



STATE OF CALIFORNIA

STATE BOARD OF EQUALIZATION

450 N STREET, SACRAMENTO, CALIFORNIA  
PO BOX 942879, SACRAMENTO, CALIFORNIA 94279-0024  
916-445-4452 • FAX 916-322-3184  
www.boe.ca.gov

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SMALL BUSINESS REQUEST FOR QUOTE  
June 23, 2009

RAMON J. HIRSIG  
Executive Director

You are invited to review and respond to the Board of Equalization's (Board) Small Business Request for Quote (RFQ) for the following:

RFQ No.: #09-021 Annual Renewal of Rational Software Architect

Service: Contractor to provide 1-Year Support Renewal for Passport Advantage and Passport Advantage Express software maintenance

Location: Services shall be provided at 450 N Street, Sacramento, CA 95814.

Term: July 1, 2009 through June 30, 2010.

Contact Person: Germaine Gordon at 916-445-4452.

Time Schedule: Contractor shall adhere to the timetable noted below:

- |    |   |               |
|----|---|---------------|
| 1. | RFQ Available                           | June 24, 2009 |
| 2. | Final Date to Submit Quotes (by 4 p.m.) | June 30, 2009 |
| 3. | Proposed Start Date of Agreement        | July 1, 2009  |

Requirements: To be considered responsive to this RFQ, you must complete and submit the following items:

1. Attachment A, Quote & Certification Sheet (2 pages). **All quotes must be signed by an individual who is authorized to bind the Contractor contractually.**
2. Contractor must be certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise (DVBE) Certification (OSDC), as a Small Business by the final date to submit quotes as stated above.

Email your quote to [germaine.gordon@boe.ca.gov](mailto:germaine.gordon@boe.ca.gov) with the subject line reading **RFQ 09-021**  
-or- Fax to 916-322-3184 or -  
Mail or hand deliver your quote to:

State Board of Equalization  
Contract Unit  
Attention: Germaine Gordon  
450 N Street, MIC: 24  
Sacramento, CA 94279-0024

All quotes will be reviewed and an Agreement will be awarded to the firm with the lowest responsive responsible quote. The State is not responsible for quotes that do not arrive timely.

### **Contract Award**

Upon award of an Agreement, a Purchase Authority Purchase Order (STD 65) will be issued. The STD 65 also includes the Terms and Conditions of the purchase. See Attachment D, Sample Purchase Authority Purchase Order (Std 65). Additionally, the Contractor must sign and return the following:

1. STD 204, Payee Data Record. To view this form, go to:  
[www.osp.dgs.ca.gov/StandardForms/Fill+and+Print+Standard+eForms.htm](http://www.osp.dgs.ca.gov/StandardForms/Fill+and+Print+Standard+eForms.htm)

Should you have any questions concerning this RFQ, please contact the Contact Person at the number above. We look forward to receiving your quote.

Sincerely,

Germaine Gordon  
Contract Analyst

GG:gg

Enclosures: Attachment A, Quote & Certification Sheet  
Attachment B, Completion Instructions for Attachment A, Quote & Certification Sheet  
Attachment C, Purchase Authority Purchase Order (STD 65) and Scope of Work

**QUOTE & CERTIFICATION SHEET**

**Page 1 of 2**

**This form must be signed and returned. Please type or print clearly.**

1. SERVICE: Contractor to provide 1-Year Support Renewal for Passport Advantage and Passport Advantage Express software maintenance. The Term of the agreement shall be July 1, 2009 through June 30, 2010 and the services are outlined in Attachment C, Purchasing Authority Purchase Order (STD 65).

Please complete the following Annual Rate and Total Bid amount. If any space is left blank, it will be considered no charge.

Quantity	Unit	Product Code	Description	Unit Price	Total Price
4	Ea	E01M7LL-GV	Rational Software Architect Annual Renewal		

ANY SPACE LEFT BLANK WILL BE CONSIDERED NO CHARGE.

**QUOTE & CERTIFICATION SHEET**

Page 2 of 2

Please indicate your preferred billing cycle.

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually \_\_\_\_\_ In Advance

2. Company Name		3. Telephone Number (   )		3a. Fax Number (   )	
4. Address					
5. E-Mail Address					
Indicate your organization type:					
6. <input type="checkbox"/> Sole Proprietorship		7. <input type="checkbox"/> Partnership		8. <input type="checkbox"/> Corporation	
Indicate the applicable employee and/or corporation number:					
9. Federal Employee ID No. (FEIN)				10. California Corporation No.	
11. Indicate applicable license and/or certification information:					
12. Authorized Representative (Print)			13. Title		
14. Signature			15. Date		
16. Are you certified with the Department of General Services, Office of Small Business and DVBE Certification (OSDC)					
a. California Small Business			b. Disabled Veteran Business Enterprise		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, enter certification number:			If yes, enter your service code below:		
_____			_____		
<b>NOTE:</b> A copy of your certification is required to be included if either of the above items is checked "Yes". Date application was submitted to OSDC, if an application is pending: _____					

**COMPLETION INSTRUCTIONS FOR ATTACHMENT A, QUOTE & CERTIFICATION SHEET**

Page 1 of 1

Item Numbers	Instructions
1, 2, 3, 3a, 4, 5	Must be completed and are self-explanatory.
6	Check if your firm is a sole proprietorship. A sole proprietorship is a form of business in which one person owns all the assets of the business in contrast to a partnership and corporation. The sole proprietor is solely liable for all the debts of the business.
7	Check if your firm is a partnership. A partnership is a voluntary agreement between two or more competent persons to place their money, effects, labor, and skill, or some or all of them in lawful commerce or business, with the understanding that there shall be a proportional sharing of the profits and losses between them. An association of two or more persons to carry on, as co-owners, a business for profit.
8	Check if your firm is a corporation. A corporation is an artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some rare instances, of a single person and his successors, being the incumbents of a particular office, but ordinarily consisting of an association of numerous individuals.
9	Enter your federal employee tax identification number.
10	Enter your corporation number assigned by the California Secretary of State's Office. This information is used for checking if a corporation is in good standing and qualified to conduct business in California.
11	Complete, if applicable, by indicating the type of license and/or certification that your firm possesses and that is required for the type of services being procured.
12, 13, 14, 15	Must be completed. These items are self-explanatory.
16	If certified as a California Small Business, place a check in the "Yes" box and enter your certification number on the line. If certified as a Disabled Veteran's Business Enterprise, place a check in the "Yes" box and enter your service code on the line. If you are not certified to one or both, place a check in the "No" box. If your certification is pending, enter the date your application was submitted to OSD.

STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION  
**PURCHASING AUTHORITY PURCHASE ORDER**  
STD.65 (REV. 7/2003)  
(PAM Version)+

<b>CONTRACT REGISTRATION NUMBER</b>	AGENCY ORDER NUMBER 09-921	AMENDMENT NO.
SUPPLIER: The numbers identified above MUST be shown on Invoice & Packing Slip.	DATE	PAGE OF PAGE 1   4

<b>S H I P T O</b> State Board of Equalization Attn: Judy Holt 450 N Street, MIC 26 Sacramento, CA 95814	<b>B I L L T O</b> Board of Equalization Accounting Section P. O. Box 942879, MIC 23 Sacramento, CA 94279-0023	AGENCY BILLING CODE 24000 PURCHASING AUTHORITY NUMBER  LEVERAGED PROCUREMENT AGREEMENT NO.
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**TO SUPPLIER ADDRESS**

Successful Bidder

(Type or Print Legibly)

<b>INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER</b>	
<b>AGENCY OR BUYER INFORMATION</b>	AGENCY TRACKING/REQUISITION NUMBER (OPTIONAL)
AGENCY NAME BOE	CONTACT NAME Germaine Gordon
CONTACT E-MAIL ADDRESS Germaine.gordon@boe.ca.gov	
CONTACT PHONE NUMBER (916) 445-4452	CONTACT FAX NUMBER (916) 322-3184

SUPPLIER CONTACT NAME	SUPPLIER PHONE NUMBER ( )	SUPPLIER FAX NUMBER ( )	SUPPLIER E-MAIL ADDRESS
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PAYMENT TERMS 30	CERTIFICATION NUMBER	CERTIFIED <input type="checkbox"/> SMALL	CERTIFIED <input type="checkbox"/> MICROBUSINESS	EXPIRATION DATE	CERTIFIED <input type="checkbox"/> DVBE	EXPIRATION DATE
REQUIRED DELIVERY DATE 6/1/2009	SHIPPING INSTRUCTIONS	<input checked="" type="checkbox"/> F.O.B. Destination FRT. PPD	<input type="checkbox"/> F.O.B. Destination FRT. PPD/ADD Freight not to exceed cost stated on P.O.	<input type="checkbox"/> F.O.B. ORIGIN	CITY OF ORIGIN	STATE ZIP CODE

ITEM NUMBER	QUANTITY	UNIT	COMMODITY CODE or PRODUCT CODE or SERVICES ID NUMBER	RECYCLED PRODUCT	PRODUCT OR SERVICES DESCRIPTION	UNIT PRICE	EXTENSION TOTAL
1	4	ea	E01M7LL-GV				
					Term: July1, 2009 through June 30, 2010		
					Send Updates Electronically to: Judy.Holt@boe.ca.gov		
					Scope of Work attached.		

<b>TERMS AND CONDITIONS</b>	A-1 <input checked="" type="checkbox"/> General Provisions are incorporated herein by reference to: <input type="checkbox"/> Form GSPD-401 Non-IT Commodities (revised date _____) OR <input checked="" type="checkbox"/> Form GSPD-401IT(revised date _04/12/07) <input type="checkbox"/> ATTACHED OR <input checked="" type="checkbox"/> Published at website <a href="http://www.dgs.ca.gov/pd">www.dgs.ca.gov/pd</a>					TAXABLE SUBTOTAL	
	A-2 <input type="checkbox"/> This order is issued under a Department of General Services (DGS) Leveraged Procurement Agreement (LPA). Terms and Conditions set forth in that agreement (LPA number referenced in the block titled Leveraged Procurement Agreement No.) are incorporated herein by references as if set forth in full text.					TAX RATE SALES TAX	0
	B <input type="checkbox"/> Agency Special Provisions are attached and titled _____					*INSTALLATION	0
	C <input checked="" type="checkbox"/> Any other attachments, such as specifications or Statement of Work, or Information Technology Model Language Modules, are identified in the product or service description area or on continuation pages.					*SHIPPING/FREIGHT	0
PROCUREMENT METHOD <input type="checkbox"/> COMPETITIVE: Solicitation Number (if applicable) same as PO number _____ <input type="checkbox"/> LEVERAGED <input checked="" type="checkbox"/> DVBE/SMALL BUSINESS [GC 14838.5(a)] <input type="checkbox"/> NON-COMPETITIVELY BID <input type="checkbox"/> EXEMPT					*OTHER NON-TAXABLE	0	
PROGRAM/CATEGORY (Code and Title) Support O. E.		FUND TITLE General	VERIFIED NO STATE SURPLUS AVAILABLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	PAID BY CAL-CARD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO		GRAND TOTAL	\$ _____
ITEM 0860-001-0001		CHAPTER 268	STATUTE 2009	FISCAL YEAR 09/10	OBJECT OF EXPENDITURE (Code And Title) 381-4324 Program Code 8500	<input type="checkbox"/> O.E. <input type="checkbox"/> EQ.	

<b>CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER</b>			UNENCUMBERED REMAINDER AFTER POSTING THIS ORDER TO ALLOTMENT EXPENDITURE LEDGE		
I HEREBY CERTIFY, on personal knowledge, that this order for purchasing the items specified above is issued in accordance with the procedure prescribed by law governing the purchase of such items for the State of California, and that all such legal requirements have been fully complied with.			ADJUSTMENT INCREASING ENCUMBRANCES		
			ADJUSTMENT DECREASING ENCUMBRANCES		
			CERTIFIED CORRECT (SIGNATURE)		
AUTHORIZING NAME (Print or Type) Suzan Bills		TITLE Manager, Contracts			
AUTHORIZING SIGNATURE					

@

@

**PURCHASING AUTHORITY PURCHASE ORDER**

STD. 65 (REV 7/2003)

(PAM Version)

**INSTRUCTIONS FOR COMPLETING THE PURCHASING AUTHORITY PURCHASE ORDER**

1. **CONTRACT REGISTRATION NUMBER:** All purchases of goods or services over \$5,000.00 require a Contract Registration Number. This number must be placed on all supplier invoices in order to process payments.
2. **AGENCY ORDER NUMBER:** Enter the appropriate agency order number as prescribed by your agency. Agency order number must be unique from transaction to transaction and from year to year (e.g., 03-001, 03-002, etc.: "03" represents the fiscal year of issue). Agency order number must not exceed fifteen (15) characters in length. This number must also be placed on all supplier invoices and packing slips in order to process payments and receive products and services.
3. **AMENDMENT NO.:** Enter the appropriate amendment number (e.g., 1, 2, 3, etc.) as amendments occur. Amendments are necessary when ANY change in the order occurs. This includes change in descriptions, costs, quantities, etc.
4. **DATE:** Enter the date the order is prepared. The month and day should be indicated with two (2) digits and the year with four (4) digits (i.e., July 1, 2003 is 07/01/2003).
5. **PAGE OF PAGE:** Enter page number and total number of pages for each order. This should be shown with two (2) digits (e.g., enter 01/01 for page 1 of 1). If needed, use the Std. 65A (Purchasing Authority Purchase Order Continuation).
6. **AGENCY BILLING CODE:** Enter Agency Billing Code. A five-digit or six-digit code issued by the Department of General Services (DGS) for billing purposes.
7. **PURCHASING AUTHORITY NUMBER:** Enter your department's purchasing authority number as assigned by DGS. This number MUST be entered for all IT transactions \$0.00 and over and Non-IT goods transactions over \$100.00.
8. **LEVERAGED PROCUREMENT AGREEMENT (LPA) NO.:** Enter the appropriate leveraged procurement agreement number (e.g., California Multiple Award Schedule (CMAS) Contract, Master Agreement, State Price Schedule, etc.).
9. **INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER:** For procurement of information technology goods or services, enter one of the following identification numbers: Project Number, Department Assigned Internal Project Number, Department Assigned Work Group Computing Justification Form Number (WCJF).
10. **AGENCY TRACKING/REQUISITION NUMBER:** Enter any agency internal purchase request(s) number to assist with internal tracking of this purchasing authority purchase order.
11. **PAYMENT TERMS:** Cash discount offered by the supplier if payment is postmarked within a specific number of days (discount period) or a discount offered per the contract terms (e.g., 2% Net 30, Net 30).
12. **CERTIFIED SMALL BUSINESS, MICROBUSINESS AND CERTIFIED DISABLED VETERAN BUSINESS ENTERPRISE:** Check the appropriate box(es) if the supplier is a California certified Small Business/Microbusiness or DVBE as certified by the Office of Small Business and DVBE Certification (OSDC). Verify expiration date and enter date in the space provided.
13. **REQUIRED DELIVERY DATE:** Enter the required delivery date for all items, or indicate the time period after receipt of order (ARO) for delivery. If multiple delivery dates are required enter "see item" or "as specified" and include specific dates in the item description or use an attachment to define. Date(s) should be the same as established in any applicable solicitation, or leveraged procurement agreement, unless otherwise agreed upon, in writing, signed by all parties and approved as required.
14. **SHIPPING INSTRUCTIONS:** Enter shipping information such as Free on Board (F.O.B.); Destination (DEST); Freight (FRT); Prepaid (PPD); F.O.B. Destination, Freight Prepaid and Add (PPD/ADD); F.O.B. Origin, Freight Collect (COLL). If assistance is needed, contact DGS, Transportation Management™ for contracted carrier information.
15. **ITEM NUMBER:** Enter item number(s) in sequential order.
16. **QUANTITY:** Enter appropriate numeric quantity.
17. **UNIT:** Enter the order unit of measure. Examples: ea = each; pd = package, bx = box; st = set.
18. **COMMODITY CODE or PRODUCT CODE or SERVICES ID NUMBER:** Include the applicable commodity code, product code, or services identification number, i.e., PIN number, part number, catalog number, SKU number, etc. in this column.
19. **RECYCLED PRODUCT:** Check the "Recycle" column when the product being purchased is a reportable product. Reportable products are any products that fall into one of the following categories: antifreeze, compost/co-compost, glass, lubricating oils, paint, plastic products, paper products, printing and writing papers, solvents, steel tires, and/or tire-derived products.
20. **PRODUCT OR SERVICES DESCRIPTION:** For leveraged procurement agreements established by DGS, enter the description exactly as worded in the referenced agreement. For other acquisitions, use wording to accurately describe the product(s) or services ordered, including brand, model, version, etc. Descriptions should include all features, components, supplies, etc., or reference to attachments with detailed descriptions.
21. **UNIT PRICE:** The unit price or service rate (e.g., hourly, weekly or monthly rate) must be entered for each line item. For leveraged procurement agreements established by DGS, enter the unit price stated in the referenced LPA. For other acquisitions, enter the unit price contained in the supplier's bid, proposal, or as negotiated.
22. **EXTENSION TOTAL:** Multiply the product quantity times the unit price and enter the result.
23. **TERMS AND CONDITIONS:**  
A-1: For competitive or non-competitive bids check the applicable box(es) to indicate the appropriate General Provisions are being used and are incorporated into the order and insert the applicable revision date. Use the version contained in the solicitation and resulting bid with the supplier. A hard copy must be attached, OR reference made to the Procurement Division web page at [www.dgs.ca.gov/pd](http://www.dgs.ca.gov/pd).  
  
OR  
  
A-2: Check the second box if the order is being placed under a leveraged procurement agreement, as those agreements contain all the required terms and conditions.  
  
B: Check the third box if any Agency Special Provisions are applicable. Agency Special Provisions may be used to supplement the general provisions and/or tailor the purchase order as agreed upon by all parties. To incorporate Agency Special Provisions, insert, on the blank line, the name (or other identification) of the form or document used.  
  
C: Check this box as applicable when attaching specifications, Statement of Work or using IT model language modules.
24. **PROCUREMENT METHOD:** Check the appropriate box as applicable to the transaction being issued. For more information on requirements for each method, refer to the purchasing authority manual available on the DGS Procurement Division web page. "Exempt" should be checked for those transactions exempted by law (e.g., sheltered workshop or Community Based Rehabilitation Programs ((CBRP)) purchases).
25. **VERIFIED NO STATE SURPLUS AVAILABLE:** Check the appropriate box in support of the agency's effort to use existing State inventory as appropriate prior to an acquisition.
26. **PAID BY CAL-CARD:** Check the appropriate box

**DISTRIBUTION:** Original– Send to Supplier

Copy 1 – Department of General Services

Procurement Division

Data Entry Unit – Second Floor

P.O. Box 989052, West Sacramento, CA 95798-9052

Copy 2 – Packing Slip, send to Supplier

**SCOPE OF WORK**

1. Description of Services will be provided by successful bidder.

Services may be paid for in advance.

**2. Project Representatives**

Mark Peletta  
Board of Equalization  
450 N Street, MIC 26  
Sacramento, CA 95814  
Mark.Peletta@boe.ca.gov  
(916) 324-1317

Successful Bidder

Direct all Agreement Inquiries to:

Board of Equalization  
Contracts Unit  
450 N Street, MIC 24  
Sacramento, CA 95814  
(916) 322-2107

Successful Bidder