

Bid Form [For business, personal or consultant services]

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

Mailing address	City	State	Zip Code
Telephone number ()	Fax number ()	Email address, if applicable	
Name of Contact Person	Telephone number: (If different from above) ()		

Amounts Bid [Modify this section to reflect how costs are billed for the service you are seeking.]

Annual Cost(s):	A (Year 1)	\$	_____	XX-XX-XX through XX-XX-XX
	B (Year 2)	\$	_____	XX-XX-XX through XX-XX-XX [Delete row, if not multi-year]
	C (Year 3)	\$	_____	XX-XX-XX through XX-XX-XX [Delete row, if not multi-year]
Total Costs:	A + B + C =	\$	_____	XX-XX-XX through XX-XX-XX [Alter row, if not multi-year]

Bidding Preferences Claimed (Check only the preferences claimed)

- Certified small business or microbusiness preference (including Nonprofit Veteran Service Agencies)
- Non-small business subcontractor preference (committing use of 25% or more of small business subcontracts)
- DVBE Incentive (committing to use DVBE subcontracts)
- TACPA preference [Delete if not applicable]
- EZA preference [Delete if not applicable]

Bidder Acknowledgment / Certification

The Bidder hereby certifies that the materials submitted in response to this IFB and the price(s)/rate(s) offered on this Bid Form are true and accurate to the best of the Bidder's knowledge.

The Bidder agrees that the price(s)/rate(s) offered herein shall remain in effect until CDPH awards the agreement and throughout the duration of the agreement. Any cost over runs or increases in services, if allowed, shall be billed at the price(s)/rate(s) stated for the appropriate budget period. Contract extensions, if any, shall be billed at the price(s)/rate(s) stated for the last budget period/year if more than one budget period/year is shown.

The Bidder further understands that the above quoted rate(s) must include all of the bidders costs including operating expenses, labor, service call charges, diagnostic fees/estimates, transportation/travel costs, mileage or per diem expenses, equipment costs, supplies, annual inflation costs/rate adjustments, profit margin, etc. By submitting this Bid Form the Bidder hereby claims its willingness to certify to and comply with all requirements and terms and conditions cited in this IFB and any attachment thereto.

The Bidder understands that its bid response will become a public document and will be open to public inspection.

Bidder's signature:	Date signed
Printed/typed name	Title

Bid Form

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

Mailing address	City	State	Zip Code
Telephone number ()	Fax number ()	Email address, if applicable	
Name of Contact Person	Telephone number: (If different from above) ()		

Amounts Bid: [Modify this section to reflect how costs are billed for the service you are seeking.]

A \$ _____ Regular hourly labor rate – XX-XX-XX through XX-XX-XX (Year 1)
 B \$ _____ Regular hourly labor rate – XX-XX-XX through XX-XX-XX (Year 2)
 C \$ _____ Regular hourly labor rate – XX-XX-XX through XX-XX-XX (Year 3)

*Cost Calculation for bidding purposes only: **Add A + B + C, then divide the total by 3 as shown below:**A + B + C = \$ _____ ÷ by 3 = \$ _____ **Total average regular hourly labor rate**

***Note:** This calculation is for bidding purposes only. The winning bidder will be reimbursed at the actual hourly labor rate quoted for each year. Parts will be reimbursed at the rate in effect at the time any parts are ordered. [If necessary, modify this section to add emergency or overtime service rates or other rates that apply to the services you are seeking.]

Bidding Preferences Claimed (Check only the preferences claimed)

- Certified small business or microbusiness preference (including Nonprofit Veteran Service Agencies)
 Non-small business subcontractor preference (committing use of 25% or more of small business subcontracts)
 DVBE incentive (committing use of DVBE subcontracts)
 TACPA preference [Delete if not applicable]
 EZA preference [Delete if not applicable]

Bidder Acknowledgment / Certification

The Bidder hereby certifies that the materials submitted in response to this IFB and the price(s)/rate(s) offered on this Bid Form are true and accurate to the best of the Bidder's knowledge.

The Bidder agrees that the price(s)/rate(s) offered herein shall remain in effect until CDPH awards the agreement and throughout the duration of the agreement. Any cost over runs or increases in services, if allowed, shall be billed at the price(s)/rate(s) stated for the appropriate budget period, except that costs for parts, if any, may be billed at the prevailing rate in effect at the time parts are ordered. Contract extensions, if any, shall be billed at the price(s)/rate(s) stated for the last budget period/year if more than one budget period/year is shown.

The Bidder further understands that the above quoted rate(s) must include all of the bidder's costs including operating expenses, labor, service call charges, diagnostic fees/estimates, transportation/travel costs, mileage or per diem expenses, equipment costs, supplies, annual inflation costs/rate adjustments, profit margin, etc. By submitting this Bid Form the Bidder hereby claims its willingness to certify to and comply with all requirements and terms and conditions contained in this IFB and any attachment thereto.

The Bidder understands that its bid response will become a public document and will be open to public inspection.

Bidder's signature:	Date signed
Printed/typed name	Title

Budget Detail Work Sheet
(Year 1)
(XX/XX/XX – XX/XX/XX)

[Only include this form in IFBs seeking Consultant or Professional Personal Services]

Personnel

<u>Position Title and No of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>	
	\$	%	\$	
	\$	%	\$	
	\$	%	\$	
			Total Personnel	\$ _____

Fringe Benefits (___ % of Personnel) \$ _____

Operating Expenses

<u>Expense Description</u>	<u>Cost</u>	
	\$	
	\$	
	\$	
		Total Operating \$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$	\$
		\$	\$
		\$	\$
			Total Equipment \$ _____

Travel \$ _____

Subcontracts [Include a Subcontractor Budget attachment if more than 2 subcontracts are expected.]

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$	\$	\$	\$	\$	\$

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$	\$	\$	\$	\$	\$

Name of Subcontracted Project (If Subcontractor is unknown): \$ _____

Total Subcontracts \$ _____

Other Costs

<u>Item Description</u>	<u>Estimated Cost</u>
	\$
	\$
	Total Other Costs \$ _____

Indirect Costs (___% of [Enter cost basis] Costs) \$ _____

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.

Budget Detail Work Sheet

(Year 2)

(XX/XX/XX – XX/XX/XX)

[Only include this form in IFBs seeking Consultant or Professional Personal Services]

Personnel

<u>Position Title and No of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
	\$	%	\$
	\$	%	\$
	\$	%	\$
Total Personnel			\$ _____

Fringe Benefits (___ % of Personnel) \$ _____

Operating Expenses

<u>Expense Description</u>	<u>Cost</u>	
	\$	
	\$	
	\$	
Total Operating		\$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$	\$
		\$	\$
		\$	\$
Total Equipment			\$ _____

Travel \$ _____

Subcontracts [Include a Subcontractor Budget attachment if more than 2 subcontracts are expected.]

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$	\$	\$	\$	\$	\$

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$	\$	\$	\$	\$	\$

Name of Subcontracted Project (If Subcontractor is unknown):

\$ _____

Total Subcontracts \$ _____

Other Costs

<u>Item Description</u>	<u>Estimated Cost</u>	
	\$	
	\$	
Total Other Costs		\$ _____

Indirect Costs (___% of [Enter cost basis] Costs) \$ _____

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.

Budget Detail Work Sheet
(Year 3)
(XX/XX/XX – XX/XX/XX)

[Only include this form in IFBs seeking Consultant or Professional Personal Services]

Personnel

<u>Position Title and No of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
	\$	%	\$
	\$	%	\$
	\$	%	\$
Total Personnel			\$ _____

Fringe Benefits (___ % of Personnel) \$ _____

Operating Expenses

<u>Expense Description</u>	<u>Cost</u>	
	\$	
	\$	
	\$	
Total Operating		\$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$	\$
		\$	\$
		\$	\$
Total Equipment			\$ _____

Travel \$ _____

Subcontracts [Include a Subcontractor Budget attachment if more than 2 subcontracts are expected.]

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$	\$	\$	\$	\$	\$

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$	\$	\$	\$	\$	\$

Name of Subcontracted Project (If Subcontractor is unknown):

\$

Total Subcontracts \$ _____

Other Costs

<u>Item Description</u>	<u>Estimated Cost</u>	
	\$	
	\$	
Total Other Costs		\$ _____

Indirect Costs (___% of [\[Enter cost basis\]](#) Costs) \$ _____

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.

Required Attachment / Certification Checklist

Use this sample to create the IFB Checklist. Do not re-name this form. Follow the instructions in blue type.

Qualification Requirements. I certify that I meet the following qualification requirements:		Confirmed by CDPH
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm possesses at least three consecutive years of experience of the types listed in Item 1 of the IFB section entitled, "Qualification Requirements". That experience occurred within the past five years. <i>[Alter the Years shown only if a corresponding change is made within the IFB.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	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 <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) My firm is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) My firm is eligible to claim nonprofit status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	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 <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has certified via Attachment 7 that its bid response is not in violation of Public Contract Code Section 10365.5 and has, if applicable, identified previous State consultant services contracts entered into that were related in any manner to the services, goods, or supplies being acquired in this procurement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has complied with the DVBE actual participation and/or good faith effort requirements as instructed in the DVBE Instructions / Forms (Attachment 8). [Check N/A if the total bid price is under \$10,000.] <i>[Conditional – Delete this row only if CMU issues a DVBE waiver before the IFB is released and no DVBE requirements appear in the Qualification Requirements section H.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	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 Item 7 of the IFB section entitled, "Qualification Requirements". <i>[Conditional – Retain this row if insurance requirements appear in the Qualification Requirements section H.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bid Content. I have completed and returned the following Attachments:		Confirmed by CDPH
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 1, Bid Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 1B, 1C, 1D, Budget Detail Work Sheets <i>[Retain this row only if CDPH is seeking consultant services or highly specialized professional personal services. Delete if not needed.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 2, Required Attachment / Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 3, Business Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 4, Client References	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 5, CCC 307 – Certification [Revised 4-2-07 to reference CCC 307 instead of 1005]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 6, Payee Data Record Indicate "N/A" if the bidding firm has had a prior contract with CDPH.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 7, Follow-on Consultant Contract Disclosure. Disclosure attachment is present when applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8a, Actual DVBE Participation, and DVBE certifications for each DVBE subcontractor or supplier listed. [Indicate "N/A" if zero participation was achieved and the Bidder chose to complete the good faith effort form or indicate "N/A" if the total bid is under \$10,000.] <i>[Delete this row only if CMU waives DVBE requirements before the IFB is released.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Attachment / Certification Checklist

Bid Content. I have completed and returned the following Attachments: (Continued)		Confirmed by CDPH
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8b, Good Faith Effort, and applicable GFE documentation. Check "N/A" if 3% DVBE participation was achieved and Attachment 8a was submitted or check "N/A" if the total bid is under \$10,000. [Delete this row only if CMU waived the DVBE requirements for this procurement]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8a, DVBE Subcontractor use confirmed the DVBE incentive is being requested Check "N/A" if not applying for this DVBE subcontractor Incentive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 9a, Non-Small Business Subcontractor Preference Request and Attachment 9b, Small Business Subcontractor/Supplier Acknowledgement Check "N/A" if not applying for this subcontractor preference.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Attachment 10a DVBE Subcontractor Incentive Request and Attachment 10b, DVBE Subcontractor/Supplier Acknowledgement Check "N/A" if not applying for this subcontractor preference.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 11, Target Area Contract Preference Act Request Check "N/A" if not applying for TACPA preference. [Delete this row if you did not include the TACPA form in the Bid content requirements section.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 12, Enterprise Zone Act (EZA) Preference Request Check "N/A" if not applying for EZA preference. [Delete this row if you did not include the EZA form in the Bid content requirements section.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required Documentation. Enclosed with the bid is the following required documentation.		Confirmed by CDPH
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(California Businesses) 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> Check "N/A" if not a California business or no business license is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) Either a copy of the Certificate of Status issued by California's Office of the Secretary of State or a copy of the bidding firm's active on-line status information downloaded from the California Business Portal website. Attach an explanation if the required documentation cannot be supplied. Check "N/A" if not a Corporation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) A copy of a current IRS determination letter indicating nonprofit or 501 (3) (c) tax exempt status. Check "N/A" if not a nonprofit organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Copies of financial statements for the last year or latest 12-month period (i.e., annual income statement and quarterly/annual balance sheets). [Conditional - Retain this row only if proof of financial stability appears in the Bid content requirements section (i.e., for consultant or highly specialized professional personal services).]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Resumes for all professional and technical staff, independent consultants and/or service subcontractors. [Conditional - Retain this row only if resume submission requirements appear in the Bid content requirement section and CDPH is seeking consultant services or highly specialized professional personal services.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Brief description of your business, its date of establishment, and a description of the types of services that can be provided by the bidding firm. [Conditional – Retain this row only when seeking consultant services or highly specialized professional personal services.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe the type(s) and amounts of experience possessed by the bidding firm that demonstrates it meets the experience requirements stipulated in the Qualification Requirements section of the IFB. [Conditional – Retain this row only if seeking consultant services or highly specialized professional personal services.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Optional -- Add here any additional item that bidders must submit to prove they can perform the work. The items added here must appear in the Bid content requirement section H of the IFB. Delete this row if there are no other items to add.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bidding Firm:		Signature
Printed Name/Title:		Date:

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 Number
Name of Principal (If not an individual):	Title:	Telephone Number	Fax Number
Street Address / P.O. Box	City	State	Zip Code

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

Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Association	Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Private <input type="checkbox"/> Public	Governmental <input type="checkbox"/> City/County, California State Agency, Federal Agency, State (other than California) <input type="checkbox"/> Other: _____	Other Type of Entity <input type="checkbox"/> Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency <input type="checkbox"/> Auxiliary College Foundation <input type="checkbox"/> Other: _____
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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: _____

Race/Ethnicity of Primary Business Owner N/A (No single owner possess more the 50% ownership)

Owner's Ethnicity (check one) <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific-Asian <input type="checkbox"/> Other _____	Owner's Race (check one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	If Asian, Native Hawaiian or Pacific Islander (check one): <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other _____
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Gender of Primary Business Owner N/A (Not independently owned) Male Female

Indicate possession of required licenses and/or certifications (if applicable): N/A (None required)

Contractor's State Licensing Board No.	PUC License Number CAL-T-	Required Licenses/Certifications (If applicable)
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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, Department of General Services and possibly other public agencies. To access contract related records, contact the Contract Management Unit, 1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377 or call (916) 650-0100.

Client References

List 3 clients served in the past 5-years for which the bidding firm provided similar services. List the most recent first.

REFERENCE 1

Name of Firm

Street address	City	State	Zip Code
Contact Person	Telephone number ()		
Dates of service	Value or cost of service		
Brief description of service provided			

REFERENCE 2

Name of Firm

Street address	City	State	Zip Code
Contact Person	Telephone number ()		
Dates of service	Value or cost of service		
Brief description of service provided			

REFERENCE 3

Name of Firm

Street address	City	State	Zip Code
Contact Person	Telephone number ()		
Dates of service	Value or cost of service		
Brief description of service provided			

If three references cannot be provided, explain why:

CCC 307 – CERTIFICATION

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

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>	
By (Authorized Signature)			
<i>Printed Name and Title of Person Signing</i>			
<i>Date Executed</i>		<i>Executed in the County of</i>	

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)
2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
 - c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)
3. **NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)
4. **CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:** Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

(Continued on next page)

CCC 307 - CERTIFICATION

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

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

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with State of California.
6. SWEATFREE CODE OF CONDUCT:
 - a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
 - b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph a.
7. DOMESTIC PARTNERS: For contracts over \$100,000 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.

NOTE: This form represents only the certification portion of the Contractor Certification Clauses (CCC). Additional information about contracting with the State appears in the full text of the applicable CCC. Visit this web site to view the entire document: <http://www.ols.dgs.ca.gov/Standard+Language/default.htm>.

This page is a place holder for the Payee Data Record (STD 204)

Include and label as Attachment 6 a downloaded copy of the current STD 204 from this Intranet site:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

The purpose of this place holder page is to merely show the order and numbering of the IFB attachments.

It is not necessary to insert the cited form here; however, the referenced form must be assembled in this place within the final IFB package, and in the email message that transmits the full bid document to CMU for Internet posting.

Follow-on Consultant Contract Disclosure

Background Information:

1. PCC Section 10365.5 generally prohibits a person, firm, or subsidiary thereof that has been awarded a consulting services contract from submitting a bid for and/or being awarded an agreement for, the provision of services, procurement of goods or supplies, or any other related action that is required, suggested, or otherwise deemed appropriate in the end product of a consulting services contract.
2. PCC Section 10365.5 does not apply to any person, firm, or subsidiary thereof that is awarded a subcontract of a consulting services agreement that totals no more than 10 percent of the total monetary value of the consulting services agreement.
3. Consultants/employees of a firm that provides consulting advice under an original consulting contract are not prohibited from providing services as employees of another firm on a follow-on contract, unless the persons are named contracting parties or named parties in a subcontract of the original contract.
4. PCC Section 10365.5 does not distinguish between intentional, negligent, and/or inadvertent violations. A violation could result in disqualification from bidding, a void contract, and/or imposition of criminal penalties.

Disclosure [Mark one (1) box]:

- I hereby certify that neither my firm nor any subcontractor that my firm intends to use under the contract resulting from this procurement, is currently providing consulting services to the state under a state contract (or as a subcontractor providing more than 10 percent of dollar value of a consulting service contract with the state) or has provided such services within five (5) years prior to the release of this IFB that are related in any manner to the services, goods, or supplies being acquired pursuant to this IFB. **[Sign below.] This option is likely to apply to bidding firms that do not currently and/or never have provided consultant services to the State.**
- Attached is a disclosure of current and/or prior consulting services provided by my firm or a proposed subcontractor to the state under a state contract within five (5) years prior to the release of this IFB that may be related in some manner to the services, goods, or supplies being acquired pursuant to this IFB. **[Sign below and attach to this document a detailed disclosure.]**

Name of Bidding Firm

Signature

Date Signed

Printed/Typed Name

Title

This page is a place holder for the DVBE Forms / Instructions

Include and label as Attachment 8 a downloaded copy of the CDPH 2349 from this Intranet site:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

The purpose of this place holder page is to merely show the order and numbering of the IFB attachments.

It is not necessary to insert the cited form here; however, the referenced form must be assembled in this place within the final IFB package, and in the email message that transmits the full bid document to CMU for Internet posting.

Non-Small Business Subcontractor Preference Instructions

<p>Preference information</p>	<p>Non-small business bidders will be granted up to a five percent (5%) non-small business subcontractor preference on a bid evaluation by an awarding department when a responsive non-small business has submitted the lowest priced responsive bid and when a non-small business bidder:</p> <ol style="list-style-type: none"> 1. Has included in its bid a notification that it commits to subcontract at least twenty-five percent (25%) of its total bid price with one or more small businesses; and 2. Has submitted a timely, responsive bid; and 3. Is determined to be a responsible bidder; and 4. Lists the small businesses it commits to subcontract with for a commercially useful function in the performance of the resulting contract.
<p>Commercially useful function</p>	<p>A subcontractor is deemed to perform a commercially useful function if the subcontractor does the following:</p> <ol style="list-style-type: none"> 1. Is responsible for the execution of a distinct element of the contracted work; carrying out its obligation by actually performing, managing or supervising the work involved; and performing work that is normal for its business services and functions; and 2. Is not further subcontracting a greater portion of the work than would be expected by normal industry practices. 3. Is responsible, with respect to materials and supplies provided on the subcontract, for negotiating price, determining quality and quantity, ordering the material, installing (when applicable), and paying for the material itself. <p>A subcontractor will not be considered as performing a commercially useful function if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to achieve the appearance of participation.</p>
<p>How to calculate 25% subcontract participation</p>	<p>Unless otherwise instructed in the solicitation document, first determine the total dollar value or amount that will be bid for the entire contract term, then multiply this figure by 25% to determine how much of the bid price must be committed to small business subcontracts that will perform commercially useful functions including but not limited to things such as labor, supplies, materials, equipment, or support services.</p>
<p>Use of proposed subcontractors / substitution</p>	<p>If awarded the contract, the selected contractor must faithfully use each small business subcontractor proposed for use and identified in its preference request. No substitutions or alterations are allowed after a bid is submitted. Substitutions are only allowed after contract execution if the Contractor submits a Request for Substitution to the CDPH Program Contract Manager and that request is subsequently granted by CDPH.</p> <p>Small business subcontract substitution instructions will appear in the resulting agreement in a clause entitled "Use of Small Business Subcontractors".</p>
<p>Preference request instructions</p>	<p>If preference is claimed, indicate so on the Bid Form and complete Attachment 9a identifying each small business or microbusiness subcontractor that will be used. For each subcontractor identified on Attachment 9a, obtain a completed and signed Small Business Subcontractor/Supplier Acknowledgment (Attachment 9b). Affix each Attachment 9b to Attachment 9a for submission with the bid response. If a signed Attachment 9b cannot be collected from each subcontractor in time for bid submission, indicate why. Submission of a signed Attachment 9b for each subcontractor listed on Attachment 9a is a prerequisite for contract award confirmation.</p> <p>Identify only currently certified small business or microbusiness subcontractors, as active certification is required and certification possession will be verified. The detailed budget worksheets, if required to be submitted in a bid, must list each subcontract service provider and its respective dollar value as identified on Attachment 9a. All proposed subcontracted services must appear in the Scope of Work.</p>

Non-Small Business Subcontractor Preference Request

List each certified small business or microbusiness that will be subcontracted with. To be granted a bidding preference, total small business or microbusiness subcontractor use must equal at least 25% of the total price or cost offered. Each named subcontractor must be actively certified as a small business or microbusiness by the bid submission due date and must acknowledge their participation as claimed herein via a Small Business Subcontractor/Supplier Acknowledgement (Attachment 9b). **Attach to this form an acknowledgement (Attachment 9b) signed by an authorized representative of each named subcontractor acknowledging their proposed use as described herein.**

Name of certified small business (or microbusiness) Subcontractor

Name of Subcontractor

Street address	City	State	Zip Code
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Contact Person	Telephone number ()
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Small Business Certification No.	Certification exp. date	Participation dollar value \$	Committed % of total bid %
----------------------------------	-------------------------	----------------------------------	-------------------------------

Brief description of the commercially useful function(s) to be performed and/or provided:

Name of certified small business (or microbusiness) Subcontractor

Name of Subcontractor

Street address	City	State	Zip Code
----------------	------	-------	----------

Contact Person	Telephone number ()
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Small Business Certification	Certification exp. date	Participation dollar value \$	Committed % of total bid %
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Brief description of the commercially useful function(s) to be performed and/or provided:

Name of certified small business (or microbusiness) Subcontractor

Name of Subcontractor

Street address	City	State	Zip Code
----------------	------	-------	----------

Contact Person	Telephone number ()
----------------	-------------------------

Small Business Certification	Certification exp. date	Participation dollar value \$	Committed % of total bid %
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Brief description of commercially useful function(s) to be provided

Small Business Subcontractor/Supplier Acknowledgement

Name of Bidding Firm / Prime Contractor	CDPH IFB or RFP Number:
Total Dollar Value of Subcontractor Use	CDPH Bid Number:

This document confirms and acknowledges that the firm named below agreed to be identified by a bidding firm as a proposed small business or microbusiness or DVBE subcontractor or supplier for a CDPH procurement.

Subcontractor acknowledgements:

- A. The subcontracting firm named herein has committed to perform or provide services/labor or supplies equal to a percentage of the total bid/cost proposal price submitted by the bidding firm named above.
- B. The subcontracting firm named herein acknowledges the total dollar value of claimed participation identified above.
- C. The subcontracting firm named herein agrees to provide the following subcontracted services/labor or supplies under the resulting contract if the bidding firm named above receives the contract award:

Below and/or continued on an attachment is a brief description of the commercially useful function(s) that the subcontractor/supplier identified herein will provide or supply:

The subcontracting firm named herein understands it is its sole responsibility to contact the bidding firm named above to learn if the Proposer was awarded the contract pursuant to the referenced bid number and to confirm its subcontract agreement. If the bidding firm named above receives an award based in part on non-small business subcontractor preference or the DVBE incentive, the bidding firm/contractor is obligated to use each small and/or microbusiness or DVBE subcontractor or supplier identified in its proposal unless a subcontractor substitution is requested after contract execution pursuant to Public Contract Code Section 4107 and Title 2 California Code of Regulations Section 1896.10.

The person signing below certifies the information supplied on this form is true and accurate to the best of its knowledge and agrees to allow the State to confirm this information, if deemed necessary.

Name of Proposed Subcontractor/Supplier		Date Signed
Signature of Subcontractor/Supplier Representative	Telephone number ()	Email address (if applicable)
Printed/Typed Name	Title	

DVBE Subcontractor Incentive Instructions

Incentive information	<p>Bidders will be granted from 1% up to 5% DVBE subcontractor incentive on a bid evaluation by an awarding department when a responsive bidder has submitted the lowest priced responsive bid and when a bidder:</p> <ol style="list-style-type: none"> 1. Has included in its bid a notification that it commits to subcontract the amount an amount indicated in the bid documents which can range from 1 percent up to 5 percent of its total bid price with one or more DVBEs; and 2. Has submitted a timely, responsive bid; and 3. Is determined to be a responsible bidder; and 4. Lists the DVBE(s) it commits to subcontract with for a commercially useful function in the performance of the resulting contract.
Commercially useful function	<p>A subcontractor is deemed to perform a commercially useful function if the subcontractor does the following:</p> <ol style="list-style-type: none"> 1. Is responsible for the execution of a distinct element of the contracted work; carrying out its obligation by actually performing, managing or supervising the work involved; and performing work that is normal for its business services and functions; and 2. Is not further subcontracting a greater portion of the work than would be expected by normal industry practices. 3. Is responsible, with respect to materials and supplies provided on the subcontract, for negotiating price, determining quality and quantity, ordering the material, installing (when applicable), and paying for the material itself. <p>A subcontractor will not be considered as performing a commercially useful function if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to achieve the appearance of participation.</p>
How to calculate the incentive	<p>Unless otherwise instructed in the solicitation document, first determine the total dollar value or amount that will be bid for the entire contract term, then multiply this figure by the percentage indicated in the bid documents for the specific DVBE use commitment to determine how much of the bid price must be committed to DVBE subcontracts that will perform commercially useful functions including but not limited to things such as labor, supplies, materials, equipment, or support services.</p>
Use of proposed subcontractors / substitution	<p>If awarded the contract, the selected contractor must faithfully use each DVBE subcontractor proposed for use and identified in its preference request. No substitutions or alterations are allowed after a bid is submitted. Substitutions are only allowed after contract execution if the Contractor submits a Request for Substitution to the CDHS Program Contract Manager and that request is subsequently granted by CDHS.</p> <p>DVBE subcontract substitution instructions will appear in the resulting agreement in a clause entitled "Use of DVBE Subcontractors".</p>
Incentive request instructions	<p>If the incentive is claimed, indicate so on the Required Attachment/Certification Checklist (Attachment 2) and complete Attachment 11a identifying each DVBE subcontractor that will be used. For each subcontractor identified on Attachment 11a, obtain a completed and signed Small Business/DVBE Subcontractor/Supplier Acknowledgment (Attachment 11b). Affix each Attachment 11b to Attachment 11a for submission with the bid response. If a signed Attachment 11b cannot be collected from each subcontractor in time for bid submission, indicate why. Submission of a signed Attachment 11b for each subcontractor listed on Attachment 11a is a prerequisite for contract award confirmation.</p> <p>Identify only currently certified DVBE subcontractors, as active certification is required and certification possession will be verified. The detailed budget worksheets, if required to be submitted in a bid, must list each subcontract service provider and its respective dollar value as identified on Attachment 11a. All proposed subcontracted services must appear in the Scope of Work.</p>

DVBE Subcontractor Incentive Request

List each certified DVBE that will be subcontracted with. To be granted a bidding incentive, total DVBE subcontractor use must equal at least 1 percent up to a total of 5 percent, unless other specifications are included elsewhere in the agreement, of the total price or cost offered. Each named subcontractor must be actively certified as a DVBE by the bid submission due date and must acknowledge their participation as claimed herein via a DVBE Subcontractor/Supplier Acknowledgement (Attachment 10b). **Attach to this form an acknowledgement (Attachment 10b) signed by an authorized representative of each named subcontractor acknowledging their proposed use as described herein.**

Name of certified DVBE Subcontractor

Name of Subcontractor

Street address

City

State

Zip Code

Contact Person

Telephone number

()

DVBE Certification No.

Certification exp. date

Participation dollar value

\$

Committed % of total bid

%

Brief description of the commercially useful function(s) to be performed and/or provided:

Name of certified DVBE Subcontractor

Name of Subcontractor

Street address

City

State

Zip Code

Contact Person

Telephone number

()

DVBE Certification No.

Certification exp. date

Participation dollar value

\$

Committed % of total bid

%

Brief description of the commercially useful function(s) to be performed and/or provided:

Name of certified DVBE Subcontractor

Name of Subcontractor

Street address

City

State

Zip Code

Contact Person

Telephone number

()

DVBE Certification No.

Certification exp. date

Participation dollar value

\$

Committed % of total bid

%

Brief description of the commercially useful function(s) to be performed and/or provided:

DVBE Subcontractor/Supplier Acknowledgement

Name of Bidding Firm / Prime Contractor [redacted]	CDPH IFB or RFP Number: [redacted]
Total Dollar Value of Subcontractor Use [redacted]	CDPH Bid Number: [redacted]

This document confirms and acknowledges that the firm named below agreed to be identified by a bidding firm as a proposed DVBE subcontractor or supplier for a CDPH procurement.

Subcontractor acknowledgements:

- A. The subcontracting firm named herein has committed to perform or provide services/labor or supplies equal to a percentage of the total bid/cost proposal price submitted by the bidding firm named above.
- B. The subcontracting firm named herein acknowledges the total dollar value of claimed participation identified above.
- C. The subcontracting firm named herein agrees to provide the following subcontracted services/labor or supplies under the resulting contract if the bidding firm named above receives the contract award:

Below and/or continued on an attachment is a brief description of the commercially useful function(s) that the subcontractor/supplier identified herein will provide or supply:

[redacted]

The subcontracting firm named herein understands it is its sole responsibility to contact the bidding firm named above to learn if the Proposer was awarded the contract pursuant to the referenced bid number and to confirm its subcontract agreement. If the bidding firm named above receives an award based in part on the DVBE subcontractor incentive, the bidding firm/contractor is obligated to use each DVBE subcontractor or supplier identified in its proposal unless a subcontractor substitution is requested after contract execution pursuant to Public Contract Code Section 4107 and Title 2 California Code of Regulations Section 1896.10 and Section 999.5(a) of the Military and Veterans Code.

The person signing below certifies the information supplied on this form is true and accurate to the best of its knowledge and agrees to allow the State to confirm this information, if deemed necessary.

Name of Proposed Subcontractor/Supplier [redacted]		Date Signed [redacted]
Signature of Subcontractor/Supplier Representative [redacted]	Telephone number () [redacted]	Email address (if applicable) [redacted]
Printed/Typed Name [redacted]	Title [redacted]	

This page is a place holder for the TACPA Request form STD 830.

Include and label as Attachment 10 a downloaded copy of the STD 831 from this Intranet site:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

.]

The purpose of this place holder page is to merely show the order and numbering of the IFB attachments.

It is not necessary to insert the cited form here; however, the referenced form must be assembled in this place within the final IFB package, and in the email message that transmits the full bid document to CMU for Internet posting.

This page is a place holder for the EZA Request form STD 831.

Include and label as Attachment 11 a downloaded copy of the STD 830 from this Intranet site:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

It is not necessary to insert the cited form here; however, the referenced form must be assembled in this place within the final IFB package, and in the email message that transmits the full bid document to CMU for Internet posting.

Contract Exhibits

[Assemble the applicable contract forms and exhibits following this page.

Many of the bid and contract forms/exhibits that are to be attached to the bid document must be downloaded from this Intranet Forms site: <http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>.]

Downloadable forms and exhibits include the Payee Data Record; DVBE forms/instructions; TACPA/EZA preference forms, Standard Agreement; Special Terms and Conditions exhibit D(B), D(C), or D(F); Travel Reimbursement Information, Contractor's Release, etc.]

Remove all colored text and shaded instructions from each form/attachment before finalizing the bid document.

This page is a place holder for the Standard Agreement STD 213.

Include and label as Exhibit A1 a downloaded blank copy of the STD 213 from this Intranet site:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

The purpose of this place holder page is to merely show the order and numbering of the Contract exhibits attached to the IFB.

It is not necessary to insert the cited document here; however, the referenced form must be assembled in this place within the final IFB package, and in the email transmitted to CMU for Internet posting.

Leave Item 4 of the sample STD 213 empty by removing all default text.

Forms and exhibits are periodically revised and it is essential that you use the most recent version.

Scope of Work

[You must develop this exhibit. To develop this exhibit, follow the Exhibit A instructions in the applicable CMU contract model that matches the service type (i.e., Business, Personal, or Consultant service). Contrary to contract model instructions, do not add a line entry in the header for a Contractor's name or contract number.]

1. **Service Overview**

[Check the applicable contract model to obtain current language.] [Detailed text removed 3-07.]

2. **Service Location**

[Check the applicable contract model to obtain current language.] [Detailed text removed 3-07.]

3. **Service Hours**

[Check the applicable contract model to obtain current language.] [Detailed text removed 3-07.]

4. **Project Representatives**

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

<p>California Department of Public Health Name of Contract Manager Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: Xxx.xxxxx@cdph.ca.gov</p>	<p>Contractor Name [TBD] Name of Contract Manager [TBD] Telephone: [To be determined] Fax: [To be determined] Email: [To be determined]</p>
--	--

B. Direct all inquiries to:

<p>California Department of Public Health Attention: enter name, if applicable Section or Unit Name: Mail Station Code XXXX Street address, suite/room number P.O. Box Number City, State, Zip Code Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: Xxx.xxxxx@cdph.ca.gov</p>	<p>Contractor Name [TBD] Section or Unit Name, if applicable [TBD] Attention: [To be determined] Street address [To be determined] P.O. Box Number [To be determined] City, State Zip Code [To be determined] Telephone: [To be determined] Fax: [To be determined] Email: [To be determined]</p>
--	--

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. **Services to be Performed**

[Insert a detailed description of the services to be performed. Number each paragraph and subparagraph. Read and follow the IFB User Guide and CMU Bulletin 00-08 and applicable contract model (i.e., Business Service, Personal, or Consultant) for tips and instructions on developing the scope of work content.]

Budget Detail and Payment Provisions

[This exhibit must be developed by program staff. To develop this exhibit, follow the Exhibit B instructions in the applicable CMU contract model that matches the service type (i.e., Business, Personal, or Consultant service) with the exception of Provision 4 (included below). Contrary to contract model instructions, do not add a line entry in the header for a Contractor's name or contract number and do not indicate any projected annual dollar values in Provision 4.]

1. Invoicing and Payment

[Obtain current language from the applicable contract model.]

2. Budget Contingency Clause

[Obtain current language from the applicable contract model.]

3. Prompt Payment Clause

[Obtain current language from the applicable contract model.]

4. Amounts Payable

[When developing a bid document, do not enter any dollar amounts as these amounts will be determined after the bid award is made. You may not tell bidders how much to bid for any budget period.]

[This numbered item may appear in the final contract with the selected bidder. If included, this item will be completed after the bid amounts are known.]

[Obtain the most current language from Exhibit B in the applicable contract model.]

A. The amounts payable under this agreement shall not exceed:

- 1) \$[leave blank] for the budget period of XX/XX/XX through XX/XX/XX.
- 2) \$[leave blank] for the budget period of XX/XX/XX through XX/XX/XX.
- 3) \$[leave blank] for the budget period of XX/XX/XX through XX/XX/XX.

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

C. The Contractor must maintain records reflecting actual expenditures for each state fiscal year covered by the term of this agreement. [Conditionally applicable - Retain Paragraph C **only** if the budget periods displayed in Paragraph A are on a cycle other than the state's fiscal year (i.e., the ending dates are other than June 30 for multiple years). Paragraph C added 3-07]

5. Timely Submission of Final Invoice

[Obtain current language from the applicable contract model.]

6. Budget Flexibility or Allowable Line Item Shifts

[Obtain current language from the applicable contract model.]

7. Federal Contract Funds

[Conditional Use. [Check the applicable contract model to determine when this provision is needed and to obtain current language.]

8. [Insert provision title here or delete this numbered item.]

[Check the applicable contract model to determine the other types of provisions to add to this exhibit.]

General Terms and Conditions

This page is a place holder for Exhibit C.

The State's General Terms and Conditions (GTC 307) can only be viewed or downloaded from the following Internet site: <http://www.ols.dgs.ca.gov/Standard+Language/default.htm>.

The State's General Terms and Conditions are modified from time to time by the California Department of General Services to comply with changes to federal or state law and the version that applies to the resulting agreement will be determined based on the contract start date. CDPH reserves the right to cite an alternate version number in the resulting agreement, if applicable.

If a bidding firm does not have Internet access they are to contact the program identified in the bid cover letter to request a hard or paper copy of the State's General Term and Conditions.

[Insert this Place Holder page into the bid document but note that it will not appear in the final contract that is submitted to CMU after the award is made.]

This page is a place holder for Special Terms and Conditions Exhibit D(B) or D(C) or D(F), which can be downloaded from the Intranet at the following Form Site:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

The purpose of this place holder page is to merely show the order of the Contract exhibits attached to an IFB.

It is not necessary to insert the cited document here; however, the referenced form/exhibit must be assembled in this place within the final IFB package, and in the email transmitted to CMU for Internet posting.

See the Exhibit D instructional document appearing in the applicable CMU contract model (i.e., Business, Personal, or Consultant service) if assistance is needed in determining which Exhibit D version to use.

Additional Provisions

[This exhibit must be developed by program staff. To develop this exhibit, review and follow the Exhibit E instructions appearing in the applicable CMU contract model that matches the service type being sought (i.e., Business, Personal, or Consultant service). At a minimum, Exhibit E must contain the Contract Amendments clause (Provision 2 below), Cancellation/Termination clause (Provision 3 below), and Use of Small Business Subcontractors (Provision 5 below). Other clauses appearing in the contract model that are expected to appear in the resulting contract should also be included in this exhibit. Contrary to contract model instructions, do not add a line entry in the header for a Contractor's name or contract number.]

1. Additional Incorporated Exhibits

[This provision is conditionally used when needed. Check the applicable contract model to determine when/if this provision is necessary and to obtain current language.] [Detailed text removed 3-07.]

2. Amendment Process

[This provision is required. Check the applicable contract model to obtain current language.] [Title revised 3-07.]

3. Cancellation / Termination

[This provision is required. Check the applicable contract model to obtain the current language of the cancellation clause that only allows CDPH to cancel with 30 days notice.] [Detailed text removed 3-07.]

4. Debarment and Suspension Certification

[This provision is conditionally applicable. Check the applicable contract model to determine when this provision is needed and to obtain the current language.]

5. Use of Small Business Subcontractors

[This provision is conditionally applicable. Check the applicable contract model to determine when this provision is needed and to obtain the current language.] [Detailed text removed 3-07.]

6. [Insert a provision title here or delete this numbered item.]

[Optional. Check the applicable contract model to determine the types of other provisions that may be added to this exhibit.]

This page is a place holder for Contractor's Release exhibit

Download the current Contractor's Release form from the Intranet at:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

The purpose of this place holder page is to merely show the order of the Contract exhibits attached to an IFB.

It is not necessary to insert the cited document here; however, the referenced form/exhibit must be assembled in this place within the final IFB package, and in the email transmitted to CMU for Internet posting.

This page is a place holder for Travel Reimbursement Information exhibit.

Download the current Travel Reimbursement Information exhibit form from the Intranet at:

<http://cdphintranet/FormsPubs/Pages/FormsIndex.aspx>

Do not include the Travel Reimbursement Information exhibit if no travel costs will be reimbursed or if travel will be billed at an hourly wage rate (i.e., for equipment maintenance services).

The purpose of this place holder page is to merely show the order of the Contract exhibits attached to an IFB.

It is not necessary to insert the cited document here; however, the referenced form/exhibit must be assembled in this place within the final IFB package, and in the email transmitted to CMU for Internet posting.

HIPAA Business Associate Addendum (BAA)

This page is a place holder for HIPAA Addendum.

Download the current HIPAA Addendum version from the link supplied within the IFB model.

Review [CMU Bulletin 07-01](#) regarding the applicability and use of the HIPAA Addendum.

The purpose of this place holder page is to merely show the order of the Contract exhibits attached to an IFB.

It is not necessary to insert the cited document here; however, the referenced form/exhibit must be assembled in this place within the final IFB package, and in the email transmitted to CMU for Internet posting.

This exhibit may have been revised since you used it last. Please use the most current exhibit appearing in the applicable Bid Model.

Information Confidentiality & Security Requirements (ICSR)

This page is a place holder for HIPAA Addendum.

If you determine this exhibit will apply to the services being obtained through this solicitation, obtain a copy of the current HIPAA ICSR from the IFB bid model folder. [Contrary to contract model instructions, do not add a placeholder for the contractor's name and contract number at the top of Exhibit \[X\]\(#\).](#)

Review [CMU Bulletin 07-02](#) regarding the applicability and use of the HIPAA Addendum.

This exhibit may have been revised since you used it last. Please use the most current exhibit appearing in the applicable Bid Model.

SR1 CDPH-ISO Project Requirement

This page is a place holder for HIPAA Addendum.

If you determine the HIPAA BAA and/or ICSR exhibit(s) will apply to the services being obtained through this solicitation, the SR1 CDPH-ISO Project Requirement exhibit is required. [Contrary to contract model instructions, do not add a placeholder for the contractor's name and contract number at the top of Exhibit X.](#)

Review the [HIPAA Exhibit Guidelines and/or ICSR Exhibit Guidelines](#) for more information.

This exhibit may have been revised since you used it last. Please use the most current exhibit appearing in the applicable Bid Model.