

# Solicitation OSP-115350

## CHP 215 & 215A

State of California

## Bid OSP-115350 CHP 215 & 215A

Bid Number OSP-115350  
Bid Title CHP 215 & 215A

Bid Start Date Aug 4, 2009 2:15:34 PM PDT  
Bid End Date Aug 20, 2009 11:00:00 AM PDT

Bid Contact Elizabeth Parker  
916-322-8747  
eparker@dgs.ca.gov

**Standard Disclaimer** The State of California advises that prospective bidders periodically check the websites, including but not limited to Bidsync, and/or other state department links for modifications to bid documents. The State of California is not responsible for a prospective bidder's misunderstanding of the bid solicitation or nonresponsive bid due to failure to check these websites for updates or amendments to bid documents, and/or other information regarding the bid solicitations. Failure to periodically check these websites will be at the bidder's sole risk.

The information published and/or responded to on these websites is public information. Confidential questions/issues/concerns should be directed to the contact on the ad.

### Description

Ticket books consist of Cover, Wrap-Around Cover, 1 Fly Sheet, 4-Part NCR Forms, Alpha Numeric Numbers and Bar-Code, and Chip Board in Back. Two staples on Left of Book, and 2 Drill Holes on Left of Book. OSP to provide art disk to awarded contractor. Contractor to provide proof and test samples to ensure bar-code is enabled. See the attached Invitation for Bid for detailed specifications.

# California Disabled Veteran Business Enterprise Program Requirements

(REV. 9-15-03) (OSP - 4/15/08)

This DVBE packet has been customized for use on Office of State Publishing contracts only.

**AUTHORITY.** The Disabled Veteran Business Enterprise (DVBE) Participation Goal Program for state contracts is established in Public Contract Code (PCC), Section 10115 et seq., Military and Veterans Code, Section 999 et seq. and California Code of Regulations, Title 2 (2CCR), Section 1896.60 et seq.

**The minimum DVBE participation percentage is 3% for this solicitation unless another percentage is specified in the solicitation.**

**INTRODUCTION.** The bidder must document at least one of the options (A or B) in this document to comply with this solicitation's DVBE program requirements. Bids or proposals (hereafter called "bids") that fail to fully document one of the DVBE program requirements options shall be considered non-responsive and ineligible for award.

All information submitted by the intended awardee to comply with this solicitation's DVBE requirements will be verified by the State. If evidence of an alleged violation is found during the verification process, the State shall initiate an investigation with this information in accordance with the requirements of the Public Contract Code, Section 10115, et seq. and the Military and Veterans Code, Section 999 et seq. and follow the investigatory procedures required by the California Code of Regulations, Section 1896.80.

Only State of California, Office of Small Business and DVBE Certification certified DVBEs who perform a commercially useful function relevant to this solicitation may be used to satisfy the DVBE program requirements. The criteria for performing a commercially useful function are contained on page 5, Resources & Information and California Code of Regulations, Title 2, Section 1896.61(l). Verify each DVBE subcontractor's/supplier's certification with the Office of Small Business and DVBE Certification Section to ensure DVBE eligibility.

|                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>To meet the DVBE program requirements, bidders must complete and fully document at least one of the following compliance options:</b></p>                                                               |
| <p><b>Option A - Commitment to full DVBE participation</b> - For a bidder who is a DVBE or who is able to meet the commitment to use identified DVBE(s) to fulfill the full DVBE participation goal.</p>      |
| <p><b>Option B - Good Faith Effort</b> - For a bidder documenting its completed effort, made prior to the bid due date, to obtain DVBE participation that may result in partial or no DVBE participation.</p> |

**PLEASE READ ALL INSTRUCTIONS CAREFULLY.** These instructions contain information about the DVBE program requirements, bidder responsibilities, and requirements for performing and documenting each of the three available options as detailed below. Bidders are responsible for thorough review and compliance with these instructions. Document your option selection on the attached STD Form 840, Documentation of Disabled Veteran Business Enterprise Program Requirements.

**OPTION A – COMMITMENT** -- Commit to meet or exceed the DVBE participation requirement in this solicitation by either Method A1 or A2. Bidders must document DVBE participation commitment by completing and submitting the attached STD 840. Failure to complete and submit STD 840 (Side 1) as instructed shall render your bid non-responsive.

The bidder must provide, prior to contract award, a written agreement signed by the bidder and each proposed DVBE subcontractor. The written agreement will include the DVBE scope of work, work to be performed by the DVBE, term of intended subcontract with the DVBE, anticipated dates the DVBE will perform required work, rate and conditions of payment, total amount of contract to be paid to the DVBE, and the percentage of the entire contract that will be awarded to the DVBE, with each DVBE subcontractor. If this information is contained in the bidder's DVBE written agreement of intent, the agreement may be attached to the STD 840. If further verification is necessary, the state will obtain additional information to verify the above requirements.

**Method A1. Certified DVBE bidder:**

- a. Commit to performing at least 3% of the contract bid amount (unless otherwise specified) with your firm or in combination with other DVBE(s).
- b. Document DVBE participation on STD 840 (Side 1) and attach a copy of all applicable certifications.
- c. A DVBE bidder working in combination with other DVBEs shall be requested to submit proof of its commitment by submitting a written agreement with the DVBE(s) identified in its bid's STD 840. When requested, the written agreement must be submitted to the address or facsimile number specified and within the timeframe identified in the notification. Failure to submit the requested written agreement as specified may be grounds for bid rejection.

**Method A2. Non-DVBE bidder:**

- a. Commit to using certified DVBE(s) for at least 3% (unless otherwise specified) of the bid amount.
- b. When a bidder commits to less than the required 3% DVBE participation or its commitment may fall below 3% if specific line items/groups are not selected for award, then Option B, Good Faith Effort must be completed in addition to Option A, Commitment.
- c. Document DVBE participation on STD 840 (Side 1) and attach a copy of the DVBE's certification.
- d. Prior to contract award, a bidder is to submit proof of their commitment by submitting a written agreement with the DVBE(s) identified in its bid's STD 840. The awarding department contracting official named in this solicitation will contact each listed DVBE, by mail, fax or telephone, for verification of the bidder's submitted DVBE information. The written agreement must be submitted to the address or facsimile number specified and within the timeframe identified in the notification. Failure to submit the written agreement as specified may be grounds for bid rejection.

**OPTION B – GOOD FAITH EFFORT (GFE)** performance and documentation requirements must be completely satisfied prior to bid submission if you are unable to obtain and commit to the full DVBE participation percentage goal (Option A). Perform and document the following Steps 1, 2, 4 and 5 on both sides of the attached STD 840 form. Failure to perform and document GFE Steps 1, 2, 4 & 5 as instructed, which includes properly completing and submitting both sides of STD 840, shall result in your bid being deemed non-responsive.

**Step 1 Awarding Department** - Contact the department's contracting official named in this solicitation to identify interested DVBEs. You must fully document this contact and describe the results on STD 840 (Side 2).

**Step 2 Other State and Federal Agencies, and Local Organizations**

**STATE** Contact the Department of General Services, Procurement Division's (DGS-PD) Office of Small Business and DVBE Certification (OSDC) to obtain a list of certified DVBEs by telephone at (916) 322-5060 for the 24-hour automated telephone system or (916) 375-4940 for the receptionist during normal business hours. This information can also be obtained by searching the online database at <http://www.pd.dgs.ca.gov/smbus>. Begin by selecting Certified Firm Inquiry Services, then search by using either the Keyword Search or the Standard Query options. You must fully document this contact and describe the results on STD 840 (Side 2).

**FEDERAL** Search the U.S. Small Business Administration's (SBA) online database (Pro-Net) at <http://www.pro-net.sba.gov> to identify potential DVBEs. Select these minimum options in the following sequence: select Search Database; select CA under "State"; select Service Disabled Veteran under "Other Ownership Data"; and "Search Using These Criteria" at the page bottom. The database takes a few moments to query, and then your list will appear on your screen. You may select other criteria to focus your search. You must fully document this contact and describe the results on STD 840 (Side 2).

**LOCAL** Contact at least one local DVBE organization to identify DVBEs. For a list of local DVBE organizations, please refer to the DVBE Resource Packet that may be accessed online (<http://www.pd.dgs.ca.gov/smbus> - select "DVBE Resource Packet") or obtain a hardcopy by requesting it from DGS-PD Office of Small Business and DVBE Outreach and Education (see the Resources & Information page). You must fully document your contact with local DVBE organizations and describe the results on STD 840 (Side 2).

**Step 3 Advertisements** are mandatory unless waived by the awarding department.

**THE BIDDER'S REQUIREMENT OF HAVING TO ADVERTISE IN A TRADE AND FOCUSED PAPER FOR THIS PARTICULAR PROJECT HAS BEEN WAIVED DUE TO TIME CONSTRAINTS.**

**Step 4 Invitations to Participate**

**WHO:** Invite (solicit) DVBEs who can provide relevant goods and/or services to this solicitation to subcontract with you. Conducting Steps 1 through 3 produces a list of DVBEs from which you may choose potential DVBEs subcontractors/suppliers to contact. Bidders are advised to contact as many DVBEs (who provide relevant goods and/or services in the applicable location(s)) as possible. Non-California-certified DVBEs are not eligible -- please refer those DVBEs to the OSDC to learn about certification (see the Resources & Information page for contact information).

**FOR WHAT:** Solicit DVBEs for goods and/or services relevant to the state's solicitation. If you are unable to identify specific portion(s) of the proposed contract to subcontract, the state

encourages bidders to avoid making a predetermination that no DVBEs are able to perform without first contacting and soliciting participation from them. This allows DVBEs to respond whether they can or cannot provide any goods or services related to the solicitation, and provides a bidder with responses for consideration.

**HOW TO INVITE & CONTENT REQUIREMENTS:** Written invitations are required. At a minimum, invitations must contain all of the following: (1) company name; (2) contact name; (3) address; (4) phone and facsimile (if applicable) numbers; (5) return e-mail address (if applicable); (6) the state's solicitation number; (7) goods and/or services for which the state is soliciting; (8) location of work; and (9) the State's bid(s) due date and/or your due date for receiving DVBE responses.

**WHEN:** Provide DVBE's with a reasonable time period to receive and respond to your invitation, and to be considered by you for participation as described in Step 5, prior to your bid submission.

**DOCUMENT & SUBMIT:** Bidders must document the completed contacts on STD 840 (Side 1), Section A. Attach additional copies of STD 840A as necessary to list your DVBE contacts. You are required to attach a copy of: (1) each invitation or offer sent by letter, fax or e-mail; and (2) confirmation of transmittal or delivery. Your bid shall be considered non-responsive if it fails to include copies of the written invitations and delivery confirmations.

**Step 5 Consider all responding DVBEs for contract participation.** Consideration must be based on business needs for the contract and the same evaluation criteria must be applied to each potential DVBE subcontractor/supplier offering the same goods and services. You must document on STD 840 (Side 1), Section A any firm(s) selected for participation; or if not selected, the reason for non-selection. Attach additional copies of STD 840A as necessary to list all of your DVBE contacts.

- 6. DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) INCENTIVE PROGRAM:** In accordance with Section 999.5(a) of the Military and Veterans Code an incentive will be given to bidders who provide DVBE participation. For evaluation purposes only, the State shall apply an incentive to bids that propose California certified DVBE participation as identified on the Bidder's Std. 840 of the DVBE packet and confirmed by the State. The incentive amount for awards based on low price will vary in conjunction with the percentage of DVBE participation. The following percentages will apply for the award based on low price.

| Confirmed DVBE Participation of: | DVBE Incentive: |
|----------------------------------|-----------------|
| 3% & Above                       | 5%              |
| 2% up to 2.99%                   | 3%              |
| 1% up to 1.99%                   | 1%              |

As applicable: (1) Awards based on low price - the net bid price of responsive bids will be reduced (for evaluation purposes only) by the amount of DVBE incentive as applied to the lowest responsive net bid price. If the #1 ranked responsive, responsible bid is a California certified small business, the only bidders eligible for the incentive will be California certified small businesses. The incentive adjustment for awards based on low price cannot exceed 5% or \$100,000, whichever is less, of the #1 ranked net bid price. When used in combination with a preference adjustment, the cumulative adjustment amount cannot exceed \$100,000.

## 7. PREFERENCE PROGRAMS

For bids in the amount of \$100,000 and over, the following preference programs apply if your firm is qualified:

- Small Business preference - [www.pd.dgs.ca.gov](http://www.pd.dgs.ca.gov) \*
- Target Area Contract Preference Act (TACPA) - [www.pd.dgs.ca.gov/disputes](http://www.pd.dgs.ca.gov/disputes)
- Local Agency Military Base Recovery Area (LAMBRA) Act - [www.pd.dgs.ca.gov/disputes](http://www.pd.dgs.ca.gov/disputes)
- Enterprise Zone Act (EZA) - [www.osmb.dgs.ca.gov/eza/program.htm](http://www.osmb.dgs.ca.gov/eza/program.htm)

\* The preference for Item a) above applies to all projects no matter what dollar amount.

## RESOURCES AND INFORMATION

For assistance in preparing a responsive participation document, **contact the contracting official at the awarding department for this solicitation, which is Elizabeth Parker** E-mail: [eparker@dgs.ca.gov](mailto:eparker@dgs.ca.gov)

The **advertisement requirement** is waived for this particular solicitation.

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Federal - U.S. Small Business Administration (SBA)</b><br><i>Internet contact only – see instructions for website navigation</i><br>PRONET Database:<br><a href="http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm">http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm</a>                                                                 | <b>FOR:</b><br><b>Service-Disabled Veteran-owned businesses in California</b><br>(Remember to verify each DVBE's California certification.)                                                                                     |
| <b>Local Organizations</b> (see the DVBE Resource Packet available from DGS-PD DVBE Program Section listed below)                                                                                                                                                                                                                  | <b>FOR:</b><br><b>List of potential DVBE subcontractors</b>                                                                                                                                                                     |
| <b>DGS-PD Office of Small Business and DVBE Certification (OSDC)</b><br>707 Third Street, Room 400, West Sacramento, CA 95605<br>Website: <a href="http://www.pd.dgs.ca.gov/smbus">http://www.pd.dgs.ca.gov/smbus</a><br>24-hour automated information & document requests:<br>Receptionist: (916) 375-4940<br>Fax: (916) 375-4950 | <b>FOR:</b><br><b>Directory of Certified DVBEs</b><br><b>Certification Applications</b><br><b>Certification Information</b><br><b>Certification Status, Concerns</b>                                                            |
| <b>DGS-PD Office of Small Business and DVBE Outreach and Education</b><br>707 Third Street, 2 <sup>nd</sup> Floor, West Sacramento, CA 95605<br>Voice, 8 am—5 pm: (800) 559-5529<br>Fax: (916) 375-4597                                                                                                                            | <b>FOR:</b><br><b>DVBE Program Participation Requirements</b><br><b>DVBE Program Info. and Statewide Policy</b><br><b>DVBE Resource Packet</b><br><b>DVBE Business Utilization Plan</b><br><b>Small Business/DVBE Advocates</b> |

### Commercially Useful Function Definition

California Code of Regulations, Title 2, § 1896.61(l):

The term "DVBE contractor, subcontractor or supplier" means any person or entity that satisfies the ownership (or management) and control requirements of Section 1896.61(f); is certified in accordance with Section 1896.70; and provides services or goods that contribute to the fulfillment of the contract requirements by performing a commercially useful function. A DVBE contractor, subcontractor or supplier is considered performing a commercially useful function when it meets the following criteria:

- (1) The business concern is: responsible for the execution of a distinct element of the work of the contract; carrying out its obligation by actually performing, managing or supervising the work involved; and performing work that is normal for its business services and functions, and
- (2) The business concern is not further subcontracting a greater portion of the work than would be expected by normal industry practices.

# DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 9-15-2003)

**Designation Of Option** Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements.

☐ **OPTION A – I commit to meeting the full DVBE contract participation requirement.**

Complete STD 840, Section A.

☐ **OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.**

Complete STD 840, Section A (for GFE Steps 4 &amp; 5) and STD 840 (REVERSE), Section B (for GFE Steps 1–3).

## A. Full information must be provided.

**For contract participation commitment**, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

**For Good Faith Effort (GFE)**, use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.

|                                                       |                                                                                                                              |                                                                                                                                        |                                                                                                                   |                                  |                       |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT | AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION                                                                            | Date Contacted<br>/ /                                                                                                                  | DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.) |                                  |                       |
|                                                       |                                                                                                                              | DVBE Contact Name & Reference #                                                                                                        | Telephone Number<br>( )                                                                                           | Fax Number<br>( )                | E-mail (if available) |
|                                                       |                                                                                                                              | Street Address, City, State and Zip Code                                                                                               |                                                                                                                   |                                  |                       |
|                                                       |                                                                                                                              | <input type="checkbox"/> <b>Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services:</b> |                                                                                                                   |                                  |                       |
|                                                       |                                                                                                                              | Specific Goods and/or Services                                                                                                         |                                                                                                                   | Estimated \$ and/or %<br>\$ or % | Tier                  |
|                                                       |                                                                                                                              | OR                                                                                                                                     | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>  |                                  |                       |
|                                                       |                                                                                                                              |                                                                                                                                        |                                                                                                                   |                                  |                       |
|                                                       |                                                                                                                              | Date Contacted<br>/ /                                                                                                                  | DVBE Company Name                                                                                                 |                                  |                       |
|                                                       |                                                                                                                              | DVBE Contact Name                                                                                                                      | Telephone Number<br>( )                                                                                           | Fax Number<br>( )                | E-mail (if available) |
|                                                       |                                                                                                                              | Street Address, City, State and Zip Code                                                                                               |                                                                                                                   |                                  |                       |
| OR                                                    | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                                                                                                                        |                                                                                                                   |                                  |                       |
|                                                       | Specific Goods and/or Services                                                                                               |                                                                                                                                        | Estimated \$ and/or %<br>\$ or %                                                                                  |                                  |                       |
|                                                       | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                                                                                                                        |                                                                                                                   |                                  |                       |
|                                                       |                                                                                                                              |                                                                                                                                        |                                                                                                                   |                                  |                       |

ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS

Go to Side 2, Section B to continue Good Faith Effort documentation ð

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

STD 840A (EST. 9-15-2003)

**B. Documentation of Good Faith Effort Steps 1, 2 and 3**—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information.

**STEP 1. Contact the Awarding Department** (the contracting official listed below) to identify potential DVBE subcontractors/suppliers, and document this contact as required.

|             |                                                                                                                                 |                              |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Date<br>/ / | Contact Name<br>Elizabeth Parker, Contract Analyst<br>PREFER E-mail: <a href="mailto:eparker@dgs.ca.gov">eparker@dgs.ca.gov</a> | FAX Number<br>(916) 322-3763 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|

Describe Result

**STEP 2. Contact all of the following and document your contacts as required:** Other state and federal agencies and local organizations to identify potential DVBE subcontractors/suppliers.

**A. Other State Agency** – Procurement Division, Office of Small Business and DVBE Certification (Certification Office)

|                                                   |             |                                                                                                 |              |                                                                                                                        |
|---------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------|
| PHONE<br>CONTACT<br><b>OR</b><br>ONLINE<br>SEARCH | Date<br>/ / | Telephone Number<br>(916) 322-5060<br>(916) 375-4940                                            | Contact Name | <input type="checkbox"/> I contacted the Certification Office for a list of California certified DVBEs.                |
|                                                   | Date<br>/ / | Internet Address<br><a href="http://www.pd.dgs.ca.gov/smbus">http://www.pd.dgs.ca.gov/smbus</a> |              | <input type="checkbox"/> I searched the Certification Office's online database to identify California certified DVBEs. |

Describe Result

**B. Federal Agency** – U.S. Small Business Administration (SBA) online database

|             |                                                                                                                                                                           |                                                                                       |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Date<br>/ / | Internet Address<br>This is the specific link to Fed Gov site.<br><a href="http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm">http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm</a> | <input type="checkbox"/> I searched the federal online database for California DVBEs. |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

Describe Result

**C. Local DVBE Organizations** – Contact at least one local DVBE organization—refer to the DVBE Resource Packet for a list of acceptable contacts. (<http://www.pd.dgs.ca.gov/smbus> - select “DVBE Resource Packet” )

|             |                   |              |                                                                                       |
|-------------|-------------------|--------------|---------------------------------------------------------------------------------------|
| Date<br>/ / | Organization Name | Contact Name | Telephone Number and/or Internet Address<br>( ) <a href="http://www">http://www</a> . |
|-------------|-------------------|--------------|---------------------------------------------------------------------------------------|

Describe Result

|             |                   |              |                                                                                       |
|-------------|-------------------|--------------|---------------------------------------------------------------------------------------|
| Date<br>/ / | Organization Name | Contact Name | Telephone Number and/or Internet Address<br>( ) <a href="http://www">http://www</a> . |
|-------------|-------------------|--------------|---------------------------------------------------------------------------------------|

Describe Result

**STEP 3.**

**THE BIDDER'S REQUIREMENT OF HAVING TO ADVERTISE IN A TRADE AND FOCUSED PAPER FOR THIS PARTICULAR PROJECT HAS BEEN WAIVED DUE TO TIME CONSTRAINTS.**

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

STD 840A (EST. 9-15-2003)

**NOTICE: BE SURE TO INCLUDE THE WRITTEN SOLITICATION WITH YOUR DVBE DOCUMENTATION.**

|                       |                   |
|-----------------------|-------------------|
| Date Contacted<br>/ / | DVBE Company Name |
|-----------------------|-------------------|

|                   |                         |                   |                       |
|-------------------|-------------------------|-------------------|-----------------------|
| DVBE Contact Name | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
|-------------------|-------------------------|-------------------|-----------------------|

Street Address, City, State and Zip Code

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

|                       |                   |
|-----------------------|-------------------|
| Date Contacted<br>/ / | DVBE Company Name |
|-----------------------|-------------------|

|                   |                         |                   |                       |
|-------------------|-------------------------|-------------------|-----------------------|
| DVBE Contact Name | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
|-------------------|-------------------------|-------------------|-----------------------|

Street Address, City, State and Zip Code

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

|                       |                   |
|-----------------------|-------------------|
| Date Contacted<br>/ / | DVBE Company Name |
|-----------------------|-------------------|

|                   |                         |                   |                       |
|-------------------|-------------------------|-------------------|-----------------------|
| DVBE Contact Name | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
|-------------------|-------------------------|-------------------|-----------------------|

Street Address, City, State and Zip Code

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

|                       |                   |
|-----------------------|-------------------|
| Date Contacted<br>/ / | DVBE Company Name |
|-----------------------|-------------------|

|                   |                         |                   |                       |
|-------------------|-------------------------|-------------------|-----------------------|
| DVBE Contact Name | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
|-------------------|-------------------------|-------------------|-----------------------|

Street Address, City, State and Zip Code

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

**ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS**

STD 840A (EST. 9-15-2003) (REVERSE)

**Continuation from Section A, STD 840 in case there are additional contacts to list.**

|                                          |                         |                   |                       |
|------------------------------------------|-------------------------|-------------------|-----------------------|
| Date Contacted<br>/ /                    | DVBE Company Name       |                   |                       |
| DVBE Contact Name                        | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
| Street Address, City, State and Zip Code |                         |                   |                       |

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

|                                          |                         |                   |                       |
|------------------------------------------|-------------------------|-------------------|-----------------------|
| Date Contacted<br>/ /                    | DVBE Company Name       |                   |                       |
| DVBE Contact Name                        | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
| Street Address, City, State and Zip Code |                         |                   |                       |

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

|                                          |                         |                   |                       |
|------------------------------------------|-------------------------|-------------------|-----------------------|
| Date Contacted<br>/ /                    | DVBE Company Name       |                   |                       |
| DVBE Contact Name                        | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
| Street Address, City, State and Zip Code |                         |                   |                       |

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

|                                          |                         |                   |                       |
|------------------------------------------|-------------------------|-------------------|-----------------------|
| Date Contacted<br>/ /                    | DVBE Company Name       |                   |                       |
| DVBE Contact Name                        | Telephone Number<br>( ) | Fax Number<br>( ) | E-mail (if available) |
| Street Address, City, State and Zip Code |                         |                   |                       |

|    |                                                                                                                              |                                  |      |
|----|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|
| OR | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                  |      |
|    | Specific Goods and/or Services                                                                                               | Estimated \$ and/or %<br>\$ or % | Tier |
|    | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>             |                                  |      |

# DVBE Program Requirements Supplier Checklist

Please do not submit this checklist with your bid. It is just your personal worksheet. Checking every box of your elected compliance option does not guarantee that your bid will be evaluated compliant.

## ☐ OPTION A: COMMITMENT TO DVBE CONTRACT PARTICIPATION

- ☐ STD 840 included with bid
- ☐ DVBE Written Agreement
- ☐ Designated the Commitment Option – Checked the first box
- ☐ Listed at least one California certified DVBE subcontractor
- ☐ Checked the box(es) for “Yes ...”
- ☐ Listed specific goods and/or services DVBE(s) agrees to provide
- ☐ Proposed DVBE contract performance is a “commercially useful function” relevant to the contract
- ☐ Listed the estimated dollar amount and/or percentage of contract for the DVBE’s participation
- ☐ Proposed DVBE participation meets the 3% requirement (unless a different percentage is specified)
- ☐ Attached a copy of the DVBE’s certification letter from the Department of General Services

## ☐ OPTION B: GOOD FAITH EFFORT (GFE)

- ☐ STD 840 included with bid
- ☐ Designated the GFE Option – Checked the second box
- ☐ (Step 4) Listed all DVBEs contacted and invited to perform on the proposed contract
- ☐ Confirmed that listed DVBEs are California certified
- ☐ Attached copies of the invitations sent to the listed DVBEs
- ☐ Invitations included the required contact information
- ☐ Attached copies of the delivery confirmations for invitations to DVBEs (e.g. mail receipts, fax confirmations, etc.)
- ☐ (Step 5) Checked the “No” boxes and listed the business reasons for non-selection of DVBEs contacted
- ☐ (Step 1) Contacted the Awarding Department and listed contact and results
- ☐ (Step 2) Contacted Other State agency (Office of Small Business and DVBE Certification) and listed the contact and results
- ☐ (Step 2) Searched the Federal Pro-net internet database and noted the results
- ☐ (Step 2) Contacted Local DVBE Organization(s) and listed the contact and results
- ☐ ~~(Step 3) Advertised – IF NOT WAIVED~~ **ADVERTISEMENT WAIVED**
  - ~~— Listed full information for the advertisement(s) and publication(s)~~
  - ~~— [2 ads in one trade and in one DVBE focus publication; OR 1 ad in one dual-purpose publication]~~
- ☐ ~~Attached a copy of the advertisement(s)~~
- ☐ ~~The advertisement(s) were published at least 14 days prior to the bid due date~~
- ☐ ~~The advertisement(s) included my required contact information~~

# Sample of how the Good Faith Effort document is to be filled out if no DVBE firms could be utilized.

STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION

## DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 9-15-2003)

**Designation Of Option** Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements.



**OPTION A – I commit to meeting the full DVBE contract participation requirement.**

Complete STD 840, Section A.



**OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.**

Complete STD 840, Section A (for GFE Steps 4 & 5) and STD 840 (REVERSE), Section B (for GFE Steps 1–3).

### A. Full information must be provided.

**For contract participation commitment**, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

**For Good Faith Effort (GFE)**, use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.

|                                                       |                                                   |                                                                                                                                        |                                                                                                                                                   |                                             |                        |  |
|-------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------|--|
| BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT | AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION | Date Contacted<br><b>5/15/07</b>                                                                                                       | DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.)<br><b>ACME Trucking Company</b> |                                             |                        |  |
|                                                       |                                                   | DVBE Contact Name & Reference #<br><b>John Doe</b>                                                                                     |                                                                                                                                                   | Telephone Number<br><b>( 916 ) 322-1234</b> | Fax Number<br>(      ) |  |
|                                                       |                                                   | E-mail (if available)<br><b><a href="mailto:acme@xixikxi.com">acme@xixikxi.com</a></b>                                                 |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Street Address, City, State and Zip Code<br><b>1234 Main Street, Sacramento, CA 95823</b>                                              |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | <input type="checkbox"/> <b>Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services:</b> |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Specific Goods and/or Services                                                                                                         |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Estimated \$ and/or %<br>\$                      /                      %                                                              |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Tier                                                                                                                                   |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | OR                                                                                                                                     | <input checked="" type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>                       |                                             |                        |  |
|                                                       |                                                   |                                                                                                                                        | <b>This firm's price is too high. It would put me out of competition.</b><br><b>Attached is a copy of the e-mail transaction.</b>                 |                                             |                        |  |
| BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT | AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION | Date Contacted<br>/      /                                                                                                             | DVBE Company Name                                                                                                                                 |                                             |                        |  |
|                                                       |                                                   | DVBE Contact Name                                                                                                                      |                                                                                                                                                   | Telephone Number<br>(      )                | Fax Number<br>(      ) |  |
|                                                       |                                                   | E-mail (if available)                                                                                                                  |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Street Address, City, State and Zip Code                                                                                               |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b>           |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Specific Goods and/or Services                                                                                                         |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Estimated \$ and/or %<br>\$                      /                      %                                                              |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | Tier                                                                                                                                   |                                                                                                                                                   |                                             |                        |  |
|                                                       |                                                   | OR                                                                                                                                     | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>                                  |                                             |                        |  |
|                                                       |                                                   |                                                                                                                                        |                                                                                                                                                   |                                             |                        |  |

ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS

**B. Documentation of Good Faith Effort Steps 1, 2 and 3**—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information.

**STEP 1. Contact the Awarding Department** (the contracting official listed below) to identify potential DVBE subcontractors/suppliers, and document this contact as required.

|                        |                                                                                                                                 |                              |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Date<br><b>5/15/07</b> | Contact Name<br>Elizabeth Parker, Contract Analyst<br>PREFER E-mail: <a href="mailto:eparker@dgs.ca.gov">eparker@dgs.ca.gov</a> | FAX Number<br>(916) 322-3763 |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|

Describe Result

**E-mailed Elizabeth Parker. She replied with a listing of potential DVBE firms and advice on how to fill out the forms.**

**STEP 2. Contact all of the following and document your contacts as required:** Other state and federal agencies and local organizations to identify potential DVBE subcontractors/suppliers.

**Other State Agency** – Procurement Division, Office of Small Business and DVBE Certification (Certification Office)

|                                             |                        |                                                                                                 |              |                                                                                                                        |
|---------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------|
| PHONE CONTACT<br><b>OR</b><br>ONLINE SEARCH | Date<br>/ /            | Telephone Number<br><b>(916) 322-5060</b><br><b>(916) 375-4940</b>                              | Contact Name | <input type="checkbox"/> I contacted the Certification Office for a list of California certified DVBEs.                |
|                                             | Date<br><b>5/15/07</b> | Internet Address<br><a href="http://www.pd.dgs.ca.gov/smbus">http://www.pd.dgs.ca.gov/smbus</a> |              | <input type="checkbox"/> I searched the Certification Office's online database to identify California certified DVBEs. |

Describe Result

**Downloaded the DVBE Resource Packet. Looked for other potential firms. No suitable DVBE firms found for this job.**

**Federal Agency** – U.S. Small Business Administration (SBA) online database

|                        |                                                                                                                                                                                    |                                                                                       |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Date<br><b>5/15/07</b> | Internet Address<br>This is the specific link to Fed Gov site for DVBE.<br><a href="http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm">http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm</a> | <input type="checkbox"/> I searched the federal online database for California DVBEs. |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

Describe Result

**Searched the website for potential DVBE firms. No suitable DVBE firms found for this job.**

**Local DVBE Organizations** – Contact at least one local DVBE organization—refer to the DVBE Resource Packet for a list of acceptable contacts. (<http://www.pd.dgs.ca.gov/smbus> - select "DVBE Resource Packet")

|                        |                                                     |              |                                                                                                       |
|------------------------|-----------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------|
| Date<br><b>5/15/07</b> | Organization Name<br><b>Small Business Exchange</b> | Contact Name | Telephone Number and/or Internet Address<br>( )<br><a href="http://www.sbeinc.com">www.sbeinc.com</a> |
|------------------------|-----------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------|

Describe Result

**Searched the website for potential DVBE firms. No suitable DVBE firms found for this job.**

|             |                   |              |                                                                                       |
|-------------|-------------------|--------------|---------------------------------------------------------------------------------------|
| Date<br>/ / | Organization Name | Contact Name | Telephone Number and/or Internet Address<br>( ) <a href="http://www.">http://www.</a> |
|-------------|-------------------|--------------|---------------------------------------------------------------------------------------|

Describe Result

**STEP 3.**

**THE BIDDER'S REQUIREMENT OF HAVING TO ADVERTISE IN A TRADE AND FOCUSED PAPER FOR THIS PARTICULAR PROJECT HAS BEEN WAIVED DUE TO TIME CONSTRAINTS.**

STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION

**SAMPLE OF GOAL ATTAINMENT****DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS**

STD 840 (REV. 9-15-2003)

**Designation Of Option** Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements.

☒ **OPTION A – I commit to meeting the full DVBE contract participation requirement.**

Complete STD 840, Section A.

☐ **OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.** Complete STD 840, Section A (for GFE Steps 4 & 5) and STD 840 (REVERSE), Section B (for GFE Steps 1-3).

**A. Full information must be provided.**

**For contract participation commitment**, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

**For Good Faith Effort (GFE)**, use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.

|                                                                                                                              |                                                                                                                                                   |                                                                                                                   |                                 |                  |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|
| BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT<br>AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION                   | Date Contacted                                                                                                                                    | DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.) |                                 |                  |
|                                                                                                                              | 5/15/07                                                                                                                                           | ACME Trucking Company (certificate attached)                                                                      |                                 |                  |
|                                                                                                                              | DVBE Contact Name & Reference #                                                                                                                   | Telephone Number                                                                                                  | DVBE Contact Name & Reference # | Telephone Number |
|                                                                                                                              | John Doe                                                                                                                                          | ( 916 ) 322-1234                                                                                                  | John Doe                        | ( 916 ) 322-1234 |
|                                                                                                                              | Street Address, City, State and Zip Code                                                                                                          |                                                                                                                   |                                 |                  |
|                                                                                                                              | 1234 Main Street, Sacramento, CA 95823                                                                                                            |                                                                                                                   |                                 |                  |
|                                                                                                                              | <input checked="" type="checkbox"/> <b>Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services:</b> |                                                                                                                   |                                 |                  |
|                                                                                                                              | Specific Goods and/or Services                                                                                                                    |                                                                                                                   | Estimated \$ and/or %           | Tier             |
|                                                                                                                              | Services – Shipping printed matter to OSP                                                                                                         |                                                                                                                   | \$ / 3 %                        |                  |
|                                                                                                                              | OR                                                                                                                                                | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>  |                                 |                  |
| Date Contacted                                                                                                               | DVBE Company Name                                                                                                                                 |                                                                                                                   |                                 |                  |
| / /                                                                                                                          |                                                                                                                                                   |                                                                                                                   |                                 |                  |
| DVBE Contact Name                                                                                                            | Telephone Number                                                                                                                                  | Fax Number                                                                                                        | E-mail (if available)           |                  |
|                                                                                                                              | ( )                                                                                                                                               | ( )                                                                                                               |                                 |                  |
| Street Address, City, State and Zip Code                                                                                     |                                                                                                                                                   |                                                                                                                   |                                 |                  |
| <input type="checkbox"/> <b>Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:</b> |                                                                                                                                                   |                                                                                                                   |                                 |                  |
| Specific Goods and/or Services                                                                                               |                                                                                                                                                   | Estimated \$ and/or %                                                                                             | Tier                            |                  |
|                                                                                                                              |                                                                                                                                                   | \$ / %                                                                                                            |                                 |                  |
| OR                                                                                                                           | <input type="checkbox"/> <b>No, I am unable to subcontract with the DVBE for the following business reasons:</b>                                  |                                                                                                                   |                                 |                  |

ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS

Go to Side 2, Section B to continue Good Faith Effort documentation ð

## ATTACHMENT A-2

**SPECIFICATIONS FOR CHP 215  
(REV 09-05)**

3. TABS: 1/2" top and 1/2" bottom

4. BOOK CONSISTS OF:

- a. Blank front - 150# tag, manila, or equivalent, NO PERFORATIONS.
- b. Wrap-around cover - 150# tag, manila, or equivalent, hub-numbered at top end with beginning serial of contents, NO PERFORATIONS.
- c. ASSIGNMENT OF NOTICE TO APPEAR (CHP 215A). This part will print in black and number serially. The alpha/numeric numbering of the 215A (Top sheet) must match the first alpha/numeric number in the series of each booklet. Stock should be, 20# pink bond, 4.125"x 8.0", plus 1/2" tab from left edge and no tab/perforation from unbound edge.
- ⓐ d. Twenty-five (25) serially numbered sets (item 5 A-D).
- e. Sidestitch on the 5/8" stub, two 1/2" wide 20/24 gage stitches centered between two (2) Drilled 1/4" holes, 2-3/4" center-to-center. See attached sample.
- f. Binding board will be .018 chipboard to be stitched into the back of the booklet. See sample. Binding board will be included in the cost.

5. SET CONSISTS OF: *-4 PART*

- a. (Part 1) ORIGINAL - white, 15#, CB, print reverse head-to-foot Bar code on this part only.
- b. (Part 2) DUPLICATE - white, 14#, CFB, no back printing.
- c. (Part 3) TRIPLICATE - green, 14#, CFB, printed 2 sides, reverse head-to-foot.
- d. (Part 4) QUADRUPLICATE - canary, 20#, CF, printed 2 sides, reverse head-to-foot.

6. **TYPESETTING:** Vendor to typeset all parts from copy supplied. Part 1, front can bleed provided type is positioned so no type is bleeding or lost.
7. **PAPER STOCK:** Carbonless paper. Must be capable of legible reproduction over a temperature range of -- minus 20 degrees Fahrenheit through 150 degrees Fahrenheit. NCR BRAND Black Dye System has been acceptable. Paper which produces copies of equal or better quality is acceptable. **COPIES MUST BE REPRODUCIBLE ON ALL PHOTOCOPY EQUIPMENT.** (See item #11 TESTING REQUIREMENTS).
8. **PRINTING:** Fronts part 1, 2, 3, 4 and back of part 4. Attached part 4 sample of previous printing).
  - a. **BLACK** - all text, back of quadruplicate, the bound end of each book indicating the first serial within that book.
  - b. **GREY** - (screened) back of parts 1 & 3 of original on 3 parts A, C and D.
  - c. **RED** - signature box outline and "X" on original and all parts, serial numbers as well as suffix letters on originals and all parts, (the words "See Reverse" on quadruplicate.) (Sample shows black ink.)
  - d. **ORIGINAL (Part 1)** - Screen (5%) red background as per sample, exclude bar-code block, check boxes and tabs, which will be a reverse. Prints black on white.
  - e. **PERFORATIONS - NOTE:** Caution must be exercised so that sets are held firmly in the book until separation is desired, but then must separate easily. The number of perforations to the inch is at the discretion of the printer (approximately eight per inch) and as such discretion will be the responsibility of the winning bidder. Product cannot exceed margin of defect error greater than 0% of single set count, and must meet #11 testing standard. This has been the source of trouble in the past.
  - f. Printing must be kept "in register" from original through quadruplicate to ensure information can be inserted in same position.
9. **NUMBERING:**
  - a. Each set consists of a five-digit number followed by a double alpha upper case letters to be placed in the upper right-hand corner and along the lower right side with a bar-code along the bottom edge of the original copy only (see sample). Both the alpha & numeric designation are to be bar-coded.
  - b. Bar-code is three of nine and is read with wands. Wands are BCRS-2 or similar single code wands. Bar codes to be no smaller than 3/8" depth x 1-3/4 width with 1/4" (quiet area) blank unprinted space at left and right.

- c. Crash numbering on copies is permissible. Crash Alpha is not permissible.

10. PROOF: Proofs are required within ten working days. The CHP will return the proof within five working days with either an acceptance or changes/comments noted on the proof. Multiple rounds of proofs (up to 3 rounds) may be required to accommodate corrections or test changes.

**11. TESTING:**

- a. Vendor will use testing equipment used by a court or will calibrate its equipment with the court's testing equipment. Contact: Santa Ana Superior Court, Central Justice Center, 700 Civic Center Drive West, Santa Ana, CA 92701, Attention: Cynthia Carbajal, Data Entry, Telephone: (714) 834-3431.
- b. A pre-production test will be conducted by the vendor for bar code readability. One thousand (1,000) Bar Coded samples must be tested. Certification of success shall be submitted to the CHP prior to proceeding with full production. Failure to obtain written authority to proceed will result in potential rejection of the completed order.

**12. PACKAGING:**

- a. SHRINK WRAP 10 books per package, 10 packages per box. Boxes to indicate the beginning and ending serial numbers in each, including the alpha designation.
- b. Boxes to be rigid and sufficiently strong to withstand multi-handling and reshipping. Boxes must not crush when palletized or break during shipment.
- c. Each box to be consecutively numbered. Box number one to contain the first 100 books of a series. Missing serials are only allowed with prior notification and CHP approval prior to shipment after CHP approval with the beginning series. Each box must be labeled with missing serials NEXT TO ADDRESS LABEL. (Add label specification)
- d. Boxes to be on pallets with lowest number on top. Boxes to be eight per row and no more than five rows high (maximum of 40 boxes per pallets). Pallets to be Size 2 Type 2, per State of California Specifications 3990-XXX-01. Pallets are to be 42 x 42 in size.
- e. Failure to comply with any portion of packaging specifications 12 A,B,C and D may result in the rejection of the entire order or stop payment. In the event that the contractor fails to deliver the CHP 215 in accordance with the schedule specified, the contractor shall be assessed a penalty in

the amount of \$250 per day for each such delinquent day until the delivery of the CHP.215. SHIPPING: If for any reason the complete order is not shipped at one time, partial shipments must be in consecutive (numeric/alpha) order, commencing with the lowest number. PARTIAL SHIPMENT of this order is acceptable only when mutually agreed ahead of time.



State of California • Arnold Schwarzenegger, Governor  
Department of General Services  
**OFFICE OF STATE PUBLISHING**  
344 N. 7<sup>th</sup> Street, Sacramento, CA 95811-0212

July 29, 2009

To: Prospective Bidders

**JOB NUMBER: 115350**  
**CLIENT: CALIFORNIA HIGHWAY PATROL**  
**PROJECT TITLE: CHP 215 & 215 A**

You are invited to review and respond to the attached Invitation for Bid (IFB). This invitation for Bid is open to California Certified Small Businesses and Disabled Veteran Businesses only, due to Department of General Services Administrative Order 09-02 and under the provisions of Government Code Section 14838.5.

All bids must be submitted in a sealed envelope and plainly marked "**JOB # 115350 - DO NOT OPEN UNTIL August 20, 2009 at 11:00 a.m.**" Bids not submitted in a sealed envelope will be rejected.

Each bidder must complete all of the documents which are listed on the Required Attachment Check-List (Attachment 1). Bids not including the above information shall be deemed non-responsive which means the bid did not meet the basic bid requirements.

Submission and processing inquiries regarding the enclosed bid package should be referred to Elizabeth Parker via written fax (916) 322-3763 or via e-mail at [eparker@dgs.ca.gov](mailto:eparker@dgs.ca.gov).

**BID OPENING DATE: August 20, 2009 at 11:00 a.m.**

|                               |                                                                                                                                                                   |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUBMIT SEALED BIDS TO:</b> | Elizabeth Parker, Contract Analyst<br>Office of State Publishing<br>344 N 7 <sup>th</sup> Street (From I-5 take Richards Blvd. exit)<br>Sacramento, CA 95811-0212 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Sincerely,

**Elizabeth Parker**  
Contract Analyst  
FAX: (916) 322-3763

## BID REQUIREMENTS

### 1. Submission of Bid

- a) All original bids must be submitted under **sealed** cover and sent to the individual as noted on the cover page by dates and times indicated. The sealed cover must be plainly marked with the IFB number and title, must show your firm name and address, and must be marked with **"DO NOT OPEN"**.

Bids not submitted under sealed cover and plainly identified as a bid for the work of the Project being bid upon and addressed as directed in the Invitation to Bid may result in a premature opening of, or failure to open such bid and may be rejected.

- b) All bids shall include the noted documents identified in Attachment I, Required Attachment Checklist. Bids not including the proper "required attachments" shall be deemed non-responsive. A non-responsive bid is one that does not meet the basic bid requirements.
- c) All documents requiring a signature must bear an original signature of a person authorized to bind the bidding firm. Mail or deliver bids to the address on the Cover Page of this Bid Package.
- d) Bids must be submitted for the performance of all the services described herein. Any material deviation from the work specifications will not be considered and will cause a bid to be rejected.
- e) It is the sole responsibility of the Bidder to see that its bid is received in proper time. Bid received after scheduled closing time for receipt of bids will be returned to Bidder unopened.
- f) A bid may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. The State may reject any or all bids and may waive an immaterial deviation in a bid. The State's waiver of an immaterial deviation shall in no way modify the IFB document or excuse the bidder from full compliance with all requirements if awarded the agreement.
- g) Costs incurred for developing bids and in anticipation of award of the agreement are entirely the responsibility of the bidder and shall not be charged to the State of California.
- h) An individual who is authorized to bind the bidder contractually shall sign the Bid/Bidder Certification Sheet. The signature should indicate the title or position that the individual holds in the firm. An unsigned bid may be rejected.
- i) A bidder may modify a bid after its submission by withdrawing its original bid and resubmitting a new bid prior to the bid submission deadline. Bidder modifications offered in any other manner, oral or written will not be considered.
- j) A bidder may withdraw its bid by submitting a written withdrawal request to the State, signed by the bidder or an authorized agent. A bidder may thereafter submit a new bid prior to the bid submission deadline. Bids may not be withdrawn without cause subsequent to bid submission deadline.
- k) The awarding agency may modify the IFB prior to the date fixed for submission of bids by the issuance of an addendum to all parties who received a bid package.
- l) The awarding agency reserves the right to reject all bids. The agency is not required to award an agreement.

- m) Before submitting a response to this solicitation, bidders should review, correct all errors and confirm compliance with the IFB requirements.
- n) Where applicable, bidder should carefully examine work sites and specifications. Bidder shall investigate conditions, character, and quality of surface or subsurface materials or obstacles that might be encountered. No additions or increases to the agreement amount will be made due to a lack of careful examination of work sites and specifications.
- o) The State does not accept alternate contract language from a prospective contractor. A bid with such language will be considered a counter proposal and will be rejected. The State's General Terms and Conditions (GTC) are not negotiable.
- p) No oral understanding or agreement shall be binding on either party.

## 2. Evaluation and Selection

- a) At the time of bid opening, each bid will be checked for the presence or absence of required information in conformance with the submission requirements of this IFB.
- b) The State will evaluate each bid to determine its responsiveness to the published requirements.
- c) Bids that contain false or misleading statements, which do not support an attribute or condition claimed by the bidder, may be rejected.
- d) Award if made, will be to the lowest responsive responsible bidder.

## 3. Award and Protest

- a) Whenever an agreement is awarded under a procedure, which provides for competitive bidding, but the agreement is not to be awarded to the low bidder, the low bidder shall be notified by telegram, electronic facsimile transmission, overnight courier, or personal delivery five (5) working days prior to the award of the agreement.
- b) Upon written request by any bidder, notice of the proposed award shall be posted in a public place in the office of the awarding agency at least five (5) working days prior to awarding the agreement.
- c) If any bidder, prior to the award of agreement, files a written protest with the Department of General Services, Office of Legal Services, 707 Third Street, Suite 7-330, West Sacramento, CA 95605 and the Contract Administrator listed on the Cover Page of this IFB, on the grounds that the (protesting) bidder is the lowest responsive responsible bidder, the agreement shall not be awarded until either the protest has been withdrawn or the Department of General Services has decided the matter.
- d) Within five (5) days after filing the initial protest, the protesting bidder shall file with the Department of General Services and the awarding agency a detailed written statement specifying the grounds for the protest. The written protest must be sent to the Department of General Services, Office of Legal Services, 707 Third Street, Suite 7-330, West Sacramento, CA 95605. A copy of the detailed written statement should be mailed to the awarding agency's Contract Administrator listed on the Cover Page of this IFB. It is suggested that you submit any protest by certified or registered mail.
- e) Upon final award of the agreement, the awarded Contractor must complete and submit to the awarding agency the Payee Data Record (STD 204), to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. This form can be found on the Internet at www.osp.dgs.ca.gov under the heading FORMS MANAGEMENT CENTER. No payment shall be made unless a completed STD 204 has been returned to the awarding agency.

- f) Upon final award of the agreement, Contractor must sign and submit to the awarding agency, *page one (1)* of the Contractor Certification Clauses (CCC), which can be found on the Internet at [www.dgs.ca.gov/contracts](http://www.dgs.ca.gov/contracts). This document is only required if the bidder has not submitted this form to the awarding agency within the last three (3) years.

#### 4. Disposition of Bids

- a) Upon bid opening, all documents submitted in response to this IFB will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.
- b) Bid packages may be returned only at the bidder's expense, unless such expense is waived by the awarding agency.

#### 5. Agreement Execution and Performance

- a) Service shall be available on the express date set by the awarding agency and the Contractor, after all approvals have been obtained and the agreement is fully executed. Should the Contractor fail to commence work at the agreed upon time, the awarding agency, upon five (5) days written notice to the Contractor, reserves the right to terminate the agreement. In addition, the Contractor shall be liable to the State for the difference between Contractor's bid price and the actual cost of performing work by the second lowest bidder or by another contractor.
- b) All performance under the agreement shall be completed on or before the termination date of the agreement.

#### 6. DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) INCENTIVE PROGRAM:

In accordance with Section 999.5(a) of the Military and Veterans Code an incentive will be given to bidders who provide DVBE participation. For evaluation purposes only, the State shall apply an incentive to bids that propose California certified DVBE participation as identified on the Bidder's Std. 840 of the DVBE packet and confirmed by the State. The incentive amount for awards based on low price will vary in conjunction with the percentage of DVBE participation. The following percentages will apply for the award based on low price.

| Confirmed DVBE Participation of: | DVBE Incentive: |
|----------------------------------|-----------------|
| 3% & Above                       | 5%              |
| 2% up to 2.99%                   | 3%              |
| 1% up to 1.99%                   | 1%              |

As applicable: (1) Awards based on low price - the net bid price of responsive bids will be reduced (for evaluation purposes only) by the amount of DVBE incentive as applied to the lowest responsive net bid price. If the #1 ranked responsive, responsible bid is a California certified small business, the only bidders eligible for the incentive will be California certified small businesses. The incentive adjustment for awards based on low price cannot exceed 5% or \$100,000, whichever is less, of the #1 ranked net bid price. When used in combination with a preference adjustment, the cumulative adjustment amount cannot exceed \$100,000.

#### 7. PREFERENCE PROGRAMS

For bids in the amount of \$100,000 and over, the following preference programs apply if your firm is qualified:

- a) Small Business preference - [www.pd.dgs.ca.gov](http://www.pd.dgs.ca.gov) \*
- b) Target Area Contract Preference Act (TACPA) - [www.pd.dgs.ca.gov/disputes](http://www.pd.dgs.ca.gov/disputes)
- c) Local Agency Military Base Recovery Area (LAMBRA) Act - [www.pd.dgs.ca.gov/disputes](http://www.pd.dgs.ca.gov/disputes)
- d) Enterprise Zone Act (EZA) - [www.osmb.dgs.ca.gov/eza/program.htm](http://www.osmb.dgs.ca.gov/eza/program.htm)

\* The preference for Item a) above applies to all projects no matter what dollar amount.

**ATTACHMENT I****REQUIRED ATTACHMENT CHECK LIST**

Complete this checklist to confirm the items in your bid. Place a check mark or "X" next to each item that you are submitting to the State. For your bid to be responsive, all required attachments must be returned. Also, this checklist should be returned with your bid package.

| <u>Attachment/<br/>Exhibit</u>          | <u>Name/Description</u>                                                                          |
|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Exhibit B-2    | Cost Sheet                                                                                       |
| <input type="checkbox"/> Attachment I   | Required Attachment Check List                                                                   |
| <input type="checkbox"/> Attachment II  | Contractor Certification Clauses (CCC) 307<br>(only signed first page is necessary)              |
| <input type="checkbox"/> Attachment III | Bid/Bidder Certification Sheet                                                                   |
| <input type="checkbox"/> Attachment IV  | Small Business Preference                                                                        |
| <input type="checkbox"/> Attachment V   | Darfur Contracting Act                                                                           |
| <input type="checkbox"/> Attachment VI  | Commercially Useful Function                                                                     |
| <input type="checkbox"/> Attachment VII | Bidder References                                                                                |
| <input type="checkbox"/> DVBE Packet    | Hand in all Disabled Veteran Business Enterprise (DVBE) forms which you are required to fill out |

**Note:** You do not need to submit back other pages of the bid package with your bid.  
You only need to submit the pages listed above.

**\*\*\*Having just the pages above makes it easier for us to read through your bid package.**

**ATTACHMENT II****CERTIFICATION**  
**CCC-307**

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

|                                                                   |                                  |                          |
|-------------------------------------------------------------------|----------------------------------|--------------------------|
| <i>Contractor/Bidder Firm Name (Printed)</i>                      |                                  | <i>Federal ID Number</i> |
| <i>By (Authorized Signature) (First &amp; Last Name Required)</i> |                                  |                          |
| <i>Printed Name and Title of Person Signing</i>                   |                                  |                          |
| <i>Date Executed</i>                                              | <i>Executed in the County of</i> |                          |

**CONTRACTOR CERTIFICATION CLAUSES**

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

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

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

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

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

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

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

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

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

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

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

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

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

6. SWEATFREE CODE OF CONDUCT:

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

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts executed or amended after July 1, 2004, the contractor may elect to offer domestic partner benefits to the contractor's employees in accordance with Public Contract Code section 10295.3. However, the contractor cannot require an employee to cover the costs of providing any benefits which have otherwise been provided to all employees regardless of marital or domestic partner status.

## DOING BUSINESS WITH THE STATE OF CALIFORNIA

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

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

Current State Employees (Pub Contract Code §10410):

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

Former State Employees (Pub Contract Code §10411):

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

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

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

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

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

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

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

- a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
- b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.
- c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.
7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

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**ATTACHMENT III****BID/BIDDER CERTIFICATION SHEET**

This Bid/Bidder Certification Sheet must be signed and returned along with all the "required attachments" listed in Attachment I, "Required Attachment Checklist", as an entire package in duplicate with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. All required attachments are included with this certification sheet.
- B. I have read and understand the Disabled Veteran Business Enterprise (DVBE) participation requirements and have included documentation demonstrating that I have met the participation goals or have made a good faith effort.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.

**An Unsigned Bid/Bidder Certification Sheet May Be Cause For Rejection**

|                                                                                                                                                                                                                                                                                         |                                         |                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Company Name                                                                                                                                                                                                                                                                         | 2. Telephone Number<br>(     )          | 2a. Fax Number<br>(     )                                                                                                                  |
| 3. Address                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                            |
| Indicate your organization type:                                                                                                                                                                                                                                                        |                                         |                                                                                                                                            |
| 4. <input type="checkbox"/> Sole Proprietorship                                                                                                                                                                                                                                         | 5. <input type="checkbox"/> Partnership | 6. <input type="checkbox"/> Corporation                                                                                                    |
| Indicate the applicable employee and/or corporation number:                                                                                                                                                                                                                             |                                         |                                                                                                                                            |
| 7. Federal Employee ID No. (FEIN)                                                                                                                                                                                                                                                       | 8. California Corporation No.           |                                                                                                                                            |
| 9. Indicate applicable license and/or certification information:                                                                                                                                                                                                                        |                                         |                                                                                                                                            |
| 10. Bidder's Name (Print)                                                                                                                                                                                                                                                               |                                         | 11. Title                                                                                                                                  |
| 12. <b>Signature (First &amp; Last Name Required)</b>                                                                                                                                                                                                                                   |                                         | 13. Date                                                                                                                                   |
| 14. Are you certified with the Department of General Services, Office of Small Business Certification and Resources (OSBCR) as:                                                                                                                                                         |                                         |                                                                                                                                            |
| a. California Small Business<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, enter certification number:                                                                                                                                                         |                                         | b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, enter your service code below: |
| 15. My firm is not a registered small business firm, however, we are claiming the 5% small business preference in that we will be using registered small business firms for 25% for this project. Attached is a list of our subcontractors / suppliers and their certification numbers. |                                         | Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>See attached list.                                                         |
| <b>NOTE:</b> The date your application was submitted to OSBCR, if an application is pending:                                                                                                                                                                                            |                                         |                                                                                                                                            |

|                                                |   |
|------------------------------------------------|---|
| <b>Email address of firm's contact person:</b> | @ |
|------------------------------------------------|---|

**ATTACHMENT IV****SMALL BUSINESS PREFERENCE**

A five percent (5%) small business preference will be granted to Bidders certified as "Small Business" in accordance with Section 1896 et. Seq., Title 2, California Code of Regulations.

If the Bidder is not already a Certified Small Business, applications for certification as "Small Business" must be submitted to the Office of Small Business and DVBE Certification (OSDC), 707 3<sup>rd</sup> Street, First Floor, Suite 1-400, West Sacramento, CA 95605; website: <http://www.pd.dgs.ca.gov/smbus>

Submit a copy of your OSDC certification letter with your proposal.

Pursuant to Section 1896.14, in order to receive the small business preference, bidders must have a completed application (including proof of annual receipts) on file with the OSDC. The bidder must have requested a preference from OSDC and meet all applicable requirements under the subchapter and the State Small Business Procurement and Contract Act, (including but not limited to evidence to rebut presumptions) not later than five o'clock (5:00 p.m.) on the date on which the subject bid is opened.

**Non-Small Business:**

The application of the five percent (5%) small business bidding preference is now extended to a bidder, whose business is not certified as a small business but commits to subcontracting at least twenty-five percent (25%) of its net bid price to businesses that are California certified small businesses and/or micro-businesses.

- a) When applicable this preference will be granted when the non-small business:
  - Has been determined to be a responsible bidder and submitted a timely responsive bid
  - Submits a list of California Certified Small Businesses that he/she commits to subcontract with for a commercially useful function in the performance of the project and submits this document no later than forty-eight (48) hours after the bid opening date. If bidder fails to submit the list of Certified Small Business Subcontractors within 48 hours, the claim for non-small business preference will be denied.
- b) Substitution of Small Business Subcontractors or Suppliers:

After award of a contract based in part on the application of the Non-Small Business Subcontractor preference, the contractor must use the small business subcontractor(s) and/or supplier(s) proposed in the bid to the State unless a substitution is requested in writing to the awarding department and the awarding department approves the substitution in writing prior to the commencement of any work. The substitution request must include at least the following:

  - An explanation of the reason for the substitution
  - The contractor must substitute a small business with another small business. However, if the small business substitution cannot occur, the contractor must include a written justification and the steps that were taken to try to acquire a new small business subcontractor and how that portion of the contract will be fulfilled.
  - A description of the work to be performed, identified both as a task(s) and as a dollar amount or percentage of the overall contract that the substituted business will perform. The substituted business(es), if approved, shall be required to perform a commercially useful function in the contract pursuant to CCR § 1896.6.
  - The request for substitution of a small business and the awarding department's approval or disapproval cannot be used as an excuse for noncompliance with any other provision of law, including but not limited to, the Subletting and Subcontracting Fair

Practices Act (§ 4100 et seq., Public Contract Code) or any other contract requirements relating to substitution of subcontractors.

# ATTACHMENT IV

Page 2

- If a contractor requests substitution of its subcontractor(s)/supplier(s) by providing a written request to the awarding department in accordance with CCR § 1896.10, the awarding department may consent to the substitution in any of the situations set forth in Public Contract Code § 4107 of the Subletting and Subcontracting Fair Practices Act.
- Prior to approval of the prime contractor's request for the substitution, the awarding department, or its duly authorized officer, shall give notice in writing to the listed subcontractor of the prime contractor's request to substitute and the reasons for the request to substitute. The notice shall be served by certified or registered mail to the last known address of the subcontractor. The listed subcontractor that has been so notified shall have five (5) working days after the receipt of the notice to submit written objections to the substitution to the awarding department. Failure to file these written objections shall constitute the listed subcontractor's consent to the substitution. If written objections are filed, the awarding department shall give notice in writing of at least five (5) working days to the listed subcontractor of a hearing by the awarding department on the prime contractor's request for substitution.
- Failure of the contractor to subcontract with the small businesses listed on its bid to the State, or follow these substitution rules may be grounds for the Department to impose sanctions pursuant to Government Code § 14842.5 and CCR §1896.16. In the event such sanctions are to be imposed, the contractor shall be notified in writing and entitled to a hearing pursuant to CCR §§ 1896.18 and 1896.20.

## **All Bidders: Check The Appropriate Line:**

- \_\_\_\_\_ I **am** a certified small business and the small business preference is applicable to this Proposal. A copy of my certified form from the Office of Small Business Certification is attached.
- \_\_\_\_\_ I have recently filed for small business preference but have not yet received certification.
- \_\_\_\_\_ I am **not** a certified small business and I am **not** claiming the small business preference.
- \_\_\_\_\_ Our firm is not certified as a small business but commits to subcontracting at least twenty-five percent (25%) of its net bid price to businesses that are California certified small businesses and/or micro-businesses.

|                                                              |          |
|--------------------------------------------------------------|----------|
| Firm's Name:                                                 |          |
| Signature of Representative:<br>(First & Last Name Required) | <b>X</b> |

## ATTACHMENT V

**Department of General Services  
Procurement Division**

707 Third Street, Second Floor, West Sacramento, CA 95605  
(916) 375-4400 (800) 559-5529

**Broadcast Date: March 13, 2009**

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**TO: Procurement & Contracting Officers (PCOs)  
Purchasing Authority Contacts (PACs)**

**RE: Darfur Contracting Act**

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This Broadcast Bulletin provides information on the Darfur Contracting Act (Act) (Public Contract Code sections 10475 through 10481). Effective January 1, 2009, procurements for Non-Information Technology (Non-IT) goods or services must address the requirements of this Act. The Act is intended to preclude State agencies generally from contracting with *SCRUTINIZED* companies that do business in the African nation of Sudan (of which the Darfur region is a part), for the reasons described in Public Contract Code section 10475.

A *SCRUTINIZED* company is a company doing specified types of business in Sudan as defined in Public Contract Code section 10476. *SCRUTINIZED* companies are ineligible to, and cannot, bid on or submit a proposal for a contract with a State agency for Non-IT goods or services (Public Contract Code section 10477(a)). Public Contract Code section 10478 (a) requires a company that currently has (or within the previous three years has had) business activities or other operations outside of the United States to certify that it is not a *SCRUTINIZED* company in order to submit a bid or proposal to a State agency. A *SCRUTINIZED* company may still, however, submit a bid or proposal for a contract with a State agency for goods or services if the company first obtains permission from the Department of General Services (DGS) according to the criteria set forth in Public Contract Code section 10477(b).

For all acquisitions of Non-IT goods or services, departments must require vendors to certify whether they are a *SCRUTANIZED* company. This applies regardless of the procurement approach, method, or solicitation format used including, but not limited to: Formal Bids, Informal Bids, Request for Proposals, Invitation for Bids, Non-Competitive Bids, the SB/DVBE Option, and under \$5,000 fair and reasonable pricing. The attached sample or a similar code-compliant document should be used to satisfy the Act's certification requirements.

The only exception to departments obtaining this information is for contracts awarded using DGS Leveraged Procurement Agreements (LPAs). The DGS Procurement Division is in the process of obtaining this information from LPA contractors so departments do not have to obtain it at the transaction level.

If you have any questions regarding this notification, please contact:  
Office of Policies, Procedures and Legislation  
[PPO@dgs.ca.gov](mailto:PPO@dgs.ca.gov)

ATTACHMENT V  
Page 2

### DARFUR CONTRACTING ACT

Pursuant to Public Contract Code section 10478, if a bidder or proposer currently or within the previous three years has had business activities or other operations outside of the United States, it must certify that it is not a "scrutinized" company as defined in Public Contract Code section 10476.

Therefore, to be eligible to submit a bid or proposal, please insert your company name and Federal ID Number and complete only one of the following three paragraphs (via initials for Paragraph # 1 or Paragraph # 2, or via initials and certification for Paragraph # 3):

|                                                                         |                          |
|-------------------------------------------------------------------------|--------------------------|
| <i>Company/Vendor Name (Printed)</i>                                    | <i>Federal ID Number</i> |
| <i>Printed Name and Title of Person Initialing (for Options 1 or 2)</i> |                          |

1. \_\_\_\_\_ We do not currently have, and have not had within the previous three years, business activities or other operations outside of the United States.

Initials

**OR**

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

Initials

**OR**

3. \_\_\_\_\_ We currently have, or we have had within the previous three years, business activities or other operations outside of the United States, but we certify below that we are not a scrutinized company as defined in Public Contract Code section 10476.

Initials  
+  
certification  
below

#### **CERTIFICATION For # 3.**

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective proposer/bidder to the clause listed above in # 3. This certification is made under the laws of the State of California.

|                                                 |                                            |
|-------------------------------------------------|--------------------------------------------|
| <i>By (Authorized Signature)</i>                |                                            |
| <i>Printed Name and Title of Person Signing</i> |                                            |
| <i>Date Executed</i>                            | <i>Executed in the County and State of</i> |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**COMMERCIALLY USEFUL FUNCTION**

On January 1, 2004, Chapter 623, Statutes of 203, became effective and required **all** small businesses, microbusinesses and disabled veteran business enterprises (DVBEs) to perform a "**commercially useful function**" in any contract they perform for the State. This Legislation contained changes to Government Code Sections 14837, 14838.6, 14839, 14842, and 14842.5, and Military and Veterans Code Sections 999 and 999.6, providing the new requirements.

**DEFINITION OF COMMERCIALLY USEFUL FUNCTION:**

As stated in Chapter 623, Statutes of 203, a business performing a commercially useful function is one that does **all** of the following:

- Is responsible for the execution of a distinct element of the work of the contract.
- Carries out its obligation by actually performing, managing, or supervising the work involved.
- Performs work that is normal for its business, services and function.
- Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.

A contractor, subcontractor, or supplier will not be considered to perform a commercially useful function if the contractor's, subcontractor's, or supplier's role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of small business, microbusiness or DVBE participation.

Please make note that your compliance is mandatory and there will be no exceptions to this requirement. The table below must be filled out, signed, and returned with all paperwork requested from you. Otherwise, your firm will not be considered as a qualified, Registered Small Business for this bid.

**COMMERCIALLY USEFUL FUNCTION**

If the Prime Contractor is claiming they are a registered Small Business firm you must fill out this form and submit with your bid.

| Yes           | No | Contractor / Vendor:                                                                                                                     |
|---------------|----|------------------------------------------------------------------------------------------------------------------------------------------|
|               |    | Is responsible for the execution of a distinct element of the work of the contract.                                                      |
|               |    | Carries out its obligation by actually performing, managing, or supervising the work involved.                                           |
|               |    | Performs work that is normal for its business, services and function.                                                                    |
|               |    | Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices. |
| Signature:    |    | Ø                                                                                                                                        |
| Name of Firm: |    |                                                                                                                                          |
| Date:         |    |                                                                                                                                          |

By signing this form the Contractor/Vendor certifies he or she is in complete compliance with the Commercial Useful Function requirements. The Contractor/Vendor must comply with each item above in order to fulfill their obligations with the State of California, Department of General Services, Office of State Publishing. There will be no exceptions.

**ATTACHMENT VII****BIDDER REFERENCES**

Bidder must submit three (3) references for work performed by the bidder within the last five (5) years which is similar to the scope of work to be performed in this contract.

**PLEASE PRINT CLEARLY AND PROVIDE COMPLETE AND CURRENT INFORMATION****REFERENCE 1**

|                  |      |                  |          |
|------------------|------|------------------|----------|
| Name of Firm     |      |                  |          |
| Street Address   | City | State            | Zip Code |
| Contact Person   |      | Telephone Number |          |
| Dates of Service |      | Quantity of job: |          |

Brief Description of Service Provided – Include delivery schedule.

**REFERENCE 2**

|                  |      |                          |          |
|------------------|------|--------------------------|----------|
| Name of Firm     |      |                          |          |
| Street Address   | City | State                    | Zip Code |
| Contact Person   |      | Telephone Number         |          |
| Dates of Service |      | Value or Cost of Service |          |

Brief Description of Service Provided

**REFERENCE 3**

|                  |      |                          |          |
|------------------|------|--------------------------|----------|
| Name of Firm     |      |                          |          |
| Street Address   | City | State                    | Zip Code |
| Contact Person   |      | Telephone Number         |          |
| Dates of Service |      | Value or Cost of Service |          |

Brief Description of Service Provided

**END OF SECTION**

**STANDARD AGREEMENT**

STD 213 (Rev 06/03)

|                                    |
|------------------------------------|
| AGREEMENT NUMBER<br><b>TBA</b>     |
| REGISTRATION NUMBER:<br><b>TBA</b> |

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

STATE AGENCY'S NAME

**Department of General Services, Office of State Publishing**

CONTRACTOR'S NAME

**TBA**

2. The term of this agreement is: **Approx. August 20, 2009 – September 10, 2009**

3. The maximum amount of this Agreement is: **\$ TBA**

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

**JOB NUMBER:** 115350  
**CLIENT:** CALIFORNIA HIGHWAY PATROL  
**PROJECT TITLE:** CHP 215 & 215A

|              |                                        |          |
|--------------|----------------------------------------|----------|
| Exhibit A-1: | Specifications                         | 2-pages  |
| Exhibit A-2: | Specifications for CHP 215 (REV 09-05) | 12-pages |
| Exhibit B-1: | Budget Detail and Payment Provisions   | 1 page   |
| Exhibit B-2: | Cost Sheet                             | 1 page   |
| Exhibit C*:  | General Terms and Conditions           | GTC 307  |
| Exhibit D:   | Additional Provisions                  | 1 page   |

The General Terms and Conditions shown with an Asterisk (\*), is hereby incorporated by reference and made part of this agreement as if attached hereto. This documents can be viewed at [www.dgs.ca.gov/contracts](http://www.dgs.ca.gov/contracts)

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

| CONTRACTOR                                                                                                    |             | CALIFORNIA<br>Department of General Services<br>Use Only |
|---------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|
| CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)<br><b>TBA</b> |             |                                                          |
| BY (Authorized Signature)<br>—                                                                                | DATE SIGNED |                                                          |
| PRINTED NAME AND TITLE OF PERSON SIGNING                                                                      |             |                                                          |
| ADDRESS<br><b>TBA</b>                                                                                         |             |                                                          |
| STATE OF CALIFORNIA                                                                                           |             |                                                          |
| AGENCY NAME<br><b>Department of General Services, Office of State Publishing</b>                              |             |                                                          |
| BY (Authorized Signature)<br>—                                                                                | DATE SIGNED |                                                          |
| PRINTED NAME AND TITLE OF PERSON SIGNING<br><b>Geoff Brandt, State Printer</b>                                |             |                                                          |
| ADDRESS<br><b>344 N 7<sup>th</sup> Street, Sacramento, CA 95811-0212</b>                                      |             |                                                          |
| <input type="checkbox"/> Exempt per _____                                                                     |             |                                                          |

**EXHIBIT A-1**  
Scope of Work

**JOB NUMBER:** 115350  
**CLIENT:** CALIFORNIA HIGHWAY PATROL  
**PROJECT TITLE:** CHP 215 & 215A

Contractor to perform the following services, as outlined on this page, Exhibit A-1 Scope of Work, and the attached **Exhibit A-2 SPECIFICATIONS FOR CHP 215 (REV 09-05)** on behalf of the Department of General Services, Office of State Publishing (OSP) 344 N. 7<sup>th</sup> Street Sacramento, CA. Time is of the essence of this agreement.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>VENDOR COMPLETION DATE:</b> | <b>September 10, 2009</b> (or sooner if possible) Partial deliveries before the due date are highly desired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>SCOPE:</b>                  | Ticket books consist of: Cover, wrap around cover, 1-fly sheet, 4-part NCR forms-number have bar code, chip board in back of book, 2-staples on left, 2-drill holes on left of book. OSP to provide disk. Vendor to provide proof and test samples. Deliver test samples to OSP, Attn: Ed Page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>DESCRIPTION</b>             | <p>CHP 215 &amp; CHP 215A Notice to Appear – ticket books.<br/> Cover and wrap around cover – both have no printing.</p> <p>CHP 215A (Fly Sheet) print one side and numbers.</p> <p>CHP 215 (4-part sets)<br/> Numbering: each set consists of a five-digit number followed by a double alpha upper case letters to be placed in the upper right-hand corner and along the lower right side with a bar code along the bottom edge of the original copy only. Both the alpha &amp; numeric designations are bar-coded.</p> <p>Part 1: prints head to foot with Bar Code on this part only<br/> (bar code is 3 of 9)<br/> Part 2: prints one side only<br/> Part 3: prints head to foot<br/> Part 4: prints head to foot</p> <p>Perforations: approximately eight per inch. Please note: Caution must be exercised so that sets are held firmly in the book until separation is desired, but then must separate easily. The number of perforations to the inch is at the discretion of the printer (approx 8 per inch) and as such discretion will be the responsibility of the winning bidder. Product cannot exceed margin of defect error greater than 0% of single set count, and must meet testing standards set forth in this document.</p> <p>Printing must be kept in register.</p> <p>Numbering sequence will be provided to will be provided to winning vendor.<br/> <b>Example: 49125 LS – 99975 LS</b></p> <p><b>Pre-production testing:</b><br/> Vendor must provide pre-production test for bar code readability 1,000 bar coded samples must be tested. Certification of success shall be submitted to the CHP prior to proceeding with full production. Failure to obtain written authority to proceed will result in potential rejection of the completed order. The test does not count toward the end quantity.</p> |
| <b>QUANTITY:</b>               | 70,000 Books. 25 Tickets Per Book. 100 Books per box. = 700 boxes total.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>SIZE:</b>                   | 4-1/8" x 8 + 5/8" Tab & 1/2" Stub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>STOCK:</b>                  | NCR Carbonless paper. Must be capable of legible reproduction over a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <p>temperature range of –minus 20 degrees Fahrenheit through 150 degrees Fahrenheit.</p> <p>NCR BRAND “Black Dye System” has been acceptable. Paper which produces copies of equal or better quality is acceptable. <i>Copies must be reproducible on all photocopy equipment.</i></p> <p>Sets consist of:<br/> Part 1: White 15# CB<br/> Part 2: White 14# CFB<br/> Part 3: Green 14# CFB<br/> Part 4: Canary 20# CF<br/> Fly Sheet: Pink 20#<br/> Cover: 150# Manila Tag Front and Wrap-Around Cover<br/> Chipboard: .018 for Back of Book</p> |
| <b>INK:</b>       | Black/Red (See Exhibit A-2 Specifications for complete information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>BINDERY:</b>   | <p>2-Drilled 1/3” holes, 2-3/4” center to center.<br/> Side Stitch on the 5/8” Stub using 1/2” wide 20/24 guage centered between drill holes.<br/> Shrink Wrap 10 Books per package – 10 packages per box.</p>                                                                                                                                                                                                                                                                                                                                   |
| <b>PACKAGING:</b> | Use 42” x 42” pallets (See Exhibit A-2 Specifications for complete information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>SHIP TO:</b>   | <p>Low numbers on top! Boxes must not crush!</p> <p>Label Cartons with:<br/> Job 115350<br/> CHP 215 – Notice to Appear<br/> Item 00-215-00<br/> 100 Books</p> <p>Inside Delivery To:<br/> California Highway Patrol-SSU<br/> 3350 Reed Avenue<br/> West Sacramento, CA 95605</p>                                                                                                                                                                                                                                                                |

**TERM OF CONTRACT:****August 20, 2009 – September 10, 2009****REPRESENTATIVES DURING THE TERM OF THIS AGREEMENT:**

|                                                                                                                                                                                                                                                                                                                                                             |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <p><b>State’s Contract Manager:</b></p> <p>Office of State Publishing<br/> Department of General Services<br/> 344 No. 7<sup>th</sup> Street<br/> Sacramento, CA 95811-0212</p> <p>Attn: Elizabeth Parker, Contract Analyst<br/> Phone: (916) 322-8747<br/> Fax: (916) 322-3763<br/> E-mail: <a href="mailto:eparker@dgs.ca.gov">eparker@dgs.ca.gov</a></p> | <p><b>Contractor:</b></p> <p><b>TBA</b></p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|

**EXHIBIT B-1****BUDGET DETAIL AND PAYMENT PROVISIONS****1. Invoicing and Payment:**

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates specified herein, which is attached hereto and made a part of this Agreement.
- B. Payment shall be made upon satisfactory performance of work and upon receipt of an invoice received and approved by the designated representative(s).
- C. Invoices must be submitted on Contractor's letterhead signed by authorized representative, and include:
- Contract Number
  - Job Number
  - Delivery Date
  - Work completed for the period shall be identified (detailed statement of services)

|                                                                                                                                                     |                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Make out invoices to:                                                                                                                               | Department of General Services<br>Office of State Publishing                                                                                                                   |
| <b>Required for payment:</b><br><br><b>Signed proof of delivery,<br/>6 samples.</b><br><br><b>Final Disk of Artwork must<br/>accompany invoice.</b> | Submit to:<br>Elizabeth Parker, Contract Analyst<br>Department of General Services<br>Office of State Publishing<br>344 N. 7 <sup>th</sup> Street<br>Sacramento, CA 95811-0212 |

**2. Budget Contingency Clause:**

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

**3. Prompt Payment Clause:**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

**EXHIBIT B-2  
COST SHEET**

To: Elizabeth Parker  
DGS-Office of State Publishing  
344 N. 7<sup>th</sup> Street  
Sacramento, CA 95811-0212

Bid Date: **August 20, 2009 – 11:00 a.m.**

**JOB NUMBER: 115350**  
**CLIENT: CALIFORNIA HIGHWAY PATROL**  
**PROJECT TITLE: CHP 215 & 215A**

The undersigned Contractor, as bidder, declares that he/she has carefully examined all documents contained or referenced within this Invitation for Bid and is familiar with all proposal requirements; and agrees, if the proposal is accepted, to complete the above services in accordance with the Contract Documents, for the complete term of the Agreement.

Bid amount to include and cover any insurance, the furnishing of all materials, **freight**, the performance of all labor, the provision of all necessary machinery, tools, apparatus, and other means of service; also the performance and completion of all the work in the manner set forth, described herein.

Do not include sales tax. The State will add 8.75% sales tax to your figure when executing the final agreement. The State does not guarantee they will require the total quantity of work outlined herein. Bidder must include lump sum amount for each column, or the bid will be disqualified.

|                  |    |
|------------------|----|
| <b>Lump sum:</b> | \$ |
|------------------|----|

Award will be made to the lowest responsible bidder.

|                                                            |   |
|------------------------------------------------------------|---|
| <b>Company name:</b>                                       |   |
| <b>Bidder's Signature:</b><br>(First & Last Name Required) | X |
| <b>Title or Position:</b>                                  |   |
| <b>Address, City &amp; Zip</b>                             |   |
| <b>Phone:</b>                                              |   |
| <b>Fax:</b>                                                |   |
| <b>E-mail:</b>                                             | @ |

List of **subcontractors** which will be utilized to perform various tasks:

| <b>NAME OF FIRM</b> | <b>SERVICE PROVIDED</b><br>(i.e. shipping, binding, packing, sorting) |
|---------------------|-----------------------------------------------------------------------|
|                     |                                                                       |
|                     |                                                                       |
|                     |                                                                       |

**EXHIBIT C**  
(GTC 307 version)

**GENERAL TERMS AND CONDITIONS**

PLEASE NOTE: This page will not be included with the final agreement. The General Terms and Conditions will be included in the agreement by reference to Internet site:  
<http://www.ols.dgs.ca.gov/Standard+Language>.

**EXHIBIT D**  
**ADDITIONAL PROVISIONS**

1. **EXCISE TAX:** The State of California is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on employees' wages. The State will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this agreement. California may pay any applicable sales or use tax imposed by another state.
2. **SETTLEMENT OF DISPUTES:** In the event of a dispute, Contractor shall file a "Notice of Dispute" with Department of General Services, director or designee within ten (10) days of discovery of the problem. Within ten (10) days the director or designee shall meet with the Contractor and Project Manager for purposes of resolving the dispute. The decision of the director or designee shall be final. In the event of a dispute, the language contained within this agreement shall prevail over any other language including that of the bid proposal.
3. **AGENCY LIABILITY:** The Contractor warrants by execution of this Agreement, that no person or selling agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the State shall, in addition to other remedies provided by law, have the right to annul this Agreement without liability, paying only for the value of the work actually performed, or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee.
4. **POTENTIAL SUBCONTRACTORS:** Nothing contained in this Agreement or otherwise shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the Contractor of its responsibilities and obligations hereunder. The Contractor agrees to be as fully responsible to the State for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. The Contractor's obligation to pay its subcontractors is an independent obligation from the State's obligation to make payments to the Contractor. As a result, the State shall have no obligation to pay or enforce the payment of any moneys to any subcontractor.
5. **RIGHT TO TERMINATE:** The State reserves the right to terminate this agreement subject to 30 days written notice to the Contractor. Contractor may submit a written request to terminate this agreement only if the State should substantially fail to perform its responsibilities as provided herein. However, the agreement can be immediately terminated for cause. The term "for cause" shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of the contract. In this instance, the contract termination shall be effective as of the date indicated on the State's notification to the Contractor. This agreement may be suspended or cancelled without notice, at the option of the Contractor, if the Contractor or State's premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.
6. **EXTENSION OF TERM:** If the State deems so necessary, it may extend the term of this agreement by way of a written and mutually signed Amendment to this Agreement.

## Question and Answers for Bid #OSP-115350 - CHP 215 & 215A

### OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.