

IT CONSULTING SERVICES MASTER SERVICE AGREEMENT (MSA) APPLICATION INSTRUCTIONS

I. INTRODUCTION

The Information Technology (IT) Consulting Services Master Service Agreement (MSA) is a non-mandatory contract established by Request for Proposal (RFP) 5137002 which included a provision for an application process to add classifications and contractors after award.

Per RFP Section I.J. applicants must:

- *Meet Administrative and Technical Requirements*
- *Commit to hourly rates equal to or lower than the lowest hourly rate awarded for each classification within the earned tier.*
- *Agree to all DGS terms and conditions without change*

At its sole discretion, the State may open the application process at various intervals throughout the term of IT Consulting Services MSA. Any future opportunities available through the application process will be posted at:

<http://www.dgs.ca.gov/pd/Programs/Leveraged/masteragreements/InformationTechnologyConsultingServices.aspx>

DGS-PD recommends interested parties bookmark the above website link and check it periodically for updated information.

II. OPEN PERIOD

The State will accept applications received in email box RFP5137002@dgs.ca.gov from September 30, 2014 to 5:00 p.m. October 30, 2014. Applications received after the deadline will not be accepted.

III. ELIGIBILITY

Eligible applicants include:

- New suppliers – Suppliers not currently awarded an IT Consulting Services MSA number 5137002-001 to 5137002-155 may apply for a tier and any of seven classifications within the selected tier. This includes suppliers unsuccessful in achieving award under RFP 5137002.
- Existing MSA contractors – MSA contractors awarded less than seven classifications may apply for additional classifications within their awarded tier. All other contract terms and conditions remain unchanged.

IV. APPLY FOR A TIER

Three tiers are available. New supplier applicants must apply specifically for only one tier. Existing MSA contractor applicants must apply in their awarded tier.

TIER	CONTRACT DOLLAR VALUE
1	≤\$1,500,000.00
2	\$1,500,000.01 to ≤ \$5,000,000.00
3	\$5,000,000.01 to ≤ \$10,000,000.00

The State encourages new supplier applicants to apply in the highest tier they believe they meet business experience requirements. User agencies will direct RFOs at a tier and a contractor may only respond to RFOs in the tier it has been awarded or lower.

V. COMMIT TO LOWEST AWARDED HOURLY RATES

As established by RFP 5137002 to achieve a MSA through this application process, all applicants must commit to equal to or lower than the lowest hourly rate awarded for each classification for which it seeks a MSA within a tier. If approved, those rates are guaranteed for the individual contractor's entire MSA term as the maximum hourly rates to be charged to user agencies. See table below.

COMMIT TO EQUAL TO OR LOWER THAN LOWEST AWARDED HOURLY RATES			
	Tier 1	Tier 2	Tier 3
Classification	Lowest Awarded Commitment	Lowest Awarded Commitment	Lowest Awarded Commitment
Senior Project Manager	\$78.00	\$118.00	\$140.00
Project Manager	\$67.00	\$73.00	\$125.00
Senior Technical Lead	\$76.00	\$115.00	\$105.00
Technical Lead	\$68.00	\$73.00	\$100.00
Senior Programmer	\$72.00	\$73.00	\$85.00
Programmer	\$58.00	\$73.00	\$82.00
Systems Analyst	\$58.00	\$65.00	\$80.00

VI. PROVIDE CUSTOMER REFERENCES

New supplier applicants qualify for a tier based on three customer references for contract dollar value projects in the selected tier. Each reference is to:

1. Demonstrate the applicant's performance on a contract with a dollar value within the tier selected.
2. Certify that the applicant provided IT consulting services on the referenced contract within a 60 month, or five year period prior to the application due date. Contract status may be completed or ongoing. For ongoing contracts, the applicant shall claim only the dollar value paid for work performed to the date of application submittal.
3. Demonstrate the applicant's experience serving as a prime contractor for at least one of the three referenced contracts.
4. Contain the reference's signature and answers to questions validating the contract and applicant's performance.

Responsiveness for individual references includes:

1. Page 1 – Pass
2. Page 2, Questions 1 and 2 – Pass
3. Page 2, Question 3 – Pass (1 required out of 3 references)
4. Page 2, Questions 6 to 13 – No zero scores
5. Questions 6 to 13 – Achieve a minimum total 12 points

Points for desirable Questions 4 and 5 are only earned and added after a reference achieves the minimum 12 points for Questions 6 to 13. Desirable points cannot be used to achieve the

minimum 12 points. Application approval requires at least 2 responsive references each achieving the minimum of 12 points, for a combined minimum of 24 points.

Each reference will be scored in accordance with the following table.

QUESTION	SCORING		POINTS POSSIBLE
Page 1	Met requirements = Pass Did not met requirements = Fail		None
Page 2	Response		
	PASS	FAIL	
Q#1	No	Yes	None
Q#2	Yes	No	None
Q#3 (Required "Pass" for at least 1 of the 3 references)	Yes	No	None
Q#4 (Desirable)	Yes = 3 points No = 0 points		3
Q#5 (Desirable)	Yes = 2 points No = 0 points		2
Q#6	No classifications = 0 points 1-3 classifications = 1 point 4-7 classifications = 2 points		2
#7 to #13	N – Not Satisfied = 0 points S – Satisfied = 1 point V –Very satisfied = 2 points		14

The State will validate references via email, but may use any means necessary or appropriate, including voice, electronic conferences, or in-person meetings. New supplier applicants are responsible for staying in contact with their references to ensure prompt attention to the State's validation.

References are not required for existing MSA contractors applying for additional classifications.

VII. AGREE TO TERMS AND CONDITIONS

An applicant agrees to comply with all terms and conditions of the MSA, including that all staff meets the education and experience required for each classification as described in RFP 5137002's Statement of Work.

Applicants are advised to read the RFP 5137002 and its addendums in their entirety here: <http://www.dgs.ca.gov/pd/Programs/Leveraged/masteragreements/InformationTechnologyConsultingServices.aspx>

To download a copy of the RFP, see the "Contract Information" tab, and instructions under "Additional Documents"

VIII. NOTE NON-APPLICABLE RFP PROVISIONS

For the purposes of the application, RFP provisions not applicable to this process include but are not limited to:

- RFP Section V.A.4.
The timing of Secretary of State certification “Active” status prior to costs is not applicable. For the application, Secretary of State certification must be “Active” prior to MSA award.
- RFP Section V.A.5.
A California Small Business (SB) preference is not applicable. However, applicants are encouraged to identify SB certification to help user agencies meet their SB participation goals at the Request for Offer (RFO) level.
- RFP Section VI.J.c.
RFO participation in the next higher tier based on total technical points is not applicable for this application process. Applicants will be considered for approval only in the tier selected and earned.
- RFP Section VII.A., B. and C.
Applicants do not submit a cost proposal or negotiate costs.

IX. SUBMIT A PDF APPLICATION PACKET

Submit a PDF Application Packet to be received in the RFP5137002@dgs.ca.gov inbox by the due date and time identified in Section II above. Submit one email containing one PDF of the application as an attachment. Include:

1. Application Checklist
2. Attachment I - Cover Letter
Existing MSA contractors are not required to submit Attachments II through VII unless they are reporting a change to any of the listed forms.
3. Attachment II - Three Customer References
4. Attachment III - Applicant Declaration Form
5. Attachment IV - Payee Data Record (STD 204)
6. Attachment V - California Secretary of State Business Entity Certification
7. Attachment VI - Fictitious Business Name Statement (as applicable)
8. Attachment VII - California SB/DVBE Certifications (as applicable)

Should an applicant submit multiple emails by the due date and time, the State will disregard all submissions prior to the last timely received application and deem the last received submittal as the final application to be processed.

All applications will be processed on a first-come, first-served basis.

X. PROVIDE WET-INK SIGNATURES UNDER SEPARATE COVER


Attachment I - Cover Letter and Attachment II – Three Customer References require original, wet-ink signatures and should be concurrently mailed or hand-delivered to:

Department of General Services
Procurement Division, Multiple Awards Program Section (MAPS)
Attn: IT Consulting Services MSA Application Processing
707 Third Street, 2nd Floor South
West Sacramento, CA 95605-2811

All wet-ink documents must be received and validated prior to MSA award.

XI. SEND EMAIL TO ACCOMPANY APPLICATION

Provide the following information in the email containing the application:

To:	RFP5137002@dgs.ca.gov
Subject:	<Your Company Name> - IT Consulting Services Application
Attached:	 Your company name-Application

As per application instructions, attached is a PDF file containing all the items stated in the Application Checklist. Wet-ink documents signatures for Attachment I and II will also be sent to the State under separate cover.

Should the State require supplemental information, please contact the individual named below:

Name
Email
Phone
Fax

SUBMIT ONLY CONTACTS AVAILABLE DURING THE APPLICATION PROCESS

XII. MONITOR FOR AUTO MESSAGE REPLY

RFP5137002@dgs.ca.gov will send an automated outgoing message when email is received in the inbox. The auto message only confirms email receipt. It is incumbent upon applicants to attach their PDF applications.

XIII. SUBMIT SUPPLEMENTS, IF NECESSARY

The State may contact applicants to identify areas in the application that do not meet requirements and if altered could improve the applicants’ chance for approval. Each applicant will be given to the close of business, ten working days from the State’s first contact to respond with a supplement addressing the State’s issues. Close of business is 5 p.m.

XIV. SIGN MSA OR AMENDED MSA AFTER APPLICATION APPROVAL

Application approval may result in the issuance of an MSA or an amendment to existing MSAs.

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FOR DOUBLE SIDED PRINTING**

APPLICATION PACKET

Instructions: Place a check mark next to each item that you are submitting to the State.

APPLICANT ADMONISHMENT:

DO **NOT** ALTER THESE FORMS. USE THE FORMS EXACTLY AS THEY APPEAR, AND TYPE OR HAND-FILL INFORMATION IN REQUIRED FIELDS. ALTERATIONS MAY DELAY APPLICATION REVIEW AND PROCESSING

<u>Item</u>	<u>Title of Attachment</u>
<input type="checkbox"/>	Attachment I - Cover Letter <i><u>Existing MSA contractors are not required to submit Attachments II through VII unless they are reporting a change to any of the listed forms.</u></i>
<input type="checkbox"/>	Attachment II – Three Customer References
<input type="checkbox"/>	Attachment III - Application Declaration Form
<input type="checkbox"/>	Attachment IV- Payee Data Record (STD 204)
<input type="checkbox"/>	Attachment V - California Secretary of State Business Entity Filing Certification
<input type="checkbox"/>	Attachment VI - Fictitious Business Name Statement (as applicable)
<input type="checkbox"/>	Attachment VII - California SB/DVBE Certifications (as applicable)

ALL DOCUMENTS MUST BE TRANSMITTED AS A PDF FILE ATTACHED TO AN EMAIL SENT TO RFP5137002@dgs.ca.gov

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FOR DOUBLE SIDED PRINTING**

ATTACHMENT I – COVER LETTER

Instructions for this page: Review and complete as instructed. Refer to RFP 5137002 and its addendums in their entirety for additional information.

Dear State of California:

We, the Applicant referenced above, present our application to the Information Technology (IT) Consulting Services MSA. We further certify that the person signing this Cover Letter is authorized to legally and contractually bind the Applicant.

By signing both pages of this Cover Letter, the Applicant:

- a) Agrees with all the terms and conditions of MSA without change.
- b) Certifies the information contained in this application is accurate and all required documents submitted as a part of this application are true and binding upon the Applicant.
- c) Agrees that the application is a firm and irrevocable offer for 90 days from the application due date.
- d) Certifies it is able and willing to perform the services as described in the MSA.
- e) Agrees to provide staff and required resources to perform all services as described in the MSA for the tier awarded and classification(s) awarded.
- f) Acknowledges that all staff meet the education and experience required for each classification as described in RFP 5137002's Scope of Work (SOW).
- g) Agrees to comply with the one percent (1%) local governmental agency incentive fee and quarterly reporting requirements.
- h) Agrees to commit to the hourly rates equal to or lower than the lowest hourly rate awarded for each classification within the tier selected.
- i) Agrees to execute the MSA, if approved.

BY (Authorized Signature) Sign using blue ink ▶	DATE SIGNED: Enter as Month/Day/Year ▶
Printed NAME and TITLE of Person Signing ▶	
APPLICANT'S LEGAL BUSINESS NAME (The name below should exactly match the California Secretary of State certification. If "doing business as" name is different from the SOS filing, also submit a Fictitious Name Statement) ▶	
APPLICANT'S LEGAL BUSINESS ADDRESS (Include the Number, Street, City, State, Zip Code, and Country - if the country is <u>not</u> the United States of America) ▶	

ATTACHMENT I – COVER LETTER

Instructions for this page: Type or print legibly in boxes 1 – 3 below as instructed.

1. Identify the applicant's status by checking a box below: New supplier <input type="checkbox"/> Existing MSA contractor <input type="checkbox"/>		
2. Select only one (1) tier. Note to existing MSA contractors: You must select the tier already awarded. (The State will correct requests to appropriate tiers) Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/>		
3. Select one (1) or more CLASSIFICATION below and specify HOURLY RATE COMMITMENT, as applicable.		
CLASSIFICATION	HOURLY RATE COMMITMENT	
	LOWER THAN the lowest awarded hourly rate for the classification <i>Enter below hourly rate in whole numbers that are lower than the lowest awarded hourly rate. If not applying for a classification, enter N/A.</i>	EQUAL the lowest awarded hourly rate for the classification
SENIOR PROJECT MANAGER	\$	<input type="checkbox"/>
PROJECT MANAGER	\$	<input type="checkbox"/>
SENIOR TECHNICAL LEAD	\$	<input type="checkbox"/>
TECHNICAL LEAD	\$	<input type="checkbox"/>
SENIOR PROGRAMMER	\$	<input type="checkbox"/>
PROGRAMMER	\$	<input type="checkbox"/>
SYSTEMS ANALYST	\$	<input type="checkbox"/>

ATTACHMENT II – APPLICANT REFERENCE

Instructions: New supplier applicants complete this page. Page 2 is to be completed by the customer reference. Allow adequate time for references to respond in order to be included timely for submission of the application.

PART 1 – APPLICANT INFORMATION. Type or print legibly in boxes 1 – 6 as instructed. **Important:** Applicant should carefully review and ensure that its references meet technical requirements.

1. APPLICANT'S LEGAL BUSINESS NAME ▶	
2. PROJECT/CONTRACT NUMBER (Provide only one project or contract number.) ▶	
3. BRIEF DESCRIPTION of the SERVICES REQUIRED by the Project or Contract identified in Box 2 above ▶	
4. START & END DATES of the Project or Contract identified in Box 2 above (Enter dates as Month/Day/Year , e.g., 12/31/2012 for only one project or contract number.) ▶ through	5. Was the Project or Contract identified in Box 2 COMPLETED? (Check only one (1) box.) <input type="checkbox"/> YES, complete boxes 6-6a <input type="checkbox"/> NO, complete boxes 6b-6c
6. Completed Projects: TOTAL CONTRACT VALUE INCLUDING AMENDMENTS of the Project or Contract identified in Box 2 above: \$	
6a. Completed Projects as a subcontractor: If the applicant was a subcontractor, enter the portion of the contract paid to the applicant as a subcontractor. Enter N/A if not applicable: \$	
6b. Ongoing Projects: TOTAL DOLLAR VALUE PAID TO DATE for the Project or Contract identified in Box 2 above: \$	
6c. Ongoing Projects as a subcontractor: If the applicant was a subcontractor, enter the portion of the contract paid to date to the applicant as a subcontractor. Enter N/A if not applicable: \$	

PART 2 - CORPORATE OR GOVERNMENT REFERENCE INFORMATION. Type or print legibly in boxes 7 – 13 as instructed. New supplier applicants are encouraged to provide State of California government references.

7. LEGAL BUSINESS NAME of the GOVERNMENT OR CORPORATION providing the reference ▶	
8. GOVERNMENT OR CORPORATE REFERENCE ADDRESS ▶	
9. NAME of the PERSON AUTHORIZED to provide a reference on behalf of the GOVERNMENT OR CORPORATE REFERENCE identified in Box 7 above ▶	10. TITLE of the PERSON named in Box 9 to the left ▶
11. TELEPHONE NUMBER of the PERSON named in Box 9 above ()	12. CELL PHONE NUMBER of the PERSON named in Box 9 above ()
13. BUSINESS EMAIL ADDRESS of the PERSON named in Box 9 above. The reference email address must match and indicate the organizational entity's name. Ex: DMV must include @dmv.ca.gov ▶	

UPON COMPLETION OF PAGE 1, PROVIDE BOTH PAGES OF THIS FORM TO THE REFERENCE IDENTIFIED

THE STATE WILL VALIDATE REFERENCES

ATTACHMENT II – APPLICANT REFERENCE

PART 3 – REFERENCE COMPLETES THIS PAGE. The individual must be currently employed by the corporate or government entity referenced on Page 1, Box 7 of this form and be in a position of authority over the project or contract identified on Page 1 of this form. **Important:** The reference should review the Scope of Work (SOW) at:

<http://www.dgs.ca.gov/pd/Programs/Leveraged/masteragreements/InformationTechnologyConsultingServices.aspx> or <http://www.documents.dgs.ca.gov/pd/masters/itconsult/5137002/SOW.pdf>

ITEM	QUESTION	RESPONSE (Circle one)
1	Do you have any direct or indirect investments, real property, or interest in the Applicant submitting an application for the IT Consulting Services MSA?	Yes or No
2	Do you certify that the project/contract information provided by the Applicant on Page 1 of this form, is correct?	Yes or No
3	Was the Applicant the prime contractor for your project/contract? A prime contractor is the individual or business whose signature is on the contract and is responsible for the performance of the contract.	Yes or No
4	Was the work performed for a California State Agency?	Yes or No
5	Would you hire the Applicant again to provide IT consulting services similar in value to the project/contract value identified on Page 1 of this form?	Yes or No
6	Did Applicant provide one or more of the following classifications with duties the same as or similar in scope and complexity as described in the SOW posted at the link above? Please check all that apply: <input type="checkbox"/> Senior Project Manager <input type="checkbox"/> Senior Programmer <input type="checkbox"/> Senior Technical Lead <input type="checkbox"/> Project Manager <input type="checkbox"/> Programmer <input type="checkbox"/> Technical Lead <input type="checkbox"/> Systems Analyst	

Instructions for Items 7-13: Please use the following rating criteria to rate each question:

N- Not Satisfied. Did not meet obligations or perform contractually → below standard performance.

S- Satisfied. Performed contractually, met obligations and completed work → average performance.

V- Very Satisfied. Performed contractually and went beyond meeting obligations by providing excellent services → above average performance.

ITEM	QUESTION	RESPONSE (Circle one letter)
7	Technical competence of the Applicant's staff, in #6 above, in applying best of class IT principles, methods, techniques and tools to perform contracted services.	N - S - V
8	Effectiveness of the Applicant's staff in applying their understanding of your organization's cultural, operational and technological systems to perform contracted services.	N - S - V
9	Interpersonal, oral & written communication skills of the Applicant's staff when interacting with all staff levels including support, administrative, program, technical & executive management.	N - S - V
10	Analytical skills of the Applicant's staff to plan, assess, recommend & execute a course of action.	N - S - V
11	Quality and timeliness of the work products prepared by Applicant's staff.	N - S - V
12	Flexibility of Applicant's staff in responding to unusual or unanticipated situations & urgent requests.	N - S - V
13	Overall success of the contract.	N - S - V

Reference Certification: *I certify under penalty of perjury that I am the reference identified on Page 1 of this form, that I meet the requirements to provide a reference, and that the information provided above is accurate to the best of my knowledge. I give consent to the State of California to verify my reference.*

SIGNATURE OF REFERENCE PROVIDER	DATE OF SIGNATURE

ATTACHMENT III - APPLICANT DECLARATION FORM

Instructions: The purpose of this form is to identify (1) California Small Business Certifications, and (2) subcontracting information. SB preferences are not applicable.

APPLICANT'S LEGAL BUSINESS NAME ▶

STEPS	QUESTION	APPLICANT RESPONSE	GUIDANCE AND/OR NEXT STEP
1	Are you a certified California SB or do you have a California certified Small Business (SB) application pending?	Check only one box <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Date your application was submitted to OSDS ▼</u>	If you checked "Yes" and you are a certified SB, continue to Step 2. If you checked "Yes" and your application is pending, type or print legibly the date (month/day/year) you submitted your application, then skip to Step 5. If you checked "No," skip to Step 3.
2	What is your small business designation and California SB certification number if your application was approved?	Check only one box and write-in your certification number <input type="checkbox"/> SB <input type="checkbox"/> Microbusiness <input type="checkbox"/> SB/DVBE <input type="checkbox"/> SB/NVSA <u>Calif. SB Certification No. ▼</u>	<u>Note:</u> Proof of certification must be submitted in the page titled "SB/DVBE Certification (If Applicable)." Continue to Step 5
3	Are you a non-SB subcontracting 25% of your contract to certified SBs if approved?	Check only one box <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked "Yes," you agree to subcontract at least 25% of work resulting from the MSA to SBs. Continue to Step 4. If you checked "No," continue to Step 4.
4	Are you a DVBE?	Check only one box <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Calif. DVBE Certification No. ▼</u>	If you checked "Yes," type or print legibly your California DVBE certification number. Then, continue to Step 5. If you checked "No," continue to Step 5
5	Are you subcontracting any portion of your MSA contract?	Check only one box <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked "Yes," continue to Step 6 on page 2 of this form. If you checked "No," skip Step 6 and read the <u>CERTIFICATION at the end of page 2 of this form.</u> <u>Note:</u> If Applicant marked "No," but determines after award that it will be providing subcontractor(s), it will be required to submit a revised Applicant Declaration.

ATTACHMENT III - APPLICANT DECLARATION FORM

STEP 6 Instructions: Complete each column by typing or printing all information legibly for each subcontractor. If additional rows are needed, submit another page 2 of this form – please do **not** add more rows.

APPLICANT’S LEGAL BUSINESS NAME (If a “dba,” include the full dba name, e.g. Business dba Entity. The name below should appear exactly the same on all required submittal documents.) ▶					
Column A Enter Subcontractor’s Legal Business Name, Contact Person, Contact’s Phone Number & Contact’s Email Address	Column B Enter Subcontractor’s Legal Business Address (Address, State, Zip, Country I-if not U.S.A.)	Column C Enter Subcontractor California Certification (SB, MB, SB/NSVA, SB/DVBE, DVBE or None)	Column D Enter Classification(s) Subcontractor Will Provide for the Master Service Agreement	Column E* Enter Estimated % of the IT Consulting Services to be Provided by Subcontractor	Column F* Is Subcontractor in Good Standing?

***Column E:** Enter estimated percentage (%) of the IT consulting services to be provided by each subcontractor. Do **not** enter a dollar amount.

***Column F:** Enter either a “Yes” or “No” to indicate that the Applicant (prime contractor) has verified that each subcontractor is in good standing for all of the following:

- Possesses valid license(s) for any license(s) or permits required by the solicitation or by law
- If a corporation, the company (subcontractor) is qualified to do business in California and designated by the State of California Secretary of State to be in good standing
- Possesses valid State of California certification(s) if claiming MB, SB, NVSA, and/or DVBE status
- Is not listed on OSDC website as ineligible to transact business with the State
- Is not listed as being in violation of Iranian Contracting Act (PCC 2200-2208) , Air or Water Pollution (GC 4477, WC 13301), Fair Employment and Housing Commission Regulations (GC 12990), or tax laws (RTC 2063 & 19195, PCC 10295.4)

CERTIFICATION: Please note that by signing the Cover Letter, the Applicant certifies the information contained in the Applicant Declaration is accurate and binding upon the Applicant.

ATTACHMENT IV - PAYEE DATA RECORD (STD 204)

Complete a STD.204 found here: <http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf>

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)

1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print) LPA Inc.</p> <p>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____ E-MAIL ADDRESS john.doe@lpa.com</p> <p>MAILING ADDRESS _____ BUSINESS ADDRESS _____</p> <p>123 Main Street _____</p> <p>CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____</p> <p>West Sacramento, CA 95606 _____</p>
3	<p>PAYEE ENTITY TYPE</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION:</p> <p><input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., partnership, partnership)</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR <input type="checkbox"/> ALL OTHERS</p> <p><input type="checkbox"/> ENTER SOCIAL SECURITY NUMBER _____</p> <p><small>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</small></p>
4	<p>PAYEE RESIDENCY STATUS</p> <p><input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California resident, but whose income is derived from non-residents for services may be subject to State income tax withholding.</p> <p><input type="checkbox"/> No services performed in California.</p> <p><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>
5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <p>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____ TITLE _____</p> <p>John Doe _____ CEO</p> <p>SIGNATURE _____ DATE 10/05/2013 TELEPHONE _____</p> <p>_____ 49160123-4567</p>
6	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>

SAMPLE PAGE
(Do not submit this sample)
Please Replace
with Applicant's
Completed STD 204

ATTACHMENT V – CALIFORNIA SECRETARY OF STATE (SOS) CERTIFICATION



Business Entity Detail

Data is updated to the California Secretary of State's database on a daily basis. Search of the database and processing of requests for information processed through Tuesday, October 8, 2014. Please note that the information provided is for informational purposes only and does not constitute a guarantee of accuracy. The data provided is for informational purposes only and does not constitute a guarantee of accuracy.

Entity Name:	LPS INC
Entity Number:	C 00000000
Date Filed:	01/01/1999
Status:	Active
Jurisdiction:	CALIFORNIA
Entity Address:	123 MAIN STREET
Entity City, State, Zip:	WESTMINSTER, CA 92783
Agent for Service of Process:	JOHN DOE
Agent Address:	123 MAIN STREET
Agent City, State, Zip:	WESTMINSTER, CA 92783

SAMPLE PAGE
 (Do not submit this sample)
Please Insert Applicant's SOS Certification Here

- * Indicates the information is not contained in the California Secretary of State's database.
- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code section 2114 for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search,

**ATTACHMENT VI
FICTITIOUS BUSINESS NAME STATEMENT (AS APPLICABLE)**

**If applicable, insert
Fictitious Business
Name Statement
as Attachment VI**

**ATTACHMENT VII - CALIFORNIA SB/DVBE CERTIFICATIONS
(AS APPLICABLE)**



LPA INC. - #55050

SAMPLE PAGE

SUPPLIER PROFILE	
Legal Business Name	LPA INC.
Doing Business As	LPA INC.
Address	123 MAIN STREET WEST PROGRAM #55050 Phone (916) 123 4567 FAX
Email	john.doe@lpa.com
Web Page	
Business Types	Service
Service Areas	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madras, Marin, Mariposa, Mendocino, Merced, Modoc, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba,
Keywords	Programmer, Information Systems
Classifications	801116 - Temporary personnel services

(Do not submit this sample)
If applicable, insert SB Certification as Attachment VII

Active Certifications

TYPE	STATUS	FROM	TO
SB	Approved	Jul 30, 2013	Jul 31, 2014