



DEPARTMENT OF PARKS AND RECREATION

Major General Anthony L. Jackson, USMC (Ret), *Director*

Colorado Desert District
200 Palm Canyon Drive
Borrego Springs, CA 92004

Bidder's Checklist

Items below must be submitted with your bid. Bids missing this information will be regarded as non-responsive and therefore rejected.

- _____ Bidder's Checklist
- _____ Service Contract Bid Forms (DPR326B) (2 sets)
- _____ Bidder's DVBE Participation Summary (DPR 486)
- _____ Disabled Veteran Business Enterprise Declarations (STD 843)
- _____ Small Business Subcontractor Participation Worksheet (DPR 85)
- _____ Darfur Contracting Act Certification (DPR 74)

YOUR RETURN ADDRESS
(REQUIRED)



INVITATION TO BID (IFB)

Park Name:

Salton Sea State Recreation Area
Colorado Desert District

Project Name:

REFUSE DISPOSAL SERVICES – C1343000

Bid Date: @ 3:00 p.m.- Friday, August 30, 2013

DELIVER AND ATTENDING

BID/QUOTE OPENING:

Department of Parks and Recreation
Colorado Desert District
200 Palm Canyon Drive
Borrego Springs, CA 92004

| FOR DEPARTMENT USE ONLY | |
|---------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C1343000 | PAGE 1 of 2 |

Exhibit B, Attachment 1

REFUSE DISPOSAL SERVICE BID FORM

| |
|---|
| DISTRICT NAME AND ADDRESS Colorado Desert District |
| 200 Palm Canyon Drive |
| Borrego Springs, CA 92004 |
| Attn: Cherilyn Molina |

| BID OPENING | |
|-----------------|-----------------|
| DATE 8/30/13 | TIME 3:00 PM |

| | | | |
|--|------------------------|----------------------|---------------|
| NAME OF BUSINESS | PHONE NO. () | FAX NO. () | EMAIL ADDRESS |
| BUSINESS ADDRESS | | CITY/STATE/ZIP CODE | |
| <p>SMALL BUSINESS PREFERENCE</p> <p>A five percent preference will be granted to bidders properly approved as a Certified Small Business (SB) or a Certified Microbusiness (MB), or to a non-small business subcontracting 25% or more of the total monetary amount of the bid in supplies and/or labor costs with Certified Small Business subcontractors in accordance with Title 2, California Code of Regulations, Section 1896, et seq. To qualify as a Certified Small Business, the business must have an approved certification on file with the Office of Small Business and DVBE Services (OSDS), 707 Third Street, First Floor - Room 400, West Sacramento, CA 95605, by 5:00 p.m. on bid opening day.</p> <p> <input type="checkbox"/> Claiming preference as a Certified Small Business <i>(Attach a copy of the SB certification printout from OSDS' website)</i> </p> <p> <input type="checkbox"/> Claiming 25% SB subcontractor participation <i>(Attach form DPR 85, Small Business Subcontractor Participation Worksheet)</i> </p> <p> <input type="checkbox"/> Not eligible for SB preference </p> | | | |
| <p>STATUS OF BUSINESS <i>(Check appropriate box.)</i></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Corporation. State in which incorporated: _____</p> <p><input type="checkbox"/> Partnership. Full names of partners: _____</p> <p>_____</p> | | | |
| <p>I hereby propose to provide all labor, materials, tools, and equipment necessary to perform all work required to haul refuse as specified on the back of this form, in accordance with the bid documents and such addenda thereto as may be issued prior to bid opening date.</p> | | | |
| BIDDER'S SIGNATURE ▶ | DATE | PRINTED NAME | TITLE |

REFUSE DISPOSAL SERVICE BID FORM - Exhibit B, Attachment 1

Bidder completes (D), (E), (G), (J), TOTAL COSTS, and TOTAL BID PRICE.

| FOR DEPARTMENT USE ONLY | |
|---------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C1343000 | PAGE 2 of 2 |

- Bidder understands that the quantities below are estimates only, for purposes of comparing bids, and that the State reserves the right to increase or decrease the amount of any item or eliminate any item or items as may be deemed necessary or advisable by the State. Such changes shall not affect the unit price of that item or any other items.
- In case of discrepancy between the unit price and the total set forth for the item, the unit price shall prevail. In case of discrepancy between the stipulated totals and the actual sum of the totals, the actual sum of all items shall prevail.

| DISTRICT | | | | PARK UNIT | | | | LOCATION WITHIN PARK UNIT | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------|-------------------|----------------------------------|---------------------------------------|---|---|---------------------------|---|---|---|------------------------------------|--|---|--|--|---|---|------------------------|---|---|---|----|---|----|---|----|----|----|
| Colorado Desert District | | | | Salton Sea State Recreation Area | | | | 100-225 State Park Road | | | | | | | | | | | | | | | | | | | | | |
| ESTIMATED REQUIREMENTS FOR REFUSE DISPOSAL SERVICE ARE AS FOLLOWS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I T E M | PERIOD OF SERVICE | | TYPE OF CONTAINER | PROVIDED BY | PICKUP DAYS | | | | | | | PICKUP FREQUENCY | (A) NO. OF PICKUPS DAYS FOR PERIOD | (B) NO. OF CONTAINERS EACH SERVICE PERIOD | (C) NO. OF CONTAINERS PICKED UP IN SERVICE PERIOD [(A)x(B)] | (D) COST PER CONTAINER PER SERVICE PERIOD | (E) COST FOR SERVICE PERIOD [(C)x(D)] | | | | | | | | | | | | |
| | From | To | | | S | M | T | W | T | F | a | | | | | | | | | | | | | | | | | | |
| 1 | 10/1/2013 | 10/31/2013 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 5 | 1 | 5 | \$ | \$ |
| 2 | 11/1/2013 | 4/30/2014 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 26 | 2 | 52 | \$ | \$ |
| 3 | 5/1/2014 | 10/31/2014 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 26 | 1 | 26 | \$ | \$ |
| 4 | 11/1/2014 | 4/30/2015 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 26 | 2 | 52 | \$ | \$ |
| 5 | 5/1/2015 | 9/30/2015 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 22 | 1 | 22 | \$ | \$ |
| 6 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | | \$ | \$ |
| 7 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | | \$ | \$ |
| 8 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | | \$ | \$ |
| 9 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | | \$ | \$ |
| TOTAL COST FOR REGULAR PICKUPS | | | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | |
| 10 | ADDITIONAL CONTAINERS - If requested, the contractor shall furnish the following extra containers: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TYPE OF CONTAINERS 4 Cu. Yd. Bins | | | | (F) NO. OF EXTRA CONTAINERS 6 | | | | | | | (G) COST PER CONTAINER | | | | | | | | | | | | | | | | | |
| TOTAL COST FOR ADDITIONAL CONTAINERS [(F)x(G)] | | | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | |
| 11 | ADDITIONAL PICKUPS - If requested, the contractor shall provide the following additional pickups. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TYPE OF CONTAINERS 4 Cu. Yd. Bins | | | | (H) NO. OF CONTAINERS PER PICKUP 1 | | | | | | | (I) NO. OF ADDITIONAL PICKUPS 6 | | | | | | | (J) COST PER CONTAINER | | | | | | | | | | |
| TOTAL COST FOR ADDITIONAL PICKUPS [(H)x(I)x(J)] | | | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | |
| TOTAL BID PRICE ⇒ | | | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | |

| FOR DEPARTMENT USE ONLY | |
|---------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C1343000 | PAGE 1 of 2 |

Exhibit B, Attachment 1
REFUSE DISPOSAL SERVICE BID FORM

| |
|---|
| DISTRICT NAME AND ADDRESS Colorado Desert District |
| 200 Palm Canyon Drive |
| Borrego Springs, CA 92004 |
| Attn: Cherilyn Molina |

| BID OPENING | |
|-----------------|-----------------|
| DATE 8/30/13 | TIME 3:00 PM |

| | | | |
|---|------------------------|----------------------|---------------|
| NAME OF BUSINESS | PHONE NO. () | FAX NO. () | EMAIL ADDRESS |
| BUSINESS ADDRESS | | CITY/STATE/ZIP CODE | |
| SMALL BUSINESS PREFERENCE A five percent preference will be granted to bidders properly approved as a Certified Small Business (SB) or a Certified Microbusiness (MB), or to a non-small business subcontracting 25% or more of the total monetary amount of the bid in supplies and/or labor costs with Certified Small Business subcontractors in accordance with Title 2, California Code of Regulations, Section 1896, et seq. To qualify as a Certified Small Business, the business must have an approved certification on file with the Office of Small Business and DVBE Services (OSDS), 707 Third Street, First Floor - Room 400, West Sacramento, CA 95605, by 5:00 p.m. on bid opening day. | | | |
| <input type="checkbox"/> Claiming preference as a Certified Small Business (Attach a copy of the SB certification printout from OSDS' website) | | | |
| <input type="checkbox"/> Claiming 25% SB subcontractor participation (Attach form DPR 85, Small Business Subcontractor Participation Worksheet) | | | |
| <input type="checkbox"/> Not eligible for SB preference | | | |
| STATUS OF BUSINESS (Check appropriate box.) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation. State in which incorporated: _____ <input type="checkbox"/> Partnership. Full names of partners: _____ _____ | | | |
| I hereby propose to provide all labor, materials, tools, and equipment necessary to perform all work required to haul refuse as specified on the back of this form, in accordance with the bid documents and such addenda thereto as may be issued prior to bid opening date. | | | |
| BIDDER'S SIGNATURE ▶ | DATE | PRINTED NAME | TITLE |

REFUSE DISPOSAL SERVICE BID FORM - Exhibit B, Attachment 1

Bidder completes (D), (E), (G), (J), TOTAL COSTS, and TOTAL BID PRICE.

| FOR DEPARTMENT USE ONLY | |
|---------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C1343000 | PAGE 2 of 2 |

- Bidder understands that the quantities below are estimates only, for purposes of comparing bids, and that the State reserves the right to increase or decrease the amount of any item or eliminate any item or items as may be deemed necessary or advisable by the State. Such changes shall not affect the unit price of that item or any other items.
- In case of discrepancy between the unit price and the total set forth for the item, the unit price shall prevail. In case of discrepancy between the stipulated totals and the actual sum of the totals, the actual sum of all items shall prevail.

| DISTRICT | | | | PARK UNIT | | | | LOCATION WITHIN PARK UNIT | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------|----------------------|----------------------------------|---------------------------------------|---|---|---------------------------|---|---|---|------------------------------------|---|---|--|---|--|------------------------|---|---|---|---|----|---|----|---|----|----|----|
| Colorado Desert District | | | | Salton Sea State Recreation Area | | | | 100-225 State Park Road | | | | | | | | | | | | | | | | | | | | | |
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| | From | To | | | S | M | T | W | T | F | S | | | | | | | at | | | | | | | | | | | |
| 1 | 10/1/2013 | 10/31/2013 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 5 | 1 | 5 | \$ | \$ |
| 2 | 11/1/2013 | 4/30/2014 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 26 | 2 | 52 | \$ | \$ |
| 3 | 5/1/2014 | 10/31/2014 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 26 | 1 | 26 | \$ | \$ |
| 4 | 11/1/2014 | 4/30/2015 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 26 | 2 | 52 | \$ | \$ |
| 5 | 5/1/2015 | 9/30/2015 | 4 | Yd. | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | X | 22 | 1 | 22 | \$ | \$ |
| 6 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | \$ | \$ | |
| 7 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | \$ | \$ | |
| 8 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | \$ | \$ | |
| 9 | | | | | u | n | o | n | T | u | e | W | e | d | T | h | u | F | r | i | a | t | \$ | | | | \$ | \$ | |
| TOTAL COST FOR REGULAR PICKUPS | | | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | |
| 10 | ADDITIONAL CONTAINERS - If requested, the contractor shall furnish the following extra containers: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | TYPE OF CONTAINERS 4 Cu. Yd. Bins | | | | (H) NO. OF CONTAINERS PER PICKUP 1 | | | | | | | (I) NO. OF ADDITIONAL PICKUPS 6 | | | | | | (J) COST PER CONTAINER | | | | | | | | | | | |
| TOTAL COST FOR ADDITIONAL PICKUPS [(H)x(I)x(J)] | | | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | |
| TOTAL BID PRICE ⇒ | | | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | |

BIDDER'S DVBE PARTICIPATION

PART 1 — SUMMARY OF DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION

COMPLETION INSTRUCTIONS

COMPANY INFORMATION: List the information (**Company Name, Contact information**) of subcontractor(s) and supplier(s) proposed for DVBE. If prime contractor is a DVBE, the name must be listed for participation.

CONTRACTING WITH: Show the name of the department or company with which the company listed is contracting.

NATURE OF WORK: Identify the proposed work (or materials or equipment) to be provided.

DVBE CERTIFICATION NO.: Provide the DVBE Certification Number assigned to company.

TIER: Bidder may count toward its participation goal the dollar value of work and supplies to be obtained by its primary subcontractors and suppliers from DVBE firms as second and third level tier subcontractors/suppliers. Contracting tier should be indicated with the following designations:

DVBE company listed for participation.

0 = Prime or Joint Contractor

1 = Primary Subcontractor or Supplier

2 = Subcontractor/Supplier of Level 1 Subcontractor/Supplier

3 = Subcontractor/Supplier of Level 2 Subcontractor/Supplier

DOLLAR VALUE: The dollar amount of the bid to be performed by the listed company's own forces.

PERCENTAGE OF BID: The percentage of the total bid amount the dollar value represents.

PRINT OUT: In order to claim DVBE participation credit, a printout from the eProcurement system showing their supplier ID and the status of their certification must be furnished with the bidder's bid or upon the signing of contract documents. Check mark if a copy of the printout is included.

| COMPANY INFORMATION | | | | | | | |
|---------------------|--------------|----------------------|------------------------|------|--------------|----------------|--------------------------|
| 1 | COMPANY NAME | CONTRACTING WITH | NATURE OF WORK | | | | PRINT-OUT |
| | CONTACT | CONTACT PHONE () | DVBE CERTIFICATION NO. | TIER | DOLLAR VALUE | PERCENT OF BID | <input type="checkbox"/> |
| 2 | COMPANY NAME | CONTRACTING WITH | NATURE OF WORK | | | | PRINT-OUT |
| | CONTACT | CONTACT PHONE () | DVBE CERTIFICATION NO. | TIER | DOLLAR VALUE | PERCENT OF BID | <input type="checkbox"/> |
| 3 | COMPANY NAME | CONTRACTING WITH | NATURE OF WORK | | | | PRINT-OUT |
| | CONTACT | CONTACT PHONE () | DVBE CERTIFICATION NO. | TIER | DOLLAR VALUE | PERCENT OF BID | <input type="checkbox"/> |
| 4 | COMPANY NAME | CONTRACTING WITH | NATURE OF WORK | | | | PRINT-OUT |
| | CONTACT | CONTACT PHONE () | DVBE CERTIFICATION NO. | TIER | DOLLAR VALUE | PERCENT OF BID | <input type="checkbox"/> |

PART 2 — BIDDER'S CERTIFICATION

I hereby certify that I have made a diligent effort to ascertain the facts with regard to the representations made herein. In making this certification, I am aware of Section 12650 et seq. of the Government Code providing for the imposition of treble damages for making false claims against the State and Section 10115.10 of the Public Contract Code making it a crime for intentionally making an untrue statement in this certificate.

BIDDING COMPANY'S NAME

SOLICITATION NUMBER

C1343000

SIGNATURE

PRINTED NAME

DATE



TITLE (e.g. BUSINESS OWNER/CHIEF EXECUTIVE OFFICER, ETC.)

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: _____ DVBE Ref. Number: _____

Description (materials/supplies/services/equipment proposed): _____

Solicitation/Contract Number: _____ SCPRS Ref. Number: _____
(FOR STATE USE ONLY)**SECTION 2****APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.**

- ☐ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). *(Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)*

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Owner/Manager) (Signature of DV Owner/ Manager) (Date Signed)_____
(Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)Firm/Principal for whom the DVBE is acting as a broker or agent: _____
(If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: _____ Address: _____

SECTION 3**APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.**

- ☐ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- ☐ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2, subsections (c) and (g)*. *Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

(Printed Name) (Signature) (Date Signed)_____
(Address of Owner) (Telephone) (Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager) (Signature of DV Manager) (Date Signed)

| |
|--------------------------------|
| FOR DEPARTMENT USE ONLY |
| AGREEMENT/PAPO NO. |

DARFUR CONTRACTING ACT CERTIFICATION

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.

If your company has not, within the previous three years, had any business activities or other operations outside of the United States, you do **not** need to complete this form.

OPTION #1 - 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.

| | | |
|--|-------------------------------------|-------------------|
| COMPANY/VENDOR NAME (<i>Printed</i>) | | FEDERAL ID NUMBER |
| BY (<i>Authorized Signature</i>) | | |
| ▶ | | |
| PRINTED NAME AND TITLE OF PERSON SIGNING | | |
| DATE EXECUTED | EXECUTED IN THE COUNTY AND STATE OF | |

OPTION #2 - 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.

| | | |
|---|--|-------------------|
| COMPANY/VENDOR NAME (<i>Printed</i>) | | FEDERAL ID NUMBER |
| INITIALS OF SUBMITTER | | |
| PRINTED NAME AND TITLE OF PERSON INITIALING | | |

SMALL BUSINESS PREFERENCE

Certified Small Businesses (SBs) may receive a 5% preference. Non Certified Small Business (SB) contractors may receive a 5% preference by subcontracting a minimum of 25% of the total monetary amount of their bid to Certified Small Businesses.

See the DPR 478, Small Business Notice for more information about the SB Preference.

PART I

| | | |
|-----------------|-------------|------|
| CONTRACTOR NAME | SB CERT NO. | DATE |
|-----------------|-------------|------|

IS CONTRACTOR A CALIFORNIA CERTIFIED SMALL BUSINESS?

☐ YES

☐ NO

If Yes, attach Contractor's certification printout from the eProcurement website to this form and stop here.

If No, you still may qualify for the Small Business Preference, complete Part II below.

PART II

COMPLETION INSTRUCTIONS

COMPANY NAME: List the names of the subcontractors and suppliers proposed for the 25% Small Business (SB) subcontractor participation.

CONTRACTING WITH: Enter the name of the company with which the company listed is contracting.

NATURE OF WORK: Identify the proposed work (or materials or equipment) to be provided.

TIER: The Bidder may count toward its 25% Small Business participation goal the dollar value of work and supplies to be obtained by its primary subcontractors and suppliers from SB subcontractor firms as second and third level tier subcontractors/suppliers. Using the following codes, indicate the contracting tier for each SB company listed for participation:

0 = Prime or Joint Contractor

1 = Primary Subcontractor or Supplier

2 = Subcontractor/Supplier of Level 1 Subcontractor/Supplier

3 = Subcontractor/Supplier of Level 2 Subcontractor/Supplier

DOLLAR VALUE: Enter the dollar amount of the bid to be performed by the listed company's own forces.

PERCENTAGE OF BID: Enter the percentage of the total bid amount the dollar value represents.

PRINTOUT: In order to claim the 25% Small Business participation credit, a printout from the Office of Small Business and DVBE Services eProcurement website for each SB listed.

| COMPANY NAME | CONTRACTING WITH | NATURE OF WORK | TIER | DOLLAR VALUE | % OF | PRINT-OUT |
|----------------------|------------------|----------------|------|--------------|------|--------------------------|
| SB CERT NUMBER:_____ | | | | | | <input type="checkbox"/> |
| SB CERT NUMBER:_____ | | | | | | <input type="checkbox"/> |
| SB CERT NUMBER:_____ | | | | | | <input type="checkbox"/> |
| SB CERT NUMBER:_____ | | | | | | <input type="checkbox"/> |

Total Small Business Subcontractor Dollar Value

Total Amount of Bid

TOTAL % OF BID FOR ALL SMALL BUSINESS SUBCONTRACTORS