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Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

May 14<sup>th</sup>, 2026

**Invitation for Bid 26-10083  
LFS Staffing Contract**

You are invited to review and respond to this Invitation for Bid (IFB), entitled **LFS Staffing Contract, 26-10083**. The anticipated term of this contract is from 7/01/2026 to 6/30/2029. In submitting your bid, you must comply with the instructions found herein.

Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at: <https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/Standard-Contract-Language?search=GTC>

If you do not have Internet access, a hard copy can be provided by contacting the person listed below.

In the opinion of Department of Public Health (CDPH), this Invitation for Bid is complete and without need of explanation. However, if you have questions, or should you need any clarifying information, the contact person for this IFB is:

California Department of Public Health  
Attn: David Silva  
Centralized Contract Services Unit  
1616 Capitol Avenue, MS 1802  
Sacramento, CA 95814  
Phone: 279-732-2411  
Fax: 916-650-0110  
Email address: david.silva@cdph.ca.gov

Please note that no *verbal* information given will be binding upon the State unless such information is issued in writing as an official addendum.

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ATTACHMENTS

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EXHIBITS

|         |     |                                               |
|---------|-----|-----------------------------------------------|
| STD 213 |     | Sample Agreement                              |
| Exhibit | A   | Scope of Work                                 |
| Exhibit | B   | Budget Details and Payment Provisions         |
| Exhibit | B-1 | Cost Worksheet                                |
| Exhibit | D   | Special Terms and Conditions                  |
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| Exhibit | G   | Resumes                                       |
| Exhibit | H   | Contractor's Release                          |

## **A) PURPOSE AND DESCRIPTION OF SERVICES**

### **1. Purpose**

The California Department of Public Health, Center for Laboratory Sciences, is seeking a staffing agency to provide ten (10) Clinical Laboratory Scientists (CLS) to work in Laboratory Field Sciences (LFS) for a period not to exceed three years. California Clinical Laboratory Law requires that anyone working in a clinical chemistry laboratory must hold a CLS license in clinical chemistry. Their presence is crucial for regulatory compliance, quality testing, result interpretation, emergency response, research advancement, patient safety, and collaboration with healthcare professionals. LFS is required by California law to inspect licensed clinical laboratories at least every two years, a process governed by the federal Clinical Laboratory Improvement Amendments (CLIA).

### **2. Description of Services**

The contractor shall provide LFS with (10) FTE (full time equivalent) Licensed Clinical Laboratory Scientists (CLS) with Generalist or Specialist License to LFS. Each contractor shall possess at least three years of experience in one or more of the following: field consultation in clinical/public health labs; supervision of professional lab staff or serving as a lab director; or work as a staff specialist in technical areas of clinical/public health laboratory sciences.

**The amount of budgeted for this agreement shall not exceed \$7,000,000.00 (\*\*Seven Million Dollars and Zero Cents\*\*). Any bids over this amount will be deemed non-responsive.**

## **B) BIDDER MINIMUM QUALIFICATIONS**

The following minimum requirements refer to the actual person(s) who will be conducting the above-mentioned services. Responses must contain all requested information and conform to the format described in Section C.3 – IFB Response Requirements. It is the Bidders responsibility to provide all necessary information for the State to evaluate the response, verify requested information and determine the Bidders ability to perform the tasks and activities as defined above in paragraph A. 2, and the Exhibit A – Scope of Work. Please supply enough detail to clearly establish that the individual(s) meet the two (2) minimum qualifications listed below:

Number Qualification

|   |                                                                                                                                                      |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Three (3) or more consecutive years of experience performing the requested staffing and administrative services listed in Exhibit A – Scope of Work. |
| 2 | Three (3) or more consecutive years with a proven track record of providing licensed Clinical Laboratory Scientists.                                 |

### C) BID REQUIREMENTS AND INFORMATION

#### 1. Key Action Dates

It is recognized that time is of the essence. All bidders are hereby advised of the following schedule and will be expected to adhere to the required dates and times.

| Key Action Dates                      | Date(s)                                                                                         | Time                                            |
|---------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Release Date of IFB                   | Thursday, May 14 <sup>th</sup> , 2026                                                           | by 5 PM (PT)                                    |
| Questions Due                         | Thursday, May 21 <sup>st</sup> , 2026                                                           | by 3 PM (PT)                                    |
| Question/Answer Summary Posted        | <del>Wednesday, May 27<sup>th</sup>, 2026</del><br><b>Tuesday June 2<sup>nd</sup>, 2026</b>     | <del>by 5 PM (PT)</del><br><b>by 5 PM (PT)</b>  |
| Bid Due Date                          | <del>Tuesday, June 2<sup>nd</sup>, 2026</del><br><b>Tuesday, June 9<sup>th</sup>, 2026</b>      | <del>by 3 PM (PT)</del><br><b>by 3 PM (PT)</b>  |
| Bid Opening                           | <del>Wednesday, June 3<sup>rd</sup>, 2025</del><br><b>Wednesday, June 10<sup>th</sup>, 2025</b> | <del>at 10 AM (PT)</del><br><b>at 2 PM (PT)</b> |
| Notice of Intent to Award (estimated) | <del>Friday, June 5<sup>th</sup>, 2025</del><br><b>Friday, June 12<sup>th</sup>, 2025</b>       | <del>by 5 PM (PT)</del><br><b>by 5 PM (PT)</b>  |
| Anticipated Contract Start Date       | Wednesday, July 1 <sup>st</sup> , 2026, or upon final DGS approval, whichever is later.         |                                                 |

- a. The term of the agreement shall be 7/01/2026, or upon final DGS approval, whichever is later, through 6/30/2029. CDPH reserves the right to amend the agreement when CDPH determines that the term needs to be extended for time only for one year, or additional funding only is needed but in which case shall not exceed 30% of the cost of the agreement. The same hourly or unit rate(s) as agreed upon by the parties in the agreement shall be applied to the amendment. Consideration to amend shall be consistent with the terms of the original offer that was assessed and considered during the IFB assessment process. Contract amendments are subject to the satisfactory performance of the Contractor under the agreement and funding availability. No amendment or variation of the terms of the agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding not incorporated in the agreement is binding on any parties on any of the parties.
- b. In the opinion of CDPH, this Invitation for Bid (IFB) is complete and without need of

explanation. If CDPH receives questions regarding the content of this IFB, all questions must be typed, numbered, and submitted electronically via email to [david.silva@cdph.ca.gov](mailto:david.silva@cdph.ca.gov). All questions must be received on or before the date and time detailed under Section C.1 – Key Action Dates. Questions submitted by this date may be answered at the State's discretion. Answers will be made available as an addendum under the solicitation for posting for general access. Questions received after the due date will not be considered.

2. Submission of Bid

- a. All bids must be submitted under sealed cover and sent to Department of Public Health, Centralized Contract Services Unit by dates and times shown in Section C, Bid Requirements and Information, Item 1. Key Action Dates. The sealed cover must be plainly marked with the IFB number and title, must show your firm name and address, and must be marked with "DO NOT OPEN", and mailed or delivered to the following address:

IFB # 26-10083 LFS Staffing Contract  
Attention: David Silva

Department of Public Health  
1616 Capitol Avenue MS 1802  
Sacramento, CA 95814

**DO NOT OPEN UNTIL PUBLIC OPENING  
TIME SENSITIVE BID**

- b. Bids not submitted under sealed cover may be rejected. A minimum of three (3) copies of the bid must be submitted.
- c. All bids shall include the documents identified in this IFB as Required Attachment Checklist (see Attachment 2). Bids not including the proper "required attachments" shall be deemed non-responsive. A non-responsive bid is one that does not meet the basic bid requirements.
- d. All documents requiring a signature must bear an original signature of a person authorized to bind the bidding firm.
- e. Bids must be submitted for the performance of all the services described herein. Any deviation from the work specifications will not be considered and will cause a bid to be rejected.
- f. A bid may be rejected if it is conditional or incomplete, or if it contains any alterations

of form or other irregularities of any kind. The State may reject any or all bids and may waive an immaterial deviation in a bid. The State's waiver of immaterial deviation shall in no way modify the IFB document or excuse the bidder from full compliance with all requirements if awarded the agreement.

- g. Costs for developing bids and in anticipation of award of the agreement are entirely the responsibility of the bidder and shall not be charged to the State of California.
- h. An individual who is authorized to bind the bidder contractually shall sign the Bid/Bidder Certification sheet. The signature should indicate the title or position that the individual holds in the firm. An unsigned bid may be rejected.
- i. A bidder may modify a bid after its submission by withdrawing its original bid and resubmitting a new bid prior to the bid submission deadline. Bidder modifications offered in any other manner, oral or written, will not be considered.
- j. A bidder may withdraw its bid by submitting a written withdrawal request to the State, signed by the bidder or an authorized agent. A bidder may thereafter submit a new bid prior to the bid submission deadline. Bids may not be withdrawn without cause subsequent to bid submission deadline.
- k. The awarding agency may modify the IFB prior to the date fixed for submission of bids by the issuance of an addendum to all parties who received a bid package.
- l. The awarding agency reserves the right to reject all bids. The agency is not required to award an agreement.
- m. Before submitting a response to this solicitation, bidders should review, correct all errors and confirm compliance with the IFB requirements.
- n. Where applicable, bidder should carefully examine work sites and specifications. Bidder shall investigate conditions, character, and quality of surface or subsurface materials or obstacles that might be encountered. No additions or increases to the agreement amount will be made due to a lack of careful examination of work sites and specifications.
- o. The State does not accept alternate contract language from a prospective contractor. A bid with such language will be considered a counter proposal and will be rejected. The State's General Terms and Conditions (GTC) are not negotiable. The GTC may be viewed at Internet site <https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/Standard-Contract-Language?search=GTC>.

- p. No oral understanding or agreement shall be binding on either party.
- q. Bidder must complete and submit to the awarding agency the Payee Data Record (STD 204) and, if necessary, Payee Data Record Supplement (STD 205), to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. These forms can be found on the Internet at <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf> and <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf>, respectively. No payment shall be made unless a completed STD 204 and STD 205 (if necessary) has been returned to the awarding agency.
- r. Bidder must sign and submit to the awarding agency, page one (1) of the Contractor Certification Clauses (CCC), which can be found on the Internet at: [Standard Contract Language \(ca.gov\)](http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf).

### 3. IFB Response Requirements

The Respondent's response to this IFB will be made part of the agreement resulting from this IFB (as described in Exhibit E). Responses must contain all requested information and conform to the format described in this section. It is the Respondent's responsibility to provide a detailed response, all necessary information for the State to evaluate the response, verify requested information, and determine the Respondent's ability to perform the tasks and activities as defined in Exhibit A – Scope of Work (SOW), the qualification stated in Section B of this solicitation, and the terms and conditions detailed herein. The following contents must be included with your response:

- a. Provide a detailed response to requested services identified in Exhibit A, Scope of Work. Additionally, responses should outline how a vendor meets the criteria detailed in Section B of this Solicitation. This response should not be any longer than ten (10) typed pages in minimum 11-point font.
- b. Complete and return Exhibit B-1 Cost Worksheet.
- c. A copy of the resume for each identified member of the contractor's team, detailing experience meeting the State's requirements (Attachment H – Bidder's Proposed Staff Resumes). (If needed by program)
- d. List of references (Attachment 9 – Bidder References) for projects of similar size and scope. Please include a contact name, phone number and email address for each company listed.
- e. Provide a current copy of your Small Business certification status with the Department of General Services, Office of Small Business Certification and Resources (OSBCR).

- f. Submit a copy of a valid business license to do business California. If applicable, provide copy of a contractor's license.
- g. Provide copy of insurance as referenced in Exhibit E.
- h. Complete, sign and return the following:
  - 1) Attachment 2 – Required Attachment Checklist
  - 2) Attachment 4 – Bidder Contact Sheet
  - 3) Attachment 5 – Business Information Sheet
  - 4) Attachment 6 - STD 204 Payee Data Record &, if necessary, STD 205 Payee Data Record Supplement
  - 5) Attachment 7 – Bidder Declaration Form (GSPD-05-106)
  - 6) Attachment 8 - Contractor Certification Clauses (CCC 04/2017)
  - 7) Attachment 9 – Bidder References
  - 8) Attachment 10 – Commercially Useful Function (CUF) Certification
  - 9) Attachment 11 – Disabled Veteran Business Enterprise Declarations (STD 843), if necessary
  - 10) Attachment 12 - Darfur Contracting Act Form (DGS PD 1)
  - 11) Attachment 13– California Civil Rights Laws Attachment
  - 12) Attachment 14 – Iran Contracting Act Verification Form
  - 13) Attachment 15 – Target Area Contract Preference Act (TACPA) Preference Forms, if necessary

4. Bid Opening Location (include additional instructions if needed)

California Department of Public Health  
1616 Capitol Avenue, Room TBD  
Sacramento, CA

5. Evaluation and Selection

- a. At the time of bid opening, each bid will be checked for the presence or absence of

required information in conformance with the submission requirements of this IFB.

- b. The State will evaluate each bid to determine its responsiveness to the published requirements.
- c. Bids that contain false or misleading statements, or which provide references, which do not support an attribute or condition claimed by the bidder, may be rejected.
- d. Award if made, will be to the lowest responsive responsible bidder.
- e. In the event of a tie score, the award will be determined by a coin toss. The coin toss will be held in the State Agency's headquarters area office. This is a public event, which the bidders will be invited to attend. The selection of the Contractor will be at the sole discretion of the State.

#### 6. Award and Protest

- a. Whenever an agreement is awarded under a procedure, which provides for competitive bidding, but the agreement is not to be awarded to the low bidder, the low bidder shall be notified by telegram, electronic facsimile transmission, overnight courier, or personal delivery five (5) working days prior to the award of the agreement.
- b. Upon written request by any bidder, notice of the proposed award shall be posted in a public place in the office of the awarding agency at least five (5) working days prior to awarding the agreement.
- c. If any bidder, prior to the award of agreement, files a protest with the Department of General Services, Office of Legal Services, 707 Third Street, 7th Floor, Suite 7-330, West Sacramento, CA 95605 and the Department of Public Health on the grounds that the (protesting) bidder is the lowest responsive responsible bidder, the agreement shall not be awarded until either the protest has been withdrawn or the Department of General Services has decided the matter.
- d. Within five (5) days after filing the initial protest, the protesting bidder shall file with the Department of General Services and the awarding agency a detailed written statement specifying the grounds for the protest. The written protest must be sent to the Department of General Services, Office of Legal Services, 707 Third Street, 7th Floor, Suite 7-330, West Sacramento, California 95605. A copy of the detailed written statement should be mailed to the awarding agency. It is suggested that you submit any protest by certified or registered mail.

#### 7. Disposition of Bids

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

8. Agreement Execution and Performance

- a. Performance shall start not later than the express date set by the awarding agency and the Contractor, after all approvals have been obtained and the agreement is fully executed. Should the Contractor fail to commence work at the agreed upon time, the awarding agency, upon five (5) days written notice to the Contractor, reserves the right to terminate the agreement. In addition, the Contractor shall be liable to the State for the difference between Contractor's bid price and the actual cost of performing work by the second lowest bidder or by another contractor.
- b. All performance under the agreement shall be completed on or before the termination date of the agreement.

**D) USE OF GENAI**

The State of California seeks to realize the potential benefits of GenAI, through the development and deployment of GenAI tools, while balancing the risks of these new technologies.

Bidder / Offeror must notify the State in writing if it: (1) intends to provide GenAI as a deliverable to the State; or (2), intends to utilize GenAI, including GenAI from third parties, to complete all or a portion of any deliverable that materially impacts: (i) functionality of a State system, (ii) risk to the State, or (iii) Contract performance. For avoidance of doubt, the term "materially impacts" shall have the meaning set forth in State Administrative Manual (SAM) § 4986.2 Definitions for GenAI.

Failure to report GenAI to the State may result in disqualification. The State reserves the right to seek any and all relief to which it may be entitled to as a result of such non-disclosure.

Upon notification by a Bidder / Offeror of GenAI as required, the State reserves the right to incorporate GenAI Special Provisions into the final contract or reject bids/offers that present an unacceptable level of risk to the State.

Government Code 11549.64 defines "Generative Artificial Intelligence (GenAI)" as an artificial intelligence system that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system's training data.

**E) PREFERENCE PROGRAMS**

The following Preference Programs can be applied for qualifying bidders.

1. California Certified Small Business and Preference(s) Information

SMALL BUSINESS PREFERENCES AND CERTIFICATION

Bidders claiming the small business preference must be certified by California as a small business or must commit to subcontract at least twenty-five percent (25%) of the net bid price with one or more California certified small businesses. Small Business Nonprofit Veteran Services Agencies (SB/NVSA) prime bidders meeting requirements specified in the Military and Veterans Code Section 999.50 et seq. and obtaining a California certification as a small business are eligible for the five percent (5%) small business preference. If applicable, claim the preference in the box on the right-hand side of the first page of this solicitation. Completed certification applications and required support documents must be submitted to the Office of Small Business and DVBE Services (OSDS) no later than 5:00 p.m. on the bid due date and the OSDS must be able to approve the application as submitted.

Questions regarding certification should be directed to the OSDS at 916-375-4940.

SMALL BUSINESS REGULATIONS

The Small Business regulations, located in the California Code of Regulations (Title 2, Division 2, Chapter 3, Subchapter 8, Section 1896 et seq.), concerning the application and calculation of the small business preference, small business certification, responsibilities of small business, department certification, and appeals are revised, effective 9/09/04. The new regulations can be viewed at <https://www.dgs.ca.gov/PD/Services/Page-Content/Procurement-Division-Services-List-Folder/Certify-or-Re-apply-as-Small-Business-Disabled-Veteran-Business-Enterprise>. Access the regulations by clicking on the "Small Business California Code of Regulations" in the Authority section. For those without internet access, a copy of the regulations can be obtained by calling the Office of Small Business and DVBE Services (OSDS) at 916-375-4940.

SMALL BUSINESS PARTICIPATION REPORTING REQUIREMENTS

Per Government Code 14841, if a contract/purchase order is awarded from this solicitation with a commitment from the prime bidder to achieve small business participation, the contractor must within sixty (60) days of receiving final payment under this agreement (or within such other time period as may be specified elsewhere in this agreement) report to the awarding department the actual percentage of small business participation achieved.

NON-SMALL BUSINESS SUBCONTRACTOR PREFERENCE

A five percent (5%) bid preference is available to a non-small business claiming twenty-five percent (25%) California Certified small business subcontractor participation. If applicable, claim the preference in the box on the right-hand side of the first page of this solicitation.

If claiming the non-small business subcontractor preference, the bid response must include a list of the small business(es) with which you commit to subcontract in an amount of at least twenty-five percent (25%) of the net bid price with one of more California certified small businesses. Each listed certified small business must perform a "commercially useful function" in the performance of the contract as defined in Government Code Section 14837(d)(4). The required list of California certified small business subcontracts must be attached to the bid response and must include the following: 1) subcontractor name, 2) address, 3) phone number, 4) a description of the work to be performed and/or products supplied, 5) and the dollar amount or percentage of the net bid price (as specified in the solicitation) per subcontractor.

Bidders claiming the five percent (5%) preference must commit to subcontract at least twenty-five percent (25%) of the net bid price with one or more California certified small businesses. Completed certification applications and required support documents must be submitted to the Office of Small Business and DVBE Services (OSDS) no later than 5:00 p.m. on the bid due date, and the OSDS must be able to approve the application as submitted. Questions regarding certification should be directed to the OSDS at 916-375-4940.

## 2. Target Area Contract Preference Act

- a. Government Code (GC) Section 4530 (TACPA) provide that California based companies shall be granted a 5% preference whenever a state agency prepares a solicitation for services in excess of \$100,000. The preference(s) shall apply if the worksite is not fixed by the government agency and the proposer can demonstrate and certify, under the penalty of perjury, that at least 90% of the total labor hours required to perform the services shall be performed at an identified worksite located in a distressed area (TACPA). TACPA preferences will only be applied if this procurement results in more than one responsive proposal receiving a passing narrative proposal score.
- b. Additional work force preferences ranging from 1% to 4% can be earned by eligible proposers that agree to hire 5% to 20% of persons with a high risk of unemployment or those living in a targeted employment area to perform a specified percentage of the contract work.
- c. The granting of TACPA preference cannot displace an award to a certified small business.
- d. Proposers seeking TACPA preference must submit a completed STD 830 - Target Area Contract Preference Act Request, Bidders Summary (DGS-PD-526) and Manufacturers Summary (DGS-PD-525) with their proposal. Complete Attachment 15.

- e. TACPA preference cannot be granted if:
  - 1) The lowest proposed cost does not equal or exceed \$100,000 for the entire term, or
  - 2) The work site or any part thereof is fixed or preset by the State, or
  - 3) The services involve construction or a public works project or
- f. A proposer who has claimed a TACPA preference and is awarded the contract will be obligated to perform in accordance with the preference(s) requested, provided the preference was granted in obtaining the contract. Firms receiving preference must:
  - 1) Report their labor hours to the State and
  - 2) Reference the state contract on which the award is based for the specific reporting requirements.
- g. Proposers wishing to learn more about TACPA requirements, designated work site(s) or in California should contact the appropriate office of the Department of General Services at [tacpa@dgs.ca.gov](mailto:tacpa@dgs.ca.gov). DGS will attempt to determine TACPA eligibility within 5 working days.

### 3. Combined preferences

The maximum preference or score addition that any proposer may be granted for preference, non-small business subcontractor preference, DVBE Incentive, TACPA preference, preference combined is 15% of the bid amount or \$100,000, whichever is less.

Any firm that claims and is granted non-small business subcontractor preference, DVBE Incentive, TACPA preference cannot displace an award to a certified small business or microbusiness.

### 4. Commercially Useful Function

Only State of California, Office of Small Business and DVBE Services certified DVBEs who perform a commercially useful function relevant to this solicitation, may be used to satisfy the DVBE program requirements. Bidders are to verify each DVBE subcontractor's certification with OSDS to ensure DVBE eligibility.

Definition of Commercially Useful Function: California Code of Regulations, Title 2, § 1896.61 (l) The term "DVBE contractor, subcontractor or supplier" means any person or entity that satisfies the ownership (or management) and control requirements of § 1896.61 (f); is certified in accordance with § 1896.70; and provides services or goods that contribute to the fulfillment of the contract requirements by performing a commercially useful function.

As defined in MVC §999, a person or an entity is deemed to perform a "commercially useful function" if a person or entity does all the following:

- A. Is responsible for the execution of a distinct element of the work of the contract.
- B. Carries out the obligation by actually performing, managing, or supervising the work involved.
- C. Performs work that is normal for its business services and functions.
- D. Is responsible, with respect to products, inventories, materials and supplies required for the contract, for negotiating price, determining quality and quantity, ordering, installing, if applicable and making payment.
- E. Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.

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

The CDPH Advocates listed herein can be contacted to provide assistance in identifying DBVE vendors that may perform a commercially useful function applicable to the scope of this solicitation.

## **F) BUSINESS PARTICIPATION PROGRAM REQUIREMENTS**

### **1. Disabled Veteran Business Enterprise (DVBE) Incentive**

The DVBE Program requirement for this solicitation has been waived; however, the DVBE Incentive still applies. Use DVBE Incentive language below.

Further information found at <https://www.dgs.ca.gov/PD/Services/Page-Content/Procurement-Division-Services-List-Folder/Certify-or-Re-apply-as-Small-Business-Disabled-Veteran-Business-Enterprise>.

~~California Law requires Disabled Veteran Business Enterprise (DVBE) participation. CDPH policies require DVBE participation of 3 percent on all contracts exceeding \$5,000. All Proposers, including out of state firms, must comply with California's DVBE participation requirements. Proposals without a minimum 3 percent participation from a DVBE Certified prime or subcontractor will be deemed non responsive.~~

In accordance with section 999.5(a) of the Military and Veterans Code, an incentive will be given to bidders who exceed the DVBE program requirement. For evaluation purposes only, the State shall apply an incentive to bids that propose California certified DVBE participation as identified on the Bidder Declaration GSPD-05-106 and confirmed by the State. The incentive amount for awards based on low price will vary in conjunction with the percentage of DVBE participation.

The following incentive award will apply. Incentive points will be applied to the non-cost points section for evaluation purposes.

| <b>Confirmed DVBE Participation of:</b> | <b>DVBE Incentive</b> |
|-----------------------------------------|-----------------------|
| 5% or Over                              | 5%                    |
| 4% to 4.99% Inclusive                   | 3%                    |
| 3.5% to 3.99% Inclusive                 | 1%                    |

For awards based on low price, the net bid price of responsive bids will be reduced (for evaluation purposes only) by the amount of DVBE incentive as applied to the lowest responsive net bid price. If the lowest responsive, responsible bid is a California certified small business, the only bidders eligible for the incentive will be California certified small businesses.

An explanation of the Disabled Veteran Enterprise Program (DVBE) Incentive can be found at the Internet web site DVBE Program Requirements - [DGS.CA.gov](http://DGS.CA.gov).

## 2. DVBE Compliance and Verification

### Written Confirmation:

A written confirmation from each DVBE subcontractor identified on the Bidder Declaration must be provided. The written confirmation **must** include the solicitation number and be signed by the Bidder and DVBE subcontractor(s). The written confirmation shall include but is not limited to the DVBE scope of work, work to be performed by the DVBE, term of intended subcontract with the DVBE, anticipated dates the DVBE will perform required work, rate and conditions of payment and total amount to be paid to the DVBE.

Failure to submit signed confirmations shall render the bid non-responsive. If further verification is necessary, the state will obtain additional information to verify compliance with the above requirements.

### Disabled Veteran Business Enterprise Declarations (Std. 843):

Per the Military and Veterans Code Section 999.2, this form must be completed and signed by all disabled veteran owner(s) and disabled veteran manager(s) when a DVBE contractor or subcontractor will provide materials, supplies, service, or equipment. The completed form

should be included with the bid response. Should the form not be included with the IFB, contact the State contracting official to obtain a copy online from the Department of General Services, Procurement Division, Office of Small Business and DVBE Services (OSDS) website at Office of Small Business and Disabled Veteran Business Enterprise Services (ca.gov) .

At the States' option prior to award, bidders may be required to submit additional written clarifying information. Failure to submit the requested written information as specified may be grounds for bid rejection.

#### DVBE Subcontractor Substitution

The supplier understands and agrees that should award of this contract be based in part on their commitment to use the Disabled Veteran business Enterprise (DVBE) subcontractor(s) identified in their bid offer, per Military and Veterans Code section 999.5 (e), a DVBE subcontractor may only be replaced by another DVBE subcontractor and must be approved by the Department of General Services (DGS). Changes to the scope of work that impact the DVBE subcontractor(s) identified in the bid or offer and approved DVBE substitutions will be documented by contract amendment. Failure of Contractor to seek substitution and adhere to the DVBE participation level identified in the bid or offer may be cause for contract termination, recovery of damages under rights and remedies due to the State, and penalties as outlined in M&VC section 999.9; Public Contract Code (PCC) section 10115.10.

### 3. CDPH Advocate

CDPH Small Business and Disabled Veteran Business Enterprise Advocates are available to answer questions regarding the SB/DVBE Programs and Incentives and to help identify possible SB/DVBE vendors. If you need additional information, contact the CDPH SB/DVBE representative:

Jolene Murray  
sbdvbe@cdph.ca.gov

## **G) SUBCONTRACTORS**

No subcontractors will be used.

## **H) REQUIRED ATTACHMENTS**

Refer to the following pages for additional Required Attachments that are a part of this solicitation.

**I) SAMPLE AGREEMENT**

The following represents a sample of the agreement that will be awarded, if any, from this IFB. Please review it carefully and present any questions in writing to the contact person identified on the cover letter for this IFB.

**ATTACHMENT 1 – BIDDER COVER PAGE**

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Name of Bidding Firm *(Legal name as it will appear on the contract)*

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Mailing Address *(Street address, P.O. Box, City, State, Zip Code)*

**Person authorized to act as the primary contact for matters regarding this proposal:**

|                                     |             |               |
|-------------------------------------|-------------|---------------|
| Printed Name <i>(First, Last)</i> : |             | Title:        |
| Telephone number:                   | Fax number: | Email address |
|                                     |             |               |

**Person authorized to obligate this firm in matters regarding the resulting contract:**

|                                     |             |               |
|-------------------------------------|-------------|---------------|
| Printed Name <i>(First, Last)</i> : |             | Title:        |
| Telephone number:                   | Fax number: | Email address |
|                                     |             |               |

**(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign all proposal documents on behalf of the Board:**

|                                     |        |
|-------------------------------------|--------|
| Printed Name <i>(First, Last)</i> : | Title: |
|                                     |        |

|                                                  |       |
|--------------------------------------------------|-------|
| Signature of Vendor or Authorized Representative | Date: |
|                                                  |       |

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## ATTACHMENT 2 – REQUIRED ATTACHMENT / CERTIFICATION CHECKLIST

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

| Confirmed by Bidder                                                                      | Qualification Requirements. I certify that I meet the following qualification requirements:                                                                                                                                                                                                                                        |                                                                                          |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | My firm has read and is willing to comply with the terms, conditions, and contract exhibits addressed in the IFB section entitled, "Contract Terms and Conditions".                                                                                                                                                                |                                                                                          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | <b>(Corporations)</b> My firm is in good standing and qualified to conduct business in California. <b>[Check "N/A" if not a Corporation.]</b>                                                                                                                                                                                      |                                                                                          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | <b>(Nonprofit Organizations)</b> My firm is eligible to claim nonprofit status. <b>[Check "N/A" if not a nonprofit organization.]</b>                                                                                                                                                                                              |                                                                                          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.                                                                                                                                                       |                                                                                          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | My firm will supply before contract execution, proof of self-insurance or copies of insurance certificates proving possession of appropriate liability insurance that meets the requirements stipulated in Exhibit E of the Sample Agreement                                                                                       |                                                                                          |
| Confirmed by Bidder                                                                      | Bid Content. I have completed and returned the following Attachments included in the Bid Package:                                                                                                                                                                                                                                  | Confirmed by CDPH                                                                        |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 1, Bidder Cover Page                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Detailed response to Exhibit A – Scope of Work and Bidder Minimum Qualifications                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Exhibit B-1, Cost Worksheet                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 2, Required Attachment / Certification Checklist                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 4, Bidder Contact Sheet                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 5, Business Information Sheet                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 6, Payee Data Record (STD 204 – <a href="https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf">https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf</a> & STD 205 <a href="https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf">https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf</a> )                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 7, Bidder's Declaration <a href="https://www.documents.dgs.ca.gov/dgs/fmc/gspd/gspdpd05-106.pdf">https://www.documents.dgs.ca.gov/dgs/fmc/gspd/gspdpd05-106.pdf</a> .                                                                                                                                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 8, Contractor Certification Clauses (CCC 04/2017) <a href="https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/Standard-Contract-Language">https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/Standard-Contract-Language</a> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 9, Bidder References                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | Attachment 10, Commercially Useful Function (CUF) Certification                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |

| Confirmed by Bidder                                                                      | Bid Content. I have completed and returned the following Attachments included in the Bid Package:                                                                                                                                                                                                                                                                                                                                                                                                | Confirmed by CDPH                                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | Attachment 11, Disabled Veteran Business Enterprise Declaration<br><a href="https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd_843.pdf">https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd_843.pdf</a>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 13, Darfur Contracting Act<br><a href="http://www.documents.dgs.ca.gov/dgs/FMC/GS/PD/PD_1.pdf">http://www.documents.dgs.ca.gov/dgs/FMC/GS/PD/PD_1.pdf</a>                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Attachment 13, California Civil Rights Laws Certification<br><a href="http://www.documents.dgs.ca.gov/dgs/FMC/DGS/OLS004.pdf">http://www.documents.dgs.ca.gov/dgs/FMC/DGS/OLS004.pdf</a>                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | Attachment 14, Iran Contracting Act Verification Form<br><a href="https://www.dgs.ca.gov/-/media/Divisions/PD/PTCS/OPPL/SCM/Iran_Contracting_Act_Verification_Form.pdf">https://www.dgs.ca.gov/-/media/Divisions/PD/PTCS/OPPL/SCM/Iran_Contracting_Act_Verification_Form.pdf</a>                                                                                                                                                                                                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | Attachment 15, Target Area Contract Preference Act (TACPA) Preference Forms<br><a href="https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/gspdp0525.pdf">https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/gspdp0525.pdf</a><br><a href="https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/gspdp0526.pdf">https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/gspdp0526.pdf</a><br><a href="http://www.documents.dgs.ca.gov/dgs/fmc/pdf/Std830.pdf">http://www.documents.dgs.ca.gov/dgs/fmc/pdf/Std830.pdf</a> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Bidder's Proposed Staff Resumes                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | Small Business certification status with the Department of General Services, Office of Small Business Certification and Resources (OSBCR)                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | Insurance Declarations (see Exhibit E)                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | <b>(California Businesses)</b> Copy of a current business license issued by the government jurisdiction in which the business is located, unless no license is required. <u>Attach an explanation if a license copy cannot be supplied or there is reason to believe no license is required.</u> <b>Check "N/A" if not a California business or no business license is required.</b>                                                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | <b>(Corporations)</b> Either a copy of the Certificate of Status issued by California's Office of the Secretary of State <b>or</b> a copy of the bidding firm's <u>active</u> on-line status information downloaded from the California Business Portal website. Attach an explanation if the required documentation cannot be supplied. <b>Check "N/A" if not a Corporation.</b>                                                                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A | <b>(Nonprofit Organizations)</b> A copy of a current IRS determination letter indicating nonprofit or 501 (3) (c) tax exempt status. <b>Check "N/A" if not a nonprofit organization.</b>                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> N/A |
| Signature                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                                                                                     |

### ATTACHMENT 3 – CDPH BIDDER QUALIFICATIONS CHECKLIST (Sample)

*To be filled out by program based on information provided in bid from Lowest Apparent Bidder.*

Bidder personnel must have at least 3 consecutive years of experience of the type(s) listed below. All experience must have occurred within the past 5 years. It is possible to attain the experience types listed below during the same time period. Bidders must have a past record of sound business integrity and history of being responsive to past contractual obligations. Bidders must have experience in:

| Number | Qualification                                                                                                                                        | Confirmed by CDPH                                           |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1      | Three (3) or more consecutive years of experience performing the requested staffing and administrative services listed in Exhibit A – Scope of Work. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2      | Three (3) or more consecutive years with a proven track record of providing licensed Clinical Laboratory Scientists.                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

If answering "no," please justify reasoning (additional pages can be used):

Evaluators:

#### ATTACHMENT 4 – BIDDER CONTACT SHEET

Please complete contact information to be used in agreement, if awarded.

A. The project representatives during the term of this contract will be:

|                                           |  |
|-------------------------------------------|--|
| <b>Contractor Name</b>                    |  |
| Name of Contractor's Contract Manager     |  |
| Telephone: (XXX) XXX-XXXX                 |  |
| Fax: (XXX) XXX-XXXX                       |  |
| E-mail: <a href="#">XXXXXXXX@XXXXXXXX</a> |  |

A. Direct all inquiries to:

|                                             |  |
|---------------------------------------------|--|
| <b>Contractor (TBD)</b>                     |  |
| Section or Unit Name (if applicable)        |  |
| Attention: [Enter name, if applicable]      |  |
| Street address & room number, if applicable |  |
| P.O. Box Number (if applicable)             |  |
| City, State, Zip Code                       |  |
| Telephone: (XXX) XXX-XXXX                   |  |
| Fax: (XXX) XXX-XXXX                         |  |
| E-mail: <a href="#">XXXXXXXX@XXXXXXXX</a>   |  |

B. All payments from CDPH to the Contractor; shall be sent to the following address:

|                                           |  |
|-------------------------------------------|--|
| <b>Remittance Address</b>                 |  |
| Contractor: [Legal Business Name]         |  |
| Attention "Cashier":                      |  |
| Address:                                  |  |
| City, State, Zip Code                     |  |
| Telephone: (XXX) XXX-XXXX                 |  |
| Fax: (XXX) XXX-XXXX                       |  |
| E-mail: <a href="#">XXXXXXXX@XXXXXXXX</a> |  |

### ATTACHMENT 5 – BUSINESS INFORMATION SHEET

A signature affixed hereon and dated certifies compliance with all bid requirements. The signature below authorizes the State to verify the claims made on this form.

|                                           |  |                              |                  |
|-------------------------------------------|--|------------------------------|------------------|
| Name of Bidding Firm:                     |  | CA Corp. No. (If applicable) | Federal ID       |
| Name of Principal (If not an individual): |  | Title:                       | Telephone Number |
| Street Address / P.O. Box                 |  | City                         | State            |
|                                           |  |                              | Zip Code         |

**Type of Business Organization / Ownership (Check all that apply)**

**Ownership**

- ☐ Sole Proprietor  
☐ Partnership  
☐ Joint venture  
☐ Association

**Corporation**

- ☐ Nonprofit  
☐ For Profit  
☐ Private  
☐ Public

**Governmental**

- ☐ City/County, California State Agency, Federal Agency, State (other than California)  
☐ Other:

**Other Type of Entity**

- ☐ Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency  
☐ Auxiliary College Foundation  
☐ Other:

**California Certified Small Business Status**

- ☐ N/A ☐ Microbusiness ☐ Small business ☐ NVSA

☐ Certified By DGS

Certification No:

Expiration Date:

If certified, attach a copy of certification letter. If an application is pending, date submitted to DGS:

**Small Business Type (If applicable)**

- ☐ N/A ☐ Services ☐ Non-Manufacturer ☐ Manufacturer

☐ Contractor (Construction Type):

☐ Contractor's License Type:

**Veteran Status of Business Owner**

- ☐ N/A (not a veteran or not certified by DGS)

☐ Disabled Veteran Certified by DGS

Certification No.

Expiration Date:

If certified, attach a copy of certification letter. If an application is pending, date submitted to DGS:

**Disadvantaged Business Enterprise Status:**

- ☐ N/A ☐ Approved by the Cal Trans, Office of Civil Rights.

Certification number issued by Cal Trans:

Expiration Date:

**Indicate possession of required licenses and/or certifications (if applicable):**

- ☐ N/A (None required)

Contractor's State Licensing Board No.

PUC License Number

Required Licenses/Certifications (If applicable)

CAL-T-

**Signature**

Date Signed

Printed/Typed Name

Title

**Public Records Information**

The above information is required for statistical reporting purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to department contract staff, California Department of General Services, and possibly other public agencies. To access contract related records, contact the Centralized Contract Services Unit, 1616 Capitol Avenue, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377 or call 916-601-7241.

### **ATTACHMENT 6 – PAYEE DATA RECORD & SUPPLEMENT (STD 204 & STD 205)**

All bidders must complete the Payee Data Record (STD 204 & STD 205) and include it with the bid response.

The Payee Data Record (STD 204) is available at the following website:

<http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>.

The Payee Data Record Supplement (STD 205) is available at the following website:

<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf>.

If you do not have internet access, please contact the CCSU Analyst listed on this solicitation.

### **ATTACHMENT 7 – BIDDER DECLARATION FORM (GSPD-05-106)**

All bidders must complete and sign (at bottom of page) the Bidder Declaration Form (GSPD-05-106) and include it with the bid response.

The Bidder Declaration Form can be found at:

<https://www.documents.dgs.ca.gov/dgs/fmc/gspd/gspd05-106.pdf>.

If you do not have internet access, please contact the CCSU Analyst listed on this solicitation.

### **ATTACHMENT 8 – CONTRACTOR CERTIFICATION CLAUSES (CCC 04/2017)**

All bidders must complete the Contractor Certification Clauses form (CCC 04/2017) and include it with the bid response.

The Contractor Certification Clauses Form (CCC 04/2017) is available at the following website:

<https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/Standard-Contract-Language>

## ATTACHMENT 9 – BIDDER REFERENCES

Proposer Name:

List 3 clients served in the past 3 years to whom the Respondent provided similar size and scope; please list the most recent first.

### REFERENCE 1

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number

Email Address

Dates of service

Value or cost of service

Brief description of service provided

### REFERENCE 2

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number

Email Address

Dates of service

Value or cost of service

Brief description of service provided

### REFERENCE 3

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number

Email Address

Dates of service

Value or cost of service

Brief description of service provided

If three references cannot be provided, explain why:

## ATTACHMENT 10 – COMMERCIALLY USEFUL FUNCTION (CUF) CERTIFICATION

Every certified SB, MB & DVBE (prime or subcontractor) must complete this form if they will perform an element of the work.

Solicitation Number: \_\_\_\_\_

|                                                                         |                                      |                                 |
|-------------------------------------------------------------------------|--------------------------------------|---------------------------------|
| <b>1. LEGAL BUSINESS NAME including "Doing Business As" (DBA) name:</b> |                                      |                                 |
| <div></div>                                                             | OSDS CERTIFICATION #:<br><div></div> | Expiration Date:<br><div></div> |

### 2. COMMERCIALLY USEFUL FUNCTIONS (CUF)

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) (for SB) and Military and Veterans Code, Section 999(b)(5) (B) (for DVBE).

A. Is the GSPD-05-105 or GSPD-05-106 attached? ☐ Yes ☐ No

B. Std. 843 form attached, if applicable? ☐ Yes ☐ No

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

Mark all that apply: ☐ DVBE ☐ Small Business ☐ Micro Business

|   |                                                                                                                                                                                                                                        |                              |                             |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1 | Will your business be responsible for the execution of a distinct element of the resulting work?                                                                                                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Will your business carry out the obligation of the contract by actually performing, managing, or supervising the work involved?                                                                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Will you perform work that is normal for your business, service and functions?                                                                                                                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Will your business subcontract a portion of the work greater than would be expected by normal industry practices?                                                                                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Will your business be responsible, with respect to products, inventories, materials, supplies required for the contract, negotiating price, determining quality and quantity, ordering, installing (if applicable) and making payment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

A response of "No" in questions 1, 2, 3, & 5 or a response of "Yes" in question 4 may result in your quote being deemed non-responsive and disqualified.

### AUTHORIZING SIGNATURE (REQUIRED)

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.

|                                                     |                       |
|-----------------------------------------------------|-----------------------|
| AUTHORIZED REPRESENTATIVE SIGNATURE:<br><div></div> | TITLE:<br><div></div> |
| PRINTED NAME:<br><div></div>                        | DATE:<br><div></div>  |

**CDPH PSB USE ONLY:**    Approved ☐    Denied ☐

|                                           |                              |                      |
|-------------------------------------------|------------------------------|----------------------|
| CDPH CPSS BUYER SIGNATURE:<br><div></div> | PRINTED NAME:<br><div></div> | DATE:<br><div></div> |
|-------------------------------------------|------------------------------|----------------------|

### **ATTACHMENT 11 – DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS**

Bidders who are disabled veteran (DV) owner(s) and DV manager(s) of a Disabled Veteran Business Enterprise must complete Disabled Veteran Business Enterprise Declaration (STD 843) when a DVBE contractor or subcontractor will provide materials, supplies, services, or equipment and include it with the bid response.

The STD 843 Disabled Veteran Business Enterprise Declarations form can be found at:

[https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd\\_843.pdf](https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd_843.pdf).

### **ATTACHMENT 12 – DARFUR CONTRACTING ACT**

All bidders must complete the Darfur Contracting Act and include it with the bid response.

The Darfur Contracting Act Attachment is available at the following website:

[http://www.documents.dgs.ca.gov/dgs/FMC/GS/PD/PD\\_1.pdf](http://www.documents.dgs.ca.gov/dgs/FMC/GS/PD/PD_1.pdf).

### **ATTACHMENT 13 – CALIFORNIA CIVIL RIGHTS CERTIFICATION**

All offerors must complete and sign the California Civil Rights Laws Certification and include it with offer.

The California Civil Rights Laws Certification is available at the following website:

<http://www.documents.dgs.ca.gov/dgs/FMC/DGS/OLS004.pdf>

If you are unable to access this form, please contact the Department Contact on the cover page.

### **ATTACHMENT 14 – IRAN CONTRACTING ACT VERIFICATION FORM**

All Proposers must complete and sign the Iran Contracting Act Verification Form and include it with proposal.

The Iran Contracting Act Verification Form is available at the following website:

[https://www.dgs.ca.gov/-/media/Divisions/PD/PTCS/OPPL/SCM/Iran\\_Contracting\\_Act\\_Verification\\_Form.pdf](https://www.dgs.ca.gov/-/media/Divisions/PD/PTCS/OPPL/SCM/Iran_Contracting_Act_Verification_Form.pdf)

If you are unable to access this form, please contact the Department Contact on the cover page.

### **ATTACHMENT 15 – TARGET AREA CONTRACT PREFERENCE ACT (TACPA)**

The Target Area Contract Preference Act economic stimulus preference program was established to stimulate business investment in distressed areas of the state and create job opportunities for Californians for improving the economic vitality of their communities.

If applying for this preference, bidders must submit the preference request forms listed in the Attachments section of this document. Denial of TACPA preference requests is not a basis for rejection of the bid.

For more information: <https://www.dgs.ca.gov/PD/Services/Page-Content/Procurement-Division-Services-List-Folder/Request-a-Target-Area-Contract-Preference?search=tacpa>

The STD 830 Target Area Contract Preference Act Preference Request for Goods and Services Solicitations form can be found at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/Std830.pdf>.

The DGS/PD 525 Manufacturer's Summary of Contract Activities and Labor Hours form can be found at: <https://www.documents.dgs.ca.gov/dgs/fmc/gspd/gspd0525.pdf>.

The DGS/PD 526 Bidder's Summary of Contract Activities and Labor Hours form can be found at: <https://www.documents.dgs.ca.gov/dgs/fmc/gspd/gspd0526.pdf>.