

**ASSOCIATION OF  
GOVERNMENTS**

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## **REQUEST FOR PROPOSAL NO. 10-030-C1**

### **BIKE PED TRANSPORTATION WEBSITE DESIGN**

**RELEASE DATE – 10/28/09**

#### **I. SUMMARY**

The Southern California Association of Governments (SCAG) is soliciting proposals in response to Request for Proposal (RFP) No. 10-030-C1, Bike Ped Transportation Website Design.

The objective is to design, implement, and support an on-line wiki to enable the development of the region-wide bicycle and pedestrian plan.

The RFP is comprised of the following nine (9) parts presented herein as Attachments:

1. Proposal Information, Organization, and Content
2. Scope of Work
3. Proposal Evaluation Form
4. Interview Evaluation Form
5. Contract Budget Explanatory Information
6. Debarment and Suspension Certification
7. SCAG Conflict of Interest Form
8. Disadvantaged Business Enterprise (DBE)
9. Form W-9 and Attachment to Form W-9

#### **II. PROPOSAL SUBMISSION**

**Please provide one (1) electronic PDF copy on CD-ROM, one (1) original hard copy (clearly marked/stamped as such), and six (6) hard copies shall be received by SCAG's receptionist by 3:00 p.m. PST (time to be determined by SCAG's time clock) on November 30, 2009 and directed to:**

Sandee Scott, Senior Contracts Administrator  
Southern California Association of Governments  
818 W. 7th Street, 12<sup>th</sup> Floor  
Los Angeles, CA 90017-3435  
Email: scotts@scag.ca.gov

**All submissions are considered a matter of public record.**

Your proposal must be received at SCAG by the deadline specified above. Also, faxed or electronically sent proposals will not be accepted. Any proposal received after the deadline will be rejected.

Note: Proposer, Consultant, Contractor, and Firm are used interchangeably throughout this document.

### **III. PRE-PROPOSAL CONFERENCE**

The purpose of the pre-proposal conference is to provide new or updated solicitation information, provide clarification regarding the RFP package, and answer general questions regarding proposal preparation. All prospective proposers are encouraged to attend the pre-proposal conference. However, attendance is not mandatory. SCAG does not reimburse parking for pre-proposal attendees.

Please bring a copy of the RFP with you so we may explain special requirements pertaining to the solicitation. Extra copies of the RFP will not be available at the pre-proposal meeting.

Location and time are as follows:

Date: November 9, 2009  
Time: 10:00 a.m. – 11:30 a.m.  
Location: Southern California Association of Governments (SCAG)  
Conference Room: Policy Committee A  
818 W. Seventh Street, 12<sup>th</sup> Floor  
Los Angeles, CA 90017-3435

The deadline to submit questions is November 12, 2009. Questions must be submitted in writing to the attention of:

Sandee Scott, Senior Contracts Administrator  
Email: [scotts@scag.ca.gov](mailto:scotts@scag.ca.gov)

Answers to the questions will be posted on SCAG's solicitation management system under the corresponding RFP typically no later than three (3) working days after the deadline to submit questions.

### **IV. BUDGET PARAMETER**

Budget parameter will not be provided. Please submit a cost proposal based on your expertise with this type of project.

Contract Type: Firm Fixed Price

**Note: Our intent is to pay upon task completion. However, proposers may propose a payment schedule for SCAG's consideration.**

Funding for this project is contingent upon availability of funds at the time of contract award.

### **V. PERIOD OF PERFORMANCE**

The maximum period of performance for this contract is eight (8) months.

**VI. PROJECTED TIMELINE (Subject to Change)**

|                                 | <u>DATE</u>       | <u>TIME</u> |
|---------------------------------|-------------------|-------------|
| RFP Released                    | October 28, 2009  |             |
| Pre-Proposal Conference         | November 9, 2009  | 10:00 a.m.  |
| Deadline to Submit Questions    | November 12, 2009 | 4:00 p.m.   |
| Posting of Answers to Questions | November 16, 2009 | 4:00 p.m.   |
| RFP Due Date                    | November 30, 2009 | 3:00 p.m.   |
| Proposal Evaluations            | December 3, 2009  |             |
| Consultant Interviews           | December 15, 2009 |             |
| Final Selection                 | December 30, 2009 |             |
| Contract Execution/NTP          | January 2010      |             |

**VII. SELECTION PROCESS**

- Proposals will be ranked in accordance with the criteria described in Attachments 3 and Attachment 4.
- Proposers may be invited for an interview.

**VIII. SCAG RIGHTS**

1. SCAG reserves the right to:
  - A. Disqualify any and all proposals that are not submitted in accordance with the required format described in this RFP
  - B. Reject any and all proposals submitted
  - C. Request additional information
  - D. Award all or part of the work contemplated in this RFP
  - E. Remedy errors in the RFP
  - F. Cancel the entire RFP
  - G. Issue subsequent RFP
  - H. Approve or reject the use of a particular subcontractor/supplier
  - I. Negotiate with any, all or none of the proposers. If SCAG is unable to negotiate final contract Terms and Conditions that are acceptable to SCAG, SCAG reserves the right to award the contract to another proposer.
  - J. Accept other than the lowest priced proposal
  - K. Award a contract without interviews, discussions or negotiations
  - L. Award a contract to one or more proposers
  - M. Only award a contract or any portion thereof to an offeror that possesses a valid business license. Offerors must possess the licenses by the RFP due date. SCAG must be provided with a copy of this license, if not provided previously.
  - N. Only award a contract or any portion thereof to an offeror that passes references checks.
2. All proposers should be aware of the Insurance Requirements for Contract Award. The Certificate of Insurance must be provided by the successful proposer prior to contract award. A contract may not be awarded if insurance requirements are not met. The insurance requirements may be viewed on SCAG's website at: <http://scag.ca.gov/business/> under Section 41 of SCAG's Contract Template.

3. SCAG does not reimburse proposers for the cost of proposal preparation, even in the event of RFP cancellation.
4. Ring binders may not be accepted. Comb binding is preferred.
5. Debriefings will not be provided by SCAG.
6. Communication between the proposer and any member of the Proposal Review Committee during the selection process is prohibited, except when and in the manner expressly authorized in this Request for Proposal. Violation of this restriction is grounds for disqualification.
7. SCAG shall award the contract for this RFP to the firm that it deems to have provided the best value to SCAG or the firm SCAG deems to be the best qualified for contract award (or both).
8. Every proposal submitted is considered a firm offer that must be valid for a minimum of ninety (90) calendar days.
9. If applicable, SCAG prefers that software developed, under SCAG's contract, not incorporate proprietary and/or third party software components. This does not preclude the development of deliverables which interface with commonly-available off-the-shelf software. However, contractors must determine in advance whether SCAG already has, or is willing to procure, appropriate licenses for any proprietary and/or third party software that would be required. Contractors must also provide the impacts of any enhancements and upgrades. SCAG will require delivery of documentation and source code for all electronic intellectual property developed under a SCAG contract prior to releasing final payment to the contractor.

#### **IX. NOTIFICATION OF RIGHT TO PROTEST CONTRACT AWARD**

Proposers have the right to protest the contract award in compliance with SCAG's Policy on Contract Award Protests, which can be viewed online at [www.scag.ca.gov](http://www.scag.ca.gov) under "Doing Business with SCAG." A written protest must be filed with SCAG's Executive Director, or his designee within five (5) working days after posting of the Notice of Intent to Award. SCAG will not accept any verbal protests. The protest must be a detailed, written statement of the protest grounds and reference the RFP number and name of the designated Contracts Administrator. The protest must be submitted to SCAG's Executive Director or his designee via both certified mail and fax using the following address and fax number:

Executive Director  
Southern California Association of Governments  
818 W. 7<sup>th</sup> Street, 12<sup>th</sup> Floor  
Los Angeles, CA 90017-3435  
Fax: (213) 236-1825

The contract award is held up when SCAG's Executive Director receives the protest on time. The contract may not be awarded until the protest is either withdrawn or SCAG's Executive Director has rendered a decision.

**X. CONTACT INFORMATION**

Any questions regarding this RFP may be directed to:

Sandee Scott, Senior Contracts Administrator

Phone: (213) 236-1996

Email: [scotts@scag.ca.gov](mailto:scotts@scag.ca.gov)

## **PROPOSAL INFORMATION, ORGANIZATION, AND CONTENT**

*All proposals shall contain, at a minimum, the following information:*

### **TITLE PAGE**

The following must be provided on the title page:

- RFP Number
- Title of the Project
- Name and Address of Firm
- Phone/Fax of Firm
- Prime Contact Person
- Email of the Prime Contact Person
- Signature of the Individual Authorized/Obligated to Commit the Firm to this Project

### **TABLE OF CONTENTS**

A clear identification of the materials by section and page numbers.

### **TECHNICAL APPROACH**

- A statement and discussion of the project objectives, concerns, and key issues.
- The technical approach for performing the tasks must include a detailed Scope of Work along with the process for executing the requirements and objectives of the project.
- A discussion of the difficulties expected or anticipated in performing the tasks, along with a discussion of how the consultant proposes to overcome or mitigate against those difficulties.
- A detailed schedule for completion of the work, including performance and delivery schedules indicating phases or segments of the project, milestones, and significant events.
- A statement of the extent to which the consultant's proposed approach and Scope of Work will meet or exceed the stated objectives discussed in this RFP. Furthermore, a discussion of how the consultant would modify the project, and/or schedule to better meet these objectives.

### **FEE STRUCTURE/FINANCIAL FORM**

- Proposals must include a Line Item Budget in the format and detail shown in Attachment 5. The same detailed budget is required of each subconsultant whose portion of the work is \$25,000 or more.
- Proposals must include a budget summary by task.

## **PROFILE OF FIRM**

- A statement indicating if the firm is local or national and a summary of representative experience relevant to the work described in the Scope of Work for this RFP.
- The location and telephone number of the office from which the work is to be done.
- Identification of the individuals who will perform the work, including officers, project manager and key staff. State the time commitment and include resumes for key individuals.

## **REFERENCES**

- Provide a list of at least three references, including the names of contact persons within the firms. References should not include any SCAG staff or SCAG Regional Council Members.

## **REQUIRED FORMS**

- Line Item Budget (Attachment 5).
- The Debarment and Suspension Certification (Attachment 6) **must be fully completed by all parties to the proposal (prime and all subconsultants).**
- The SCAG Conflict of Interest Form (Attachment 7) must be fully completed by all parties to the proposal whose portion of the overall work is valued at \$25,000 or more. All persons or firms seeking contracts valued at \$25,000 or more must complete and submit this SCAG Conflict of Interest Form along with the proposal. This requirement also applies to all proposed subconsultants whose portion of the overall work is valued at \$25,000 or more.
- A “Bidder’s List of Subconsultants (DBE and Non-DBE) – Part I” (Attachment 8A) and a “Bidder’s List of Subconsultants (DBE and Non-DBE) – Part II” (Attachment 8B) must be completed by the proposer.
- All proposers should ensure that they have completed and submitted a Form W-9 and Attachment to Form W-9 (Attachment 9). Form W-9 may also be obtained on-line at [www.scag.ca.gov](http://www.scag.ca.gov) under “Doing Business with SCAG.” The form is mandatory for the prime consultant.

## **SCAG STANDARD CONSULTANT AGREEMENT**

The successful consultant will be required to sign SCAG’s standard consultant agreement in order to receive the contract award. **Proposer must identify in the proposal itself any concerns or objections to any of the contract terms and conditions in SCAG’s consultant agreement.** Review SCAG’s Terms and conditions published in SCAG’s website. Consultant shall propose alternative language for consideration. If SCAG is unable to negotiate final contract Terms and Conditions that are acceptable to SCAG, SCAG reserves the right to award the contract to another proposer. The contract template may be viewed on SCAG’s website at: <http://scag.ca.gov/business/>

## **CONTRACT LANGUAGE IS SUBJECT TO CHANGE BY SCAG PRIOR TO CONTRACT EXECUTION**

**BIKE PED TRANSPORTATION WEBSITE DESIGN****RFP No. 10-030-C1****BACKGROUND**

Over the past four decades, the Southern California Association of Governments (SCAG) has evolved as the largest of nearly 700 councils of government in the United States, functioning as the Metropolitan Planning Organization for six counties: Los Angeles, Orange, San Bernardino, Riverside, Ventura and Imperial. The region encompasses a population exceeding 18 million persons in an area of more than 38,000 square miles.

As the designated Metropolitan Planning Organization, the Association of Governments is mandated by the federal government to research and draw up plans for transportation, growth management, hazardous waste management, and air quality. Additional mandates exist at the state level. In the spirit of SCAG's mission statement, "Leadership, Vision and Progress, which promote economic growth, personal well-being, and livable communities for all Southern Californians," SCAG is working to develop this innovative and comprehensive Bicycle and Pedestrian Regional Plan.

SCAG is developing a non-motorized transportation plan to:

- serve as a component of the next long range transportation plan (2012 RTP);
- help guide subregional partners in developing consistency and regional collaboration amongst local non-motorized transportation planning;
- help reduce greenhouse gas emissions and provide congestion and air quality benefits and achieve SB 375 goals and targets;
- undertake new and innovative methods to increase stakeholder involvement in the development of all stages of the plan.

Previous Bike Ped planning accomplishments at SCAG include the non-motorized supplemental and the Safety supplemental report completed for the 2008 RTP. These 2008 reports provided guidance for the implementation of interconnected bicycle, pedestrian and transit. The 2008 plan documented existing bicycle and pedestrian conditions, and offered the following policy recommendations:

- **Develop a comprehensive Regional Non-motorized plan:** SCAG will work with all counties and their cities to coordinate and integrate all non-motorized plans from counties and jurisdictions in the SCAG region in a collaborative process, including interested stakeholders.
- **Decrease bicyclists and pedestrians fatalities and injuries** in the state to 25% below 2000 levels.
- **Increase accommodation and planning for bicyclists and pedestrians:** The needs of non-motorized travel (including pedestrian, bicyclists and persons with disabilities) need to be fully considered for all transportation planning projects.
- **Increase bicycle and pedestrian use in the SCAG region as an alternative to utilitarian vehicle trips:** Create and maintain an atmosphere conducive to non-motorized transportation, including well maintained bicycle and pedestrian facilities, easy access to transit facilities, and increasing safety and security. While pedestrian sidewalks are fairly well established in most areas, it is estimated that there are only 3,218 miles of dedicated bicycle facilities in the region, with an additional 3,170 miles planned.

- **Increase non-motorized transportation data:** To make non-motorized modes an integral part of the region's intermodal transportation planning process and system, reliable data for planning are needed. Non-motorized transportation data needs include, but are not limited to comprehensive user statistics; user demographics; bicycle travel patterns/ corridors; accident mapping; bikeway system characteristics; and sub regional improvements projects and funding needs.
- **Encourage Development of Local Non Motorized Plans:** Encourage all counties and cities within the SCAG region to develop bicycle and walking plans and policies for their jurisdiction. Non-motorized plans that have been created or updated within the previous five years are eligible for bicycle transportation account (BTA) funds.

In addition, **AB1358 (Complete Streets Act of 2008)** requires that Bicycling and Pedestrians should always be included in general plan updates for all cities in the State of California.

California Department of Transportation (**Caltrans**) **Deputy Directive 64, revision 1 (DD64-R1)** states that the needs of bicyclists and pedestrians will be considered as part of all Caltrans projects, effectively making "complete streets" a requirement of all state transportation projects.

## PURPOSE AND NEED

Public involvement is fundamental to good transportation planning. Without significant public participation, there is a risk of making decisions without fully vetting all the impacts of a policy or project decision. More than an agency requirement, public involvement and transparency in the planning processes are central to good decision making.<sup>1</sup>

In April 2009, President Obama issued a memorandum calling for increased transparency and collaboration in government. This directive from the Federal Government signals openness to innovation and change among government entities and the public. SCAG is seeking ways to improve its involvement and collaboration with the public and interested stakeholders.

To meet and exceed transparency and collaboration requirements, SCAG is proposing to design and implement and support a wiki. This wiki will be used to develop a region-wide bicycle and pedestrian plan that is driven by a wide array of stakeholders throughout the region. Local stakeholders understand what and where local needs are and have likely thought of solutions that best fit their needs, therefore using a wiki platform will facilitate the transfer of their knowledge into an informed regional plan.

Staff will reach out to advocates, public agencies, elected officials, planners, advocacy groups, researchers, citizens, any and all interested stakeholders. In addition, SCAG will also look to other leaders in the field outside the region to lend expert or informal input. The Plan will set SCAG's policies and priorities for bicycle and pedestrian planning, as well as serve as a resource for planning, education, safety, public policy, and more.

SCAG staff will develop a skeletal content of policies and plans that will go into the wiki, but it is hoped that it will be greatly expanded and prioritized by a variety of stakeholders. The consultant is not responsible for any content.

It is the goal of SCAG to continually revisit and improve its public participation and outreach strategies for their effectiveness. This pilot project, will lend guidance and input into the development of the 2012 Regional Transportation Plan (RTP) and additional potential strategies for SCAG and its public participation techniques.

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<sup>1</sup> The Transportation Planning Process Key Issues. U.S. Department of Transportation 2009.

## SCOPE OF WORK - TASKS and DELIVERABLES

TASKS for the Pedestrian/Bicycle Plan online site:

**Task 1:** Create functional wiki pages, on hosted site, that can be edited or blocked for editing as required, searched, commented, and cross referenced.

**Deliverables:** Consultant will construct a wiki that shall:

- Design the structure of the site to be simple and intuitive to follow
- Develop tagging and other organization data logic
- Allow for automatic disclaimers on each page, such as *"the writing on this page reflects the opinions of the individuals therein, and does not represent the official policies or opinions of the Southern California Association of Governments."*
- Allow for registration of users by user name and zip code
- Allow for user profile creation that will allow selection of login id, for photo upload, optional display of email address, user background and interests (i.e. where they work, what expertise they bring), and a feature that links all their edits to their profile.
  - Allow for tracking of contributions by zip code, not for any personal identification, but to show areas with low/no contribution, so SCAG can focus outreach efforts. Allow for a dynamically updated page showing the number of comments/contributions by zip code.
- Allow anyone to comment without editing document, with comment notification to identified SCAG staff by email
  - Must provide technologies that would defeat and/or manage "spam bots" from commenting or editing.
  - Must have the ability to protect sections of text from comment or update, with the exception of administrator updates. (Versus full page control).
- Allow for sidebar tracking recent activity
- Allow for users to create groups and tags
- Regularly back up pages on an emergency server, which may be accessed if needed and pages restored to earlier dates.
- Search capabilities
- Email features, such as email updates to all registered users, with sub-categories developed for types of users (geography, interests, policies, etc), i.e. they fill in a survey and then later receive emails and updates based on stated preferences.
- User guide, written in language and style for first time wiki user
- Recommendations of additional strategies, if needed, to produce a successful wiki

**Task 2:** Develop the look of the site

- Design the site to have an attractive, modern and innovative look
- Designers are encouraged, but not constrained, to be similar to SCAG's website ([www.scag.ca.gov](http://www.scag.ca.gov)) and/or Web 2.0 design and trends. Please note that SCAG has issued an RFP to redesign the current agency website.

**Deliverables:** The redesigned web site's overall look and each page type's look. Include all relevant information on color schemes, font sizes and types and graphics

**Task 3:** Create structure for a Library and Resource Center, that users can easily link reports, articles, legislation and links to other online resources regarding bicycle and pedestrian planning.

**Deliverables:** Consultant shall construct a library that shall:

- Allow for user upload for file types limited to .pdfs and jpgs

**Task 4:** Easy ability to move content to and from the website.

**Deliverables:** Website needs to have the ability to upload and download content for a staff person with basic web skills.

**Task 5:** Innovative ways to reach out to groups who might be missed in this process or other additional strategies not raised in this scope of work.

**Deliverables:** Recommendations contained in a written report on how SCAG can reach out to affected stakeholders who may have barriers to participating in the wiki process. For example, senior citizens, non-English speaking populations, and overcoming other barriers to insure for inclusivity in this planning process.

**Important points for this proposal:**

Please bid each Task separately. If there are items within a Task that could be removed to reduce overall project budget without damaging the Task please note how much SCAG would save by doing it, particularly as it relates to Task 1. The development of this wiki viewed as a starting point for SCAG in developing new methods of engaging stakeholders in transportation planning that will be built upon with other elements as we go forward.

## SCHEDULE

The maximum period of performance for this contract is eight (8) months.

## **PROPOSAL EVALUATION FORM**

**RFP No. 10-030-C1**

Consultant Name: \_\_\_\_\_

| (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b)                                 | (c)                      | (d)             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------|
| <b>Evaluation Criteria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Max.<br/>Possible<br/>Points</b> | <b>Points<br/>Earned</b> | <b>Comments</b> |
| <b>TECHNICAL APPROACH</b> <ul style="list-style-type: none"> <li>▪ Tasks &amp; approach clearly described</li> <li>▪ Creative/innovative approach</li> <li>▪ Proposed design meets goals of attractive, modern feel, that is easy and intuitive to follow</li> <li>▪ Project intent has been met</li> </ul>                                                                                                                                                                                                                                                                                                       | <b>25</b>                           |                          |                 |
| <b>CONSULTANT FIRMS:</b><br><u>Prime Consultant:</u> <ul style="list-style-type: none"> <li>▪ Familiar with strategies and techniques for creating online collaborative dialogues</li> <li>▪ Familiar with regional &amp; local issues and challenges</li> <li>▪ Capability to reallocate resources as needed to meet project schedule</li> <li>▪ Experience with similar project of the same size and scope</li> </ul> <u>Sub-Consultant(s):</u> <ul style="list-style-type: none"> <li>▪ Each sub provides unique service(s) to the team</li> <li>▪ Subs are fully capable of performing their tasks</li> </ul> | <b>20</b>                           |                          |                 |
| <b>PROJECT MANAGEMENT</b> <ul style="list-style-type: none"> <li>▪ Reasonable total number &amp; distribution of hours</li> <li>▪ Qualifications of key individuals</li> <li>▪ Time commitment of key individuals</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                      | <b>10</b>                           |                          |                 |
| <b>PROJECT COST</b> <ul style="list-style-type: none"> <li>▪ Realistic cost for services to be performed</li> <li>▪ Allocation of cost to tasks &amp; activities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>30</b>                           |                          |                 |
| <b>REASONABLENESS OF SCHEDULE</b> <ul style="list-style-type: none"> <li>▪ Total time allocated for each task is realistic</li> <li>▪ Logical &amp; realistic timing of each task</li> <li>▪ Overall schedule consistent with SCAG's SOW</li> </ul>                                                                                                                                                                                                                                                                                                                                                               | <b>15</b>                           |                          |                 |
| <b>REFERENCES</b> <ul style="list-style-type: none"> <li>• Similar projects completed on time and within budget</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Pass/<br/>Fail</b>               |                          |                 |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>100</b>                          |                          |                 |

Name of Evaluator (print): \_\_\_\_\_ Agency: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

# INTERVIEW EVALUATION FORM

**RFP No. 10-030-C1**

Consultant Name: \_\_\_\_\_

| (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b)                                 | (c)                      | (d)             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------|
| <b>Evaluation Criteria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Max.<br/>Possible<br/>Points</b> | <b>Points<br/>Earned</b> | <b>Comments</b> |
| <b>TECHNICAL APPROACH</b> <ul style="list-style-type: none"> <li>▪ Tasks &amp; approach clearly described</li> <li>▪ Creative/innovative approach</li> <li>▪ Proposed design meets goals of attractive, modern feel, that is easy and intuitive to follow</li> <li>▪ Project intent has been met</li> </ul>                                                                                                                                                                                                                                                                                                       | <b>25</b>                           |                          |                 |
| <b>CONSULTANT FIRMS:</b><br><u>Prime Consultant:</u> <ul style="list-style-type: none"> <li>▪ Familiar with strategies and techniques for creating online collaborative dialogues</li> <li>▪ Familiar with regional &amp; local issues and challenges</li> <li>▪ Capability to reallocate resources as needed to meet project schedule</li> <li>▪ Experience with similar project of the same size and scope</li> </ul> <u>Sub-Consultant(s):</u> <ul style="list-style-type: none"> <li>▪ Each sub provides unique service(s) to the team</li> <li>▪ Subs are fully capable of performing their tasks</li> </ul> | <b>20</b>                           |                          |                 |
| <b>PROJECT MANAGEMENT</b> <ul style="list-style-type: none"> <li>▪ Reasonable total number &amp; distribution of hours</li> <li>▪ Qualifications of key individuals</li> <li>▪ Time commitment of key individuals</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                      | <b>10</b>                           |                          |                 |
| <b>PROJECT COST</b> <ul style="list-style-type: none"> <li>▪ Realistic cost for services to be performed</li> <li>▪ Allocation of cost to tasks &amp; activities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>30</b>                           |                          |                 |
| <b>REASONABLENESS OF SCHEDULE</b> <ul style="list-style-type: none"> <li>▪ Total time allocated for each task is realistic</li> <li>▪ Logical &amp; realistic timing of each task</li> <li>▪ Overall schedule consistent with SCAG's SOW</li> </ul>                                                                                                                                                                                                                                                                                                                                                               | <b>15</b>                           |                          |                 |
| <b>REFERENCES</b> <ul style="list-style-type: none"> <li>• Similar projects completed on time and within budget</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Pass/<br/>Fail</b>               |                          |                 |
| <b>TOTAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>100</b>                          |                          |                 |

Name of Evaluator (print): \_\_\_\_\_ Agency: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTRACT BUDGET EXPLANATORY INFORMATION

The sample Line Item Budget on the following page reflects the most common format used to present budget or compensation information in contracts for professional services.

All consultant (and subconsultant) costs must be allowable and consistent with Federal cost principles under OMB Circular A-87. Please be aware that the cost-plus-a-percentage-of-cost bid method, where the consultant's profit is a percentage of the reimbursed costs on a project, is not allowed under Federal rules.

In reviewing the sample line item budget, the following should be considered:

- Under direct labor, it is preferable to identify professional staff by both name and position.
- Direct labor and fringe benefits must be shown as separate dollar amounts.
- Contingency fees are not allowed.
- **For Firm Fixed Priced (FFP) contracts** SCAG uses the **labor and overhead rates quoted** in the consultant's Price by Task Detail, only to evaluate the consultant's proposed price for each task and cumulatively. During the life of the contract, once SCAG has negotiated a final Price by Task Detail, SCAG's intends to pay the selected consultant upon completion of each task, regardless of the consultant's actual cost to complete the task.

**All consultants must prepare and submit a Line Item Budget using the exact format shown on the following page, or may risk having their proposal disqualified.** Furthermore, any subconsultant whose portion of the work is \$25,000 or more must also prepare and submit their own line item budget as part of the proposal.

**Consultant:**

ABC Company  
1234 Main Street, Suite 100  
Los Angeles, CA 90000

Title of Project:  
RFP Number:

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x)

[illegible]

\* if you anticipate the use of subconsultants, use a copy of this template to identify subconsultant cost detail by task in a similar fashion and input final figures under each subconsultant (Hours & Amount by tasks involved)

# TITLE 49, CODE OF FEDERAL REGULATIONS, PART 29

## DEBARMENT AND SUSPENSION CERTIFICATION

**RFP No. 10-030-C1**

- 1) All persons or firms, including subconsultants, must complete this certification and certify, under penalty of perjury, that, except as noted below, he/she or any person associated therewith in the capacity of owner, partner, director, officer, or manager:
  - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - b) Have not, within the three (3) year period preceding this certification, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of Federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses listed in subparagraph (1)(b) of this certification; and
  - d) Have not, within the three (3) year period preceding this certification, had one or more public transactions (Federal, state, and local) terminated for cause or default.
- 2) If such persons or firms later become aware of any information contradicting the statements of paragraph (1), they will promptly provide that information to SCAG.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of award, but will be considered in determining proposer/bidder responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of actions.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Signature (original signature required)

\_\_\_\_\_  
Date

# SCAG CONFLICT OF INTEREST FORM

RFP No. 10-030-C1

## SECTION I: INSTRUCTIONS

All persons or firms seeking Federal funded contracts must complete and submit a SCAG Conflict of Interest Form along with the proposal. This requirement also applies to any proposed subconsultant(s). Failure to comply with this requirement may cause your proposal to be declared non-responsive.

In order to answer the questions contained in this form, please review SCAG's Conflict of Interest Policy, the list of SCAG employees, and the list of SCAG's Regional Council members. All three documents can be viewed online at [www.scag.ca.gov](http://www.scag.ca.gov). The SCAG Conflict of Interest Policy is located under "Doing Business with SCAG," whereas the SCAG staff and Regional Council members lists can be found under "About SCAG."

Any questions regarding the information required to be disclosed in this form should be directed to Justine Block, SCAG Deputy Legal Counsel.

Name of Firm: \_\_\_\_\_

Name of Preparer: \_\_\_\_\_

Project Title: \_\_\_\_\_

RFP Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

## SECTION II: QUESTIONS

- During the last twelve (12) months, has your firm provided a source of income to employees of SCAG or members of the SCAG Regional Council, or have any employees or Regional Council members held any investment (including real property) in your firm?

☐ YES ☐ NO

If "yes," please list the names of those SCAG employees and/or SCAG Regional Council members and the nature of the financial interest:

| Name  | Nature of Financial Interest |
|-------|------------------------------|
| _____ | _____                        |
| _____ | _____                        |
| _____ | _____                        |
| _____ | _____                        |

2. Have you or any members of your firm been an employee of SCAG or served as a member of the SCAG Regional Council within the last twelve (12) months?

☐ YES ☐ NO

If "yes," please list name, position, and dates of service:

| Name  | Position | Dates of Service |
|-------|----------|------------------|
| _____ | _____    | _____            |
| _____ | _____    | _____            |
| _____ | _____    | _____            |
| _____ | _____    | _____            |

3. Are you or any managers, partners, or officers of your firm related by blood or marriage/domestic partnership to an employee of SCAG or member of the SCAG Regional Council that is considering your proposal?

☐ YES ☐ NO

If "yes," please list name and the nature of the relationship:

| Name  | Relationship |
|-------|--------------|
| _____ | _____        |
| _____ | _____        |
| _____ | _____        |
| _____ | _____        |

4. Does an employee of SCAG or a member of the SCAG Regional Council hold a position at your firm as a director, officer, partner, trustee, employee, or any position of management?

☐ YES ☐ NO

If "yes," please list name and the nature of the relationship:

| Name  | Relationship |
|-------|--------------|
| _____ | _____        |
| _____ | _____        |
| _____ | _____        |
| _____ | _____        |

5. Have you or any managers, partners, or officers of your firm ever given (directly or indirectly), or offered to give on behalf of another or through another person, campaign contributions or gifts to any current employee of SCAG or member of the SCAG Regional Council (including contributions to a political committee created by or on behalf of a member/candidate)?

☐ YES      ☐ NO

If "yes," please list name, date gift or contribution was given/offered, and dollar value:

| Name  | Date  | Dollar Value |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

### **SECTION III: VALIDATION STATEMENT**

This Validation Statement must be completed and signed by at least one General Partner, Owner, Principal, or Officer authorized to legally commit the proposer.

#### **DECLARATION**

I, (printed full name) \_\_\_\_\_, (Social Security Number; optional) \_\_\_\_\_ hereby declare that I am the (position or title) \_\_\_\_\_ of (firm name) \_\_\_\_\_, and that I am duly authorized to execute this Validation Statement on behalf of this entity. I hereby state that this SCAG Conflict of Interest Form dated \_\_\_\_\_ is correct and current as submitted. I acknowledge that any false, deceptive, or fraudulent statements on this Validation Statement will result in rejection of my contract proposal.

\_\_\_\_\_  
Signature of Person Certifying for Proposer  
(original signature required)

\_\_\_\_\_  
Date

#### **NOTICE**

A material false statement, omission, or fraudulent inducement made in connection with this SCAG Conflict of Interest Form is sufficient cause for rejection of the contract proposal or revocation of a prior contract award.

**DISADVANTAGED BUSINESS ENTERPRISE (DBE) INFORMATION****RFP No. 10-030-C1**

The requirements of 49 Code of Federal Regulations (CFR) Part 26 applies to this RFP.

DBEs and other small businesses are strongly encouraged to participate in the performance of Agreements financed in whole or in part with federal funds (See 49 CFR 26, "Participation by Disadvantaged Business Enterprises in Department of Transportation Financial Assistance Programs"). The Consultant should ensure that DBEs and other small businesses have the opportunity to participate in the performance of the work that is the subject of this solicitation and should take all necessary and reasonable steps for this assurance. The proposer shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of subcontracts.

**DBE DEFINITION**

A DBE is a-for-profit "small business concern" that is at least 51 percent owned and controlled by one or more socially and economically disadvantaged individuals. One or more such individuals must also control the management and daily business operations. These individuals must be citizens (or lawfully admitted permanent residents) of the United States and (1) any individual who a recipient finds to be a socially and economically disadvantaged individual on a case-by-case basis, or (2) who are either Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans, women, or any other group found to be socially and economically disadvantaged by the Small Business Administration.

**DBE PARTICIPATION AND GENERAL INFORMATION**

It is the proposer's responsibility to be fully informed regarding their requirements of 49 CFR, Part 26. Particular attention is directed to the following:

- A. A DBE must be a small business firm defined pursuant to 13 CFR 121 and be certified through the California Unified Certification Program (CUCP)
- B. A certified DBE may participate as a prime consultant, subconsultant, or as a vendor of material or supplies.
- C. A DBE must perform a commercially useful function pursuant to 49 CFR 26.55; that is, a DBE firm must be responsible for the execution of a distinct element of the work and must carry out its responsibility by actually performing, managing, and supervising the work.
- D. A prime consultant who is a certified DBE is eligible to claim all of the work in the Agreement toward the DBE participation except that portion of the work to be performed by non-DBE subconsultant.

## **PROPOSER'S/BIDDER'S LIST OF SUBCONSULTANTS (DBE AND NON-DBE)**

The proposer shall submit the attached "Proposer's List of Subconsultants (DBE and non-DBE) – Part I" form, Attachment 8A, with the proposal listing all subconsultants participating in the performance of this project.

Additionally, the proposer shall submit the attached "Proposer's List of Subconsultants (DBE and non-DBE) – Part II" form, Attachment 8B, with the proposal listing all subconsultants who provided a quote/bid to the proposer, but were not selected to participate as a subconsultant in the performance of this project.

## **SUBMISSION OF DBE INFORMATION**

A "Local Agency Proposer-DBE Information Form" will be included in the Agreement documents to be executed by the successful proposer/bidder. The purpose of the form is to collect data required under 49 CFR 26. Even if no DBE participation will be recorded, the successful proposer must execute and return the form.

## **DBE SOURCES**

Consultants interested in locating DBE subconsultants may refer to the following source:

Statewide DBE Database of the CUCP (California Unified Certification Program):

<http://www.californiaucp.com/>

Click on "General Information"

Click on "[CUCP Statewide DBE Directory](#)"

Also, the following agency may be contacted for assistance in locating DBE firms in California:

Caltrans Office of Certification  
1-866-810-6346

## **DBE CERTIFICATION**

The DBE firm must hold a current California Unified Certification Program (CUCP) DBE certification at the time of proposal submission. DBE certifications outside of California will not be accepted. Firms that are DBE certified outside of California may apply for a CUCP DBE certification by contacting one of the six certifying agencies listed below.

**For DBEs located within the southern California region, certification must be from one of the following agencies:**

- |                                                  |                                                                     |
|--------------------------------------------------|---------------------------------------------------------------------|
| 1. Department of Transportation (Caltrans)       | <a href="http://www.dot.ca.gov/">http://www.dot.ca.gov/</a>         |
| 2. City of Los Angeles                           | <a href="http://www.lacity.org/bca/">http://www.lacity.org/bca/</a> |
| 3. Metropolitan Transportation Authority (Metro) | <a href="http://www.metro.net">www.metro.net</a>                    |
| 4. Orange County Transportation Authority (OCTA) | <a href="http://www.octa.net">www.octa.net</a>                      |
| 5. City of San Diego                             | <a href="http://www.sandiego.gov">www.sandiego.gov</a>              |
| 6. San Diego County Regional Airport Authority   | <a href="http://www.san.org">www.san.org</a>                        |

### BIDDER'S LIST OF SUBCONSULTANTS (DBE AND NON-DBE) – PART I

The proposer shall list all subconsultants (both DBE and non-DBE) in accordance with Title 49, Section 26.11 of the Code of Federal Regulations. The listing is required in addition to listing DBE subconsultants elsewhere in the proposal. Photocopy this form for additional firms.

| Firm Name/<br>Address/<br>City, State, ZIP | Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts             | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|--------------------------------------------|---------------------------|-----------------------------------------|------------------------------------------------|-----------------------------------|
|                                            |                           | <input type="checkbox"/> < \$1 million  |                                                | <input type="checkbox"/> YES      |
|                                            |                           | <input type="checkbox"/> < \$5 million  |                                                | <input type="checkbox"/> NO       |
|                                            |                           | <input type="checkbox"/> < \$10 million |                                                | <i>If YES list DBE #</i>          |
|                                            |                           | <input type="checkbox"/> < \$15 million |                                                |                                   |
|                                            |                           | <input type="checkbox"/> > \$15 million |                                                | Age of Firm (Yrs.)                |
| <hr/>                                      |                           |                                         |                                                |                                   |
| Firm Name/<br>Address/<br>City, State, ZIP | Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts             | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|                                            |                           | <input type="checkbox"/> < \$1 million  |                                                | <input type="checkbox"/> YES      |
|                                            |                           | <input type="checkbox"/> < \$5 million  |                                                | <input type="checkbox"/> NO       |
|                                            |                           | <input type="checkbox"/> < \$10 million |                                                | <i>If YES list DBE #</i>          |
|                                            |                           | <input type="checkbox"/> < \$15 million |                                                |                                   |
|                                            |                           | <input type="checkbox"/> > \$15 million |                                                | Age of Firm (Yrs.)                |
| <hr/>                                      |                           |                                         |                                                |                                   |
| Firm Name/<br>Address/<br>City, State, ZIP | Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts             | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|                                            |                           | <input type="checkbox"/> < \$1 million  |                                                | <input type="checkbox"/> YES      |
|                                            |                           | <input type="checkbox"/> < \$5 million  |                                                | <input type="checkbox"/> NO       |
|                                            |                           | <input type="checkbox"/> < \$10 million |                                                | <i>If YES list DBE #</i>          |
|                                            |                           | <input type="checkbox"/> < \$15 million |                                                |                                   |
|                                            |                           | <input type="checkbox"/> > \$15 million |                                                | Age of Firm (Yrs.)                |
| <hr/>                                      |                           |                                         |                                                |                                   |
| Firm Name/<br>Address/<br>City, State, ZIP | Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts             | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|                                            |                           | <input type="checkbox"/> < \$1 million  |                                                | <input type="checkbox"/> YES      |
|                                            |                           | <input type="checkbox"/> < \$5 million  |                                                | <input type="checkbox"/> NO       |
|                                            |                           | <input type="checkbox"/> < \$10 million |                                                | <i>If YES list DBE #</i>          |
|                                            |                           | <input type="checkbox"/> < \$15 million |                                                |                                   |
|                                            |                           | <input type="checkbox"/> > \$15 million |                                                | Age of Firm (Yrs.)                |



**Request for Taxpayer  
Identification Number and Certification**

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . .                                                            | THEN the payment is exempt for . . .                                                                                           |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Interest and dividend payments                                                         | All exempt payees except for 9                                                                                                 |
| Broker transactions                                                                    | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 5                                                                                                      |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 7 <sup>2</sup>                                                                              |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

#### What Name and Number To Give the Requester

| For this type of account:                                                                                                                                                                   | Give name and SSN of:                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Individual                                                                                                                                                                               | The individual                                                                                          |
| 2. Two or more individuals (joint account)                                                                                                                                                  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)                                                                                                                                | The minor <sup>2</sup>                                                                                  |
| 4. a. The usual revocable savings trust (grantor is also trustee)                                                                                                                           | The grantor-trustee <sup>3</sup>                                                                        |
| b. So-called trust account that is not a legal or valid trust under state law                                                                                                               | The actual owner <sup>3</sup>                                                                           |
| 5. Sole proprietorship or disregarded entity owned by an individual                                                                                                                         | The owner <sup>3</sup>                                                                                  |
| For this type of account:                                                                                                                                                                   | Give name and EIN of:                                                                                   |
| 6. Disregarded entity not owned by an individual                                                                                                                                            | The owner                                                                                               |
| 7. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity <sup>4</sup>                                                                               |
| 8. Corporate or LLC electing corporate status on Form 8832                                                                                                                                  | The corporation                                                                                         |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization                                                                                                  | The organization                                                                                        |
| 10. Partnership or multi-member LLC                                                                                                                                                         | The partnership                                                                                         |
| 11. A broker or registered nominee                                                                                                                                                          | The broker or nominee                                                                                   |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity                                                                                       |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

#### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

#### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

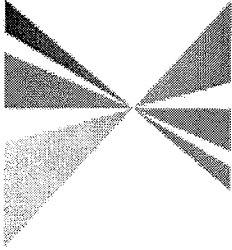
**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

SOUTHERN CALIFORNIA


**ASSOCIATION of  
GOVERNMENTS**

Main Office

818 West Seventh Street  
12th Floor  
Los Angeles, California  
90017-3435

Phone (213) 236-1800

Fax (213) 236-1825

www.scag.ca.gov

**SECTION 1. GENERAL CONTACT INFORMATION**

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax  
No. \_\_\_\_\_E-mail  
Address \_\_\_\_\_

Company Website Address \_\_\_\_\_

**SECTION 2. REMITTANCE ADDRESS (IF DIFFERENT FROM FORM W-9)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip  
Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax  
No. \_\_\_\_\_
**SECTION 3 BIDDERS' LIST INFORMATION (REQUIRED)**
Is your firm a Disadvantaged  
Business Enterprise (DBE)?☐

Yes

☐

No

As defined in Title 49 Part 26.11 of the Code of Federal Regulations, complete the required information below regardless of whether your firm is a DBE or non-DBE:

Age of  
Firm: \_\_\_\_\_

Annual Gross Receipts (select one):

☐ Less than \$1 Million☐ \$5 Million – \$10 Million☐ \$15 Million – \$17.4 Million☐ \$1 Million – \$ 5 Million☐ \$10 Million – \$15 Million☐ \$17.4 Million +
**A COPY OF THE FIRMS DBE CERTIFICATION MUST BE PROVIDED TO QUALIFY AS A DBE.**

For vendors located within the Southern California region, certification must be from one of the agencies listed below.

If you believe you qualify as a DBE but are not certified, you may want to contact one of the following agencies to initiate the certification process:

**DEPT. OF TRANSPORTATION  
(CALTRANS)**
**DBE Certification Unit**

Phone: (866) 810-6346 Fax: (916) 324-1862

<http://www.dot.ca.gov/>
**CITY OF LOS ANGELES**
**Office of Contract Compliance**

Phone: (213) 847-6480 Fax: (213) 847-5566

<http://www.lacity.org/bca/>
**CITY OF SAN DIEGO**
**Equal Opportunity Contracting**

Phone: (619) 533-4492 Fax: (619) 533-4474

[www.sandiego.gov](http://www.sandiego.gov)
**ORANGE COUNTY TRANSPORTATION AUTHORITY  
(OCTA)**
**Small Business Programs**

Phone: (714) 560-5620 Fax: (714) 560-5792

[www.octa.net](http://www.octa.net)
**LOS ANGELES COUNTY**
**METROPOLITAN TRANSPORTATION AUTHORITY  
(METRO)**
**Small Business Diversity and Labor Compliance**

Phone: (213) 922-2600 Fax: (213) 922-7660

[www.metro.net](http://www.metro.net)
**SAN DIEGO COUNTY REGIONAL AIRPORT  
AUTHORITY**
**Small Business Development**

Phone: (619) 400-2569 Fax: (619) 400-2566

[www.san.org](http://www.san.org)

## SECTION 4. COMMODITY CODE

Check all boxes of the commodity codes that apply to your company's particular areas of expertise.

| General Goods & Services |         |                             |                          |         |                         |
|--------------------------|---------|-----------------------------|--------------------------|---------|-------------------------|
| ✓                        | NIGP    | DESCRIPTION                 | ✓                        | NIGP    | DESCRIPTION             |
| <input type="checkbox"/> | 60001   | Painters                    | <input type="checkbox"/> | 60204   | Telecommunications      |
| <input type="checkbox"/> | 60007   | Electrical                  | <input type="checkbox"/> | 60233   | Appliances              |
| <input type="checkbox"/> | 60008   | Plumbing                    | <input type="checkbox"/> | 60400   | Audio Visual Equipment  |
| <input type="checkbox"/> | 60009   | Small General Contractors   | <input type="checkbox"/> | 60401   | Audio Visual Supplies   |
| <input type="checkbox"/> | 60016   | Security Systems            | <input type="checkbox"/> | 60402   | Video Equipment         |
| <input type="checkbox"/> | 60017   | H V A C Contractors         | <input type="checkbox"/> | 60545   | Moving & Storage        |
| <input type="checkbox"/> | 60030   | Sound Systems & Electronics | <input type="checkbox"/> | 60637   | Lease - Equipment       |
| <input type="checkbox"/> | 60102   | Postage & Courier Services  | <input type="checkbox"/> | 60637.1 | Lease - Building        |
| <input type="checkbox"/> | 60102.1 | Postage Machines            | <input type="checkbox"/> | 60638   | Maintenance Agreement   |
| <input type="checkbox"/> | 60104   | Memberships(Professional)   | <input type="checkbox"/> | 60640   | Copiers/Mimeo/Dupl.     |
| <input type="checkbox"/> | 60105   | Subscriptions (Periodicals) | <input type="checkbox"/> | 60670   | Furniture - Office      |
| <input type="checkbox"/> | 60200   | Computer Hardware           | <input type="checkbox"/> | 60700   | Typewriters & Supplies  |
| <input type="checkbox"/> | 60201   | Computer Software           | <input type="checkbox"/> | 60701   | Office Machines         |
| <input type="checkbox"/> | 60202   | Computer Supplies           | <input type="checkbox"/> | 60702   | Office Machine Supplies |
| <input type="checkbox"/> | 60203   | Computer Services           | <input type="checkbox"/> | 60710   | Stationary Supplies     |
| <input type="checkbox"/> | Other   |                             |                          |         |                         |

## Professional/Consulting Services

| ✓                        | NIGP    | DESCRIPTION                                                                 | ✓                        | NIGP    | DESCRIPTION                           | ✓                        | NIGP    | DESCRIPTION                                 |
|--------------------------|---------|-----------------------------------------------------------------------------|--------------------------|---------|---------------------------------------|--------------------------|---------|---------------------------------------------|
| <input type="checkbox"/> | 60012   | Architects, Engineer                                                        | <input type="checkbox"/> | 91840   | Employee Benefits Consulting          | <input type="checkbox"/> | 91892.1 | Growth Visioning Planning                   |
| <input type="checkbox"/> | 90868   | Project Management                                                          | <input type="checkbox"/> | 91843   | Environmental Consulting              | <input type="checkbox"/> | 91893   | Security/Safety Consulting                  |
| <input type="checkbox"/> | 91804   | Accounting/Auditing/Budgeting                                               | <input type="checkbox"/> | 91846   | Feasibility Studies                   | <input type="checkbox"/> | 91894   | Traffic Consulting                          |
| <input type="checkbox"/> | 91804.1 | Organizational, Financial, & Performance Audits/Project Management Services | <input type="checkbox"/> | 91849   | Finance/Economic Consulting           | <input type="checkbox"/> | 91895   | Telecommunications Consulting               |
| <input type="checkbox"/> | 91806   | Administrative Consulting                                                   | <input type="checkbox"/> | 91858   | Government Consulting                 | <input type="checkbox"/> | 91896   | Transportation Planning Consulting          |
| <input type="checkbox"/> | 91806.1 | Administrative Services                                                     | <input type="checkbox"/> | 91858.1 | Government Relations                  | <input type="checkbox"/> | 91896.1 | Highway Corridor Analysis                   |
| <input type="checkbox"/> | 91812   | Modeling-Analytical Studies & Surveys                                       | <input type="checkbox"/> | 91858.2 | Institutional Analysis                | <input type="checkbox"/> | 91896.2 | Rail Planning & Analysis                    |
| <input type="checkbox"/> | 91812.1 | Survey and Data Collection                                                  | <input type="checkbox"/> | 91863   | Housing Consulting                    | <input type="checkbox"/> | 91896.3 | Transit & Non-motorized Planning & Analysis |
| <input type="checkbox"/> | 91812.2 | Travel Demand Model Improvement                                             | <input type="checkbox"/> | 91865   | Human Relations Consulting            | <input type="checkbox"/> | 91896.4 | Transportation Management & Coordination    |
| <input type="checkbox"/> | 91812.3 | Geographic Information System                                               | <input type="checkbox"/> | 91866   | Human Resources Consulting            | <input type="checkbox"/> | 91896.5 | Truck Lane Analysis/Goods Movement          |
| <input type="checkbox"/> | 91812.4 | Software Support for Studies & Surveys                                      | <input type="checkbox"/> | 91866.1 | Executive Search                      | <input type="checkbox"/> | 91896.6 | Transportation Financing                    |
| <input type="checkbox"/> | 91812.5 | Regional Data Systems                                                       | <input type="checkbox"/> | 91866.2 | Insurance Broker Services             | <input type="checkbox"/> | 91896.7 | Transportation & Economic Development       |
| <input type="checkbox"/> | 91817   | Aviation Consulting                                                         | <input type="checkbox"/> | 91874   | Legal Consulting                      | <input type="checkbox"/> | 91896.8 | Transportation Investment Analysis          |
| <input type="checkbox"/> | 91826   | Communications: Public Relations Consulting                                 | <input type="checkbox"/> | 91874.1 | Legislative Services                  | <input type="checkbox"/> | 91896.9 | Transportation Modeling Support             |
| <input type="checkbox"/> | 91828   | Computer Hardware Consulting                                                | <input type="checkbox"/> | 91874.2 | Alternative Dispute Resolution        | <input type="checkbox"/> | 91897   | Gas, Water, Electric Consulting             |
| <input type="checkbox"/> | 91828.1 | Computer Service Center                                                     | <input type="checkbox"/> | 91875   | Management Consulting                 | <input type="checkbox"/> | 91897.1 | Air Quality Planning & Modeling             |
| <input type="checkbox"/> | 91829   | Computer Software Consulting                                                | <input type="checkbox"/> | 91875.1 | Organization & Staff Development      | <input type="checkbox"/> | 91897.2 | Water Supply Analysis                       |
| <input type="checkbox"/> | 91829.1 | Information Systems                                                         | <input type="checkbox"/> | 91876   | Marketing Consulting                  | <input type="checkbox"/> | 96175   | Translation Services                        |
| <input type="checkbox"/> | 91829.2 | Unix Systems Support                                                        | <input type="checkbox"/> | 91876.1 | Social Economic Impact Analysis       | <input type="checkbox"/> | 91892   | Urban Planning Consulting                   |
| <input type="checkbox"/> | 91829.3 | Macintosh Computer Technical Support                                        | <input type="checkbox"/> | 91876.2 | Social Justice/Equity Analysis        |                          |         |                                             |
| <input type="checkbox"/> | 91837   | Economy Analysis Consulting                                                 | <input type="checkbox"/> | 91879   | Minority & Small Business Consulting  |                          |         |                                             |
| <input type="checkbox"/> | 91838   | Education & Training Consulting                                             | <input type="checkbox"/> | 91883   | Organizational Development Consulting |                          |         |                                             |
| <input type="checkbox"/> | Other   |                                                                             | <input type="checkbox"/> | 91885   | Personnel/Employment Consulting       |                          |         |                                             |

## SECTION 5. FORM SUBMISSION

Include this form in your proposal