

INVITATION FOR BIDS

C26690001

REFUSE & RECYCLING SERVICES

Prairie City State Vehicular Recreation Area

Bid Package



STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF PARKS AND RECREATION
GOLD FIELDS DISTRICT
7806 FOLSOM-AUBURN ROAD
FOLSOM, CALIFORNIA 95630-1797

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C26690001

REFUSE & RECYCLING SERVICES

Prairie City State Vehicular Recreation Area

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+ AS SUPPLIED BY CONTRACTOR

***IF CLAIMING PREFERENCE**

BIDDER DECLARATION

1. Prime bidder information (**Review attached Bidder Declaration Instructions prior to completion of this form**):
- a. Identify current California certification(s) (**MB, SB, NVSA, DVBE**): _____ or None ☐ (If "None," go to Item #2)

b. Will subcontractors be used for this contract? **Yes** ☐ **No** ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

c. If you are a California certified DVBE: (1) Are you a broker or agent? **Yes** ☐ **No** ☐
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** ☐ **No** ☐ **N/A** ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

| Subcontractor Name, Contact Person, Phone Number & Fax Number | Subcontractor Address & Email Address | CA Certification (MB, SB, NVSA, DVBE or None) | Work performed or goods provided for this contract | Corresponding % of bid price | Good Standing? | 51% Rental? |
|--|--|--|---|---------------------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

BIDDER DECLARATION Instructions

All prime bidders (the firm submitting the bid) must complete the Bidder Declaration.

- 1.a.** Identify all current certifications issued by the State of California. If the prime bidder has no California certification(s), check the line labeled “None” and proceed to Item #2. If the prime bidder possesses one or more of the following certifications, enter the applicable certification(s) on the line:

- Microbusiness (MB)
- Small Business (SB)
- Nonprofit Veteran Service Agency (NVSA)
- Disabled Veteran Business Enterprise (DVBE)

- 1.b.** Mark either “Yes” or “No” to identify whether subcontractors will be used for the contract. If the response is “No,” proceed to Item #1.c. If “Yes,” enter on the line the distinct element of work contained in the contract to be performed or the goods to be provided by the prime bidder. Do not include goods or services to be provided by subcontractors.

Bidders certified as MB, SB, NVSA, and/or DVBE must provide a commercially useful function as defined in Military and Veterans Code Section 999 for DVBEs and Government Code Section 14837(d)(4)(A) for small/microbusinesses.

Bids must propose that certified bidders provide a commercially useful function for the resulting contract or the bid will be deemed non-responsive and rejected by the State. For questions regarding the solicitation, contact the procurement official identified in the solicitation.

Note: A subcontractor is any person, firm, corporation, or organization contracting to perform part of the prime’s contract.

- 1.c.** This item is only to be completed by businesses certified by California as a DVBE.

(1) Declare whether the prime bidder is a broker or agent by marking either “Yes” or “No.” The Military and Veterans Code Section 999.2 (b) defines “broker” or “agent” as a certified DVBE contractor or subcontractor that does not have title, possession, control, and risk of loss of materials, supplies, services, or equipment provided to an awarding department, unless one or more of the disabled veteran owners has at least 51-percent ownership of the quantity and value of the materials, supplies, services, and of each piece of equipment provided under the contract.

(2) If bidding rental equipment, mark either “Yes” or “No” to identify if the prime bidder owns at least 51% of the equipment provided (quantity and value). If **not** bidding rental equipment, mark “N/A” for “not applicable.”

- 2.** If no subcontractors are proposed, do not complete the table. Read the certification at the bottom of the form and complete “Page ____ of ____” on the form.

If subcontractors will be used, complete the table listing all subcontractors. If necessary, attach additional pages and complete the “Page ____ of ____” accordingly.

2. (continued) Column Labels

Subcontractor Name, Contact Person, Phone Number & Fax Number—List each element for all subcontractors.

Subcontractor Address & Email Address—Enter the address and if available, an Email address.

CA Certification (MB, SB, NVSA, DVBE or None)—If the subcontractor possesses a current State of California certification(s), verify on this website (www.eprocure.pd.dgs.ca.gov).

Work performed or goods provided for this contract—Identify the distinct element of work contained in the contract to be performed or the goods to be provided by each subcontractor. Certified subcontractors must provide a commercially useful function for the contract. (See paragraph 1.b above for code citations regarding the definition of commercially useful function.) If a certified subcontractor is further subcontracting a greater portion of the work or goods provided for the resulting contract than would be expected by normal industry practices, attach a separate sheet of paper explaining the situation.

Corresponding % of bid price—Enter the corresponding percentage of the total bid price for the goods and/or services to be provided by each subcontractor. Do not enter a dollar amount.

Good Standing?—Provide a response for each subcontractor listed. Enter either “Yes” or “No” to indicate that the prime bidder has verified that the subcontractor(s) is in good standing for all of the following:

- Possesses valid license(s) for any license(s) or permits required by the solicitation or by law
- If a corporation, the company is qualified to do business in California and designated by the State of California Secretary of State to be in good standing
- Possesses valid State of California certification(s) if claiming MB, SB, NVSA, and/or DVBE status

51% Rental?—This pertains to the applicability of rental equipment. Based on the following parameters, enter either “N/A” (not applicable), “Yes” or “No” for each subcontractor listed.

Enter “N/A” if the:

- Subcontractor is NOT a DVBE (regardless of whether or not rental equipment is provided by the subcontractor) or
- Subcontractor is NOT providing rental equipment (regardless of whether or not subcontractor is a DVBE)

Enter “Yes” if the subcontractor is a California certified DVBE providing rental equipment and the subcontractor owns at least 51% of the rental equipment (quantity and value) it will be providing for the contract.

Enter “No” if the subcontractor is a California certified DVBE providing rental equipment but the subcontractor does NOT own at least 51% of the rental equipment (quantity and value) it will be providing.

Read the certification at the bottom of the page and complete the “Page ____ of ____” accordingly.

**REPLACE THIS PAPER
WITH VALID
DEPARTMENT OF
GENERAL SERVICES
SMALL/MICRO BUSINESS
CERTIFICATION IF
CLAIMING
PREFERENCE.**

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

DGS PD 843 (Rev. 9/2019)

Formerly STD. 843

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

SECTION 1

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

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

Solicitation/Contract Number: C26690001 SCPRS Ref. Number: _____
(FOR STATE USE ONLY)**SECTION 2****APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.**

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

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

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

Firm/Principal Phone: _____ Address: _____

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

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

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

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

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

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

Page ____ of ____

PRINT**CLEAR**

**REPLACE THIS PAPER
WITH VALID
DEPARTMENT OF
GENERAL SERVICES
DISABLED VETERAN
BUSINESS ENTERPRISE
(DVBE) CERTIFICATION
IF CLAIMING
PREFERENCE.**

**TARGET AREA CONTRACT PREFERENCE ACT
PREFERENCE REQUEST FOR GOODS AND SERVICES SOLICITATIONS**

Complete this form to request TACPA preferences for this bid.

| | |
|---|--------------------------------|
| SOLICITATION NUMBER C26690001 | AGENCY/DEPT DPR/3790 |
|---|--------------------------------|

Target Area Contract Preference Act (TACPA) preferences are available only if the lowest responsible bid and resulting contract exceeds \$100,000. Your firm must be California based. You must certify, under penalty of perjury, to perform either **50%** of the labor hours required to complete a contract for GOODS, or **90%** of the labor hours required to complete a contract for SERVICES in the Target Area Contract Preference Act zone(s) you identify in Section I. The TACPA provides bid selection preferences of 5% for eligible worksites (Section I), and 1% to 4% for hiring eligible workforce employees (Section II). To identify Census Tract and Block Group numbers contact the city or county Planning and Development Commission for the intended worksite or visit the U.S. Census Bureau website (www.census.gov).

Section I. 5% WORKSITE(S) PREFERENCE ELIGIBILITY AND LABOR HOURS

To the Bidder: Preference may be denied for failure to provide the following required information:

- (1) Identify each firm in the supply chain, including yours, that will perform any of the contract labor hours required to complete this contract. Identify your role in the distribution process. Transportation hours performed by each carrier must be reported separately.
- (2) List complete addresses for each firm named below.
- (3) Report projected number of labor hours required to perform the contract for each firm.
- (4) Enter the CENSUS TRACT number.
- (5) Enter the BLOCK GROUP number.
- (6) Identify the California designated TACPA worksite(s) by entering the proper **Criteria** letter A, B, C, D, E, F (see reverse for instructions) in the Criteria column.

| (1) FIRM NAME and CONTRACT FUNCTION: (Manufacturing, transportation, shipping, warehousing, admin., etc.) Use additional pages, as needed, to fully report worksite information. | (2) WORKSITE ADDRESS Street Address, City, County, State, Zip Code, Phone Number | (3) PROJECTED LABOR HOURS | COMPLETE FOR ALL SITES LOCATED WITHIN A TACPA PREFERENCE AREA(S) | | |
|---|--|---------------------------------|---|---------------------|-------------------------|
| | | | (4) TRACT NUMBER | (5) BLOCK NUMBER | (6) CRITERIA (A – F) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL PROJECTED LABOR HOURS: | | 0.00 | | | |

Section II. 1% TO 4% WORKFORCE PREFERENCE

Bidders must qualify their firm's work site eligibility to request an additional 1% to 4% workforce preference in Section II.

- ☐ I request a 1% preference for hiring eligible persons to perform 5 to 9% of the total contract labor hours.
- ☐ I request a 2% preference for hiring eligible persons to perform 10 to 14% of the total contract labor hours.
- ☐ I request a 3% preference for hiring eligible persons to perform 15 to 19% of the total contract labor hours.
- ☐ I request a 4% preference for hiring eligible persons to perform 20% or more of the total contract labor hours.

Section III. CERTIFICATION FOR WORKSITE AND WORKFORCE PREFERENCES

To receive TACPA preferences, the following certification must be completed and signed by the Bidder.

I hereby certify under penalty of perjury that the bidder (1) is a California based company as defined in the TACPA regulations; (2) shall ensure that at least 50% of the labor hours required to complete a contract for Goods, or 90% of the labor hours to complete a Services contract shall be performed at the designated TACPA worksite(s) claimed in Section I; (3) shall hire persons who are TACPA eligible employees to perform the specified percent of total contract labor hours as claimed in Section II; (4) has provided accurate information on this request. I understand that any person furnishing false certification, willfully providing false information or omitting information, or failing to comply with the TACPA requirements is subject to sanctions as set forth in the statutes.

| | | | |
|-----------------------|--------------------|--------------|---------------|
| BIDDER'S NAME & TITLE | BIDDER'S SIGNATURE | PHONE NUMBER | EMAIL ADDRESS |
| | | FAX NUMBER | DATE |

TARGET AREA CONTRACT PREFERENCE ACT PREFERENCE REQUEST FOR GOODS AND SERVICES SOLICITATIONS

Target Area Contract Preference Act References and Instructions

The Target Area Contract preference Act (TACPA), GC §4530 et seq., and 2 CCR §1896.30 et seq., promotes employment and economic development at designated distressed areas by offering 5% worksite and/or 1% to 4% workforce bidding preferences in specified state contracts. The TACPA preferences do not apply to contracts where the worksite is fixed by the contract terms. These preferences only apply to bidders who are California based firms, and only when the lowest responsible bid and resulting contract exceed \$100,000. Bidders must certify, under penalty of perjury to perform either 50% (for GOODS contracts) or 90% (for SERVICES contracts) of the labor hours required to complete this contract in the eligible TACPA area worksite(s) identified in Section I on the reverse side of this page. TACPA preferences for a single worksite preference cannot exceed \$50,000.00. Additionally, TACPA preferences for a single workforce preference cannot exceed \$50,000.00. In combination with any other preferences, the maximum limit is 15% of the lowest responsible bid; and, in no case shall not exceed \$100,000 in total.

Section I Worksite Preference Eligibility and Labor Hours

Bidders must identify at least one eligible TACPA worksite by entering the criteria letter A, B, C, D, E or F in the "Criteria" column and enter the "Census Tract" and "Block Group" Numbers to be eligible for the preference. You must name each and every firm or site where contract labor hours will be worked. Preference requests may be denied if an eligible California TACPA worksite is not identified, or all firms performing contract labor hours are not identified. Enter one of the following "Criteria" letters to identify each TACPA worksite on the reverse page:

- A.** The firm is located in a California eligible distressed area(s).
- B.** The firm will establish a worksite(s) in a California eligible distressed area(s).
- C.** The firm is in a census tract with a contiguous boundary adjacent to a California eligible distressed area.
- D.** The firm will establish a worksite(s) located directly adjoining a valid TACPA census tract/block group that when attached to the California eligible distressed area(s) forms a contiguous boundary.
- E.** The bidder will purchase the contract goods from a manufacturer(s) in a California eligible distressed area(s). **This option applies to solicitations for GOODS only.**
- F.** The bidder will purchase contract goods from a manufacturer(s) in directly adjoining census tract blocks that when attached to the California eligible distressed area(s) forms a contiguous boundary. **This option applies to solicitations for GOODS only.**

Enter labor hours for each listed firm and site. The hours shall be reasonable and shall only include the labor hours necessary and required to complete the contract activities. Artificially increasing hours at a claimed TACPA worksite, or understating labor hours worked outside the eligible worksite may result in a denied preference request. Do not include machine time and non-labor time when projecting contract labor hours. Report all bidder work hours and those of any subcontractor performing this contract. All transportation hours must be reported for each carrier separately and must not be combined or included with hours for manufacturing, processing, or administration, or at any eligible TACPA site. Failure to list all the labor hours to be performed at the reportable sites will result in a denial of this preference request.

The bidder must explain, by activity, their firm's projected contract labor hours by completing and signing the *Bidder's Summary - TACPA* form (DGS/PD 526) (included with this solicitation).

If supplying goods, the bidder must also provide a completed and signed *Manufacturer's Summary - TACPA* form (DGS/PD 525) (included with this solicitation) that specifies the number of projected labor hours necessary to make the product(s).

Section II Workforce Preference

Eligibility to request a workforce preference is based on the bidder first claiming and receiving approval of the 5% TACPA worksite preference. The workforce preferences are only awarded if the bidder hires and employs the TACPA qualified individuals. Workforce preferences will not be approved for another firm's employees. By claiming a workforce preference percentage, the bidder must have its eligible employees perform the specified percentage of the total contract workforce labor hours. See Section I, "Total Projected Labor Hours," STD. 830. To claim the workforce preferences select or check the appropriate box for percent of requested bid preferences in Section II.

Section III Certification for Worksite and Workforce Preferences

Bidder must sign, under penalty of perjury, the certification contained in Section III to be eligible for any of the preferences requested pursuant to this form. The penalties associated with the TACPA statute are: GC §4535.1, A business that requests and is given the preference provided for in Section 4533, 4533.1, 4534, or 4534.1 by reason of having furnished a false certification, and which by reason of that certification has been awarded a contract to which it would not otherwise have been entitled, shall be subject to all of the following:

- (a) Pay to the State any difference between the contract amount and what the State's cost would have been if the contract had been properly awarded.
- (b) In addition to the amount specified in subdivision (a), be assessed a penalty in an amount of not more than 10 percent of the amount of the contract involved.
- (c) Be ineligible to directly or indirectly transact any business with the State for a period of not less than six months and not more than 36 months.

Prior to the imposition of any sanction under this chapter, the contractor or vendor shall be entitled to a public hearing and to five days notice of the time and place thereof. The notice shall state the reasons for the hearing.

If you receive an award based on these preferences you will be required to report monthly on your contract performance, labor hours, and TACPA compliance.

For questions concerning preferences and calculations, or if a bid solicitation does not include preference request forms, please call the awarding Department's contract administrator. Only another California certified small business can use TACPA preferences to displace a California certified small business bidder.

To identify TACPA distressed worksites contact the local city or county Planning/Economic Development offices of the proposed worksite, or go to <http://tacpa.dgs.ca.gov/>. Verify the Census Tract and Block numbers for TACPA sites by contacting the DGS, Procurement Division Dispute Resolution Unit at TACPA@dgs.ca.gov.

**MANUFACTURER'S SUMMARY
Of Contract Activities and Labor Hours****Section I**SOLICITATION NUMBER
C26690001AGENCY/DEPT
DPR/3790

To be eligible for bidding preferences, the following data/information must be provided AND signed, as indicated, by both the Manufacturer and the Bidder. Any person furnishing false certifications, willfully providing false information, omitting information, or failing to comply with the preference requirements is subject to sanctions as set forth in the statutes.

Section II**Manufacturer's Information: Must be completed by the Manufacturer**

Report the projected production capacity of the facility for each product type/solicitation line item. This form must accompany any bid preference request form(s) (STD 830) submittal to the designated contracting official at the awarding department. Enter the number of all employee labor hours in an 8-hour shift at this site required and necessary to perform the contract. Employee labor hours may cover such activities as manufacturing, packaging, handling, warehousing and/or shipping the product (see reverse for additional information). Do not include labor-free time (automation or machine hours /storage/etc). If additional lines are needed, copies of this form may be used.

| Product Type Or Line Item (Manufactured At This Site) | Contract Quantity (Include Product Units) | Production Capacity (Units Per 8-Hr Shift) | Number Of Employees Used In 8-Hr Shift (Of The Product Production Cycle) | | | | | | Total Employee Contract Labor Hours Per Product Type Or Line Item |
|---|--|---|---|-----------|----------|-------------|----------|---------|---|
| | | | Manufacturing | Packaging | Handling | Warehousing | Shipping | Other * | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| GRAND TOTAL (Employee labor hours) | | | | | | | | | |
| *EXPLAIN "OTHER" ACTIVITIES OF THE MANUFACTURING CYCLE MUST BE DEFINED HERE, IF USED: (Use additional sheets, if necessary) | | | | | | | | | |

Section III**Manufacturer's Information and certification: Must be completed and signed by the Manufacturer**

Separate "Manufacturer's Summaries" are required for each site that is identified as a manufacturer of the contract goods.

| | | | |
|---------------------------------|--|---------------------|---------------|
| MANUFACTURER'S NAME AND ADDRESS | NAME AND TITLE OF PERSON SIGNING AS MANUFACTURER | PHONE NUMBER () | EMAIL ADDRESS |
| | MANUFACTURER'S SIGNATURE | FAX NUMBER () | DATE |

Section IV**Bidder's Certification: Must be completed and signed by the Bidder to be eligible for bidding preferences**

I hereby certify under penalty of perjury that the manufacturer provided the above information to me. The proposed employee labor hours indicated above correlate with the hours reported on the preference request form(s) [STD 830] that accompany this bid.

| | | | |
|-------------------------|--------------------|---------------------|---------------|
| BIDDER'S NAME AND TITLE | BIDDER'S SIGNATURE | PHONE NUMBER () | EMAIL ADDRESS |
| | | FAX NUMBER () | DATE |

MANUFACTURER'S SUMMARY

References and Instructions

The California Legislature has declared that it serves a public purpose and is a benefit to the State to encourage business investment, promote job development, and to facilitate job maintenance in economically distressed areas of the state. It is the intent of the Legislature to further these goals by providing appropriate preferences to California based companies submitting bids or proposals for state contracts to be performed at worksites in economically distressed areas when the contract is for goods or services in excess of \$100,000. To obtain preferences, the bidder must demonstrate that a minimum 50% (for goods contracts) or 90% (for services contracts) of the projected employee labor hours necessary for the contract will be performed within the economically distressed area. This includes manufacturer's employee labor hours.

If the bidder requests TACPA contract preferences¹, the completed *Manufacturer's Summary* must be signed by both the manufacturer² and the bidder for each requested preference. The information provided on this form will be used to evaluate the total manufacturing employee labor hours required to complete this contract.

Section I To be completed by the Bidder

Solicitation Number: Enter the solicitation number identified on the front page of the Invitation For Bid for which this form is being submitted.

Agency/Dept: Enter the name of the buying Agency and/or Department (e.g., State and Consumer Services Agency, Department of General Services)

Section II To be completed by the Manufacturer

This section identifies the projected production capacity of the manufacturer's facility; number of employees used for each type of the bid product and total of the projected employee contract labor hours used to manufacture the bid product for the entire contract period.

¹ Target Area Contract Preferences Act, GC § 4530 et seq.

² The State considers the manufacturer to be the company or companies that add value to the product by converting or transforming it from the raw or bulk product into the final bid product.

Product Type or Line Item: List the product type or line item as specified on the solicitation. Identify each product type or match the line items on the solicitation.

Contract Quantity: List the number of product unit(s) (i.e. # cases, pounds, etc.). Use the same quantity and unit of measure used in the state's solicitation.

Production Capacity: Indicate the manufacturing capacity for each product type/line item in an 8-hour period.

Employees Used In 8-Hr Period: Indicate the number of employees used for the various production segments during an 8-hour period (example: .5, 1.5, 2). List only the production processes pertaining to the production of the bid product/line item. Production tasks may include: manufacturing, packaging, handling, shipping, and/or other. Production hours listed under "other" must be defined.

Total Hours: For each product type/line item, identify the total number of employee contract labor hours projected to be used for the entire contract period.

Section III To be completed by the Manufacturer

Firm & address: Enter the manufacturer's name & address.

Authorized Representative: Type or print the name and title of the person signing the form.

Contact phone number: Enter the telephone number and fax number for the manufacturer.

Date: Enter the date the form is completed and signed by the manufacturer

Signature: Signed by the manufacturer

Email Address: E-mail address of manufacturer.

Section IV To be completed by the Bidder

Section IV must be completed and signed by the bidder to be eligible for the bidding preference.

| | | | |
|---|--|----------------------------------|-------------------------|
| STATE OF CALIFORNIA DGS/PD 526 Rev. 05/2022 | BIDDER'S SUMMARY Of Contract Activities and Labor Hours | Section I | |
| | | SOLICITATION NUMBER C26690001 | AGENCY/DEPT DPR/3790 |

To be eligible for the bidding preferences, the following data/information must be provided AND signed by the BIDDER. Any person furnishing false certifications, willfully providing false information, omitting information, or failing to comply with the preference requirements is subject to sanctions as set forth in statutes

| |
|-------------------|
| Section II |
|-------------------|

The "Bidder's Summary" of the contract activity and employee labor hours must be completed and signed by the Bidder. This form must accompany any bid preference request form STD 830 submittal to the designated contracting official at the awarding department.

Report the projected contract labor hours for each contract activity for administration, receiving, order processing, order shipping preparation. and transportation to state delivery point (see reverse for additional information). Report all employee labor hours necessary to perform this contract. Do not include labor-free hours (automated processing/storage time, etc.).

| Product Type Or Line Item | Contract Quantity (Total Product Units) | Number Of Bidder Contract Labor Hours To Be Used For This Contract | | | | | | Total Number Of Contract Labor Hours Per PS Type Or Line Item |
|---|--|--|-----------|---------------------------------|----------------------------|----------------|--------|---|
| | | Administration | Receiving | Order Processing (pick/pull) | Order Shipping Preparation | Transportation | Other* | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| Grand Total (Employee Labor Hours) | | | | | | | | |
| * EXPLAIN "OTHER" ACTIVITIES OF CONTRACT USED MUST BE DEFINED HERE: (Use additional sheets, if necessary) | | | | | | | | |

| | |
|--------------------|---|
| Section III | <i>To be eligible the following certification statement must be read and signed by the Bidder.</i> |
|--------------------|---|

I hereby certify under penalty of perjury that the information and labor hours reported on this form are accurate and complete. I understand that any person falsely certifying, willfully providing false information, omitting information, or failing to comply with the preference statutes may be subject to sanctions as set forth in the statutes.

| | | | |
|-------------------------|--------------------|--------------|---------------|
| BIDDER'S NAME AND TITLE | BIDDER'S SIGNATURE | PHONE NUMBER | EMAIL ADDRESS |
| | | FAX NUMBER | DATE |

BIDDER'S SUMMARY

References and Instruction

The California Legislature has declared that it serves a public purpose and is a benefit to the state, to encourage business investment, promote job development, and to facilitate job maintenance in economically distressed areas of the state. It is the intent of the Legislature to further these goals by providing appropriate preferences to California based companies submitting bids or proposals for state contracts to be performed at worksites in economically distressed areas by persons with a high risk of unemployment, when the contract is for goods or services in excess of \$100,000. To qualify for TACPA preference, the bidder must show that a minimum 50% (for Goods) or 90% (for Services) contracts of the projected employee/s labor hours necessary for the contract will be performed within the economically distressed area.

If the bidder requests TACPA contract preference, GC § 4530 et seq., the Bidder's Summary form must be completed and signed by the bidder for requested preference. The purpose of this form is to give the state contracting official, a tool to evaluate the total bidder employee labor hours required to complete this contract both inside and outside the preference areas.

Section I

Solicitation Number: Enter the solicitation number identified on the front page of the Invitation For Bid for which this form is being submitted.

Agency/Department: Enter the name of the buying Agency and/or Department (e.g., State and Consumer Services Agency, Department of General Services)

Target Area Contract Preferences Act, GC § 4530 et seq.

Section II

The purpose of this section is to capture the bidder's projected employee/s labor hours to perform this contract. Hours projected should only be those that the bidder itself will use and does not include manufacturing, or any other subcontracted hours.

Product/Service Type or Line Item:

List the product/service type line item/s as specified on the solicitation. Separate each product/service type to match the line items on the solicitation.

Contract Quantity:

List the product/service unit (i.e. # cases, lbs., hours, etc.). Use the same quantity and unit measure as specified in the solicitation.

Hours For This Contract:

Provide the projected number of employee labor hours to be used by the bidder in the performance of this contract. Hours may include, for example, Administrative, Logistics, Receiving, Warehousing, Shipping, Handling, and/or Other. **Do not include labor hours for time the product is stationary.**

Grand Total:

List the cumulative employee labor hours for the entire contract period.

Section III

Section III must be completed and signed by the bidder.

COMMERCIALLY USEFUL FUNCTION – BIDDER CERTIFICATION

All California Certified Small Business (SB), Micro Business (MB), and Disabled Veteran Business Enterprise (DVBE) suppliers contracting and subcontracting must complete this certification form.

| | | | |
|---|--|---|-----------------|
| LEGAL BUSINESS NAME (including "Doing Business As" DBA name) | | DPR REFERENCE/AGREEMENT NUMBER C26690001 | |
| CERTIFICATIONS (mark all that apply) <input type="checkbox"/> Small Business <input type="checkbox"/> Micro Business <input type="checkbox"/> DVBE | | DGS CERTIFICATION NUMBER (OSDS) | EXPIRATION DATE |
| For this agreement, this business is the: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor | | | |
| All Certified Small Business, Micro Business, and/or DVBE prime contractors, subcontractors or suppliers must meet the commercially useful function requirements under Government Code Section 14837(d)(4)(A) for Small and Micro Businesses, and Military and Veterans Code Section 999(b)(5)(B)(i) for DVBEs. A. Is the GSPD-05-105, Bidder Declaration attached? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Is the DGS PD 843, Disabled Veteran Business Enterprise Declarations form attached if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |

Please answer the following 5 questions as they apply to your company for the goods and/or services being acquired in this solicitation:

| | | | |
|---|--|--|------------------------------|
| 1 | Will your business be responsible for the execution of a distinct element of the resulting work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Will your business carry out the obligation of the contract by actually performing, managing or supervising the work involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Will you perform work that is normal for your business, service and functions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Will your business be responsible for products, inventories, materials, suppliers required for the contract, negotiating price, determining quality and quantity, ordering, installing (if applicable) and making payment? (Note: This only applies to GOODS. If this is a service, mark N/A and skip to #5.) | Goods | Services |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5 | If subcontracting a portion of the work, is it a normal portion as expected by current industry practices? (Also answer Yes if not subcontracting any portion.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

A response of "No" may result in your quote being deemed non-responsive and disqualified.

BIDDER'S CERTIFICATION

The signatory of this document must be the certified business owner (or authorized representative in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

| | | |
|---|-----------|------|
| PRINTED NAME AND TITLE OF AUTHORIZED SIGNER | SIGNATURE | DATE |
|---|-----------|------|

DEPARTMENT OF PARKS AND RECREATION USE

☐ APPROVED ☐ DENIED

| | | |
|----------------------------------|-----------|------|
| DPR BUYER/EVALUATOR PRINTED NAME | SIGNATURE | DATE |
|----------------------------------|-----------|------|

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

| FOR DEPARTMENT USE ONLY | |
|----------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C26690001 | PAGE 1 of 4 |

Exhibit B, Attachment 1
REFUSE DISPOSAL SERVICE BID FORM

| |
|--|
| DISTRICT NAME AND ADDRESS State of California, Department of Parks & Recreation |
| Gold Fields District |
| 7806 Folsom-Auburn Road |
| Folsom, CA 95630 |

| BID OPENING | |
|-------------|------|
| DATE | TIME |

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

REFUSE DISPOSAL SERVICE BID FORM (REVISED) - Exhibit B, Attachment 1

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

| FOR DEPARTMENT USE ONLY | |
|----------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C26690001 | PAGE 2 of 4 |

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

| | | |
|----------------------------------|---|--|
| DISTRICT Gold Fields District | PARK UNIT Prairie City State Vehicular Recreation Area | LOCATION WITHIN PARK UNIT Maintenance Shop (RECYCLE) |
|----------------------------------|---|--|

ESTIMATED REQUIREMENTS FOR REFUSE DISPOSAL SERVICE ARE AS FOLLOWS:

| I T E M | PERIOD OF SERVICE | | TYPE OF DUMPSTER | PROVIDED BY | PICKUP DAYS | | | | | | | PICKUP FREQUENCY | | (A) NO. OF PICKUP DAYS FOR PERIOD | (B) NO. OF CONTAINERS EACH SERVICE | (C) NO. OF CONTAINERS PICKED UP IN SERVICE PERIOD [(A)x(B)] | (D) COST PER CONTAINER PER SERVICE | (E) COST FOR SERVICE PERIOD [(C)x(D)] |
|------------------|-------------------|-----------|------------------------------------|-------------|-------------|---|---|---|---|---|---|------------------|------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|--|
| | From | To | | | S | M | T | W | T | F | S | Weekly | Every Other Week | | | | | |
| 1 | 9/1/2026 | 8/31/2029 | 4 YARD CARDBOARD RECYCLE | Contractor | S | M | T | W | T | F | S | | X | 79 | 1 | 79 | \$ | \$ |
| 2 | 9/1/2026 | 8/31/2029 | 10 YARD METAL RECYCLE | Contractor | S | M | T | W | T | F | S | Will Call | | 12 | 1 | 12 | \$ | \$ |
| 3 | 9/1/2026 | 8/31/2029 | 10 YARD WOOD RECYCLE | Contractor | S | M | T | W | T | F | S | Will Call | | 12 | 1 | 12 | \$ | \$ |
| 4 | 9/1/2026 | 8/31/2029 | 10 YARD CONCRETE RECYCLE | Contractor | S | M | T | W | T | F | S | Will Call | | 12 | 1 | 12 | \$ | \$ |
| 5 | | | | | S | M | T | W | T | F | S | | | | | | | |
| 6 | | | | | S | M | T | W | T | F | S | | | | | | | |
| 7 | | | | | S | M | T | W | T | F | S | | | | | | | |

TOTAL COST FOR REGULAR PICKUPS \$

| | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|----------------------------------|--|--|--|--|--|--|-------------------------------|--|--|--|------------------------|--|--|
| 8 | ADDITIONAL CONTAINERS - If requested, the contractor shall furnish the following extra containers: | | | | | | | | | | | | | | | | | |
| | TYPE OF CONTAINERS | | | | (F) NO. OF EXTRA CONTAINERS | | | | | | | (G) COST PER CONTAINER | | | | | | |
| | TOTAL COST FOR ADDITIONAL CONTAINERS [(F)x(G)] | | | | | | | | | | | | | | | | | |
| 9 | ADDITIONAL PICKUPS - If requested, the contractor shall provide the following additional pickups. | | | | | | | | | | | | | | | | | |
| | TYPE OF CONTAINERS | | | | (H) NO. OF CONTAINERS PER PICKUP | | | | | | | (I) NO. OF ADDITIONAL PICKUPS | | | | (J) COST PER CONTAINER | | |
| | TOTAL COST FOR ADDITIONAL PICKUPS [(H)x(I)x(J)] | | | | | | | | | | | | | | | | | |

TOTAL PAGE TWO ⇨ \$

REFUSE DISPOSAL SERVICE BID FORM (REVISED) - Exhibit B, Attachment 1

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

| FOR DEPARTMENT USE ONLY | |
|----------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C26690001 | PAGE 3 of 4 |

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

| | | |
|----------------------------------|---|--|
| DISTRICT Gold Fields District | PARK UNIT Prairie City State Vehicular Recreation Area | LOCATION WITHIN PARK UNIT Maintenance Shop (REFUSE) |
|----------------------------------|---|--|

ESTIMATED REQUIREMENTS FOR REFUSE DISPOSAL SERVICE ARE AS FOLLOWS:

| I T E M | PERIOD OF SERVICE | | TYPE OF DUMPSTER | PROVIDED BY | PICKUP DAYS | | | | | | | PICKUP FREQUENCY | | (A) NO. OF PICKUP DAYS FOR PERIOD | (B) NO. OF CONTAINERS EACH SERVICE | (C) NO. OF CONTAINERS PICKED UP IN SERVICE PERIOD [(A)x(B)] | (D) COST PER CONTAINER PER SERVICE | (E) COST FOR SERVICE PERIOD [(C)x(D)] |
|------------------|-------------------|-----------|-------------------|-------------|-------------|---|---|---|---|---|---|------------------|------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|--|
| | From | To | | | S | M | T | W | T | F | S | Weekly | Every Other Week | | | | | |
| 1 | 9/1/2026 | 6/30/2027 | 30 YARD REFUSE | Contractor | S | u | n | | | | | X | | 43 | 1 | 43 | \$ | \$ |
| 2 | 7/1/2027 | 6/30/2028 | 30 YARD REFUSE | Contractor | S | u | n | | | | | X | | 52 | 1 | 52 | \$ | \$ |
| 3 | 7/1/2028 | 6/30/2029 | 30 YARD REFUSE | Contractor | S | u | n | | | | | X | | 52 | 1 | 52 | \$ | \$ |
| 4 | 7/1/2029 | 8/31/2029 | 30 YARD REFUSE | Contractor | S | u | n | | | | | X | | 9 | 1 | 9 | \$ | \$ |
| 5 | | | | | S | u | n | | | | | | | | | | | |
| 6 | | | | | S | u | n | | | | | | | | | | | |
| 7 | | | | | S | u | n | | | | | | | | | | | |
| 8 | | | | | S | u | n | | | | | | | | | | | |
| 9 | | | | | S | u | n | | | | | | | | | | | |
| 10 | | | | | S | u | n | | | | | | | | | | | |

TOTAL COST FOR REGULAR PICKUPS \$

| | | | | |
|----|--|----------------------------------|-------------------------------|------------------------|
| 11 | ADDITIONAL CONTAINERS - If requested, the contractor shall furnish the following extra containers: | | | |
| | TYPE OF CONTAINERS | (F) NO. OF EXTRA CONTAINERS | (G) COST PER CONTAINER | |
| | TOTAL COST FOR ADDITIONAL CONTAINERS [(F)x(G)] | | | |
| 12 | ADDITIONAL PICKUPS - If requested, the contractor shall provide the following additional pickups. | | | |
| | TYPE OF CONTAINERS | (H) NO. OF CONTAINERS PER PICKUP | (I) NO. OF ADDITIONAL PICKUPS | (J) COST PER CONTAINER |
| | TOTAL COST FOR ADDITIONAL PICKUPS [(H)x(I)x(J)] | | | |

TOTAL PAGE THREE ⇨ \$

REFUSE DISPOSAL SERVICE BID FORM (REVISED) - Exhibit B, Attachment 1

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

| FOR DEPARTMENT USE ONLY | |
|----------------------------|----------------|
| CONTRACTOR NAME | |
| AGREEMENT NO. C26690001 | PAGE 4 of 4 |

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

| DISTRICT | | | PARK UNIT | | | | | | | | | | LOCATION WITHIN PARK UNIT | | | | | |
|--|--|-----------|--|-------------|----------------------------------|---|---|---|---|---|-------------------------------|------------------|----------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|--|
| Gold Fields District | | | Prairie City State Vehicular Recreation Area | | | | | | | | | | State Residence C (REFUSE) | | | | | |
| ESTIMATED REQUIREMENTS FOR REFUSE DISPOSAL SERVICE ARE AS FOLLOWS: | | | | | | | | | | | | | | | | | | |
| I T E M | PERIOD OF SERVICE | | TYPE OF DUMPSTER | PROVIDED BY | PICKUP DAYS | | | | | | | PICKUP FREQUENCY | | (A) NO. OF PICKUP DAYS FOR PERIOD | (B) NO. OF CONTAINERS EACH SERVICE | (C) NO. OF CONTAINERS PICKED UP IN SERVICE PERIOD [(A)x(B)] | (D) COST PER CONTAINER PER SERVICE | (E) COST FOR SERVICE PERIOD [(C)x(D)] |
| | From | To | | | S | M | T | W | T | F | S | Weekly | Every Other Week | | | | | |
| 1 | 9/1/2026 | 6/30/2027 | 2 YARD REFUSE | Contractor | S | M | T | W | T | F | S | X | | 43 | 1 | 43 | \$ | \$ |
| 2 | 7/1/2027 | 6/30/2028 | 2 YARD REFUSE | Contractor | S | M | T | W | T | F | S | X | | 52 | 1 | 52 | \$ | \$ |
| 3 | 7/1/2028 | 6/30/2029 | 2 YARD REFUSE | Contractor | S | M | T | W | T | F | S | X | | 52 | 1 | 52 | \$ | \$ |
| 4 | 7/1/2029 | 8/31/2029 | 2 YARD REFUSE | Contractor | S | M | T | W | T | F | S | X | | 9 | 1 | 9 | \$ | \$ |
| 5 | | | | | S | M | T | W | T | F | S | | | | | | | |
| 6 | | | | | S | M | T | W | T | F | S | | | | | | | |
| 7 | | | | | S | M | T | W | T | F | S | | | | | | | |
| 8 | | | | | S | M | T | W | T | F | S | | | | | | | |
| 9 | | | | | S | M | T | W | T | F | S | | | | | | | |
| 10 | | | | | S | M | T | W | T | F | S | | | | | | | |
| TOTAL COST FOR REGULAR PICKUPS | | | | | | | | | | | | | | | | | \$ | |
| 11 | ADDITIONAL CONTAINERS - If requested, the contractor shall furnish the following extra containers: | | | | | | | | | | | | | | | | | |
| | TYPE OF CONTAINERS | | | | (F) NO. OF EXTRA CONTAINERS | | | | | | (G) COST PER CONTAINER | | | | | | | |
| | TOTAL COST FOR ADDITIONAL CONTAINERS [(F)x(G)] | | | | | | | | | | | | | | | | | |
| 12 | ADDITIONAL PICKUPS - If requested, the contractor shall provide the following additional pickups. | | | | | | | | | | | | | | | | | |
| | TYPE OF CONTAINERS | | | | (H) NO. OF CONTAINERS PER PICKUP | | | | | | (I) NO. OF ADDITIONAL PICKUPS | | | | (J) COST PER CONTAINER | | | |
| | TOTAL COST FOR ADDITIONAL PICKUPS [(H)x(I)x(J)] | | | | | | | | | | | | | | | | | |
| TOTAL BID PRICE ⇒ | | | | | | | | | | | | | | | | | \$ | |

DARFUR CONTRACTING ACT CERTIFICATION

DO NOT COMPLETE OR RETURN THIS FORM IF: Within the previous three years, your company **HAS NOT** had any business activities or other operations outside of the United States.

All other companies, complete Option #1 or Option #2 and return:

Public Contract Code Sections 10475 -10481 applies to any company that currently or within the previous three years has had business activities or other operations outside of the United States. For such a company to bid on or submit a proposal for a State of California contract, the company must certify that it is either a) not a scrutinized company; or b) a scrutinized company that has been granted permission by the Department of General Services to submit a proposal.

OPTION #1 - CERTIFICATION

If your company, within the previous three years, has had business activities or other operations outside of the United States, in order to be eligible to submit a bid or proposal, please insert your company name and Federal ID Number and complete the certification below.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that a) the prospective proposer/bidder named below is not a scrutinized company per Public Contract Code 10476; and b) I am duly authorized to legally bind the prospective proposer/bidder named below. This certification is made under the laws of the State of California.

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

OPTION #2 - WRITTEN PERMISSION FROM DGS

Pursuant to Public Contract Code section 10477(b), the Director of the Department of General Services may permit a scrutinized company, on a case-by-case basis, to bid on or submit a proposal for a contract with a state agency for goods or services, if it is in the best interests of the state. If you are a scrutinized company that has obtained written permission from the DGS to submit a bid or proposal, complete the information below.

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

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

DO NOT COMPLETE THIS FORM UNLESS YOUR COMPANY MEETS THE CRITERIA OF OPTION #1 OR OPTION #2.

ARTIFICIAL INTELLIGENCE (AI) DISCLOSURE FORM

Instructions for this form are on Page 3.

I. BIDDER CONTACT INFORMATION

| | | | |
|---------------------|------|---------------------------|-----------|
| | | | C26690001 |
| BUSINESS NAME | | SOLICITATION NUMBER | |
| REPRESENTATIVE NAME | | BUSINESS TELEPHONE NUMBER | |
| BUSINESS ADDRESS | CITY | STATE | ZIP CODE |

Description of Services:

Describe in detail the services being provided. Include names of products and large language model.

Contractor to provide all labor, tools, equipment, materials and supplies necessary to lawfully collect, transport and dispose of refuse and/or recycling materials generated at the various locations within Prairie City State Vehicular Recreation Area. All work shall be complete and ready for use in accordance with the service specifications and contract documentation for stipulated sums which shall include all applicable expenses

II. DISCLOSURE

Will you and/or your subcontractor(s) be using or offering AI technology, model, service, or system (collectively, "product") for this product in question?

☐ No. (Skip to Section III) ☐ Yes. (Answer 1-5 below)

1. What type of AI is included?

☐ Traditional AI ☐ Generative AI

2. Is the AI required for this product?

☐ No ☐ Yes ☐ Other:

ARTIFICIAL INTELLIGENCE (AI) DISCLOSURE FORM (Continued)

3. What is the model and version of this product?

4. What is the license tier of the AI product, if applicable (free, enterprise, platinum, etc.)?

5. How is the AI solution delivered: IaaS, PaaS, SaaS, or will it be deployed on-premises? (Indicate if this is a thin client, thick client, web extension, plugin, etc.)

Provide the best contact for information related to questions related to the AI included in the product (if different than the representative listed in Section I.)

| NAME | E-MAIL | PHONE NUMBER |
|------|--------|--------------|
|------|--------|--------------|

E-MAIL _____ PHONE NUMBER _____

PHONE NUMBER

III. SIGNATURE

By signing this document, I have identified and reported any AI use in the performance of this product in question.

Signature _____

Date _____

ARTIFICIAL INTELLIGENCE (AI) DISCLOSURE FORM (Instructions)

Instructions:

The Department of Parks and Recreation (DPR) is required to track and complete risk assessments for any Generative Artificial Intelligence (GenAI) purchases. This document is intended to help DPR identify GenAI and assess the risk related to any GenAI purchases.

Section I:

Bidders shall fill in their contact information.

The DPR staff shall fill out the Description of Services in detail and/or reference the applicable Statement of Work or attachment(s). Include the services to be provided related to AI and include the names of products and large language model. It is important to include as much detail as possible related to any AI aspect of the potential purchase.

Section II:

Bidders shall disclose any aspect of AI related to the purchase.

If “no” is selected, no further information is required in this section.

If “yes” is selected, the Bidder shall fill out answers to questions 1-5. Bidders should provide as much detail as possible related to the AI technology, model, service or system as it relates to what the DPR is soliciting for.

If GenAI is selected and the DPR staff intends to pursue the product, the DPR staff must complete the [SIMM 5305-F GenAI Intelligence Risk Assessment](#), Data Classification section and the Risk Assessment Questionnaire questions a-j; and submit it to ISPO@parks.ca.gov with a cc: to both PMO@parks.ca.gov and DPR-IT.Procurement@parks.ca.gov. Contact ISPO@parks.ca.gov for assistance with completing this assessment.

Upon review, ISPO will contact the DPR staff for more information, if needed, prior to submitting the finalized document to the California Department of Technology.

Procurement efforts will be placed on temporary hold pending CDT approval.

Definitions:

- IaaS – Infrastructure as a Service is a cloud computing model that provides on-demand access to virtualized computing resources like servers, storage, and networking.
- PaaS – Platform as a Service is a cloud computing model that provides a complete platform for developing, running, and managing applications.
- SaaS – Software as a Service a cloud-based software delivery model where users access and use applications over the internet via a subscription rather than purchasing and installing software locally.

Section III:

Bidder signatures are required to certify all provided information on this document is true and accurate to the best of their knowledge.

CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION

Pursuant to Public Contract Code section 2010, if a bidder or proposer executes or renews a contract over \$100,000 on or after January 1, 2017, the bidder or proposer hereby certifies compliance with the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS**: For contracts over \$100,000 executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES**: For contracts over \$100,000 executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

| | | |
|---|--|--------------------------|
| I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. <i>Proposer/Bidder Firm Name (Printed)</i> | | <i>Federal ID Number</i> |
| <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> | |

CCC 04/2017

CERTIFICATION

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)</i> | | |
| <i>Printed Name and Title of Person Signing</i> | | |
| <i>Date Executed</i> | <i>Executed in the County and State 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 11102) (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 lesser 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, 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 of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

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.

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

Section 1 – Payee Information**NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)**CITY, STATE, ZIP CODE****E-MAIL ADDRESS****Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2)☐ **SOLE PROPRIETOR / INDIVIDUAL**☐ **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual*☐ **PARTNERSHIP**☐ **ESTATE OR TRUST****CORPORATION** (see instructions on page 2)☐ **MEDICAL** (e.g., dentistry, chiropractic, etc.)☐ **LEGAL** (e.g., attorney services)☐ **EXEMPT** (e.g., nonprofit)☐ **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

_____ - _____ - _____

OR**Federal Employer Identification Number (FEIN)**

_____ - _____ - _____

Section 4 – Payee Residency Status (See instructions)☐ **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.☐ **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.☐ No services performed in California☐ Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification****I hereby certify under penalty of perjury that the information provided on this document is true and correct.****Should my residency status change, I will promptly notify the state agency below.****NAME OF AUTHORIZED PAYEE REPRESENTATIVE****TITLE****E-MAIL ADDRESS****SIGNATURE****DATE****TELEPHONE** (include area code)**Section 6 – Paying State Agency****Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE**

Department of Parks & Recreation

UNIT/SECTION

Gold Fields District

MAILING ADDRESS

7806 Folsom-Auburn Road

FAX

(916) 988-9062

TELEPHONE (include area code)

(916) 988-0205

CITY

Folsom

STATE

CA

ZIP CODE

95630

E-MAIL ADDRESS

goldfields.billing@parks.ca.gov

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

Section 1 – Payee Information

Name – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

Mailing Address – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

Section 2 – Entity Type

| If the Payee in Section 1 is a(n)... | THEN Select the Box for... |
|---|--|
| Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes | Sole Proprietor/Individual |
| Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes | Single Member LLC-owned by an individual |
| Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership | Partnerships |
| Estate • Trust (other than disregarded Grantor Trust) | Estate or Trust |
| Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature | Corporation-Medical |
| Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature | Corporation-Legal |
| Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations. | Corporation-Exempt |
| Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above | Corporation-All Other |

Section 3 – Tax Identification Number

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Section 4 – Payee Residency Status**Are you a California resident or nonresident?**

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
 - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900

E-mail address: wscs.gen@ftb.ca.gov

For hearing impaired with TDD, call: 1-800-822-6268

Website: www.ftb.ca.gov

Section 5 – Certification

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

Section 6 – Paying State Agency

This section must be completed by the state agency/department requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

STATE OF CALIFORNIA – STATE CONTROLLERS OFFICE

PAYEE DATA RECORD SUPPLEMENT

(This form is optional. Form is used to provide remittance address information if different than the mailing address on the STD 204 – Payee Data Record.)

Use this form to provide additional remittance addresses and additional Authorized Representatives of the Payee not identified on the STD 204.)

STD 205 (New 03/2021)

Payee Information (must match the STD 204)**NAME** (Required. Do not leave blank.)**TAX ID NUMBER** (Required)

SSN, ITIN, or FEIN that matches Tax ID number provided on STD 204

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME

(If different from above)

Additional Remittance Address Information

- Use the fields below to provide remittance addresses for payee if different from the mailing address on the STD 204.
- **The addresses provided below are for remittance purposes only. 1099 information returns will be sent to the mailing address specified on the STD 204.**

1 REMITTANCE ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

2 REMITTANCE ADDRESS

CITY

STATE

ZIP CODE

3 REMITTANCE ADDRESS

CITY

STATE

ZIP CODE

4 REMITTANCE ADDRESS

CITY

STATE

ZIP CODE

5 REMITTANCE ADDRESS

CITY

STATE

ZIP CODE

Additional Contact Information

Use the fields below to provide additional Authorized Representatives for the Payee if applicable.

1 CONTACT NAME

TELEPHONE (Include area code)

EMAIL

2 CONTACT NAME

TELEPHONE

EMAIL

3 CONTACT NAME

TELEPHONE

EMAIL

Certification*I hereby certify under penalty of perjury that the information provided on this supplemental document is true and correct.**By signing this document, I authorize the State of California to remit payment to the addresses specified on this supplemental form (STD 205) and certify that all persons identified on this form are authorized representatives of this payee. Payments remitted to any of the listed addresses may be reported on 1099 information returns to the tax liable entity identified on the accompanying Payee Data Record - STD 204.***NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

(Print or Type name)

TITLE**E-MAIL ADDRESS****SIGNATURE****DATE****TELEPHONE** (Include area code)

X _____

PAYEE DATA RECORD SUPPLEMENT

(This form is optional. Form is used to provide remittance address information if different than the mailing address on the STD 204 – Payee Data Record.

Use this form to provide additional remittance addresses and additional Authorized Representatives of the Payee not identified on the STD 204.)

STD 205 (New 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record Supplement, STD 205. Sign, date, and return to the state agency/department with a completed STD 204. Prompt return of the fully completed forms will prevent delays when processing payments.

Purpose – Completion of this form (STD 205) is optional. Payees may use this form to provide remittance addresses or contact information in addition to the 1099 information return mailing address provided on the STD 204. This form shall only be used in conjunction with the STD 204, and will not be accepted without a STD 204.

Please note: The State of California Government will issue 1099 information returns to the mailing address provided on the most recently dated form STD 204 validated by the Payee. Addresses provided on this form (STD 205) will be used for remittance purposes only. If the payee would like to update the address for receiving 1099 information returns, please complete the STD 204.

Payee Information: The Payee's Tax ID number (TIN) and Name (including any Business, DBA, or Disregarded LLC names) are required. This information is subject to TIN matching via the IRS database for validation. Payee Information provided in this section must clearly match the STD 204. Any discrepancies may result in delays of payment, up to and including denial of the request.

Name – Enter the name of the Payee. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

Tax ID Number-The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Additional Remittance Address Information - Enter the Payee's additional remittance address(s) that are not listed on STD 204. Up to five (5) addresses may be provided on this form. The Payee may provide additional remittance addresses on a second STD 205 form if needed.

Additional Contact Information - Enter the Payee's additional or updated contact information. Up to three contacts may be identified on this form. Payee may provide additional contacts on a second STD 205 if needed.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of the STD 204 form.

PAYEE DATA RECORD SUPPLEMENT GOODS VS. SERVICES

All suppliers doing business with the Department of Parks and Recreation must complete this form.

Vendor Information

PAYEE'S LEGAL BUSINESS NAME (Type or Print)

TAX ID NUMBER

Submission Checklist

Upon completion, submit to the requesting department listed in box/section 6 of the attached STD. 204:

- ☐ STD. 204, Payee Data Record
☐ STD. 205, Payee Data Record Supplement (If applicable) (Remit-to Address: different than Mailing, or multiple)
☐ DPR 88, Payee Data Record Supplement - Goods vs. Services

Will tangible goods be provided?

☐ Yes

Attach:

☐ Seller's Permit (No. _____)

☐ Certificate of Registration (No. _____)

☐ NO ATTACHMENT NEEDED
- No inventory or sales staff in CA.

☐ No

No additional attachments needed.

Certificate of Acceptance

When doing business with the Department of Parks and Recreation I accept and will abide by the State's IT General Provisions or General Provisions Non-IT Commodities, as applicable, located on the internet at www.pd.dgs.ca.gov/modellang/GeneralProvisions.htm.

Authorized Representative - complete and sign (REQUIRED)

AUTHORIZED REPRESENTATIVE'S SIGNATURE



PRINTED NAME

EXECUTED IN THE COUNTY AND STATE OF

DATE

DPR 88, PAYEE DATA RECORD SUPPLEMENT (GOODS VS. SERVICES) INSTRUCTIONS

All current and potential vendors/suppliers must have completed **both** the STD. 204 and DPR 88 in its entirety prior to commencing business with the Department of Parks and Recreation (DPR). STD. 205 is optional dependent upon remittance information (see form for details).

DEPARTMENT INSTRUCTIONS

Send DPR 88, STD. 204 (with section 6 pre-filled on the STD. 204), and STD. 205 to vendor/supplier for completion. Fill in Supplier ID if known in appropriate box in the top, right corner of the DPR 88. Once forms are returned, check for completeness. Resend to vendor/supplier if necessary until all information, signatures and attachments are included.

Once complete, upload into the FI\$Cal Systems Supplier Record for FI\$Cal review and approval.

Original forms must be retained in the procurement file at the District/Section level.

DPR 88 COMPLETION INSTRUCTIONS FOR VENDOR/SUPPLIER

Complete **all** required information and return form to the requesting department listed in Box/Section 6 of the STD. 204.

Upon completion, submit to the requesting department listed in box/section 6 of the attached STD. 204:

- ☐ STD. 204, Payee Data Record
- ☐ STD. 205, Payee Data Record Supplement (Remit-to Address: multiple or different than Mailing Address)
- ☐ DPR 88, Payee Data Record Supplement

check when finished with each form

Will tangible goods be provided?

☐ Yes

Attach:

☐ Seller's Permit (No. _____)

☐ Certificate of Registration (No. _____)

☐ NO ATTACHMENT NEEDED
- No inventory or sales staff in CA.

If yes, complete the appropriate checkbox below

☐ No

No additional attachments needed.

If no tangible goods provided, skip to Authorized Representative Section.

If you have inventory or sales staff in CA, choose appropriate checkbox, enter permit or certificate no. in space provided, & attach copy of permit/cert.

If you do NOT have inventory or sales staff in CA, check here and no additional attachments are needed.

Authorized Representative - complete and sign (REQUIRED)

AUTHORIZED REPRESENTATIVE'S SIGNATURE

PRINTED NAME



EXECUTED IN THE COUNTY AND STATE OF _____

This section must be signed with all boxes/fields completed.

DATE

**REPLACE THIS PAPER
WITH VALID BUSINESS
LICENSE FOR COUNTY
OR CITY OF BUSINESS
LOCATION.**

**REPLACE THIS PAPER
WITH CURRENT
SACRAMENTO COUNTY
SOLID WASTE
COLLECTION
FRANCHISE
AGREEMENT**