

April 23, 2024

INVITATION FOR BID (IFB)
IFB # RW2476001
Notice to Prospective Contractors

The California Prison Industry Authority (CALPIA) invites you to review and respond to this Invitation for Bid (IFB), entitled **IFB No. RW2476001, POLO SHIRTS AND HATS WITH LOGO**. In submitting your bid, you must comply with the instructions found herein. CALPIA does not accept alternate contract language from a prospective vendor. A bid with such language is considered a counter proposal and will be rejected. CALPIA's General Provisions (GP's) are not negotiable.

Mail or deliver your bid package for the IFB to the address below. Faxed or electronically forwarded bids will not be accepted. Bids not submitted under sealed cover will be rejected. 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", as shown in the following example:

IFB Number: **RW2476001**
IFB Name: POLO SHIRTS AND HATS WITH LOGO
Attention: ANN HARBAUGH
Bid Submittal: Do Not Open

In the opinion of CALPIA, this IFB is complete and without need of explanation. However, should you have questions, or need clarifying information, please contact the Contract Analyst indicated below.

Due Date/Time: May 21, 2024 @ 3:00 PM PST	
CALPIA Contact	Return Bid To:
Ann Harbaugh Cell Phone: (916) 292-0409 Email: ann.harbaugh@calpia.ca.gov	California Prison Industry Authority Attention: Ann Harbaugh 560 East Natoma Street Folsom, CA 95630

This IFB covers the estimated annual requirement of Polo Shirts and Hats with Logo for the California Prison Industry Authority (CALPIA) Healthcare Facilities Maintenance (HFM) at multiple locations throughout California.

Term: Any contract resulting from this solicitation will expire after three (3) years regardless of the amount purchased, unless extended or terminated. The contract resulting from this solicitation may be extended by mutual agreement of CALPIA and the contractor.

Method of Award: This bid shall be awarded on an “All or None” basis to the bidder deemed by CALPIA, at its sole discretion, to offer the best value, which is defined as the lowest price or the greatest quality or a combination of the two depending on the specific needs of CALPIA.

The contract award will be made on the basis of **BEST VALUE** as determined by CALPIA alone, under statutory authority considering the following criteria:

1. Cost: Fair, reasonable, and competitive price, expressed warranties, life cycle of product, and customer service commitments for goods and or services.
2. Performance: Past performance, including but not limited to the quality and/or reliability for the product or service; certification by the International Standard Organization (ISO).
3. Experience: Length of time and/or number of instances the bidder has offered or produced the requested type of product and/or service.

CALPIA may consider other factors deemed necessary to ensure that best value is achieved. Any such factors must be reduced to written form and maintained in the contract file for the duration of the resulting contract.

In the interest of achieving best value, CALPIA does not grant Small Business, Disabled Veteran Business Enterprise (DVBE), Target Area Contract Preference Act (TACPA), Local Agency Military Base Recovery Act (LAMBRA), or Enterprise Zone Act (EZA) preferences in evaluating bids. Employment of ex-offenders by the bidder is encouraged by CALPIA as part of our ongoing mission to change lives through opportunities.

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

1.0 Product Profile

The object of this IFB is to provide a standard polo shirt for CALPIA's Healthcare Facilities Maintenance (HFM) staff to wear. There are currently over 550 HFM staff members located at correctional facilities throughout the state of California. CALPIA is looking for a high quality short-sleeved pullover shirt with collar and 3-button placket and canvas hats.

Each shirt will be embroidered with HFM logo on the front. **The tri-colored logo is approximately 4" wide and 2.25" high.** See **Attachment A** for logo design. The Pantone Matching System (PMS) Colors are Jay Blue #2384, Aqua Marine #2307, and Cranberry #2270.

The heavy-duty 100% polyester shirt shall be stain-resistant and able to withstand at least 50 launderings without excessive fading, yellowing, or curling of fabric.

Each cap will be embroidered with HFM logo on the front two panels. **The tri-colored logo is approximately 3" wide and 2" high.** See **Attachment A** for logo design. The Pantone Matching System (PMS) Colors are Jay Blue #2384, Aqua Marine #2307, and Cranberry #2270.

2.0 Specifications

Proposed Brand: CornerStone CS411 (Ladies), and CS410 (Men), and CS412 (Men 5XL and 6XL) or equivalent for shirts. CS811 CornerStone Canvas Mesh Back Cap or equivalent to Cap.

2.1 Women's shirts

- A. Material: 100% snag-proof polyester, 6-7 ounce weight. CS411, or equivalent
- B. Color: To be determined, with three-colored embroidered logo on left breast
- C. Construction: Double-needle stitching throughout, tag-free label, flat knit collar, three-button placket with dyed-to-match buttons, mic clips at center and shoulders, raglan sleeves, reinforced dual pen pockets on left sleeve, side vents, and drop tail to stay tucked in.
- D. Sizes: XS – 4XL

2.2 Men's shirts

- A. Material: 100% snag-proof polyester, 6-7 ounce weight. CS410, or equivalent
- B. Color: To be determined, with three-colored embroidered logo on left breast
- C. Construction: Double-needle stitching throughout, tag-free label, flat knit collar, three-button placket with dyed-to-match buttons, mic clips at center and shoulders, raglan sleeves, reinforced dual pen pockets on left sleeve, side vents, and drop tail to stay tucked in.
- D. Sizes: S – 4XL
- E. Material: 100% snag-proof polyester, 6-7 ounce weight. CS412, or equivalent
- F. Color: to be determined, with three-colored embroidered logo on left breast
- G. Construction: tag-free label, flat knit collar, three-button placket with dyed-to-match buttons, open hem sleeves, and side vents.
- H. Sizes 5XL and 6XL

2.3 Caps

- A. Material: 100% cotton canvas bill and front two panels and 100% polyester woven mesh mid and back panels. CS811, or equivalent

- B. Color: Black with three-colored embroidered logo on front panel. Logo is to be centered vertically on the front panel, and $\frac{3}{4}$ inch from brim to the bottom of the logo.
- C. Size: seven position adjustable snapback

3.0 Substitutions

Any substitution in material shall exceed the quality standard in this scope and all substitution differences must be submitted in writing. Substitution may be considered, based on CALPIA's need and requirements.

4.0 Samples

Sample shirt **with logo embroidered on it** shall be submitted with the bid package as part of the award evaluation. It is only necessary to submit **one** style. One women's Cornerstone CS411, or equivalent sample, or one men's Cornerstone CS410, or equivalent sample, or one men's CS412, or equivalent sample. Sample cap **with logo embroidered on it** shall be submitted with the bid package as part of the award evaluation. **One** Cornerstone CS811, or equivalent sample. If the sample does not meet specifications, the bid will be rejected. The bidder will not be allowed to re-submit corrected samples. If you are a bidder that sent a sample for IFB RW2476001, due May 21, 2024 it is not necessary to send another sample, mark DONE on Required Attachment Check List.

5.0 Cost to cover

Any failure to perform its obligations under the contract by the contractor shall, in addition to any other remedies available to CALPIA, entitle CALPIA to recover from the contractor the difference between the contractor's price and an alternate supplier's higher price in the event that CALPIA chooses to pay an alternate supplier a higher price for goods that the contractor fails to provide in a timely manner.

6.0 Contract Modifications

This contract may be amended at any time by mutual agreement of contracting parties, in writing. Change orders amending, modifying, or terminating the contract, including any modification of the compensation payable, may be issued only by the CALPIA Procurement Officer.

7.0 Price Changes

The prices issued on a contract resulting from this IFB will be firm for the first year of the contract. After the first year, the prices may be adjusted upon mutual agreement of CALPIA and the Contractor. Any adjustment for price increase or decrease shall be based on documented changes to the Contractor's costs of materials. The Contractor may request new pricing by submitting the proposed contract price changes up to 30 days prior to the anniversary month that the contract was issued for CALPIA's review and approval.

8.0 Minimum Order

Shirts will be ordered by purchase order from the resulting contract. Shirt orders will be placed by each facility directly. The minimum order is five (5) of any combination of men's and women's shirts in various sizes. Orders for less than this quantity shall be considered non-contract and may be purchased from other sources.

9.0 Quantity Discounts

Bidders are asked to provide quantity discounts on the Cost Sheet as part of their bid. Quantities will be based on the number of shirts placed on one order to be shipped to one facility at one time. Any quantity discounts offered will be made a part of the contract price schedule.

10.0 Freight On Board (F.O.B.) Point

For the purpose of this bid, only bids quoting F.O.B. Destination will be accepted. Bids quoting other than F.O.B. Destination will be rejected.

11.0 Delivery

The items are to be delivered when and as requested within 21 days after notification by the ordering agency, Monday through Friday, 8:00 a.m. to 2:30 p.m. Weekend or holiday deliveries cannot be accepted without prior approval in writing by ordering agency. Any single failure to deliver in a timely manner will be a material breach of this contract by the contractor.

It shall be the contractor's responsibility to obtain proper clearance for delivery drivers prior to any and all deliveries. Contact the institution listed on the purchase order for the driver clearance procedure.

12.0 Packaging

The shirts shall be sorted by style (women's/men's) and size in separate bags within the shipping box. Plastic or paper wrap should be included in the packaging to reduce dust and dirt from soiling the shirts. A packing slip must be attached to each box showing the contract number and giving an accurate description of the items, quantity, size, etc.

13.0 Contract Dollar Value

Any contract resulting from this bid will expire three (3) years from its effective date or when the contract dollar value has been expended. However, in the event the ordering agency's requirements are curtailed because of reducing requirements, cancellation of State programs, lack of fiscal appropriations, etc., the State shall be excused from purchasing any outstanding balances.

Please Note:

Only bids quoted on the State's own Cost Sheet will be considered. Bids submitted referencing supplier attachments, which include legal terms and conditions that conflict with the State's general bid provisions shall be considered non-responsive and such bids shall be rejected. On the Cost Sheet, if there is a discrepancy between the unit price and the extension price, the unit price shall prevail.

14.0 Payment

Payment terms for this contract are net 45 days. Payment will be made in accordance with the provisions of the California Prompt Payment Act, Government Code Section 927 etc. seq. Unless expressly exempted by statute, the Act requires State agencies to pay properly submitted, undisputed invoices not more than 45 days after (a) the date of acceptance of goods or performance of services or (b) receipt of an undisputed invoice, whichever is later. Under no circumstances will CALPIA be subject to late payment fees or interest charges.

15.0 Cash Discounts

CALPIA intends to take advantage of cash discounts offered in response to this IFB. Bidder may offer any cash discount amount; however, for the purpose of bid evaluation when the cash discount offered exceeds five (5) percent, it will be calculated at five (5) percent in determining the lowest quote. For the purpose of bid evaluation only, if the vendor offers a cash discount of less than 20 days or less than one half (1/2) of one (1) percent, CALPIA will not adjust their bid for cash discount.

16.0 Executive Order N-6-22 – Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order [N-6-22](#) (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering into any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.



CALIFORNIA PRISON INDUSTRY AUTHORITY

Invitation for Bid **RW2476001**

POLO SHIRTS AND HATS WITH LOGO

REQUIRED ATTACHMENT CHECK LIST

A complete bid or bid package will consist of the items identified below.

Complete this checklist to confirm that the items listed below have been included with your bid. Place a check mark or "X" next to each item that you are submitting. For your bid to be responsive, all required attachments must be returned. This checklist should also be returned with your bid package.

Attachments

Attachment Name/Description

Exhibit 1

Contract Price Sheet

Exhibit 2

Bidder/Supplier Responsibility
Information

Exhibit 3

Bid/Bidder Certification Sheet

Exhibit 4

Darfur Certificate (Mark only one)

STD 204

Payee Data Record

STD 205

Payee Data Record Supplement (STD 205)

NOTE: For use only if additional remittance addresses are needed or if additional authorized representatives need to be identified.

Exhibit 5

Economic Sanctions Certification

Additional Requirements

Sample Shirt w/logos (See section 4.0 above for details, if sample sent May 21, 2024, put DONE on this line) (See Attachment A Tri-Colored Logo)

Sample Hat w/logos (See section 4.0 above for details, if sample sent May 21, 2024, put DONE on this line) (See Attachment A Tri-Colored Logo)

**CONTRACT PRICE SHEET (ONE PRICE SHEET IF ALL SHIRT COLORS ARE THE SAME
UNIT PRICE. IF DIFFERENT SHIRT COLORS HAVE A DIFFERENT UNIT PRICE MULTIPLE
PRICE SHEETS ARE REQUIRED)**

The estimated quantities indicated below will be used solely for computing the cost as a fair and equitable formula to determine the best value bidder. They are not binding upon the contracting agency; however, the actual costs quoted by the bidder shall be binding for the term of the Agreement. Quantity discounts will be considered as part of the best value evaluation.

In case of discrepancy between the unit price and the total set forth for a unit basis item, the unit price shall prevail.

NOTE: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code.

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION (QTY X PRICE)
1	11	EA	POLO SHIRT WITH LOGO, WOMEN'S, XS*	\$_____ /EA	\$_____
2	77	EA	POLO SHIRT WITH LOGO, WOMEN'S, S	\$_____ /EA	\$_____
3	308	EA	POLO SHIRT WITH LOGO, WOMEN'S, M	\$_____ /EA	\$_____
4	330	EA	POLO SHIRT WITH LOGO, WOMEN'S, L	\$_____ /EA	\$_____
5	220	EA	POLO SHIRT WITH LOGO, WOMEN'S, XL	\$_____ /EA	\$_____
6	110	EA	POLO SHIRT WITH LOGO, WOMEN'S, 2XL	\$_____ /EA	\$_____
7	22	EA	POLO SHIRT WITH LOGO, WOMEN'S, 3XL	\$_____ /EA	\$_____
8	22	EA	POLO SHIRT WITH LOGO, WOMEN'S, 4XL	\$_____ /EA	\$_____
9	117	EA	POLO SHIRT WITH LOGO, MEN'S, S*	\$_____ /EA	\$_____
10	466	EA	POLO SHIRT WITH LOGO, MEN'S, M	\$_____ /EA	\$_____
11	500	EA	POLO SHIRT WITH LOGO, MEN'S, L	\$_____ /EA	\$_____
12	333	EA	POLO SHIRT WITH LOGO, MEN'S, XL	\$_____ /EA	\$_____
13	167	EA	POLO SHIRT WITH LOGO, MEN'S, 2XL	\$_____ /EA	\$_____
14	33	EA	POLO SHIRT WITH LOGO, MEN'S, 3XL	\$_____ /EA	\$_____
15	17	EA	POLO SHIRT WITH LOGO, MEN'S, 4XL	\$_____ /EA	\$_____
16	17	EA	POLO SHIRT WITH LOGO, MEN'S, 5XL	\$_____ /EA	\$_____
17	17	EA	POLO SHIRT WITH LOGO, MEN'S, 6 XL*	\$_____ /EA	\$_____
18	790	EA	HAT WITH LOGO, Black	\$_____ /EA	\$_____

*low volume items

Total Bid Price (Sum of Extended Prices for Lines 1 through 18): \$_____

DISCOUNT QUANTITY SHIRTS	DISCOUNT OFF PRICE SHIRTS
- EA	\$ EA
- EA	\$ EA
OVER .	\$ EA

DISCOUNT QUANTITY HATS	DISCOUNT OFF PRICE HATS
- EA	\$ EA
- EA	\$ EA
OVER .	\$ EA

Bidder to complete: Name and Address to which orders are to be sent:

Name: _____

Address: _____

Phone: _____

Fax: _____

Supplier Contact:

Contractor shall have, preferably in California, a contact person available during the hours of 8:00 A.M. to 5:00 P.M. on weekdays to answer questions regarding product, orders, or other areas in relation to the contract and the State's needs.

All questions shall be answered within twenty-four (24) hours (except on weekends or holidays).

Contact person: _____

Phone Number: _____

Fax number: _____

Email Address: _____

Bidder/Supplier – Materials, Responsibility Information

The intent of these questions is to establish that the bidder has secured the necessary production, distribution and financial resources to perform the contract being proposed.

Except in cases when CALPIA concludes that a specified brand name is the only one that will meet the needs of CALPIA, all commodities shall be entered into with the best value bidder meeting all specifications. Responsibility in this context relates to the bidder's qualifications and capability to successfully fulfill the requirements of the Invitation for Bid (IFB). A bidder is deemed not responsible when they have demonstrated a lack of reliability in complying with and completing previously awarded State/Private contracts. Prior to awarding the contract related to this IFB, CALPIA's Authorized Representative will determine whether the proposed awardee is responsible. In order to obtain information necessary to establish a bidder's responsibility, each bidder shall complete the information requested below.

Failure to complete these questions may cause your offer to be rejected as non-responsive. Incomplete, vague or misleading responses could cause your offer to be rejected as non-responsible. Use additional sheets as necessary to provide all the requested information.

Bidders who are manufacturers should be able to directly respond to the questions. Non-manufacturers may need to consult with their supply chain to properly complete each question. The burden of proof lies with the bidder to prove, to CALPIA's satisfaction, that the bidder has adequate knowledge and control of the supply chain being utilized.

1. (A) If you are not the manufacturer, please list your role in the supply chain and list all points of business interaction(s) between the manufacturer and your firm. (Manufacturer/Producer, wholesaler/broker, warehousing/distribution)

Please be prepared to provide a written agreement between your firm and your supplier upon request. If your supplier is not the manufacturer, please also be prepared to provide a written agreement between the manufacturer and your supplier. If there is no written agreement between these two parties, to provide upon request supporting documents showing that they have worked together in the past.

1. (B) Name and address of the manufacturer and any other key parties utilized:

2.) How long has your firm been part of this supply chain? If less than 2 years, then please provide names of all the suppliers relative to this solicitation with whom you have worked in the past 2 years:

3.) How much business have you successfully completed as part of the supply chain described above? (Total dollar values, length of contract, product types, and geographic areas supplied.)

4.) Names(s) of packaging and shipping firms(s) to be utilized for this contract.

5.) Have you ever had a contract terminated prior to its designated end date/term? If yes, please explain circumstances for each such contract termination.

6.) Using the format below, list contracts that you were awarded within the last five years with a value of at least 50% of the value of the contract to be awarded herein, which demonstrate your ability to meet the requirements of the proposed contract.

Contract Number: _____

Description of product/services: _____

Contract Value (\$): _____

Contract Award Date: _____

Required Delivery or Completion Date: _____

Actual Delivery or Completion Date: _____

Customer Contact Information (Name, phone number and email): _____

Business Services Section will review your past performance. A history of late or non-compliant deliveries on past or present contracts may cause your bid to be rejected.

BID/BIDDER CERTIFICATION SHEET

This Bid/Bidder Certification Sheet must be signed and returned along with other bid/quote documents as an entire package with original signatures

- A. _____ % Cash discount for payment within _____ days of receipt. (See *Bidders Instructions Item 26 for complete instructions on offering Cash Discounts.*)
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated is authorized to bind the bidding firm contractually and certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.

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

1. Company Name	2.a Telephone Number ()	2.b. Fax Number ()
3. Address		
Indicate your organization type: 4. <input type="checkbox"/> Sole Proprietorship 5. <input type="checkbox"/> Partnership 6. <input type="checkbox"/> Corporation		
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No. (FEIN/SSN)		
8. California Corporation No.		
9. Indicate applicable license and/or certification information: Contractor's State Licensing Board Number: 10. PUC License Number CAL-T: 11. Other Licenses:		
12. Bidder's Name (Print)	13. Title	
14. Signature	15. Date	
16. For accounting reporting purposes, please provide the following information: Are you certified with the California Department of General Services, Office of Small Business Certification and Resources (OSBCR) as: a. California Small Business Micro Business Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number below: _____ Expiration Date: _____ b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter your service code below: _____		

Qualifying Experience:

Complete the numbered items on the Bid/Bidder Certification Sheet by following the instructions below

Item Numbers	Instructions
1, 2a, 2b, 3	Must be completed. 1. Enter your name if sole proprietor or independent contractor. All other items are self-explanatory.
4	Check if your firm is a sole proprietorship. A sole proprietorship is a form of business in which one person owns all the assets of the business in contrast to a partnership and corporation. The sole proprietor is solely liable for all the debts of the business.
5	Check if your firm is a partnership. A partnership is a voluntary agreement between two or more competent persons to place their money, effects, labor, and skill, or some or all of them in lawful commerce or business, with the understanding that there shall be a proportional sharing of the profits and losses between them. An association of two or more persons to carry on, as co-owners, a business for profit.
6	Check if your firm is a corporation. A corporation is an artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some rare instances, of a single person and his successors, being the incumbents of a particular office, but ordinarily consisting of an association of numerous individuals.
7	Enter your federal employee tax identification number.
8	If you are a corporation: Enter your corporation number assigned by the California Secretary of State's Office. This information is used for checking if a corporation is in good standing and qualified to conduct business in California.
9	Complete if your firm holds a California contractor's license. This information will be used to verify possession of a contractor's license for public works agreements.
10	Complete if your firm holds a PUC license. This information will be used to verify possession of a PUC license for public works agreements.
11	Complete, if applicable, by indicating the type of license and/or certification that your firm possesses and that is required for the type of services being procured.
12, 13, 14, 15	Must be completed. These items are self-explanatory.
16	This information is requested by CALPIA Accounting. If certified as a Small Business Enterprise/Micro Business, place a check in the "Yes" box, and enter your certification number on the line. If certified as a Disabled Veteran Business Enterprise, place a check in the "Yes" box and enter your service code on the line. If you are not certified to one or both, place a check in the "No" box.



DARFUR CONTRACTING ACT CERTIFICATION

Exhibit 4
Page 1 of 1

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 – DOMESTIC ONLY

If your company has not, within the previous three years, had any business activities or other operations outside of the United States, initial here and submit with your bid package. (Initial)

OPTION #2 - 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.

<i>Company/Vendor 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>

OPTION #3 – 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.

<i>Company/Vendor Name (Printed)</i>	<i>Federal ID Number</i>
<i>Initials of Submitter</i>	
<i>Printed Name and Title of Person Initialing</i>	

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**UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**

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

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

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

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

X

DATE

TELEPHONE (Include area code)

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)

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.

ECONOMIC SANCTIONS CERTIFICATION

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (EO) regarding sanctions against Russia and Russian entities and individuals. The EO is located at <https://www.gov.ca.gov/wp-content/uploads/2022/03/3.4.22-Russia-Ukraine-Executive-Order.pdf>.

As a potential vendor, contractor, or grantee, compliance with the economic sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the sanctions identified on the U.S. Department of the Treasury websites (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions> and <https://home.treasury.gov/news/press-releases/jy0608>). Failure to comply may result in the termination of purchase orders, contracts, or grants, as applicable.

In order to be eligible to submit a bid, proposal, or conduct business with CALPIA, please complete the following certification and return with your bid documents or as otherwise requested.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that the prospective proposer/bidder named below is in compliance with the economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as sanctions imposed under state law, if any, and 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.

<i>Company/Vendor 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>