SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

REQUEST FOR QUOTATION (RFQ) FOR CALIBRATION GAS DILUTION SYSTEMS

Q2019-10

PURPOSE

South Coast Air Quality Management District (SCAQMD) invites sealed quotes from qualified firms interested in providing for ten (10) Calibration Gas Dilution Systems. In the preparation of this Request for Quotes (RFQ), the word "Proposer," "Contractor," "Vendor," and "Consultant" are used interchangeably.

INDEX - The following are contained in this RFQ.

Section I	Background/Information/Schedule of Events
Section II	Participation in the Procurement Process
Section III	Response Submittal Requirements
Section IV	Qualification Evaluation and Selection Criteria
Section V	Request for Quotation & Specifications
Attachment A	Terms and Conditions
Attachment B	Participation in the Procurement Process
Attachment C	Certifications and Representations

SECTION I: BACKGROUND/INFORMATION/SCHEDULE OF EVENTS

SCAQMD is a regional governmental agency responsible for meeting air quality health standards in Orange County and parts of Los Angeles, Riverside and San Bernardino counties.

SCAQMD has the need to procure Calibration Gas Dilutions System for the ambient air monitoring network to challenge analyzers monitoring ambient air.

SCAQMD CONTACT PERSONS:

Questions regarding the content or intent of this RFQ or on procedural matters should be addressed to:

Administrative:	Technical:
Procurement Unit	David Sawyer, Principal Air Quality Instrument Specialist
South Coast Air Quality Management District	South Coast Air Quality Management District
21865 Copley Drive	21865 Copley Drive
Diamond Bar, CA 91765	Diamond Bar, CA 91765
909-396-3520	909-396-2112

SCHEDULE OF EVENTS

April 5, 2019	Release of RFQ
May 7, 2019	RFQ Closes, 4:00 P.M.
May 24, 2019	Quotation Evaluation Completion
May 31, 2019	Issue Purchase Order
August 1, 2019	Delivery of Analyzers for Acceptance Testing

Please note that SCAQMD is closed on Monday and cannot receive bid submittals accordingly.

SECTION II: PARTICIPATION IN THE PROCUREMENT PROCESS

It is the policy of SCAQMD to ensure that all businesses including minority business enterprises, women business enterprises, disabled veteran business enterprises and small businesses have a fair and equitable opportunity to compete for and participate in SCAQMD contracts. Attachment B to this RFQ contains definitions and further information.

SECTION III: RESPONSE SUBMITTAL REQUIREMENTS

QUOTES - All quotes must be submitted according to specifications set forth in this RFQ.

SIGNATURE- Quotes must be signed by an authorized representative of the vendor.

DUE DATE - **Four (4) complete copies of the quotes must be submitted.** Quotes must be typewritten and submitted in a sealed envelope, plainly marked in the upper, left-hand corner with the name and address of the vendor with the words, “Request for Quotation Q2019-10". It should be addressed to:

Procurement Unit
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765

Quotes are due no later than 4:00 p.m. on May 7, 2019. Any corrections or resubmissions of the quote will not be sufficient reason to extend the deadline.

No late quotations will be accepted under any circumstances.

Grounds for rejection: A quote may be rejected if:

1. It is not prepared in the format described, or
2. It is signed by an individual not authorized to represent the firm.

MODIFICATION OR WITHDRAWAL - Once submitted, proposals cannot be altered without the prior written consent of SCAQMD. All proposals shall constitute firm offers and may not be withdrawn for a period of ninety (90) days following the last day to accept proposals.

FORMAT - the content and format of the quote will adhere to the specifications listed below. Failure to follow this format may result in quote disqualification.

1. The name and address of the vendor must be typed on the title page of the RFQ. An authorized signature is also required.
2. Include completed documents contained in Certifications and Representations attachment.
3. **Submit four (4) complete copies of the RFQ response.**

SECTION IV: EVALUATION AND SELECTION CRITERIA

Award will be made to the vendor submitting the lowest cost quotation which is fully responsive to the specifications set forth in the RFQ, and/or providing the best value to the SCAQMD in accordance with the SCAQMD Procurement Policy and Procedure.

It is the policy of the SCAQMD to receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services. To this purpose, formal bidding procedures, sole source awards, and RFP/RFQ processes will include a certification for "most favored customer" status. SCAQMD will give preference, where appropriate, to vendors who certify that they will provide "most favored customer" status to the SCAQMD.

Proposals will be evaluated by a panel of three to five SCAQMD staff members with technical expertise in the subject matter of the proposal. The panel shall be appointed by the Executive Officer or his designee. In addition, the evaluation panel may include such outside public sector or academic community expertise as deemed desirable by the Executive Officer. The panel will make a recommendation to the technical contact for the final selection of a Vendor.

Each member of the evaluation panel shall be accorded equal weight in his or her rating of proposals. The evaluation panel members shall evaluate the proposals according to the specified criteria and numerical weightings set forth below.

Final scores will be tabulated based upon the following categories:

1)	Compliance with Bid requirements.	Pass/Fail
2)	Manufacturer Qualifications.	20%
3)	Meeting RFQ Specifications.	40%
4)	SCAQMD Cost of Ownership.	40%

1) Compliance with Bid requirements:
    a. Will be based upon Section III *Response Submittal Requirements* and is Pass or Fail.
2) Manufacturer Qualifications:
    a. These are described in Section V, *Request for Quotation*, under *Manufacture Qualifications*.
3) RFQ Specifications
    a. Specifications are detailed in Section V, *Request for Quotation* under *Specifications*.
4) SCAQMD's Cost of Ownership for purposes of determining lowest cost, shall be based upon the following factors which comprise:
    a. Base price of analyzer plus shipping.
    b. Annual cost of spare parts after warranty expires based on vendor-supplied failure rates for analyzers. Vendor must supply documentation to support the failure rates quoted.
    c. Cost of Warranty for first year.
    d. Training costs for staff:
        i. This represents the training cost for staff provided by manufacture.
    e. Cost for development of Standard Operating Procedures by SCAQMD Staff.
        i. Rate is determined at the 40 hours each by Senior AQIS & AQIS II staff used to develop and train staff on an SOP.

Disabled Veteran Business Enterprises (DVBE's), Small Businesses, Low-Emission Vehicle Businesses, Off-Peak Hours Delivery Businesses, Local Businesses and businesses offering the SCAQMD most favored customer pricing status, meeting the definitions contained in Section II of this RFQ shall be granted a preference in an amount equal to the percentage listed below of the lowest cost responsive quote (preference percentage points).

Small Business or Small Business Joint Venture	5%
DVBE or DVBE Joint Venture	5%
Low-Emission Vehicle Business	5%
Local Business (Non-EPA Funded Projects only)	2%
Off-Peak Hours Delivery Business	2%
Most Favored Customer Pricing Status	2%

To receive additional preference percentage points in the evaluation process for the categories of Small Business or Small Business Joint Venture, DVBE or DVBE Joint Venture or Local Business (for non-EPA funded projects), the bidder must submit a self-certification or certification from the State of California Office of Small Business Certification and Resources at the time of proposal submission certifying that the bidder meets the requirements set forth in Section III. To receive preference percentage points for the use of DVBE and/or Small Business subcontractors, at least 25 percent of the total contract value must be subcontracted to DVBEs and/or Small Businesses. To receive preference percentage points as a Low-Emission Vehicle Business, the bidder must demonstrate to the Executive Officer, or designee, that supplies and materials delivered to SCAQMD are delivered in vehicles that operate on either clean-fuels or if powered by diesel fuel, that the vehicles have particulate traps installed. To receive percentage points as a Local Business, the bidder must affirm that it has an ongoing business within the South Coast AQMD at the time of the bid/proposal submittal and that 90% of the work related to the contract/purchase order will be performed in the South Coast AQMD. Proposals for legislative representation, such as in Sacramento, California or Washington D.C. are not eligible for local business percentage points. Federally funded projects are not eligible for local business percentage points. To receive preference percentage points as an Off-Peak Hours Delivery Business, the proposer must submit, at proposal submission, certification of its commitment to delivering supplies and materials to SCAQMD between the hours of 10:00 a.m. and 3:00 p.m. Businesses offering Most Favored Customer status shall be granted a preference in an amount equal to 2 percent of the lowest cost responsive bid. The cumulative preference percentage points awarded for Small Business, DVBE, use of Small Business or DVBE Subcontractors, Local Business, Low-Emission Vehicle Business and Off-Peak Hour Delivery Business shall not exceed 15 preference percentage points.

Specify Yes/No next to the applicable categories as they pertain to price and delivery of the item(s) on this RFQ only. In order to receive eligible business preference points, vendor must complete this section:

Disabled Veteran Business Enterprise	_____	Local Business*	_____
Disabled Veteran Business Enterprise Joint Venture	_____	Low-Emission Vehicle Business**	_____
Small Business	_____	Off-Peak Hours Delivery Business	_____
Small Business Joint Venture	_____	Most Favored Customer Pricing Status	_____

*Local business preference will be awarded to eligible vendors when procurements are not funded in whole or in part by federal grant funds.

**If you answered "yes" for above Low-Emission Vehicle Business, complete section below. Check the type of vehicle that qualifies your business as a Low-Emission Vehicle Business in conducting deliveries to SCAQMD. If a common carrier is used, please list the carrier name. This information is subject to verification.

Type of Low-Emission Vehicle:	Check Vehicle Type	Name of Common Carrier (if applicable)
Electric Powered Vehicle		
Compressed Natural Gas (CNG) Powered Vehicle		
Liquefied Natural Gas (LNG) Powered Vehicle		
Liquefied Petroleum (LPG) Powered Vehicle		
Ethanol Powered Vehicle		
Methanol Powered Vehicle		
Hydrogen Powered Vehicle		
Vehicle Powered by Diesel Retrofitted with Particulate Matter (PM) traps		

The Procurement Section will be responsible for monitoring compliance of suppliers awarded purchase orders based upon use of low-emission vehicles or off-peak traffic hour delivery commitments through the use of vendor logs which will identify the contractor awarded the incentive. The purchase order shall incorporate terms which obligate the supplier to deliver materials in low-emission vehicles or deliver during off-peak traffic hours. The Receiving department will monitor those qualified supplier deliveries to ensure compliance to the purchase order requirements. Suppliers in non-compliance will be subject to a two percent of total purchase order value penalty. The Procurement Manager will adjudicate any disputes regarding either low-emission vehicle or off-peak hour deliveries.

The Governing Board has approved a Bid Protest Procedure which provides a process for a bidder or prospective bidder to submit a written protest to SCAQMD Procurement Manager in recognition of two types of protests: Protest Regarding Solicitation and Protest Regarding Award of a Contract. Copies of the Bid Protest Policy can be secured through a request to SCAQMD Procurement Department.

DISPOSITION: SCAQMD reserves the right to reject any or all quotations. All materials and documents submitted with the quote will become the property of SCAQMD.

REQUEST FOR QUOTATION (RFQ) FOR CALIBRATION GAS DILUTION SYSTEMS

TO: South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765

Attention: Procurement Manager

The undersigned, having carefully examined SCAQMD's specifications attached hereto, hereby proposed and agrees to the conditions stated in this quotation. If this quote is accepted by SCAQMD, the undersigned agrees to the conditions as stated.

Company Name_____

Company Address_____

_____

_____

_____

Authorized by _____
(print name)

Authorized Signature_____

Title_____

Telephone No._____ Fax No._____

Contact Email Address: _____
NOTE: FOUR (4) COMPLETE COPIES OF RFQ RESPONSE MUST BE SUBMITTED.

REQUEST FOR QUOTATION Q2019-10
SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

DESCRIPTION	QTY	BRAND/MFG./MODEL	UNIT PRICE	EXTENDED
Calibration Gas Dilution Systems--per attached specifications which are an integral part of this Request for Quotation.	10			
Net unit price				
9.5% California Sales Tax*				
Unit shipping cost/Delivery (F.O.B. Destination)				
Training Cost				
Cost of warranty for first year - includes all units				
		Total		

Annual unit cost of spare parts after warranty expires: _____

***Please indicate whether California sales tax is collected by vendor. Yes _____ No _____**

COMPLETE DELIVERY WILL BE MADE IN _____ DAYS FROM RECEIPT OF ORDER.

CASH DISCOUNT _____% IN _____ DAYS.

QUOTATIONS ARE SUBJECT TO ACCEPTANCE AT ANY TIME WITHIN 90 CALENDAR DAYS AFTER OPENING OF QUOTE, UNLESS OTHERWISE STIPULATED.

SCAQMD PAYMENT TERMS: NET 30*

*Where acceptance testing is applicable, payment will be made within thirty (30) days after the completion of the acceptance test as stated in RFQ specifications.

FIRM NAME _____

AUTHORIZED SIGNATURE _____ DATE _____

SECTION V (cont.):

REQUEST FOR QUOTATION (RFQ) FOR
CALIBRATION GAS DILUTION SYSTEMS

Q2019-10

April 5, 2019

GENERAL

These specifications cover the requirements of the South Coast Air Quality Management District (SCAQMD) for Calibration Gas Dilution Systems..

MANUFACTURER QUALIFICATIONS

The manufacturer of the instrument offered shall have been engaged for a period of three or more years in the fabrication of Calibration Gas Dilution Systems of the type being sought and shall supply evidence of his/her financial and technical capabilities. The vendor shall supply references to include the names, addresses and phone numbers or point of contact of at least three users of the instrument being offered. This reference requirement may be waived if the SCAQMD owns the analyzer bid in this RFQ.

EQUIPMENT AND SERVICES TO BE FURNISHED BY THE VENDOR

The vendor shall provide with the analyzer the following:

1) All accessories and specialized tools required for operation and necessary servicing of each analyzer for a period of one year after completion of acceptance testing.
2) One (1) copy of the report of calibration by the manufacturer for each analyzer.
3) Digital electronic Manuals, preferably in Adobe PDF format.
    a. One (1) copy of the operating manual
    b. One (1) copy of the Service manual
    c. One (1) copy of the Schematics and Flow Diagrams.
4) Physical Paper Manuals
    a. One Operating manual for each analyzer purchased
    b. Twelve (12) additional Operating manuals for Support Staff
    c. Twelve (12) Service manuals for Support Staff
    d. Twelve (12) sets of Electronic Schematics and Flow Diagrams for Support Staff.
5) Four (4) copies of a complete list of spare parts, including current prices.
6) A list of vendor's standard rates for time and travel of his/her service personnel.
7) The vendor shall provide delivery and training schedules within 30 days of contract approval.

TRAINING

Vendor shall provide a one-day training to include operation, routine servicing, calibration, repair, and non-routing servicing, using analyzer schematics, flow diagrams and written trouble shooting guidelines. Training must be itemized in the quoted price.

WARRANTY

1. Specifications: The vendor shall provide a written warranty that, for a period of a least one year following its acceptance, each analyzer, including its components, will meet the requirements listed above and will comply with the physical and performance specifications listed hereinafter. If there is a failure of any component or part in any analyzer during the warranty period, the vendor shall agree to replace such component or part at no cost in time to arrive at SCAQMD within 72 hours of notification of the vendor.

2. Field Service: In the event a analyzer develops a malfunction which cannot be solved by the application of routine servicing procedures described in the operating and service manual or by replacement of a part supplied under the warranty, the vendor shall agree to place the analyzer into proper operating condition within seven days after the arrival of service personnel or to provide an operational, equivalent analyzer within the same seven-day period for use as a substitute until the original analyzer has been repaired. During the first year following acceptance by SCAQMD, the vendor shall agree to make no charge for this service at any location within the jurisdiction of SCAQMD and to provide this service in time to comply with the terms of the warranty concerning total operating hours per year.

3. Spare Parts: The vendor shall agree to supply, on request, spare parts for analyzers for at least ten years following the date of acceptance by SCAQMD. The vendor shall agree to place parts vendor manufactured in the hands of SCAQMD within 15 days of receipt of the order. In the case of spare parts which the vendor does not manufacture, the vendor shall agree to either of the following: (1) place the parts requested in the hands of SCAQMD within 45 days of receipt of the first order and within 15 days of receipt of subsequent orders, or (2) find and identify to SCAQMD, within 15 days a convenient, reliable source of supply which will place parts in the hands of SCAQMD within 30 days of the receipt of the order.

   The vendor shall warrant all replacement parts to be of quality equal or superior to the components in the original analyzers. Repairs or replacements accomplished under the warranty during the last 90 days of the warranty year shall be further warranted for a minimum period of 90 days following completion of the work or delivery of replacement parts.

   The vendor shall agree not to make any unreasonable increases in the prices of spare parts and in no case more than those necessary to offset actual increases in costs of labor and materials. The vendor shall warrant that the price charged SCAQMD for spare parts are no higher than the prices charged the vendor's most favored customer.

   As part of the response to this RFQ, vendor shall provide an annual estimated cost of spare parts after expiration on the warranty period. The annual estimated cost shall be based on an anticipated 10-year life and vendor supplied failure rates. Vendors must provide supporting documentation to substantiate the failure rates quoted.

ACCEPTANCE TESTING

The analyzer(s) will be required to pass acceptance testing. Within ten days after the equipment delivery, the acceptance test shall be initiated. The acceptance test shall consist of checking the analyzer for compliance with the requirements listed above and those listed under "PHYSICAL SPECIFICATIONS" and "PERFORMANCE SPECIFICATIONS". The duration of the acceptance test shall be 30 days minimum and 90 days maximum. Representatives of the vendor shall have the option, but not the requirement, of setting up the analyzer and making it ready for acceptance testing.

If the analyzer does not meet the specifications listed, the analyzer will be rejected and the vendor will have one opportunity to repair or replace the analyzers to cure all defects. The analyzer will be returned to the vendor freight collect. If the analyzer fails, except for external causes, within a 30-day period, the vendor shall be given the opportunity to make any necessary corrections or replacements, including the entire analyzer, if necessary, after which another 30-day test shall be initiated. If, by the end of 100 days after the beginning of the first 30-day test, the analyzer has not met all specifications, including a 30-day period of continuous operation (with allowance for shut-downs due to external causes) followed by compliance with the performance specifications and the acceptance tests, the analyzer shall be rejected and the order canceled.

PAYMENT:

Payment will be made within thirty (30) days after the completion of the acceptance test.

SHIPMENT:

The analyzer ordered, assembled and complete with all accessories, specialized tools, manuals, calibration reports and parts lists, shall be shipped, transportation prepaid, to:

South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, Ca. 91765-4182

Science and Technology Advancement
Attn: David Sawyer
Principal Air Quality Instrument Specialist
Monitoring & Source Test Engineering Branch
Monitoring & Analysis Division

Q2019-10 SPECIFICATIONS

The analyzer will be expected to meet the specifications listed below. Minor deviations to the specifications may be acceptable if SCAQMD determines that the performance of the analyzer meets SCAQMD's requirements. Any deviations from these specifications must be listed in detail by the vendor in the space provided or on a separate page.

Specifications for a Calibration Gas Dilution System	
FUNCTIONAL REQUIREMENTS:	**Exceptions or Alternatives [(a)]**
GENERAL DESCRIPTION: a) U.S. EPA Requirements: Shall meet or exceed all EPA requirements for air monitoring gas dilution systems. The Calibration Gas Dilution System shall be a self-contained microprocessor-controlled calibrator for precision gas calibrations. Using a combination of highly accurate mass flow controllers and compressed sources of standard gases, calibration standards are provided for multipoint span, single point precision and zero checks. Up to four gas sources may be used. The Calibration Gas Dilution System can be equipped with a built-in, programmable ozone generator to provide a more accurate, dependable ozone calibrations. It should also produce NO2 when blended with NO gas in the internal GPT chamber. A photometer allows precise control of the ozone generator, both during calibrations and during Gas Phase Titrations (GPT). MODBUS control using the Ethernet communications port allows for remote and timed operation of the Calibration Gas Dilution System.	

Specifications for a Calibration Gas Dilution System	
FUNCTIONAL REQUIREMENTS: (cont.)	**Exceptions or Alternatives [(a)]**
FLOW SYSTEM: a) Flow Control: Shall be a microprocessor based unit capable of delivering and mixing precise blends of gases. b) Dilution MFC: Shall include a "clean air" dilution MFC (MFC 1) capable of delivering 0 to 20 SLPM with an accuracy of 1% full scale. c) Gas MFC #1: Shall include a cylinder gas MFC (MFC 2) capable of delivering 0 to 100 SCCM with an accuracy of 1% full scale. d) Gas MFC #2: Shall include a cylinder gas MFC (MFC 3) capable of delivering 0 to 20 SCCM with an accuracy of 1% full scale. e) Dilution Control: Shall be capable of calculating dilution gas flows based on command concentration or by manual flow mode. f) Response Time: Response time for flows shall be < = 60 Seconds (98%) g) Programmability: a. Shall be equipped with multi-event programming functionality to perform unattended automatic operation of the instrument over a seven-day schedule Pre-programmed sequences (Gas Concentration, Ozone Concentrations, or Zero Air), shall be capable of being controlled remotely by MODBUS command over Ethernet.	

Specifications for a Calibration Gas Dilution System	
FUNCTIONAL REQUIREMENTS (cont.):	**Exceptions or Alternatives [(a)]**
FLOW SYSTEM: (cont.) g) Programmability (cont.): b. Set up of MODBUS commands to start sequences shall already be available in AirVision / 8832 data loggers. Systems that are not already setup in AirVision / 8832 data loggers may be acceptable if the initial setup is simple and can be added to AirVision by Agilaire or SCAQMD. c. Submit specific details with Proposal for approval. h) User Calibrated: Shall be entirely user calibrated for MFC operation and ozone generator. ***OZONE GENERATOR*** a) Ozone Generator: Shall be a reliable ozone generator for providing precise ozone calibrations and NO2 gas phase titrations. b) Ozone UV Photometer: Shall be equipped with a photometer for the purpose of measuring and generating precise repeatable ozone levels specifically in the 1000 ppb down to the 10 ppb range. Any additional features to enhance Ozone generation stability shall be considered a plus. c) Generator Performance: Must meet or exceed U.S. EPA criteria for ozone transfer standards.	

Specifications for a Calibration Gas Dilution System	
FUNCTIONAL REQUIREMENTS (cont.):	**Exceptions or Alternatives [(a)]**
OZONE GENERATOR (cont.) d) Pressure/ Temperature Compensation: Shall be equipped with pressure and temperature compensation and maintain performance up to 8000 feet above sea level altitude. e) Response Time: Should be <= 180 Seconds to (98%).	

PHYSICAL AND PERFORMANCE SPECIFICATIONS:	Exceptions or Alternatives [(a)]
PHYSICAL SPECIFICATIONS: a) U.S. EPA Requirements: Shall meet or exceed all EPA requirements for air monitoring gas dilution systems. b) Controls: all controls necessary to operate and calibrate the Dilution System shall be located on the front panel. c) Gas Ports: Shall have at least the following: a. Four gas cylinder input ports b. One clean air (diluent) input port c. Two selectable outlet ports.	

Specifications for a Calibration Gas Dilution System	
PHYSICAL AND PERFORMANCE SPECIFICATIONS (cont.):	**Exceptions or Alternatives [a]**
d) Digital Display: Monitor shall have a front panel digital alphanumeric display that has the capability to continuously display the current status of gas dilutions and all relevant operational and diagnostic parameters e) Materials in Contact with Sample: All tubing, connections, controllers, fittings that come into contact with the sample gas shall be constructed of materials that do not react with atmospheric or higher concentrations of NO, NO2, Ozone or Hydrocarbons. The fittings shall be such that no leaks will develop as a result of repeated disassembly and reassembly. No quick disconnects or barb fittings shall be used in the Monitor. All gas handling systems and components shall be free of leaks upon delivery. f) Port Connections: All external sample inlet and sample exhaust ports shall be ¼ inch bulkhead tub fittings (Swagelok) construction of type 316 stainless steel. **NO EXCEPTIONS.** g) Rack Mounting: The analyzer shall be rack mount-ready, with slides and brackets necessary for mounting in a nineteen (19) inch wide by twenty five (25) inch deep instrument rack included. h) Digital Communication Ports: Serial (RS-232) and Ethernet port connections shall be provided and located at the rear of the Monitor.	

Specifications for a Calibration Gas Dilution System	
PHYSICAL AND PERFORMANCE SPECIFICATIONS (cont.):	**Exceptions or Alternatives [(a)]**
i) Serial Communications Port: At least one RS-232 communications port shall be provided to access data and diagnostics information; any remote access software required for such access shall be provided and be compatible with Windows 7 and Windows 10 operating systems. j) Ethernet Port: At least one Ethernet port shall be provided to access data and diagnostics information; any remote access software required for such access shall be provided and be compatible with Windows 7 and Windows 10 operating systems. k) USB Ports: Shall have USB ports conveniently available in the front and at the back of the instrument for the purpose of communication and instrument firmware upgrades. l) MODBUS: Shall be capable of communicating data using MODBUS over TCP/IP and shall be compatible with Agilaire 8832/8872 data loggers using this protocol. m) Remote Communications and Modbus Data Logging: Monitor shall be able to perform both remote access and Modbus functions concurrently without reconfiguration. n) Remote Programming: Using the Remote Access software, the Calibration Gas Dilution System shall be programmable.	

Specifications for a Calibration Gas Dilution System	
PHYSICAL AND PERFORMANCE SPECIFICATIONS (cont.):	**Exceptions or Alternatives [(a)]**
o) Diagnostics: The Monitor shall have diagnostic test functions for critical operating parameters. These can be displayed on the front panel or monitored remotely over Ethernet communications port using MODBUS protocol. p) Accessibility for Servicing: All components inside the Monitor shall be mounted such that they can be easily and quickly serviced, removed and installed. Tubing connections and fittings shall be designed for rapid, easy and repeated disassembly as may be required for cleaning and repair. All units and subunits shall be interchangeable and shall be of modular construction. Shared components with other monitors is a plus. q) Power Requirements: 105 – 125 VAC, 60 Hz, less than 400 watts. r) Temperature Sensitivity: Shall operate 15C-35C. A change in ambient temperature within the range of 5 to 40 deg. C. shall not cause permanent change to monitor response to zero and span gases nor shall the instrument require recalibration after operating at temperatures in this range. s) Vibration Resistance: The Monitor integrity and performance shall be unaffected by vibration associated with normal transport and operating environment of air monitoring equipment.	

Specifications for a Calibration Gas Dilution System	
PHYSICAL AND PERFORMANCE SPECIFICATIONS (cont.):	**Exceptions or Alternatives [a]**
t) Altitude Range: The Monitor shall operate within performance specifications at elevations between sea level and 8000 feet above sea level, without requiring major adjustments to flow, or alignment of electronics or optics. Correction of concentration for altitude shall be automatic, based on Monitor barometric pressure sensor. u) Control Inputs/Outputs: Shall be equipped with digital control inputs/outputs (opto-isolated). v) Digital Status Outputs: Shall be equipped with digital status outputs (opto-isolated). w) Weight: Not to exceed 50 pounds. x) Reliability: All features included with the analyzer deemed to be valuable from a reliability standpoint including digital diagnostics and predictive diagnostics shall be a plus.	

ATTACHMENT A

TERMS AND CONDITIONS

TERMS AND CONDITIONS

1. Cash Discount Cash discount period will be computed either from the date of delivery and acceptance of the goods ordered or the date of receipt of correct and proper invoices, prepared in accordance with the terms of the purchase order, whichever is later.

2. Sales or Use Taxes Unless otherwise definitely specified, the prices quoted herein do not include sales or use
taxes.

3. Transportation Charges No charges for transportation, unloading, containers, packing, etc., will be allowed unless specified in vendor's quotation.

4. Infringement Indemnity Vendor shall defend at its expense any suit against South Coast Air Quality Management District (SCAQMD) based on a claim that any item furnished under this agreement or the normal sale thereof infringes any United States Letters Patent or copyright and shall pay costs and damages finally awarded in any such suit provided Vendor is notified in writing of the suit and given authority, information, and assistance at Vendor's expense for defense of same if the use of said item is enjoined as a result of such suit. Vendor at no expense to District shall obtain for SCAQMD the right to use and sell said item or shall substitute an equivalent item acceptable to SCAQMD and extend this patent indemnity thereto.

5. Force Majeure Neither SCAQMD nor Vendor shall be liable or deemed to be in default for any delay or failure in performance under this agreement or interruption of services resulting, directly or indirectly, from acts of God, civil or military authority, acts of public enemy, war, strikes, labor disputes, shortages of suitable parts, materials, labor or transportation, or any similar cause beyond the reasonable control of SCAQMD or Vendor.

6. Non-Discrimination In the performance of this agreement , Vendor shall not discriminate in recruiting, hiring, promotion, demotion, or termination practices on the basis of race, religious creed, color, national origin, ancestry, sex, age, or physical or mental disability and shall comply with the provisions of the California Fair Employment & Housing Act (Government Code Section 12900 et. seq.), the Federal Civil Rights Act of 1964 (P.L. 88-352) and all amendments thereto, Executive Order no. 11246 (30 Federal Register 12319), and all administrative rules and regulations issued pursuant to said Acts and Order. Vendor shall likewise require each subcontractor to comply with this paragraph and shall include in each subcontract language similar to this paragraph.

7. Federal, State, and Local Laws Vendor warrants that in the performance of this agreement it shall comply with all applicable Federal, State and local laws and ordinances and all lawful orders, rules and regulations hereunder.

8. Assignments and Subcontractors Neither this agreement or any interest herein nor claim hereunder may be assigned by Vendor voluntarily or by operation of law, nor may all or substantially all of this agreement be further subcontracted by Vendor without the prior written consent of SCAQMD . Consent by SCAQMD shall not be deemed to relieve Vendor of its obligations to comply with the requirements hereof.

9. Indemnification Vendor agrees to hold harmless, indemnify, and defend SCAQMD, its officers, employees, agents, representatives, and successors-in-interest against any and all loss, damage, cost, or expenses which SCAQMD, its officers, employees, agents, representatives, and successors-in-interest may incur or be required to pay by reason of any injury or property damage caused or incurred by Vendor, its employees, contractors, or agents in the performance of this agreement.

10. Termination In the event Vendor fails to comply with any term or condition of this agreement, or fails to provide the supplies or services in the manner agreed upon by the parties, this failure shall constitute a breach of the agreement. SCAQMD at its sole discretion shall either notify the Vendor that it must cure this breach within fifteen (15) days of notice of breach or provide written notification of its intention to terminate this

agreement. SCAQMD reserves the right to terminate this agreement for its convenience and will reimburse Vendor for actual costs incurred in performance of this agreement through the effective date of termination. Upon receipt of notice of termination, Vendor shall immediately take action not to incur any further obligations, cost, or expenses except as may be reasonably necessary to termination activities. All finished or unfinished materials procured or produced by Vendor hereunder shall, at the option of SCAQMD, become SCAQMD property upon the date of such termination.

11. Changes By written notice, SCAQMD may, from time to time, order work suspension or make changes in quantities, drawings, specifications, place of delivery or delivery schedules, methods of shipment and packaging and/or property and services to be furnished by SCAQMD. If a change causes an increase or decrease in the price of this agreement or in the time required for its performance, Vendor shall promptly notify SCAQMD and assert its claim for adjustment within thirty (30) days after the change is ordered and an equitable adjustment shall be made to the agreement. However, nothing in this clause shall excuse Vendor from proceedings immediately with the agreement as changed.

12. Title and Risk of Loss Unless otherwise provided in this agreement, Vendor shall have title to and bear the risk of any loss of or damage to items purchased hereunder until they are delivered in conformity with this agreement at the F.O. B. point specified herein. Upon such delivery, title shall pass from Vendor to SCAQMD and Vendor's responsibility for loss or damage shall cease, except for loss or damage resulting from Vendor's negligence. Passing of title upon such delivery shall not constitute acceptance of the item by SCAQMD.

13. Inspection and Acceptance All items are subject to final inspection and acceptance by SCAQMD at destination notwithstanding any payment or prior inspection at Vendor's facilities. Final inspection will be made within a reasonable time after receipt of items hereunder.

14. Payment Unless otherwise provided in this agreement, terms are net 30 days.

15. Most Favored Customer It is the policy of the SCAQMD to receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services. To this purpose, formal bidding procedures, sole source awards, and RFP/RFQ processes will include a certification for "most favored customer" status. SCAQMD will give preference, where appropriate, to vendors who certify that they will provide "most favored customer" status to the SCAQMD.

ATTACHMENT B

PARTICIPATION IN THE PROCUREMENT PROCESS

A. It is the policy of South Coast Air Quality Management District (SCAQMD) to ensure that all businesses including minority business enterprises, women business enterprises, disabled veteran business enterprises and small businesses have a fair and equitable opportunity to compete for and participate in SCAQMD contracts.

B. Definitions:

The definition of minority, women or disadvantaged business enterprises set forth below is included for purposes of determining compliance with the affirmative steps requirement described in Paragraph G below on procurements funded in whole or in part with federal grant funds which involve the use of subcontractors. The definition provided for disabled veteran business enterprise, local business, small business enterprise, low-emission vehicle business and off-peak hours delivery business are provided for purposes of determining eligibility for point or cost considerations in the evaluation process.

1. "Women business enterprise" (WBE) as used in this policy means a business enterprise that meets all of the following criteria:

   a. a business that is at least 51 percent owned by one or more women, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more or women.

   b. a business whose management and daily business operations are controlled by one or more women.

   c. a business which is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.

2. "Disabled veteran" as used in this policy is a United States military, naval, or air service veteran with at least 10 percent service-connected disability who is a resident of California.

3. "Disabled veteran business enterprise" (DVBE) as used in this policy means a business enterprise that meets all of the following criteria:

   a. is a sole proprietorship or partnership of which at least 51 percent is owned by one or more disabled veterans or, in the case of a publicly owned business, at least 51 percent of its stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.

   b. the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.

   c. is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

4. "Local business" as used in this policy means a company that has an ongoing business within geographical boundaries of SCAQMD at the time of bid or proposal submittal and performs 90% of the work related to the contract within the geographical boundaries of SCAQMD and satisfies the

requirements of subparagraph H below. Proposals for legislative representation, such as in Sacramento, California or Washington D.C. are not eligible for local business incentive points.

5. “Small business” as used in this policy means a business that meets the following criteria:

   a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:

      - A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars ($10,000,000) or less over the previous three years, or

      - A manufacturer with 100 or fewer employees.

   b. Manufacturer means a business that is both of the following:

      1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.

      2) Classified between Codes 311000 and 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

6. "Joint ventures" as defined in this policy pertaining to certification means that one party to the joint venture is a DVBE or small business and owns at least 51 percent of the joint venture.

7. "Low-Emission Vehicle Business" as used in this policy means a company or contractor that uses low-emission vehicles in conducting deliveries to SCAQMD. Low-emission vehicles include vehicles powered by electric, compressed natural gas (CNG), liquefied natural gas (LNG), liquefied petroleum gas (LPG), ethanol, methanol, hydrogen and diesel retrofitted with particulate matter (PM) traps.

8. “Off-Peak Hours Delivery Business” as used in this policy means a company or contractor that commits to conducting deliveries to SCAQMD during off-peak traffic hours defined as between 10:00 a.m. and 3:00 p.m.

9. “Benefits Incentive Business” as used in this policy means a company or contractor that provides janitorial, security guard or landscaping services to SCAQMD and commits to providing employee health benefits (as defined below in Section VIII.D.2.d) for full time workers with affordable deductible and co-payment terms.

10. “Minority Business Enterprise” as used in this policy means a business that is at least 51 percent owned by one or more minority person(s), or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more or minority persons.

    a. a business whose management and daily business operations are controlled by one or more minority persons.

    b. a business which is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.

    c. "Minority person" for purposes of this policy, means a Black American, Hispanic American, Native-American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian (including a person whose origins are from India, Pakistan, and Bangladesh), Asian-Pacific-American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, and Taiwan).

11. “Most Favored Customer” as used in this policy means that the SCAQMD will receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services.

12.”Disadvantaged Business Enterprise” as used in this policy means a business that is an entity owned and/or controlled by a socially and economically disadvantaged individual(s) as described by Title X of the Clean Air Act Amendments of 1990 (42 U.S.C. 7601 note) (10% statute), and Public Law 102-389 (42 U.S.C. 4370d)(8% statute), respectively;
a Small Business Enterprise (SBE);
a Small Business in a Rural Area (SBRA);
a Labor Surplus Area Firm (LSAF); or
a Historically Underutilized Business (HUB) Zone Small Business Concern, or a concern under a successor program.

C. Under Request for Quotations (RFQ), DVBEs, DVBE business joint ventures, small businesses, and small business joint ventures shall be granted a preference in an amount equal to 5% of the lowest cost responsive bid. Low-Emission Vehicle Businesses shall be granted a preference in an amount equal to 5 percent of the lowest cost responsive bid. Off-Peak Hours Delivery Businesses shall be granted a preference in an amount equal to 2 percent of the lowest cost responsive bid. Local businesses (if the procurement is not funded in whole or in part by federal grant funds) shall be granted a preference in an amount equal to 2% of the lowest cost responsive bid. Businesses offering Most Favored Customer status shall be granted a preference in an amount equal to 2 percent of the lowest cost responsive bid.

D. Under Request for Proposals, DVBEs, DVBE joint ventures, small businesses, and small business joint ventures shall be awarded ten (10) points in the evaluation process. A non-DVBE or large business shall receive seven (7) points for subcontracting at least twenty-five (25%) of the total contract value to a DVBE and/or small business. Low-Emission Vehicle Businesses shall be awarded five (5) points in the evaluation process. On procurements which are not funded in whole or in part by federal grant funds local businesses shall receive five (5) points. Off-Peak Hours Delivery Businesses shall be awarded two (2) points in the evaluation process. Businesses offering Most Favored Customer status shall be awarded two (2) points in the evaluation process.

E. SCAQMD will ensure that discrimination in the award and performance of contracts does not occur on the basis of race, color, sex, national origin, marital status, sexual preference, creed, ancestry, medical condition, or retaliation for having filed a discrimination complaint in the performance of SCAQMD contractual obligations.

F. SCAQMD requires Contractor to be in compliance with all state and federal laws and regulations with respect to its employees throughout the term of any awarded contract, including state minimum wage laws and OSHA requirements.

G. When contracts are funded in whole or in part by federal funds, and if subcontracts are to be let, the Contractor must comply with the following, evidencing a good faith effort to solicit disadvantaged businesses. Contractor shall submit a certification signed by an authorized official affirming its status as a MBE or WBE, as applicable, at the time of contract execution. SCAQMD reserves the right to request documentation demonstrating compliance with the following good faith efforts prior to contract execution.

1. Ensure Disadvantaged Business Enterprises (DBEs) are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.

2. Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes,

whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.

3. Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and Local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.

4. Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.

5. Using the services and assistance of the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

6. If the prime contractor awards subcontracts, require the prime contractor to take the above steps.

H. To the extent that any conflict exists between this policy and any requirements imposed by federal and state law relating to participation in a contract by a certified MBE/WBE/DVBE as a condition of receipt of federal or state funds, the federal or state requirements shall prevail.

I. When contracts are not funded in whole or in part by federal grant funds, a local business preference will be awarded. For such contracts that involve the purchase of commercial off-the-shelf products, local business preference will be given to suppliers or distributors of commercial off-the-shelf products who maintain an ongoing business within the geographical boundaries of SCAQMD. However, if the subject matter of the RFP or RFQ calls for the fabrication or manufacture of custom products, only companies performing 90% of the manufacturing or fabrication effort within the geographical boundaries of SCAQMD shall be entitled to the local business preference. Proposals for legislative representation, such as in Sacramento, California or Washington D.C. are not eligible for local business incentive points.

J. In compliance with federal fair share requirements set forth in 40 CFR Part 33, SCAQMD shall establish a fair share goal annually for expenditures with federal funds covered by its procurement policy.

ATTACHMENT C

CERTIFICATIONS AND REPRESENTATIONS

South Coast
Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Business Information Request

Dear SCAQMD Contractor/Supplier:

South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, remember to sign all documents for our files, and return them as soon as possible to the address below:**

Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Sujata Jain
Assistant Deputy Executive Officer
Finance

DH:tm

Enclosures: Business Information Request
Disadvantaged Business Certification
W-9
Form 590 Withholding Exemption Certificate
Federal Contract Debarment Certification
Campaign Contributions Disclosure
Direct Deposit Authorization

REV 2/19

South Coast
Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

BUSINESS INFORMATION REQUEST

Business Name	
Division of	
Subsidiary of	
Website Address	
Type of Business *Check One:*	☐ Individual ☐ DBA, Name _____, County Filed in _____ ☐ Corporation, ID No. _____ ☐ LLC/LLP, ID No. _____ ☐ Other _____

REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	( ) - Ext	Fax	( ) -
Contact		Title	
E-mail Address			
Payment Name if Different			

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178

BUSINESS STATUS CERTIFICATIONS

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Statements of certification:

As a prime contractor to SCAQMD, (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:

Check all that apply:

☐ Small Business Enterprise/Small Business Joint Venture
☐ Local business
☐ Minority-owned Business Enterprise
☐ Women-owned Business Enterprise
☐ Disabled Veteran-owned Business Enterprise/DVBE Joint Venture
☐ Most Favored Customer Pricing Certification

Percent of ownership: _____ %

Name of Qualifying Owner(s): _____ _____

State of California Public Works Contractor Registration No. _____. MUST BE INCLUDED IF BID PROPOSAL IS FOR PUBLIC WORKS PROJECT.

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

_____	_____
NAME	***TITLE***
_____	_____
TELEPHONE NUMBER	***DATE***

Definitions

Disabled Veteran-Owned Business Enterprise means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

Joint Venture means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

Local Business means a business that meets all of the following criteria:

- has an ongoing business within the boundary of SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

Minority-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

Small Business Enterprise means a business that meets the following criteria:

a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:

   - **A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars ($10,000,000) or less over the previous three years, or**

   - A manufacturer with 100 or fewer employees.

b. Manufacturer means a business that is both of the following:

   1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.

   2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

Small Business Joint Venture means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

Women-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

Most Favored Customer as used in this policy means that the SCAQMD will receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

TAXABLE YEAR

CALIFORNIA FO

2019 Withholding Exemption Certificate 590

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name

Payee Information

Name

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS fi

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

ZIP code

Exemption Reason

Check only one box.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**
I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General information D, Definitions.

☐ **Corporations:**
The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly not the withholding agent. See instructions for General information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**
The partnership or LLC has a permanent place of business in California at the address shown above or is registered with th California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partners or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liabil partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**
The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly noti the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**
The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**
At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**
I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**
I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested informat go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury t If the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone (_____)_____

Payee's signature ▶ _____ Date _____

7061193

Form 590 2018

2017 Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

Registered Domestic Partners (RDP) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For more information, go to **ftb.ca.gov** and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to **edd.ca.gov** or call **888**.745.3886.

Do not use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from the real estate withholding requirement.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties from activities sourced to California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are $1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed exemption certificate, the withholding agent may accept a letter from the payee as a substitute explaining why they are not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number (TIN). The withholding agent must retain a copy of the certificate or substitute for at least five years after the last payment to which the certificate applies, and provide it upon request to the FTB.

If an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Definitions

For California nonwage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Permanent Place of Business:
A corporation has a permanent place of business in California if it is organized and existing under the laws of California or it has qualified through the CA SOS to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

Specific Instructions

Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the TIN and check the appropriate TIN box.

You must provide a valid TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. **Do not** abbreviate the country name.

Exemption Reason – Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

Withholding Agent Instructions

Do not send this form to the FTB. The withholding agent retains this form for a minimum of five years or until the payee's status changes, and must provide this form to the FTB upon request.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

Additional Information

Website:	For more information go to **ftb.ca.gov** and search for **nonwage**.
	MyFTB offers secure online tax account information and services. For more information and to register, go to **ftb.ca.gov** and search for **myftb**.
Telephone:	**888**.792.4900 or 916.845.4900, Withholding Services and Compliance phone service
Fax:	916.845.9512
Mail:	WITHHOLDING SERVICES AND COMPLIANCE MS F182 FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

For questions unrelated to withholding, or to download, view, and print California tax forms and publications, or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website:	**ftb.ca.gov**
Telephone:	800.852.5711 from within the United States
	916.845.6500 from outside the United States
TTY/TDD:	800.822.6268 for persons with hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web:	**ftb.ca.gov**
Teléfono:	800.852.5711 dentro de los Estados Unidos
	916.845.6500 fuera de los Estados Unidos
TTY/TDD:	800.822.6268 para personas con discapacidades auditivas o de habla

Certification Regarding
Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property:

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to $10,000 or imprisonment for up to 5 years, or both.

_____

Typed Name & Title of Authorized Representative

_____

Signature of Authorized Representative Date

❑ I am unable to certify to the above statements. My explanation is attached.

_____

CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than $250 while their contract or permit is pending before SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the $250 limit, the campaign contributions of the bidder or contractor *plus* contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than $250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at SCAQMD website (www.aqmd.gov). The list of current MSRC members/alternates can be found at the MSRC website (http://www.cleantransportationfunding.org).

SECTION I.

Contractor (Legal Name): _____

DBA, Name _____, County Filed in_____

Corporation, ID No._____

LLC/LLP, ID No. _____

List any parent, subsidiaries, or otherwise affiliated business entities of Contractor: ***(See definition below).***

_____

_____

SECTION II.

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling $250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

☐ Yes ☐ No **If YES, complete Section II below and then sign and date the form. If NO, sign and date below. Include this form with your submittal.**

Campaign Contributions Disclosure, *continued:*

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

I declare the foregoing disclosures to be true and correct.

By:_____

Title:_____

Date:_____

DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)

(1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.

(2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:

(A) One business entity has a controlling ownership interest in the other business entity.

(B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:

(i) The same person or substantially the same person owns and manages the two entities;
(ii) There are common or commingled funds or assets;
(iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
(iv) There is otherwise a regular and close working relationship between the entities; or

(C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

South Coast
Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Direct Deposit Authorization

STEP 1: Please check all the appropriate boxes

- ☐ Individual (Employee, Governing Board Member)
- ☐ Vendor/Contractor
- ☐ Changed Information
- ☐ New Request
- ☐ Cancel Direct Deposit

STEP 2: Payee Information

Last Name	First Name	Middle Initial	Title
Vendor/Contractor Business Name (if applicable)			
Address		Apartment or P.O. Box Number	
City	State	Zip	Country
Taxpayer ID Number	Telephone Number	Email Address	

Authorization

1. I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
2. This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
3. I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

To be Completed by your Bank

Staple Voided Check Here			
	Name of Bank/Institution		
	Account Holder Name(s)		
	☐ Saving ☐ Checking	Account Number	Routing Number
	Bank Representative Printed Name	Bank Representative Signature	Date
	ACCOUNT HOLDER SIGNATURE:		Date

For SCAQMD Use Only Input By _____ Date _____