SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

REQUEST FOR PROPOSALS

JANITORIAL SERVICES AT THE DIAMOND BAR HEADQUARTERS

P2027-01

South Coast Air Quality Management District (South Coast AQMD) requests proposals for the following purpose according to terms and conditions attached. In the preparation of this Request for Proposals (RFP) the words "Proposer," "Contractor," "Consultant," “Bidder” and “Firm” are used interchangeably.

PURPOSE

The purpose of this Request for Proposals (RFP) is to solicit proposals from qualified contractors interested in providing janitorial services at South Coast AQMD headquarters located at 21865 Copley Drive, Diamond Bar, CA 91765.

INDEX

The following are contained in this RFP:

SECTION I: BACKGROUND INFORMATION

South Coast AQMD is a regional governmental agency responsible for meeting air quality health standards in Orange County, and the urban portions of Los Angeles, Riverside and San Bernardino Counties.

The object of this RFP is to obtain proposals for janitorial services for South Coast AQMD’s headquarters in Diamond Bar, California. The proposer, having carefully examined South Coast AQMD’s specifications attached hereto, proposes and agrees to furnish all necessary labor, materials, tools, equipment, and any other incidentals necessary to provide janitorial service in strict conformity to South Coast AQMD’s specifications.

SECTION II: CONTACT PERSON

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

Administrative:	**Technical:**	**Technical:**
Procurement Unit	Yubin Seo, Facilities Services Technician	Victoria Leung, Business Services Manager
South Coast Air Quality Management District	South Coast Air Quality Management District	South Coast Air Quality Management District
21865 Copley Drive	21865 Copley Drive	21865 Copley Drive
Diamond Bar, CA 91765	Diamond Bar, CA 91765	Diamond Bar, CA 91765
909-396-3520	909-396-2051	909-396-3027
	yseo@aqmd.gov	vleung@aqmd.gov

SECTION III: SCHEDULE OF EVENTS

DATE	EVENT
August 7, 2026	RFP Released
September 8, 2026, 10:00 a.m.	**Mandatory Zoom Bidder's Conference***
September 22, 2026	**Proposals Due to South Coast AQMD - No Later Than 2:00 p.m.**
September 22 – October 2, 2026	Proposal Evaluation
December 4, 2026	Governing Board Approval

Please note that South Coast AQMD is closed on Monday and cannot receive bid submittals accordingly.

*MANDATORY ZOOM BIDDER'S CONFERENCE

A bidder's conference will be held on:

Date: September 8, 2026
Time: 10:00 a.m.

Participation in the Zoom bidder's conference is mandatory. Questions may be asked and answered at that time. Additional information or amendments may also be provided. Those interested in participating will need to contact Jacqueline Gonzalez at jgonzalez1@aqmd.gov no later than September 4, 2026, at 5:00 p.m. for the Zoom ID/link.

Proposals will not be accepted from business(es) that do not send an authorized representative to the mandatory Zoom bidder's conference.

An OPTIONAL walkthrough may be requested for those who are interested. Please contact Jacqueline Gonzalez at jgonzalez1@aqmd.gov to set up an in-person walkthrough after the Zoom Bidder's Conference on September 8, 2026.

SECTION IV: PARTICIPATION IN THE PROCUREMENT PROCESS

It is the policy of South Coast AQMD 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 South Coast AQMD contracts. Attachment A to this RFP contains definitions and further information.

SECTION V: STATEMENT OF WORK/SCHEDULE OF DELIVERABLES

A. Statement of Work

(See ATTACHMENT C)

B. Schedule of Deliverables

This RFP is to solicit proposal for providing janitorial services as specified during a 42-month term, beginning December 31, 2026 and ending June 30, 2030.

SECTION VI: REQUIRED QUALIFICATIONS

A. South Coast AQMD will enter into a contract with a prime contractor only. Should the prime contractor substitute a subcontractor for any of the responsibilities or obligations covered under the janitorial service contract without the prior written approval of South Coast AQMD, such substitution without South Coast AQMD's consent will be grounds for termination of the prime contract.

B. South Coast AQMD requires all janitorial staff to wear vendor-supplied uniforms or shirts that identify them while working on South Coast AQMD premises. South Coast AQMD requires the supervisor to have a vendor-supplied radio or cell phone at all times. Vendor must furnish all the supplies and equipment necessary to perform the services outlined in ATTACHMENT C – Statement of Work.

C. CONTRACTOR shall furnish copies of all appropriate licensing required to perform the services described in this RFP.

D. CONTRACTOR shall furnish copies of all mandatory state training courses, such as harassment training, upon request.

E. CONTRACTOR shall furnish evidence to South Coast AQMD of workers' compensation insurance for each of its employees, in accordance with either California or other states' applicable statutory requirements prior to commencement of any work on this Contract.

F. CONTRACTOR shall furnish evidence to South Coast AQMD of general liability insurance with a limit of at least $1,000,000 per occurrence, and $2,000,000 in a general aggregate prior to commencement of any work on this Contract. South Coast AQMD shall be named as an additional insured on any such liability policy, and thirty (30) days written notice prior to cancellation of any such insurance shall be given by CONTRACTOR to South Coast AQMD.

G. CONTRACTOR shall furnish evidence to South Coast AQMD of automobile liability insurance with limits of at least $100,000 per person and $300,000 per accident for bodily injuries, and $50,000 in property damage, or $1,000,000 combined single limit for bodily injury or property damage, prior to commencement of any work on this Contract. South Coast AQMD shall be named as an additional insured on any such liability policy, and thirty (30) days written notice prior to cancellation of any such insurance shall be given by CONTRACTOR to South Coast AQMD.

SECTION VII: PROPOSAL SUBMITTAL REQUIREMENTS

Submitted proposals must follow the format outlined below and all requested information must be supplied. Failure to submit proposals in the required format will result in elimination from proposal evaluation. South Coast AQMD may modify the RFP or issue supplementary information or guidelines during the proposal preparation period prior to the due date. Please check our website for updates (http://www.aqmd.gov/grants-bids). The cost for developing the proposal is the responsibility of the Contractor and shall not be chargeable to South Coast AQMD.

Each proposal must be submitted in three separate volumes:

- Volume I - Technical Proposal
- Volume II - Cost Proposal
- Volume III - Certifications and Representations included in Attachment B to this RFP, must be completed and executed by an authorized official of the Contractor.

A separate cover letter, including the name, address, and telephone number of the contractor, and signed by the person or persons authorized to represent the Firm should accompany the proposal submission. Firm contact information as follows should also be included in the cover letter:

- Address and telephone number of office in, or nearest to, Diamond Bar, California.
- Name and title of Firm's representative designated as contact.

A separate Table of Contents should be provided for Volumes I and II.

VOLUME I – TECHNICAL PROPOSAL

DO NOT INCLUDE ANY COST INFORMATION IN THE TECHNICAL VOLUME

Summary (Section A) - State overall approach to meeting the objectives and satisfying the scope of work to be performed, the sequence of activities, and a description of methodology or techniques to be used.

Program Schedule (Section B) - Provide projected milestones or benchmarks for completing the project (to include reports) within the total time allowed.

Project Organization (Section C) - Describe the proposed management structure, program monitoring procedures, and organization of the proposed team. Provide a statement detailing your approach to the project, specifically address the Firm's ability and willingness to commit and maintain staffing to successfully complete the project on the proposed schedule.

Qualifications (Section D) - Describe the technical capabilities of the Firm. Provide references of other similar studies or projects performed during the last five years demonstrating ability to successfully complete the work. Include contact name, title, and telephone number for any references listed. Provide a statement of your Firm's background and related experience in performing similar services for other governmental organizations.

Assigned Personnel (Section E) - Provide the following information about the staff to be assigned to this project:

1. List all key personnel assigned to the project by level, name, and location. Provide a resume or similar statement describing the background, qualifications and experience of the lead person and all persons assigned to the project. Substitution of project manager or lead personnel will not be permitted without prior written approval of South Coast AQMD.

2. Provide a spreadsheet of the labor hours proposed for each labor category at the task level.

3. Provide a statement indicating whether or not 90% of the work will be performed within the geographical boundaries of South Coast AQMD.

4. Provide a statement of education and training programs provided to, or required of, the staff identified for participation in the project, particularly with reference to management consulting, governmental practices and procedures, and technical matters.

5. Provide a summary of your Firm's general qualifications to meet required qualifications and fulfill statement of work, including additional Firm personnel and resources beyond those who may be assigned to the project.

Subcontractors (Section F) - This project may require expertise in multiple technical areas. List any subcontractors that will be used, identifying functions to be performed by them, their related qualifications and experience and the total number of hours or percentage of time they will spend on the project.

Conflict of Interest (Section G) - Address possible conflicts of interest with other clients affected by actions performed by the Firm on behalf of South Coast AQMD. South Coast AQMD recognizes that prospective Contractors may be performing similar projects for other clients. Include a complete list of such clients for the past three (3) years with the type of work performed and the total number of years performing such tasks for each client. Although the Proposer will not be automatically disqualified by reason of work performed for such clients, South Coast AQMD reserves the right to consider the nature and extent of such work in evaluating the proposal.

Additional Data (Section H) - Provide other essential data that may assist in the evaluation of this proposal.

VOLUME II - COST PROPOSAL

Name and Address - The Cost Proposal must list the name and complete address of the Proposer in the upper left-hand corner.

Cost Proposal – South Coast AQMD anticipates awarding a time and materials contract. Cost information must be provided as listed below

1. Detail must be provided by the following categories:

   A. Labor – The Cost Proposal must list the fully-burdened hourly rates and the total number of hours estimated for each level of professional and administrative staff

to be used to perform the tasks required by this RFP. Costs should be estimated for each of the components of the work plan.

B. Subcontractor Costs - List subcontractor costs and identify subcontractors by name. Itemize subcontractor charges per hour or per day.

C. Travel Costs - Indicate amount of travel cost and basis of estimate to include trip destination, purpose of trip, length of trip, airline fare or mileage expense, per diem costs, lodging and car rental.

D. Other Direct Costs -This category may include such items as postage and mailing expense, printing and reproduction costs, etc. Provide a basis of estimate for these costs.

2. It is the policy of the South Coast AQMD to receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services. South Coast AQMD will give preference, where appropriate, to vendors who certify that they will provide "most favored customer" status to the South Coast AQMD. To receive preference points, Proposer shall certify that South Coast AQMD is receiving "most favored customer" pricing in the Business Status Certifications page of Volume III, Attachment B – Certifications and Representations.

VOLUME III - CERTIFICATIONS AND REPRESENTATIONS

(see Attachment B to this RFP)

SECTION VIII: PROPOSAL SUBMISSION

All proposals must be submitted according to specifications set forth in the section above, and this section. Failure to adhere to these specifications may be cause for rejection of the proposal.

Signature - All proposals must be signed by an authorized representative of the Proposer.

Due Date - All proposals are due no later than 2:00 p.m., September 22, 2026 and should be directed to:

Procurement Unit
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178
Phone: (909) 396-3520

Submittal - Submit four (4) complete copies of the proposal in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the Proposer and the words "Request for Proposals P2027-01."

PROPOSALS WILL NOT BE ACCEPTED FROM ANY BUSINESS(ES) THAT DID NOT SEND AN AUTHORIZED REPRESENTATIVE TO THE MANDATORY ZOOM BIDDER'S CONFERENCE.

Late bids/proposals will not be accepted under any circumstances.

Grounds for Rejection - A proposal may be immediately rejected if:

- It is not prepared in the format described, or
- 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 South Coast AQMD. 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.

SECTION IX: PROPOSAL EVALUATION/CONTRACTOR SELECTION CRITERIA

A. Proposals will be evaluated by a panel of three to five South Coast AQMD staff members familiar with the subject matter of the project. 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 Executive Officer and/or the Governing Board of South Coast AQMD for final selection of a contractor and negotiation of a contract.

B. 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.

1. Proposal Evaluation Criteria

(a) Standardized Services

	Points
Understanding of Requirement	25
Contractor Qualifications	25
Past Experience	10
Cost	40
TOTAL	100

(b) Additional Points

Small Business or Small Business Joint Venture	10
DVBE or DVBE Joint Venture	10
Use of DVBE or Small Business Subcontractors	7
Zero or Near-Zero Emission Vehicle Business	5
Local Business (Non-Federally Funded Projects Only)	5
Off-Peak Hours Delivery Business	2
Most Favored Customer	2

The cumulative points awarded for small business, DVBE, use of small business or DVBE subcontractors, Zero or Near-Zero emission vehicle business, local business,

and off-peak hours delivery business shall not exceed 15 points. Most Favored Customer status incentive points shall be added, as applicable for a total of 17 points.

Self-Certification for Additional Points

The award of these additional points shall be contingent upon Proposer completing the Self-Certification section of Attachment B – Certifications and Representations and/or inclusion of a statement in the proposal self- certifying that Proposer qualifies for additional points as detailed above.

2. To receive additional 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-federally funded projects), the Proposer must submit a self- certification at the time of proposal submission certifying that the Proposer meets the requirements set forth in Attachments A and B. To receive 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 points as a Zero or Near-Zero Emission Vehicle Business, the Proposer must demonstrate to the Executive Officer, or designee, that supplies and materials delivered to South Coast AQMD are delivered in vehicles that operate on clean-fuels. To receive points as a Local Business, the Proposer must affirm that it has an ongoing business within the South Coast AQMD at the time of bid/proposal submittal and that 90% of the work related to the contract will be performed within the South Coast AQMD. Proposals for legislative representation, such as in Sacramento, California or Washington D.C. are not eligible for local business incentive points. Federally funded projects are not eligible for local business incentive points. To receive 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 South Coast AQMD between the hours of 10:00 a.m. and 3:00 p.m. To receive points for Most Favored Customer status, the Proposer must submit, at proposal submission, certification of its commitment to provide most favored customer status to the South Coast AQMD. The cumulative points awarded for Small Business, DVBE, use of Small Business or DVBE Subcontractors, Local Business, Zero or Near- Zero Emission Vehicle Business, Off-Peak Hour Delivery Business and Most Favored Customer shall not exceed 17 points.

3. The lowest cost proposal will be awarded the maximum cost points available and all other cost proposals will receive points on a prorated basis. For example, if the lowest cost proposal is $1,000 and the maximum points available are 30 points, this proposal would receive the full 30 points. If the next lowest cost proposal is $1,100 it would receive 27 points reflecting the fact that it is 10% higher than the lowest cost (90% of 30 points = 27 points).

C. During the selection process the evaluation panel may wish to interview some proposers for clarification purposes only. No new material will be permitted at this time. Additional information provided during the bid review process is limited to clarification by the Proposer of information presented in his/her proposal, upon request by South Coast AQMD.

D. The Executive Officer or Governing Board may award the contract to a Proposer, other than the Proposer receiving the highest rating, in the event the Governing Board determines that another Proposer from among those technically qualified would provide the best value to South Coast AQMD considering cost and technical factors. The determination shall be based solely on the Evaluation Criteria contained in the Request for Proposal (RFP), on the evidence provided in the proposal and on any other evidence provided during the bid review process.

E. Selection will be made based on the above-described criteria and rating factors. The selection will be made by and is subject to Executive Officer or Governing Board approval. Proposers may be notified of the results by letter.

F. 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 the South Coast AQMD 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 the South Coast AQMD Procurement Department.

G. The Executive Officer or Governing Board may award contracts to more than one Proposer if, in (his or their) sole judgment, the purposes of the contract or award would best be served by selecting multiple proposers.

H. If additional funds become available, the Executive Officer or Governing Board may increase the amount awarded. The Executive Officer or Governing Board may also select additional proposers for a grant or contract if additional funds become available.

I. Disposition of Proposals – Pursuant to South Coast AQMD's Procurement Policy and Procedure, South Coast AQMD reserves the right to reject any or all proposals. All proposals become the property of South Coast AQMD and are subject to the California Public Records Act. One copy of the proposal shall be retained for South Coast AQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.

J. **If proposal submittal is for a Public Works project as defined by State of California Labor Code Section 1720, Proposer is required to include Contractor Registration No. in Attachment B. Proposal submittal will be deemed as non-responsive and Bidder may be disqualified if Contractor Registration No. is not included in Attachment B. Proposer is alerted to changes to California Prevailing Wage compliance requirements as defined in Senate Bill 854 (Stat. 2014, Chapter 28), and California Labor Code Sections 1770, 1771, 1725.5, 1777, 1813 and 1815.**

SECTION X: COST PROPOSAL

You must complete the following cost proposal sheets in full, which are based on the staffing level described in Attachment C. However, South Coast AQMD reserves the right to change the hours and tasks of this contract, as needed. The billing rates listed here will be considered firm bids and will be the billing rates used in the event staffing levels change. Your cost proposal must follow this format, which includes a breakdown of billing rates, as well as a total cost for the described level of service. **If you are proposing pay increases during the term of the contract, prepare a separate chart for each period of time pay changes and indicate dates pay increases would take effect and each page must be clearly marked as *Period 1 (12/31/2026-06/30/2027)*, *Period 2 (07/01/2027-06/30/2028), Period 3 (07/01/2028-06/30/2029), Period 4 (07/01/2029-06/30/2030).***

			Day Porter	Day Porter Overtime	Janitor	Janitor Overtime	Supervisor	Supervisor Overtime
1	**Hourly Pay Rate**		**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**
	Benefit and Employee (B & E) Costs							
2	Payroll Taxes	%	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr
3	Workers Comp.	%	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr
4	General Liability & Auto Insurance	%	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr
5	Any Vacation/ Sick Leave	%	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr
6	Any Health Benefits	%	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr	$ /hr
7	**Total B & E Costs** (sum of lines 2-6)	**%**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**
8	**Misc. *(Identify)***	**%**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**
9	**Billing Rate** (Sum of Lines 1, 7, & 8)		**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**	**$ /hr**

Using the billing rates listed on line 9 of the previous page, complete the following to determine the annual cost to South Coast AQMD for the level of staffing stated above.

Note: If you are planning to build in periodic pay increases for janitorial staff, separate calculations must be submitted for each period that pay increases, and the dates on which increases become effective must be indicated. Additional numbered pages must be filled out and each page must be clearly marked as *Period 1 (12/31/2026-06/30/2027), Period 2 (07/01/2027-06/30/2028), Period 3 (07/01/2028-06/30/2029), Period 4 (07/01/2029-06/30/2030).*

Day Porter #1 Billing Rate – 1 Day Porter @ 10 hours/day X 4 days / week = 40 hours / week

a. $_____ X 40 hours / week **$_____/week**

Day Porter #2 Billing Rate – 1 Day Porter @ 8 hours/day X 5 days / week = 40 hours / week

b. $_____ X 40 hours / week **$_____/week**

Janitor Billing Rate – Janitors @ 300 hours per week for nighttime cleaning

c. $_____ X 300 hours / week **$_____/week**

Supervisor Billing Rate – 1 Supervisor @ 40 hours per week

d. $_____ X 40 hours / week **$_____/week**

e. Sum of weekly billing rates (Add lines a, b, c & d) **$_____/week**

f. **Monthly Labor cost** (Line e X 52 weeks / 12 months) **$_____/month**

g. **Average Monthly Supply Cost** **$_____/month**

h. **Monthly Overhead and Profit** **$_____/month**

i. **Total Monthly Cost** (Add lines f, g & h) **$_____/month**

j. **Total Annual Cost** (Multiply line i. X 12) **$_____/year**

***Please note that Period 1 is 6 months only. Please adjust calculations accordingly.**

Cost of Extra Work to Exterior as detailed in Attachment C – Statement of Work (if requested by South Coast AQMD)
Please list the below cost for each one service

Monthly – Power wash two bay loading docks behind cafeteria $_____/service
a. $_____ x 12 months/year **$_____/year**

Quarterly – Air blow Lower-Level parking lot $_____/service
b. $_____ x 4 quarters/year **$_____/year**

Biannually – Clean solar panels on roof $_____/service
c. $_____ x 2 times/year **$_____/year**

Biannually – Clean the roof $_____/service
(for service alone, not including required cleaner)
d. $_____ x 2 times/year **$_____/year**

As needed – Power wash main entrance $_____/service
*for calculation purposes, please calculate quarterly per year
e. $_____ x 4 quarters/year **$_____/year**

As needed – Clean Ground Level (1st floor) windows/glass doors $_____/service
*for calculation purposes, please calculate twice per year
f. $_____ x 2 times/year **$_____/year**

g. **Total Annual Cost of Extra Work** (Sum of lines a-f) **$_____/year**

***Please note that Period 1 is 6 months only. Please adjust calculations accordingly.**

COST SUMMARY

To: South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765
Attention: Procurement Section

Subject: RFP #2026-XX – Janitorial Services at South Coast AQMD Diamond Bar Headquarters

Based on the previous cost breakdown, the undersigned, having carefully examined South Coast AQMD's specification attached hereto, hereby proposes and agrees to furnish all necessary labor, materials, equipment, and any other incidentals necessary to provide janitorial services in strict conformity with South Coast AQMD's specification for the stipulated monthly sum of:

Period 1 (6 months) _____ Dollars ($)

Period 2 (12 months) _____ Dollars ($)

Period 3 (12 months) _____ Dollars ($)

Period 4 (12 months) _____ Dollars ($)

Forty-Two Months Total_____ Dollars ($)

The sum stated above is all-inclusive and I have no expectation of South Coast AQMD providing any resources that might be required to perform the work described in this RFP.

I understand that South Coast AQMD staffing requirements with respect to janitorial services may change during the term of the contract. If selected as the contractor for providing these services, the undersigned agrees to execute an agreement for work to be accomplished under the stipulated period sums and thirty-four month total sum provided above or, should South Coast AQMD staffing needs change during the term of the contract, to bill South Coast AQMD at the billing rates stated in this proposal.

The undersigned also agrees to provide evidence of required workers' compensation insurance to statutory limits and general liability insurance as described in Contract.

Proposer's Name: _____

Proposer's Address: _____

Authorized Signature: _____

Title: _____

COST OF SUPPLIES

Please provide the cost of supplies to be charged to South Coast AQMD. **Contractor MUST use products that have received South Coast AQMD's Clean Air Choices cleaner certification (www.aqmd.gov).** Where no products have received South Coast AQMD certification, Contractors must use products that have received Green Seal certification, or equivalent, such as Ecologo certification. A list of qualifying materials may be found at Green Seal, Inc. (www.greenseal.org). A safety data sheet (SDS) will be submitted upon request for each product used, if selected.

Product	**Cost (by case, pack, each, etc.)**
Paper Towels	
Purell Hand Sanitizer	
Paper Liners for Wall Unit	
Feminine Hygiene Pads	
Tampons	
Seat Covers	
Food Service Sanitzer	
Eco Air 2.0 Air Freshener, Cotton Blossom	
Fresh Mint Liquid Microbes	
Calcium, Scale, & Lime Remover	
Automatic Hand Soap Dispensers	
Foam Handsoap	
Urinal Screen	
Falcon Cartridge	
Bath Tissue (2-ply)	
Shower Curtains (36"x72" Vinyl)	
D Batteries	
20-30 Gallon 0.39 Trash	
Restroom Cleaner	
Restroom Disinfectant	
Degreaser	
Liquid Enzymes	
24x33x8 Trash Bin Liners	
40x48 Trash Bin Liners	
Surface Cleaner	

Please include any and all other products necessary to complete tasks that are not included on this page.

SECTION XI: REFERENCES

Please provide the information of five clients for which your company currently provides services that are similar in scope and size of facility to that described in this RFP so we may contact them for references.

1. Company Name: _____
   Address: _____
   Contact Person: _____
   Phone Number: _____ E-mail: _____
   # of Buildings: _____ Sq. Ft.: _____

2. Company Name: _____
   Address:
   Contact Person: _____
   Phone Number: _____ E-mail: _____
   # of Buildings: _____ Sq. Ft.: _____

3. Company Name: _____
   Address: _____
   Contact Person: _____
   Phone Number: _____ E-mail: _____
   # of Buildings: _____ Sq. Ft.: _____

4. Company Name: _____
   Address: _____
   Contact Person: _____
   Phone Number: _____ E-mail: _____
   # of Buildings: _____ Sq. Ft.: _____

5. Company Name: _____
   Address: _____
   Contact Person: _____
   Phone Number: _____ E-mail: _____
   # of Buildings: _____ Sq. Ft.: _____

SECTION XII: SAMPLE CONTRACT

A sample contract to carry out the work described in this RFP is available on South Coast AQMD's website at http://www.aqmd.gov/grants-bids or upon request from the RFP Contact Person (Section II)

ATTACHMENT A

PARTICIPATION IN THE PROCUREMENT PROCESS

A. It is the policy of South Coast Air Quality Management District (South Coast AQMD) 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 South Coast AQMD 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, Zero or Near-Zero 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 (51%) owned by one or more women, or in the case of any business whose stock is publicly held, at least 51 percent (51%) 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 (10%) 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 the following criteria:

   a. is a sole proprietorship or partnership of which at least 51 percent (51%) is owned by one or more disabled veterans or, in the case of a publicly owned business, at least 51 percent (51%) 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 (51%) 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 (51%) 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 South Coast AQMD at the time of bid or proposal submittal and performs 90 percent (90%) of the work related to the contract within the geographical boundaries of South Coast AQMD 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 (51%) of the joint venture.

7. "Zero or Near-Zero Emission Vehicle Business" as used in this policy means a company or contractor that uses Zero or Near-Zero emission vehicles in conducting deliveries to South Coast AQMD. Zero or Near-Zero emission vehicles include vehicles powered by electric, compressed natural gas (CNG), liquefied natural gas (LNG), liquefied petroleum gas (LPG), ethanol, methanol and hydrogen and are certified to 90 percent (90%) or lower of the existing standard.

8. "Off-Peak Hours Delivery Business" as used in this policy means a company or contractor that commits to conducting deliveries to South Coast AQMD 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 South Coast AQMD 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 (10%) 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 South Coast AQMD 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 percent (5%) of the lowest cost responsive bid. Zero or Near-Zero 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 (2%) 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 percent (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 (2%) 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 25 percent (25%) of the total contract value to a DVBE and/or small business. Zero or Near-Zero 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. South Coast AQMD 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 South Coast AQMD contractual obligations.

F. South Coast AQMD 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. South Coast AQMD 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 South Coast AQMD. However, if the subject matter of the RFP or RFQ calls for the fabrication or manufacture of custom products, only companies performing 90 percent (90%) of the manufacturing or fabrication effort within the geographical boundaries of South

Coast AQMD 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, South Coast AQMD shall establish a fair share goal annually for expenditures with federal funds covered by its procurement policy.

ATTACHMENT B

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 South Coast AQMD Contractor/Supplier:

South Coast Air Quality Management District (South Coast AQMD) 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
Chief Financial Officer

DH:nd

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

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 South Coast AQMD,_____(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 South Coast AQMD 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 South Coast AQMD at the time of bid application.
- performs 90 percent of the work within South Coast AQMD'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 South Coast AQMD 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.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

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 [redacted] CALIFORNIA FORM

2021 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 file no.

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 notify 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 the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability 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 notify 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 information, 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 that 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 _____

2021 Instructions for Form 590

Withholding Exemption Certificate

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

General Information

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. For more information, See General Information B, Income Subject to Withholding.

Registered Domestic Partners (RDPs) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a California 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, Real Estate Withholding Statement, 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

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 (completed and signed) 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 certification does not need to be renewed annually. The certification on Form 590 remains valid until the payee's status changes. The withholding agent must retain a copy of the certification or substitute for at least five years after the last payment to which the certification applies. The agent must provide it to the FTB upon request.

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 see General Information E, Military Spouse Residency Relief Act (MSRRA), and 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 certification on Form 590 remains valid until the payee's status changes. 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. The agent must provide it 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, Form 592-PTE, Pass-Through Entity Annual Withholding Return, Form 592-Q, Payment Voucher for Pass-Through Entity Withholding, and Form 592-V, Payment Voucher for Resident or 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, go to **ftb.ca.gov** and login or register 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 Internet and Telephone Assistance section.

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 disability
711 or 800.735.2929 California relay service

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 del habla
711 ó 800.735.2929 servicio de relevo de California

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 Mobile Source Air Pollution Reduction Review Committee (MSRC) or MSRC Technical Advisory Committee (TAC), 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). Where a proposed or proposed amended rule impacts three or fewer facilities, those facilities will be treated in much the same manner as contracting parties and so must also complete this form, disclosing information relating to any campaign contributions made to any SCAQMD Board Members. *See* Quadri Advice Letter (2002) A-02.096.[1] In the event that a qualifying campaign contribution is made, the Board Member to whom it was made may be disqualified from participating in the actions involving that donor.

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the MSRC or TAC of more than $500 while their contract or permit is pending before the SCAQMD; and further prohibits a campaign contribution from being made for twelve (12) months following the date of the final decision by the Governing Board or the MSRC or TAC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the $500 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 or TAC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant[2] to the proceeding, or agent, totaling more than $500 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 the SCAQMD website (www.aqmd.gov). The list of current MSRC and TAC 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).

_____

_____

[1] The information provided on this form does not, and is not intended to, constitute legal advice. To the extent that you may have questions regarding any case law, citations, or legal interpretations provided above please seek the guidance of your own independent counsel.

[2] In accordance with California law, a person or entity with a financial interest in a proceeding or particular governmental decision, who is not a party but who actively supports or opposes a particular decision, qualifies as a "participant" in that proceeding for purposes of California Code of Regulations Section 84308. A participant has both a financial interest in the proceeding and communicates with the agency or an officer of the agency for purposes of influencing the proceeding.

SECTION II.

Has Contractor or Participant and/or any parent, subsidiary, or affiliated company, or agent thereof, or persons who direct or control campaign contributions for these entities, made a campaign contribution(s) totaling $500 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC or TAC 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.

Name(s) of Contributor(s) or Person(s) who Directed or Controlled this Contribution:

Governing Board Member or MSRC or MSRC-TAC Member/Alternate | Amount of Contribution | Date of Contribution

Name(s) of Contributor(s) or Person(s) who Directed or Controlled this Contribution:

Governing Board Member or MSRC or MSRC-TAC Member/Alternate | Amount of Contribution | Date of Contribution

Name(s) of Contributor(s) or Person(s) who Directed or Controlled this Contribution:

Governing Board Member or MSRC or MSRC-TAC Member/Alternate | Amount of Contribution | Date of Contribution

Name(s) of Contributor(s) or Person(s) who Directed or Controlled this Contribution:

Governing Board Member or MSRC or MSRC-TAC 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.

ATTACHMENT C

STATEMENT OF WORK

INTRODUCTION

Janitorial service is to be provided at the South Coast Air Quality Management District's (South Coast AQMD's) Headquarters located at 21865 Copley Drive, Diamond Bar, California 91765. A schedule of work to be performed must be submitted to the Business Services Manager or his/her designee on the first of each month. This agreement is for the purpose of providing janitorial services for approximately 302,272 square feet of office space. South Coast AQMD's normal business hours are Tuesday through Friday 7:00 a.m. – 5:30 p.m.

WORK SCHEDULE

South Coast AQMD AREAS:
On an average, two day porters will work shifts between the hours of 7:00 a.m. and 5:30 p.m., Monday through Friday, excluding South Coast AQMD holidays, to handle ongoing cleaning needs throughout the workday. This will average 80 hours per week. Cleaning of managerial offices must be scheduled during South Coast AQMD's regular daytime business hours. All day porters must understand and speak English fluently. Each must have a vendor-provided cell phone or radio. Special emphasis will be placed on maintaining conference center areas, maintaining recycling bins, and keeping restrooms properly supplied. Assisting South Coast AQMD staff in moving tables, chairs, and trash cans to accommodate meetings and events may be required from time to time. The day porters must notify the South Coast AQMD designee of their arrival and departure each day. Day porters are responsible to check the janitorial telephone line and the e-mail account assigned to Janitorial Services for messages throughout the day and respond appropriately.

Cleaning of open office space and other tasks will be done during non-business hours. Access to some secured areas will be available through the access control card readers or through the on-site security guards.

CONFERENCE CENTER:
The conference center is to be cleaned during non-business hours, Monday through Friday.

A minimum of 340 hours per week will be required for night-time cleaning, excluding holidays. **Included with these hours is an on-premise, full-time working supervisor**. The supervisor must understand and speak English and must be present during the entire night-time shift. The supervisor will report to the Business Services Manager or his/her designated representative at 5:00 p.m., Tuesday through Friday, for special instructions and will be available through a vendor-provided cell phone or radio. Night cleaning will commence at 6:00 p.m. The on-premise supervisor must be familiar with and have a copy of this Attachment C at all times. All other non-daily cleaning, such as carpet shampoo, floor waxing, etc., will take place during non-business hours.

FACILITY CLEANING

A. DAILY

Vacuum traffic lanes of carpeted areas; sweep or dust floors in all other areas.

Dust desks, work stations, chairs, tables, telephones, filing cabinets, window sills, lamps, and other office furniture with specially treated dust cloths. (Paperwork on desks is not to be moved.)

Empty and clean all waste containers, replacing vendor-supplied liners where appropriate. Refuse is to be placed in trash dumpsters for removal.

Collection containers for recycled paper, cardboard, cans, glass, and newspaper (usually located in coffee/copy rooms) are to be emptied into recycle-labeled dumpsters in lower-level parking structure. Pick up all debris from overflowing dumpsters. Janitorial staff may be asked to redistribute recycle bins, as needed.

Spot clean all floors or carpet, as needed.

Clean glass in all doors, entrances, and elevator lobbies, both inside and out where accessible.

Spot clean doors, door hardware, door frames, and walls.

Clean kick marks from doors, door casings, and other woodwork.

Vacuum carpet, clean tile, and clean drains in Cafeteria.

Clean and sanitize Cafeteria tables, chairs, serving counters, and outside patio three times per day: 1st cleaning between 9:00-10:00 a.m., 2nd cleaning between 1:30-2:30 p.m., and final cleaning by night cleaning staff. Do not clean the kitchen area.

Sweep and clean building entrance walkways, outside eating areas, courtyard between the office towers, bridges between buildings, Lower Level outside patio, and stair areas; special emphasis on emptying the waste containers in these areas. Keep landscaped areas outside entrances free from trash and cigarette butts.

Clean inside of all elevator cabs.

Sweep and clean loading dock area.

Sweep and clean the lobby of all dust and leaves.

Maintain janitorial closets in a clean and orderly fashion.

Remove finger marks and smudges from desktops, woodwork, walls, counters, and furniture, as needed. Wet mop uncarpeted areas nightly.

Replace trash dumpster to assigned location in the compound prior to leaving the job. Pick up all debris from overflowing dumpsters.

The Lower Level hallway and Laboratory tile floors require special attention to maintain a non-slip surface and must be inspected daily to assure the safety of all persons using these areas.

Excluding catered services, return to cafeteria any stray cafeteria dishes, silverware, and trays that may be found in coffee/copy rooms or conference rooms.

B. WEEKLY

Clean and remove all marks from counters, desks, and other furniture.

Clean and disinfect all walls, woodwork, and partition areas in restrooms.

Clean and polish all interior brass, nickel, and other metal fixtures, including door push and kick plates and pulls.

Dust ledges, chair rails, baseboards, under tables, under chairs, ducts, conduit pipes, low molding, and partitions.

Wash and clean chalkboards, chalk trays, and marker boards.

Spot wax and buff linoleum floors in lower level, weekly as needed. Strip and reapply floor finish in heavy-traffic areas that require additional attention between scheduled waxings.

Vacuum all upholstered furniture, including chairs in conference rooms.

Clean South Coast AQMD-provided microwave ovens in coffee/copy rooms.

Add enzymes to all drains including coffee copy rooms and water fountain dispensers.

Sweep and mop all stairwells.

C. MONTHLY

Dust books, bookcases, and bookshelves; move books, if necessary.

Dust mini-blinds and clean window ledges.
Vacuum carpet in individual workstations.

D. QUARTERLY

Brush and clean ceiling vents, grills, and door vents.

Deep clean (strip and scrub) all kitchen area floors.

Clean drains in kitchen area.

E. SEMIANNUALLY

Apply furniture polish to all natural wood paneling and furniture.

F. YEARLY

Clean fluorescent lamps and fixtures.

Shampoo all carpets; shampoo carpets in heavily used areas and the Cafeteria twice a year, at a minimum.

G. AS NEEDED

Strip, clean and wax all linoleum flooring in lower level and laboratory as needed but not less than once per year. High-traffic hallways will need to be done more often.

Dry clean appropriately non-ceramic tile raised flooring in the Print Shop and Computer Room.

Replace all interior fluorescent lights, excluding workstation lights; lamps to be provided by South Coast AQMD.

Inoperative fixtures are to be brought to the attention of the Building Maintenance Supervisor.

Inspection for, and replacement of, inoperative lights will be performed daily.

Shampoo upholstered furniture.

Remove all delivered janitorial supplies from the dock to Basement storage. Work with designated South Coast AQMD staff to keep the facility properly stocked. There are no Monday deliveries. Report any change in usage or excessiveness to the Business Services Manager.

Moving tables, chairs, and trash bins to accommodate meetings and events may be required from time to time.

There are designated areas that are normally not open for cleaning; however, these areas are to be cleaned upon request at no additional cost. These areas are designated in D.

Replace South Coast AQMD-provided hand sanitizer refills and batteries in hand sanitizer dispensers, as needed.

RESTROOMS AND SHOWERS

A. DAILY

Clean, disinfect, and deodorize showers, toilets, urinals, and sinks with an approved germicidal cleanser.

Clean and sanitize shower curtains. Replace South Coast AQMD-provided shower curtains as needed.

Clean and disinfect both sides of toilet seats.

Clean and disinfect plumbing fixtures, handles, and pipes, under washbowls, toilets, and urinals.

Clean and polish mirrors.

Clean floors, damp mop with approved solutions, and machine-scrub floors, as required.

Clean and refill soap, towel, tissue, and feminine product dispensers, and replace deodorizer blocks, if applicable.

Empty and clean all waste paper containers. Clean or replace plastic liners, as required.

Clean and wipe down walls around plumbing fixtures (both walls and toilet compartment partitions, and partition doors and hardware), as required, to maintain clean appearance at all times.

B. YEARLY

Pressure wash all tile floors and walls in all restrooms, showers and locker area.

C. AS NEEDED

Replace filter cartridges in the waterless urinals as needed. Filters provided by South Coast AQMD.

FITNESS CENTER

A. DAILY

The seating and armrest area of each unit must be cleaned daily with a disinfectant cleaner.

Clean and polish mirrors.

Empty and clean all waste paper containers. Clean or replace plastic liners, as required.

Refill the disinfectant spray bottles.

Refill paper towels in the paper towel dispenser.

B. WEEKLY

Vacuum and mop the fitness center flooring mats, including areas between fitness equipment. Do not move or attempt to move any of the heavier equipment with weight stacks.

Clean all fitness equipment frames, handle bars, weight stacks, and pedals with a disinfectant cleaner.

C. MONTHLY

Clean all upholstery (seating and armrest) with a good quality Naugahyde cleaner. (Do not use Armorall.)

Clean all consoles and electronic parts using water-dampened cloth only. Do not spray or use glass cleaners or any other household cleaners. Wipe dry after cleaning.

Clean treadmills and other walking decks and belts, plastic floor coverings and mats with water-dampened cloth. Do not use detergents or strong cleaning agents.

Polish chrome weight stacks and other chrome surfaces monthly with a good chrome polish.

EXTERIOR (EXTRA WORK TO BE REQUESTED, IF NEEDED)

A. MONTHLY

Power wash two bay loading docks by the Cafeteria.

B. QUARTERLY

Clean the Lower Level parking lot, consisting of approximately 15,000 sq. ft., with an air blower.

C. BIANNUALLY

Clean solar panels: 344 glass panels on the South Tower roof; 79 glass panels on the Conference Center roof; and 10,000 sq. ft. of sheet film panels on the Conference Center roof.

Clean the roof, consisting of approximately 125,000 sq. ft., with SureSkrub cleaner, to be purchased through South Coast AQMD's SureCoat Systems' representative and to be included in the roof cleaning cost, in order to maintain the manufacturer's warranty.

D. AS NEEDED

Power wash the main entrance.

Clean Ground Floor (1st floor) windows and glass doors, consisting of 250 windows and 17 glass doors, with particular attention to the windows near the entrances of the building.

AREAS TO BE SERVICED

This schedule shall include all areas designated in ATTACHMENT D.

SUPPLIES

South Coast AQMD may furnish the following supplies: enzymatic cleaner for drains, toilet tissue, hand towels, hand soap, toilet seat covers, special deodorants, cartridge filters for the water free urinals, shower curtains, fluorescent lights, batteries (for towel and freshener dispensers), feminine products and wax liners for their disposal. Contractor will furnish clear/transparent waste container liners for all waste containers, and environmentally friendly cleaners (subject to the guidelines listed below), wax, and all equipment required to clean the facility. **For safety reasons, the following environmentally-friendly products must be used for stripping, waxing, and cleaning the Lower Level hallway, Lower Level shops and laboratory: Contractor has a choice of using Waxie Green Floor Stripper, Waxie Green Floor Finish, and Waxie Green Floor Finish Enhancer OR Maintex High Sierra Green Seal Approved Trend ES stripper, Dura ZF floor finish, and Trailwinds floor cleaner.** All other cleaners used must meet the requirements listed below.

Environmentally-Friendly Cleaners

The list of cleaning product categories South Coast AQMD requires for custodial purposes includes, but is not limited to, the following:

- All Purpose Cleaner
- Glass and Window Cleaner
- Bathroom Cleaner / Deodorizer

- Lime and Scale Remover
- Liquid Hand Soap
- Degreaser / Cleaner
- Carpet Shampoo (rotary brush)
- Furniture Polish
- Chrome Polish / Cleaner
- Graffiti Remover
- Brass Polish / Cleaner
- Floor Finish / Disinfectant
- Floor Stripper
- Enzymatic Cleaner / Degreaser
- Wood Floor / Furniture Wax / Cleaner
- Solvent Spotter / Gum Remover

It is required that Contractor be able to supply and use the products listed above that meet or exceed applicable health and environmental specifications listed below. It should be noted that Contractors are encouraged to partner with manufacturers or distributors to maximize South Coast AQMD's use of these environmentally friendly materials**. To the extent they exist, Contractor MUST use products that have received South Coast AQMD's Clean Air Choices cleaner certification (www.aqmd.gov).** Where no products have received South Coast AQMD certification, Contractors must use products that have received Green Seal certification, or equivalent, such as Ecologo certification. A list of qualifying materials may be found at Green Seal, Inc. (www.greenseal.org).

In order to assure compliance, Contractor must maintain a list of cleaning products used under this contract and must provide the list, along with product MSDS, to South Coast AQMD's Business Services Manager or his/her designee. Any changes in products must be approved in advance by South Coast AQMD. South Coast AQMD reserves the right to monitor and audit compliance with these product requirements.

1. SARA Title III, Sect. 313

No ingredient shall require reporting under EPA's Superfund Amendments and Re-authorization Act (SARA Title III, Section 313). The ingredients requiring reporting under this act represent some of the most acutely toxic chemicals used in cleaning products. South Coast AQMD believes that these aggressive chemicals are no longer required in most cleaning product categories and seeks to protect the health of its workers and the environment by minimizing exposure to these chemicals.

2. Disinfectants in Cleaners

No cleaners shall contain disinfectants. Because proper/adequate disinfection of a surface requires that the surface be cleaned prior to disinfecting, South Coast AQMD wishes to separate out the cleaning and disinfecting processes. Eliminating disinfectants from all-purpose bathroom and floor cleaners will reduce the toxicity of these products and will reduce the amount of disinfectant chemicals used at the facility. A product category for disinfectants is included separately from cleaners.

3. Aerosol Cans

No products shall be delivered in aerosol cans. South Coast AQMD believes that no aerosol container can be considered truly empty of product and propellant. Recycling such partially filled aerosol cans is extremely expensive and requires special handling by hazardous waste technicians. All product categories must be available in a non-aerosol formulation, such as ready-to-use pump action sprays, air-charged refillable containers, or concentrates that can be dispensed into spray bottles for use.

4. Carcinogens, Mutagens, Teratogens

No ingredients can be classified as known or probable carcinogens, teratogens, or mutagens on any of the following lists:

a. California Safe Drinking Water And Toxic Enforcement Act of 1986 (Prop. 65), CCR Title 22, Division 2, Subdivision 1, Chapter 3 Section 12000 et seq.);
b. California Office of Environmental Health Hazard Assessment (OEHHA);
c. National Toxicology Program (NTP);
d. International Agency for Research on Cancer (IARC), Group 1, 2A or 2B;
e. Occupational Safety and Health Administration (OSHA) regulated carcinogen.

While ingredients listed in the above documents are rare in today's cleaning product formulations, South Coast AQMD wishes to eliminate them entirely from the products which are purchased for use in South Coast AQMD operations. Such chronic toxins are no longer necessary for the efficacy of current cleaning technologies.

5. APEs

No products shall contain alkyl phenyl ethoxylates (APEs) above trace amounts. South Coast AQMD recognizes the potential danger to wildlife and humans when hormonal mimics, such as APEs, are released into water systems. Further, the persistence of the breakdown products of APEs make the issue of bio-accumulation a special concern and are not consistent with the requirement for ready biodegradability.

6. Ozone Depleting Compounds

No products shall contain ozone-depleting chlorinated compounds.

7. VOCs

Products must meet or exceed applicable South Coast AQMD and California Code of Regulations (Article 2 Section 94509, Title 17) maximum allowable Volatile Organic Compound (VOC) levels for appropriate cleaning product categories. Because of concerns over air quality, the State of California regulates the VOC levels of various consumer products. To the extent consumer products exist that meet South Coast AQMD's more stringent VOC limits, the Contractor should utilize these products. The Contractor should always strive to use the lowest-VOC-containing products.

8. Biodegradability

Aquatic Pollution – South Coast AQMD wishes to protect the ocean habitat which supports the local economy and quality of life for residents and, therefore, is concerned with the environmental fate of chemicals used in South Coast AQMD operations. All product ingredients must either:

a. meet the Organization for Economic Cooperation and Development (OECD) definition of Readily Biodegradable; or
b. contain less than 0.1 percent by weight of any compounds listed by the U.S. EPA's Deposition of Air Pollutants in the Great Waters program.

ATTACHMENT D

FACILITY INFORMATION

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

South Coast AQMD's premises consist of four (4) interconnected buildings designated as the North Office Tower, South Office Tower, Laboratory, and Conference Center/Cafeteria. These buildings are built over a Lower Level, which will be described separately below. The total approximate square footage of all of the facilities is 302,272 square feet.

The following is a more specific breakdown of information by facility:

North Office Tower - Description

The North Office Tower consists of the first, second, and third floors above the Lower Level. The approximate square footage of the first, second, and a portion of the third floors is 47,919 sq. ft.

Information Regarding the North Office Tower:

- Percentage of carpeted areas on each floor: approximately 90%
- Number of restrooms and fixtures: 3 men's and 3 women's restrooms
  Total Fixtures: 18 toilets
  6 urinals
  18 wash basins
- Number of coffee/copy rooms: 4
- Number of offices: 23
- Number of workstations: approximately 189
- Number of conference/training rooms: 4
- Number of open conference areas: 1
- 1 uncarpeted staircase
- Areas not requiring cleaning: fan rooms, signal rooms, and electrical closets
- Special cleaning requirements: Information Management National Library will require dusting of bookshelves on an as-needed basis.

South Office Tower - Description

The South Office Tower consists of the first, second, third, fourth, and fifth floors above the Lower Level. The approximate total square footage of this facility is 120,914 sq. ft. This includes elevator lobbies and bridges between buildings.

Information regarding the South Office Tower:

- Percentage of carpeted areas on each floor: about 90%

- Number of restrooms and fixtures: 5 men's and 5 women's restrooms
  Total Fixtures: 30 toilets
  15 urinals
  30 wash basins

- Number of coffee/copy rooms: 11

- Number of offices: 94

- Number of workstations: approximately 513

- Number of conference/training rooms: 18

- Number of open conference areas: 2

- 2 uncarpeted staircases

- Areas not requiring cleaning: fan rooms and electrical closets

Laboratory - Description

The Laboratory resides on the Ground Floor (1st floor). The approximate total square footage is 42,658 sq. ft.

Information regarding the Laboratory:

- Percentage of carpeted areas: approximately 10%

- Number of restrooms and fixtures: 1 men's and 1 women's restroom
  Total Fixtures: 3 toilets
  1 urinal
  2 wash basins

- Number of coffee/copy rooms: 1

- Number of conference/training rooms: 1

- Number of elevators: 1 passenger / freight elevator

- 2 uncarpeted staircases

- Areas not requiring cleaning: signal rooms, electrical closets, organic and inorganic storage rooms, vented storage rooms, and other various storage rooms

- Special cleaning requirements:

  - Caution is required in cleaning the laboratory due to the existence of chemical solutions in various areas

- Laboratory tile floors require special attention to maintaining a non-slip surface. The floor treatment requires the use of specific products (Stamina Floor Finish, Rebound Restorer, and Marathon Maintainer) from Unisource, which involves a 3-part process as specified by the manufacturer.

Conference Center/Cafeteria - Description

The Conference Center/Cafeteria consists of the first floor above the Lower Level. The approximate total square footage of this facility is 36,799 sq. ft. This also includes the main lobby.

Information regarding the Conference Center/Cafeteria:

- Percentage of carpeted area on this floor: approximately 65%

- Number of restrooms and fixtures: 2 men's, 2 women's, and 3 unisex restrooms
  Total Fixtures: 11 toilets
  4 urinals
  12 wash basins

- Number of coffee/copy rooms: 1

- Number of offices: 9

- Number of workstations: approximately 11

- Number of conference/training rooms: 6
  One Auditorium/Board room
  One Hearing Board room

- Number of open conference areas: 3

- Areas not requiring cleaning: fan room, mechanical rooms, signal rooms furniture storage, and electrical rooms

- Special cleaning requirements:

  - Detailed cleaning needs to be done on a daily basis in all public eating areas and conference rooms.

  - Detailed cleaning is required in the main lobby, which consists of security stations, a public information center, visitor booths, cashier and permit booths, a small theatre area, and a house phone area.

  - Special attention is required in the conference rooms and Auditorium due to their high visibility. Schedules of meetings and events will be provided by South Coast AQMD designee.

  - 1 uncarpeted staircase.

Lower Level - Description

The Lower Level extends under the Conference Center and the North and South Office Towers. The approximate total square footage is 53,982 sq. ft.

Information regarding the Lower Level:

- Percentage of carpeted areas on each floor: approximately 80%

- Number of restrooms and fixtures: 4 men's and 4 women's restrooms
  Total fixtures: 17 toilets
  7 urinals
  22 wash basins
  12 showers

- Number of coffee/copy rooms: 7

- Number of offices: 50

- Number of workstations: approximately 250

- Number of conference/training rooms: 6

- Number of open conference areas: 1

- Number of elevators: 1 freight and 4 passenger

- 2 uncarpeted staircases

- Outside Patio

- Areas not requiring cleaning: fan rooms, electrical rooms, signal rooms, and maintenance rooms

- Special cleaning requirements:

  - Information Management (IM) printer room will require access from IM personnel; the computer room and hardware room are to be cleaned upon request.

  - Clean Lactation Room near west elevator lobby area. Clean worksurface/table tops and vacuum daily.

  - Fitness Center equipment requires regular cleaning, to include the chrome weights, equipment frames, tracks, pedals, plastic floor protectors and upholstery.

  - The Lower Level hallway, shops and Laboratory have tile floors which require special attention to maintain a non-slip surface. Floor treatment requires the

use of specific products **For safety reasons, the following environmentally friendly products must be used for stripping, waxing and cleaning the Lower Level hallway and Laboratory: Contractor has a choice of using Waxie Green Floor Stripper, Waxie Green Floor Finish, and Waxie Green Floor Finish Enhancer OR Maintex High Sierra Green Seal Approved Trend ES stripper, Dura ZF floor finish, and Trailwinds floor cleaner.**