails to so assure CDCR, CDCR may require that any implicated contractor staff be denied access to and the supervision of CDCR inmates and/or parolees at the facility and access to inmate and/or parolee records. Notwithstanding the foregoing, and without waiving any obligation of the contractor, CDCR retains the power to conduct an independent investigation of any incident(s). Furthermore, it is the responsibility of the contractor to include the foregoing terms within any and all subcontracts, requiring that subcontractor(s) agree to the jurisdiction of CDCR to conduct an investigation of their facility and staff, including review of subcontractor employee personnel records, as a condition of the Agreement.

## **26. Workers' Compensation**

Contractor hereby represents and warrants that Contractor is currently and shall, for the duration of this agreement, carry workers' compensation insurance, at Contractor's expenses, or that it is self-insured through a policy acceptable to CDCR, for all of its employees who will be engaged in the performance of this agreement. Such coverage will be a condition of CDCR's obligation to pay for services provided under this agreement.

Prior to approval of this agreement and before performing any work, Contractor shall furnish to the State evidence of valid workers' compensation coverage. Contractor agrees that the workers' compensation insurance shall be in effect at all times during the term of this agreement. In the event said insurance coverage expires or is canceled at any time during the term of this agreement, Contractor agrees to give at least thirty (30) days prior notice to CDCR before said expiration date or immediate notice of cancellation. Evidence of coverage shall not be for less than the remainder of the term of the agreement or for a period of not less than one year. The State reserves the right to verify the Contractor's evidence of coverage. In the event the Contractor fails to keep workers' compensation insurance coverage in effect at all times, the State reserves the right to terminate this agreement and seek any other remedies afforded by the laws of this State.

Contractor also agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all of Contractor's workers' compensation claims and losses by Contractor's officers, agents and employees related to the performance of this agreement.

## **27. Insurance Requirements**

Insurance as required herein shall be a condition of the State's obligation to pay for services provided under this Agreement. Prior to approval of this Agreement and before performing any work, Contractor and any subcontractor shall furnish to the State evidence of valid coverage. The following shall be considered evidence of coverage: A certificate of insurance, a "true and certified" copy of the policy, or any other proof of coverage issued by Contractor's insurance carrier. Binders are not acceptable as evidence of coverage. Providing evidence of coverage to the State conveys no rights or privileges to the State, nor does it insure any State employee or insure any premises owned, leased, used by or otherwise or under the control of the State. It does, however, serve to provide the State with proof that the Contractor and any subcontractor are insured at the minimum levels required by the State of California.

Contractor agrees that any liability insurance required in the performance of this Agreement shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires or is canceled during the term of this Agreement, Contractor's insurance provider must agree to give at least thirty (30) days prior notice to the State before said expiration date or notice of cancellation. Evidence of coverage required in the performance of this Agreement shall not be for less than the remainder of the term of this Agreement or for a period of not less than one year. The State and the Department of General Services (DGS) reserve the right to verify the Contractor's evidence of coverage; evidence of coverage is subject to the approval of the DGS. In the event the Contractor fails to keep insurance coverage as required herein in effect at all times, the State reserves the right to terminate this Agreement and to seek any other remedies afforded by the laws of the State of California.

For all companies and/or businesses and individual providers, the Contractor hereby represents and warrants that the Contractor is currently and shall be, for the duration of this Agreement, at Contractor's expense insured against:

Commercial General Liability - Provider agrees to carry a minimum of \$1,000,000 per occurrence for bodily injury and property damage liability combined (not required if medical services are provided at the institution).

The certificate of insurance must include the following provisions:

- The insurer will not cancel the insured's coverage without 30 days prior written notice to the State. The California Department of Corrections and Rehabilitation must be named as the "Certificate Holder" and list the following:

State of California  
California Department of Corrections and Rehabilitation  
Office of Business Services  
10000 Goethe Road, Suite C-1  
Sacramento, CA 95827

- The State of California, its officers, agents, employees, and servants are hereby named as additional insured but only with respect to work performed for the State of California.

Auto Liability – By signing this Agreement, the Contractor certifies that the Contractor and any employees, subcontractors or servants possess valid automobile coverage in accordance with California Vehicle Code Sections 16450 to 16457, inclusive. The State reserves the right to request proof at any time.

## **28. Disabled Veteran Business Enterprise (DVBE)**

If this Agreement is exempt from DVBE requirements, CDCR requests your assistance in achieving legislatively established goals for the participation of DVBEs by reporting any certified DVBEs that will be used in the performance of this Agreement.

**29. Small Business and DVBE Participation – Commercially Useful Functions**

This solicitation and any resulting Agreement shall be subject to all requirements as set forth in the following code:

Government Code Sections 14837, 14839, 14842, 14842.5

Military and Veterans Code (MVC) Sections 999, 999.6, 999.9

In part, these codes involve requirements for businesses to qualify as a California certified Small Business, Micro business and/or DVBE. The aforementioned companies must perform a **commercially useful function** to be eligible for award and be “domiciled” in California. A suppliers bid will be considered non-responsive and rejected for failure to comply with the definition and requirements set forth in the statutes Contractors found to be in violation of certain provisions within these code sections may be subject to loss of certification, penalties and Agreement cancellation.

**30. DVBE Replacement Request**

Contractor understands and agrees that should award of this contract be based in part on their commitment to use the Disabled Veteran Business Enterprise (DVBE) subcontractor(s) identified in their bid or offer, per Military and Veteran’s Code (M&VC) § 999.5 (e), a DVBE subcontractor may only be replaced by another DVBE subcontractor and must be approved by the Department of General Services (DGS). The contractor shall submit requests for DVBE substitutions electronically on the DVBE Substitution form with justification for the substitution to the Office of Business Services; [icshelpdesk@cdcr.ca.gov](mailto:icshelpdesk@cdcr.ca.gov) (for institution-related contracts) or to [scshelpdesk@cdcr.ca.gov](mailto:scshelpdesk@cdcr.ca.gov) (for all other requests). For assistance with access to the “DVBE Substitution” form and instructions, contact the Department of Corrections and Rehabilitation Office of Business Services SB/DVBE Advocate at [sbdvbeadvocate@cdcr.ca.gov](mailto:sbdvbeadvocate@cdcr.ca.gov). Requests to replace a DVBE subcontractor must be amply documented to show that the replacement meets the criteria as specified in the California Code of Regulations (CCR), Title II, Section 1896.64(c) or the Public Contract Code (PCC) § 4107 (for public works). Failure of Contractor to seek substitution and adhere to the DVBE participation level identified in the bid or offer may be cause for contract termination, recovery of damages under rights and remedies due to the State, and penalties as outlined in M&VC § 999.9; PCC § 10115.10, or PCC § 4110 (for public works contracts).

**31. Work Area**

Contractor will ensure that the work area is kept clean and free of debris, as necessary, to maintain a safe working environment for staff and inmates. While working on equipment, contractor agrees to perform services with as little disruption to the State’s operations as possible. All tools, equipment and other work materials belonging to the contractor will be removed from the institution at the end of each working day. The State shall not be responsible for storage of any contractor property.

**32. Materials and Workmanship**

All materials used and all work performed under the contract shall conform in all respects to the latest amended rules, regulations and requirements which are set forth in the Uniform Building Code, Uniform Plumbing Code; National Electric Code; California Electric Safety Orders; California Department of Industrial Relations, Division of Industrial Safety regulations; and any other regulatory requirement having jurisdiction over this type of work.

Materials, articles or equipment furnished by the Contractor for incorporation into the work shall be new. When the contract documents indicate or require that such materials, articles or equipment are to be furnished, but the quality or kind thereof is not particularly specified, shown or indicated, the Contractor shall furnish materials, articles or equipment at least equal to the class or quality of the materials, articles or equipment that are specified, shown or indicated. Substantiating data of the equal item shall be presented to the State within 35 calendar days after the award of the contract. All work shall be performed in a first class and workman-like manner in accordance with the true intent and meaning of the Plans and Specifications. Every part of the work shall be accomplished by the workers, laborers or mechanics especially skilled in the class of work required and workmanship shall be the best.

Completed work shall be to the entire satisfaction of the State of California. The State shall be the sole judge as to whether the materials or workmanship is acceptable. Should any portion of the completed work or any materials, articles or equipment delivered fail to comply with the requirements of the contract, such work, materials, articles or equipment shall be rejected. The Contractor shall immediately replace all unacceptable materials at his/her own expense; all unacceptable work shall immediately be made satisfactory to the State by the Contractor at no additional expense to the State. Any materials, articles or equipment that has been rejected shall immediately be removed from the premises at the expense of the Contractor.

### **33. Equipment**

Restrictions may be placed on the quantity and type of equipment and materials left within existing facilities during breaks, meals or at the end of each workday.

### **34. Tuberculosis (TB) Testing**

In the event that the services required under this Agreement will be performed within a CDCR institution/parole office/community based program, prior to the performance of contracted duties, contractors and their employees who are assigned to work with inmates/parolees on a regular basis shall be required to be examined or tested or medically evaluated for TB in an infectious or contagious stage, and at least once a year thereafter or more often as directed by CDCR. Regular basis is defined as having contact with inmates/parolees in confined quarters more than once a week.

Contractors and their employees who have contact with inmates/parolees on a regular basis, shall be required to furnish to CDCR, at no cost to CDCR, a form CDCR 7336, "Employee Tuberculin Skin Test (TST) and Evaluation," prior to assuming their contracted duties and annually thereafter, showing that the contractor and their employees have been examined and found free of TB in an infectious stage. The form CDCR 7336 will be provided by CDCR upon contractor's request.



***The following provisions apply to services provided on departmental and/or institution grounds:***

**35. Blood borne Pathogens**

Provider shall adhere to California Division of Occupational Safety and Health (CAL-OSHA) regulations and guidelines pertaining to blood borne pathogens.

**36. Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates and Division of Juvenile Justice Wards**

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated, or wards who are housed within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates or wards. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates or wards.

By signing this contract, the Contractor agrees that if the provisions of the contract require the Contractor to enter an institution/facility or camp, the Contractor and any employee(s) and/or subcontractor(s) shall be made aware of and shall abide by the following laws, rules and regulations governing conduct in associating with prison inmates or wards:

- a. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates or wards. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3285 and 3415, and California Welfare and Institutions Code (WIC) Section 1712.

- b. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, wards, visitors, and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304 and 4603; WIC Section 1712.

- c. All persons entering onto institution/facility or camp grounds consent to search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property, or vehicle may be cause for denial of access to the premises.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177, 3288, 4696, and 4697; WIC 1712.

- d. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Director, Warden, and/or Regional Parole Administrator.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a) and 4696; WIC Section 1712.

- e. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR adult institutions/facilities or camps, or youth institutions/facilities or camps in the nighttime, without the prior approval of the Warden or officer in charge. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289; WIC Section 1001.7.

- f. Encouraging and/or assisting prison inmates to escape, is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates or wards firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana. It is illegal to give wards sex oriented objects or devices, and written materials and pictures whose sale is prohibited to minors.

SOURCE: PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574; WIC Section 1152, CRR, Title 15, sections 4681 and 4710; WIC Section 1001.5.

- g. It is illegal to give or take letters from inmates or wards without the authorization of the Warden or officer in charge. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates or wards.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424, 3425 and 4045; WIC Section 1712.

- h. In an emergency situation, the visiting program and other program activities may be suspended.

SOURCE: PC Section 2601; CCR, Title 15, Section 3383, 4002.5 and 4696.

- i. For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate or ward clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Section 3174 (b) (1) and 4696.

- j. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action. Interviews with individual wards are permitted with written consent of each ward if he is 18 years of age or older, or with written consent of a parent, legal guardian, or committing court, if 17 years of age or younger.

SOURCE: CCR, Title 15, Sections 3261.5, 3315 (a) (3) (X), and 3177 and 4700(a)(1).

**37. Clothing Restrictions**

While on institution grounds, contractor and all its agents, employees, and/or representatives shall be professionally and appropriately dressed in clothing distinct from that worn by inmates at the institution. Specifically, blue denim pants and blue chambray shirts, orange/red/yellow/white/chartreuse jumpsuits and/or yellow rainwear shall not be worn onto institution grounds, as this is inmate attire. The contractor should contact the institution regarding clothing restrictions prior to requiring access to the institution to assure the contractor and their employees are in compliance.

**38. Tobacco-Free Environment**

Pursuant to Penal Code Section 5030.1, the use of tobacco products by any person on the grounds of any institution or facility under the jurisdiction of CDCR is prohibited.

**39. Prison Rape Elimination Policy**

CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim. CDCR shall maintain a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited.

As a contractor with CDCR, you and your staff are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44.

**40. Security Regulations**

- a. Unless otherwise directed by the entrance gate officer and/or Contract Manager, the contractor, contractor's employees and subcontractors shall enter the institution through the main entrance gate and park private and nonessential vehicles in the designated visitor's parking lot. Contractor, contractor's employees and subcontractors shall remove the keys from the ignition when outside the vehicle and all unattended vehicles shall be locked and secured while on institution grounds.
- b. Any State- and contractor-owned equipment used by the contractor for the provision of contract services, shall be rendered temporarily inoperative by the Contractor when not in use, by locking or other means unless specified otherwise.
- c. In order to maintain institution safety and security, periodic fire prevention inspections and site searches may become necessary and contractor must furnish keys to institutional authorities to access all locked areas on the worksite. The State shall in no way be responsible for contractor's loss due to fire.
- d. Due to security procedures, the contractor, contractor's employees and subcontractors may be delayed at the institution vehicle/pedestrian gates and sally ports. Any loss of time checking in and out of the institution gates and sally ports shall be borne by the contractor.

- e. Contractor, contractor's employees and subcontractors shall observe all security rules and regulations and comply with all instructions given by institutional authorities.
- f. Electronic and communicative devices such as pagers, cell phones and cameras/micro cameras are not permitted on institution grounds.
- g. Contractor, contractor's employees and subcontractors shall not cause undue interference with the operations of the institution.
- h. No picketing is allowed on State property.

#### **41. Gate Clearance**

Contractor and contractor's employee(s) and/or subcontractor(s) must be cleared prior to providing services. The contractor will be required to complete a Request for Gate Clearance for all persons entering the facility a minimum of ten (10) working days prior to commencement of service. The Request for Gate Clearance must include the person's name, social security number, valid state driver's license number or state identification card number and date of birth. Information shall be submitted to the Contract Liaison or his/her designee. CDCR uses the Request for Gate Clearance to run a California Law Enforcement Telecommunications System (CLETS) check. The check will include Department of Motor Vehicles check, Wants and Warrants check, and Criminal History check.

Gate clearance may be denied for the following reasons: Individual's presence in the institution presents a serious threat to security, individual has been charged with a serious crime committed on institution property, inadequate information is available to establish positive identity of prospective individual, and/or individual has deliberately falsified his/her identity.

All persons entering the facilities must have a valid state driver's license or photo identification card on their person.

**DENTAL AND X-RAY MAINTENANCE, INSPECTION AND REPAIR SERVICE**

California Department of Corrections and Rehabilitation  
List of Participating Institutions

Exhibit E

Institution	Institution
<p><b>California Correctional Institution (CCI)</b> <b>Veronica Ramos</b> End of Highway 202 Tehachapi, CA 93561 (661) 822-4402; Fax (661) 823-5043</p>	<p><b>California Institution for Men (CIM)</b> <b>Judith Walton</b> 14901 South Central Avenue Chino, CA 91710 (909) 606-7192; Fax (909) 606-7009</p>
<p><b>California Institution for Women (CIW)</b> <b>Lisa Nunez</b> 16756 Chino-Corona Road Frontera, CA 92880 (909) 597-1771; Fax (909) 393-8061</p>	<p><b>California Rehabilitation Center (CRC)</b> <b>Dwain Lowther</b> 5<sup>th</sup> Street &amp; Western Norco, CA 91760 (909) 737-2683; Fax: (909) 736-1488</p>
<p><b>California Mens Colony (CMC)</b> <b>Robyn Hermes</b> Highway 1 San Luis Obispo, CA 93409-8101 (805) 547-7900; Fax (805) 547-7513</p>	<p><b>California State Prison, Los Angeles County (LAC)</b> <b>Monica Hubbs</b> 44750 60<sup>th</sup> Street West Lancaster, CA 93536-7620 (661) 729-2000 x7046; Fax: (661) 729-6909</p>
<p><b>Calipatria State Prison (CAL)</b> <b>Theresa Shelton</b> 7018 Blair Road Calipatria, CA 92233 (760) 348-7000; Fax (760) 348-7169</p>	<p><b>California Substance Abuse Treatment Facility and State Prison at Corcoran (CSATF-CSA)</b> <b>Rebecca Tamayo</b> 900 Quebec Avenue Corcoran, CA 93212 (559) 992-7100 x5434; Fax (559) 992-7104</p>
<p><b>Ironwood State Prison (ISP)</b> <b>George Coppie</b> 19005 Wileys Well Road Blythe, CA 92225 (760) 921-3000; Fax (760) 921-4395</p>	<p><b>Centinela State Prison (CEN)</b> <b>Maria Ochoa</b> 2302 Brown Road Imperial, CA 92251 (760) 337-7900 x7080; Fax (760) 337-7665</p>
<p><b>Pleasant Valley State Prison (PVSP)</b> <b>Debra Schindler</b> 24863 West Jayne Avenue Coalinga, CA 93210 (559) 935-4900 x5433; Fax (559) 935-7081</p>	<p><b>Chuckawalla Valley State Prison (CVSP)</b> <b>Janie Herrera</b> 19025 Wileys Well Road Blythe, CA 92225 (760) 922-5300 x5225; Fax (760) 922-9780</p>
<p><b>Wasco State Prison Reception Center (WSP)</b> <b>Jasmin Cachero</b> 701 Scofield Avenue Wasco, CA 93280 (661) 758-8400 x5975; Fax (661) 758-7088</p>	<p><b>Kern Valley State Prison (KV)</b> <b>Melissa Bewley</b> 3000 West Cecil Avenue Delano, CA 93215 (661)721-6314; Fax</p>
<p><b>North Kern State Prison (NK)</b> <b>Kimberly Sanders</b> 2737 West Cecil Avenue Delano, CA 93215 (661) 721-2345; Fax (661) 721-2913</p>	<p><b>Richard J. Donovan Correctional Facility (RJD)</b> <b>David Strayhorn Sr.</b> 480 Alta Road San Diego, CA 92179 (619) 984-5291 Fax (619) 984-0151</p>
<b>Juvenile Facility</b>	
<p><b>Ventura Youth Correctional Facility (VNT)</b> <b>Gloria Acosta</b> 3100 Wright Road Camarillo, CA 93010 (805) 485-7951 Fax (805) 485-8071</p>	

California Department of Corrections and Rehabilitation  
List of Participating Institutions

Exhibit E





**REFERENCES**

**SERVICE TECHNICIAN REFERENCES**

<b>Contractor Name:</b>		
<b>Service Technician Name:</b>		
Address:	Phone/Fax:	Email

*List three (3) references for each service technician providing services to equipment similar to the equipment listed herein. Attach additional sheets if necessary. Be sure to include letter of reference as described in Exhibit A. The State reserves the right to verify all references provided by the Contractor. In submitting a bid proposal, Contractor certifies that he/she has ready access to repair manuals, schematic diagrams, and to manufacturer's replacement parts for all equipment listed in Exhibit A-1.*

**Failure to complete and return this information may cause your bid to be rejected.**

**REFERENCE 1**

Name of Firm		
Street Address		
City:	State	Zip
Contact Person	Phone Number:	
Dates of Service	Email:	
Description of Equipment Serviced:		

**REFERENCE 2**

Name of Firm		
Street Address		
City:	State	Zip
Contact Person	Phone Number:	
Dates of Service	Email:	
Description of Equipment Serviced:		

**REFERENCE 3**

Name of Firm		
Street Address		
City:	State	Zip
Contact Person	Phone Number:	
Dates of Service	Email:	
Description of Equipment Serviced:		

***I hereby certify that the information I have entered on this document is true and complete. I further understand that any false, incomplete or inaccurate information may result in disqualification.***

**Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

CCC-307

**CERTIFICATION**

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

**CONTRACTOR CERTIFICATION CLAUSES**

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the

certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations,

or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts over \$100,000 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

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**PAYEE DATA RECORD**

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

STD. 204 (Rev. 6-2003)

1	<b>INSTRUCTIONS:</b> 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 <b>fully completed</b> 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. <b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.											
2	<b>PAYEE'S LEGAL BUSINESS NAME</b> (Type or Print)  <table border="1" data-bbox="240 443 1515 653"> <tr> <td colspan="2"><b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)</td> <td><b>E-MAIL ADDRESS</b></td> </tr> <tr> <td><b>MAILING ADDRESS</b></td> <td colspan="2"><b>BUSINESS ADDRESS</b></td> </tr> <tr> <td><b>CITY, STATE, ZIP CODE</b></td> <td colspan="2"><b>CITY, STATE, ZIP CODE</b></td> </tr> </table>			<b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)		<b>E-MAIL ADDRESS</b>	<b>MAILING ADDRESS</b>	<b>BUSINESS ADDRESS</b>		<b>CITY, STATE, ZIP CODE</b>	<b>CITY, STATE, ZIP CODE</b>	
<b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)		<b>E-MAIL ADDRESS</b>										
<b>MAILING ADDRESS</b>	<b>BUSINESS ADDRESS</b>											
<b>CITY, STATE, ZIP CODE</b>	<b>CITY, STATE, ZIP CODE</b>											
3	<b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.									
<table border="1" data-bbox="240 737 1321 884"> <tr> <td><input type="checkbox"/> <b>PARTNERSHIP</b></td> <td><input type="checkbox"/> <b>CORPORATION:</b></td> </tr> <tr> <td><input type="checkbox"/> <b>ESTATE OR TRUST</b></td> <td><input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> <b>EXEMPT</b> (nonprofit)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> <b>ALL OTHERS</b></td> </tr> </table>		<input type="checkbox"/> <b>PARTNERSHIP</b>		<input type="checkbox"/> <b>CORPORATION:</b>	<input type="checkbox"/> <b>ESTATE OR TRUST</b>	<input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.)		<input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services)		<input type="checkbox"/> <b>EXEMPT</b> (nonprofit)		<input type="checkbox"/> <b>ALL OTHERS</b>
<input type="checkbox"/> <b>PARTNERSHIP</b>	<input type="checkbox"/> <b>CORPORATION:</b>											
<input type="checkbox"/> <b>ESTATE OR TRUST</b>	<input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.)											
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	<input type="checkbox"/> <b>EXEMPT</b> (nonprofit)											
	<input type="checkbox"/> <b>ALL OTHERS</b>											
<input type="checkbox"/> <b>INDIVIDUAL OR SOLE PROPRIETOR</b> <b>ENTER SOCIAL SECURITY NUMBER:</b> [ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ]												
(SSN required by authority of California Revenue and Tax Code Section 18646)												
4	<input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.											
5	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.											
<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print)		<b>TITLE</b>										
<b>SIGNATURE</b>		<b>DATE</b>	<b>TELEPHONE</b> ( ) ( )									
6	<b>Please return completed form to:</b>  Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: ( ) _____ Fax: ( ) _____ E-mail Address: _____											

**PAYEE DATA RECORD**

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

1	<p><b><u>Requirement to Complete Payee Data Record, STD. 204</u></b></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>								
2	<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>								
3	<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>								
4	<p><b><u>Are you a California resident or nonresident?</u></b></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:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table>	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
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						
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>								
	<p><b><u>Privacy Statement</u></b></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>								



### SUBCONTRACTOR/CONSULTANT LIST

THIS FORM MUST BE COMPLETED AND RETURNED TO THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, OFFICE OF BUSINESS SERVICES, P.O. BOX 942883, SACRAMENTO, CA 94283-0001.

I will NOT use any subcontractors or consultants in the performance of this Agreement.

The following information **MUST** be provided for **ALL** subcontractors or consultants used by the contractor to perform any labor or render any services under this Agreement. In addition, if known, please indicate whether the subcontractor/consultant is a Small or Micro business or Disabled Veteran Business Enterprise (DVBE) by placing an "X" in the appropriate column and include their Department of General Services (DGS) Reference Number. If a subcontractor(s)/consultant(s) will be used, but no selection has been made, identify the service and estimate the dollar amount of services. If additional space is needed, supplementary sheets in the format below may be attached to this list.

SUBCONTRACTOR OR CONSULTANT NAME, ADDRESS AND PHONE NUMBER	SERVICES TO BE PERFORMED	DOLLAR AMOUNT OF SERVICES	CHECK IF A				DGS REFERENCE NUMBER
			SMALL BUSINESS	MICRO BUSINESS	DVBE	N/A	
NAME: ----- STREET ADDRESS: ----- CITY, STATE, ZIP: ----- PHONE NUMBER: -----							
NAME: ----- STREET ADDRESS: ----- CITY, STATE, ZIP: ----- PHONE NUMBER: -----							
NAME: ----- STREET ADDRESS: ----- CITY, STATE, ZIP: ----- PHONE NUMBER: -----							
NAME: ----- STREET ADDRESS: ----- CITY, STATE, ZIP: ----- PHONE NUMBER: -----							
NAME: ----- STREET ADDRESS: ----- CITY, STATE, ZIP: ----- PHONE NUMBER: -----							

**DVBE Bid Incentive Request and Acknowledgement**

Name of Prime Contractor:	CDCR IFB or RFP Number:
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Completion of this document confirms DVBE BID Incentive request and acknowledges that the firm named below agreed to be identified by a bidding firm as a proposed DVBE subcontractor or supplier for a CDCR agreement. Unless otherwise stated, the DVBE incentive shall be equal to a bidder's DVBE participation level. Unless otherwise stated, the DVBE Bid Incentive is subject to a minimum of 3 percent and a maximum of 5 percent during the bid evaluation process. Each named DVBE must have an application on file with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Certification Services (OSDS) by 5:00 p.m. on the day bids are due. If the DVBE is a subcontractor, then they must acknowledge their participation as claimed herein via the DVBE Subcontractor/Supplier Acknowledgement below:

**Subcontractor/Supplier Acknowledgement**

Subcontractor acknowledgements:

- A. The subcontracting firm named herein has committed to perform or provide services/labor or supplies equal to a percentage of the total bid/cost proposal price submitted by the bidding firm named above.
- B. The subcontracting firm named herein acknowledges the total dollar value of claimed participation identified above.
- C. The subcontracting firm named herein agrees to provide the following subcontracted services/labor or supplies under the resulting contract if the bidding firm named above receives the contract award:

Provide a brief description in the box below of the commercially useful function(s) that the subcontractor/supplier identified herein will provide or supply. Attach additional page(s) if necessary.

The subcontracting firm named herein understands it is its sole responsibility to contact the bidding firm named above to learn if the Proposer was awarded the contract pursuant to the referenced bid number and to confirm its subcontract agreement. If the bidding firm named above receives an award based in part on the DVBE incentive, the bidding firm/contractor is obligated to use each DVBE subcontractor or supplier identified in its proposal unless a subcontractor substitution is requested after contract execution pursuant to Public Contract Code Section 4107 and Title 2 California Code of Regulations Section 1896.10.

The person signing below certifies the information supplied on this form is true and accurate to the best of their knowledge and agrees to allow the State to confirm this information, if deemed necessary.

<b>Total Dollar Value of DVBE Subcontractor Use:</b>	<b>Total DVBE Percentage:</b>	DVBE Certification #:	DVBE Certification Expiration Date:
Name of Proposed DVBE Subcontractor/Supplier:		Date Signed:	
Street Address:	City:	State:	Zip Code:
Telephone Number: (    )	DVBE E-mail Address (if applicable):	DVBE Federal Employer ID (FEIN) #:	
Printed/Typed Name:	Title:	<b>Signature of Subcontractor/Supplier Representative:</b>	
<b>For State Use Only</b> Information Verified by:		Date:	

### Non-Small Business Preference Request and Subcontractor Acknowledgement

Name of Bidding Firm / Prime Contractor	CDCR IFB or RFP Number:
Total Dollar Value of Subcontractor Use	CDCR Bid Number:

This document confirms and acknowledges that the firm named below agreed to be identified by a bidding firm as a proposed small business or microbusiness (SB/MB) subcontractor or supplier for a CDCR agreement.

Subcontractor acknowledgements:

- A. The subcontracting firm named herein has committed to perform or provide services/labor or supplies equal to a percentage of the total bid/cost proposal price submitted by the bidding firm named above.
- B. The subcontracting firm named herein acknowledges the total dollar value of claimed participation identified above.
- C. The subcontracting firm named herein agrees to provide the following subcontracted services/labor or supplies under the resulting contract if the bidding firm named above receives the contract award:

Provide a brief description in the box below of the commercially useful function(s) that the subcontractor/supplier identified herein will provide or supply. Attach additional page(s) if necessary.

The subcontracting firm named herein understands it is its sole responsibility to contact the bidding firm named above to learn if the Proposer was awarded the contract pursuant to the referenced bid number and to confirm its subcontract agreement. If the bidding firm named above receives an award based in part on non-small business subcontractor preference, the bidding firm/contractor is obligated to use each SB/MB subcontractor or supplier identified in its proposal unless a subcontractor substitution is requested after contract execution pursuant to Public Contract Code Section 4107 and Title 2 California Code of Regulations Section 1896.10.

The person signing below certifies the information supplied on this form is true and accurate to the best of their knowledge and agrees to allow the State to confirm this information, if deemed necessary.

<b>Net Dollar Value of SB/MB Subcontractor Agreement:</b>	<b>Total SB/MB Percentage:</b>	SB/MB Certification #:	SB/MB Certification Expiration Date:
Name of Proposed Subcontractor/Supplier:		Date Signed:	
Street Address:	City:	State:	Zip Code:
Telephone Number: (    )	SB/MB E-mail Address (if applicable):	SB/MB Federal Employer ID (FEIN) #:	
Printed/Typed Name:	Title:	<b>Signature of Subcontractor/Supplier Representative:</b>	
<b>For State Use Only</b> Information Verified by:		Date:	

**DARFUR CONTRACTING ACT**

Bid Number: 6000000961

Public Contract Code Sections 10475 -10481 applies to any company that currently or within the previous three years has had business activities or other operations outside of the United States. For such a company to bid on or submit a proposal for a State of California contract, the company must certify that it is either a) not a scrutinized company, or b) a scrutinized company that has been granted permission by the Department of General Services to submit a proposal.

Select only one of the following options:

**OPTION #1 – NO ACTIVITIES OUTSIDE THE US**

If your company has not, within the previous three years, had any business activities or other operations outside of the United States, print your company name, date and signature below:

<i>Company/Vendor Name (Printed)</i>	<i>Date</i>
<i>By (Authorized Signature)</i>	

**OPTION #2 - CERTIFICATION**

If your company, within the previous three years, has had business activities or other operations outside of the United States, in order to be eligible to submit a bid or proposal, please insert your company name and Federal ID Number and complete the certification below.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that a) the prospective proposer/bidder named below is **not** a scrutinized company per Public Contract Code 10476; and b) I am duly authorized to legally bind the prospective proposer/bidder named below. This certification is made under the laws of the State of California.

<i>Company/Vendor Name (Printed)</i>	<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in the County and State Of:</i>

**OPTION #3 – WRITTEN PERMISSION FROM DGS**

Pursuant to Public Contract Code Section 10477(b), the Director of the Department of General Services may permit a scrutinized company, on a case-by-case basis, to bid on or submit a proposal for a contract with a state agency for goods or services, if it is in the best interests of the state. If you are a scrutinized company that has obtained written permission from the DGS to submit a bid or proposal, complete the information below.

We are a scrutinized company as defined in Public Contract Code Section 10476, but we have received written permission from the Department of General Services to submit a bid or proposal pursuant to Public Contract Code Section 10477(b). A copy of the written permission from DGS is included with our bid or proposal.

<i>Company/Vendor Name (Printed)</i>	<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	

**ACORD**

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

INSURED:

COMPANY LETTER **A**

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

# SAMPLE

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> _____				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURIES	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any One person)	\$
					MED. EXPENSE (Any One person)	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Person)	\$
					PROPERTY DAMAGE	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$
	<b>OTHER</b> PROFESSIONAL LIABILITY					

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS Re: All operations

**The State of California, its officers, agents, employees and servants are hereby named as additional insured but only with respect to work performed for the State of California under this contract.**

### CERTIFICATE HOLDER

STATE OF CALIFORNIA  
 DEPARTMENT OF CORRECTIONS & REHABILITATION  
 P.O. Box 942883  
 Sacramento, CA 94283-0001

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



	<input type="checkbox"/>	<input type="checkbox"/>				
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