

## SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

### REQUEST FOR PROPOSALS

#### SOFTWARE SYSTEMS DEVELOPMENT, MAINTENANCE AND SUPPORT SERVICES

P2027-03

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 bids from consultants capable of providing a full range of high-quality systems development, maintenance, and support services; enterprise resource planning; customer relationship management; and content management system services. A task order contract for a term of one year will be issued, with the option of extending the term for two (2) one-year periods. Due to the indefinite nature of the work, the actual contract amount cannot be determined at this time.

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## **SECTION I: BACKGROUND/INFORMATION**

The South Coast AQMD is the local government agency designated by federal and state law with the responsibility for regulating air pollution in the South Coast Air Basin. The Basin comprises Los Angeles, Orange, Riverside and the non-desert portion of San Bernardino Counties. Information Management provides a wide range of information systems and services in support of the agency's mission. A summary of South Coast AQMD software applications is provided in Attachment B, and the anticipated service areas are described in Section V.

The Information Management (IM) unit is comprised of four sections: Application Development, Information Technology Hardware and Network (IT), Cyber Security, and Special Projects. Application Development is responsible for developing, acquiring, and maintaining mission critical systems used by the South Coast AQMD. Consistent with the Executive Officer's goals and the Strategic Plan for Information Management, the IT section evaluates and applies the latest "favorably demonstrated" technological advances in hardware and software development tools to achieve the goal of automating and streamlining agency functions. Cyber Security team is responsible for protecting IT's infrastructure, networks, and data. The Special Projects team works with the Information Technology Steering Committee (ITSC) to make sure all existing projects that are in development are on track, all projects in the pipeline have been prioritized, and all new projects go through the correct ITSC guidelines.

IM has a staff of computer specialists, systems analysts, and programmers to provide computer support services to South Coast AQMD components. However, IM does not maintain sufficient staff to meet the current and anticipated demand for enhancing current systems, developing new systems, and other necessary support services. Therefore, through this RFP, the South Coast AQMD is seeking the services of qualified organizations to manage and staff specific tasks.

As specific agency needs or projects arise, South Coast AQMD may issue a Task Order Proposal Request to one or more retained Contractors that South Coast AQMD determines have qualifications relevant to the requested services. Each invited Contractor may be required to submit a technical and cost proposal in the form specified in the request. South Coast AQMD may evaluate and award each Task Order based on the factors identified in the request, which may include technical merit, qualifications, personnel availability, schedule, past performance, cost, and overall best value, in accordance with Attachment C and applicable South Coast AQMD procurement requirements.

The South Coast AQMD's computer facilities, which may be used for software development, are located at Diamond Bar, California. The facilities support a variety of equipment and methods for remote access. Computer facilities other than those described above may be specified and may require that the contractor provide computer facilities to accomplish a Task Order. Individual Task Orders will specify, as appropriate, the computer system to be used for the work to be performed with the optimal work location to be determined during task order negotiation.

## **SECTION II: CONTACT PERSON**

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

Xin Chen, Information Technology Manager – Information Management  
 Email: xchen@aqmd.gov  
 (909) 396-2983  
 South Coast AQMD  
 21865 Copley Drive  
 Diamond Bar, CA 91765-4178

## **SECTION III: SCHEDULE OF EVENTS**

| <b>Date</b>                         | <b>Event</b>                                                     |
|-------------------------------------|------------------------------------------------------------------|
| September 4, 2026                   | RFP Release                                                      |
| October 21, 2026                    | Bidder's Conference*                                             |
| December 4, 2026                    | Proposals Due to South Coast AQMD - <b>No Later Than 1:00 pm</b> |
| December 8, 2026 – January 12, 2027 | Proposal Evaluations                                             |
| January 12, 2027                    | Interviews, if required                                          |
| April 2, 2027                       | Governing Board Approval                                         |
| April 30, 2027                      | Anticipated Contract Execution                                   |

\*Participation in the Bidder's Conference is mandatory. Such participation would assist in notifying potential Bidders of any updates or amendments. The Bidder's Conference will be held via Zoom at 10:00 am on Wednesday, October 21, 2026. To pre-register, please contact **Josephine Gonzales** at (909) 396-3235 or email at jgonzaless@aqmd.gov with your contact information (name, title, company name, address, phone, email) by close of business on Tuesday, October 20, 2026, if you plan to attend.

## **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**

### Project Goals and Objectives

#### A. General:

The South Coast AQMD's Information Management division has developed many computer applications in support of various business processes throughout the agency. These development processes make use of various technologies and architectures including n-tier, Object-Oriented Architectures, WEB Applications, Web Services, Web APIs, Geographic Information Systems (GIS), Desktop and Mobile application solutions and cloud-based solutions. The South Coast AQMD is seeking outsourcing companies with access to teams and diverse personnel that have the necessary technical and administrative skills to provide development, maintenance, and support for its current and future suite of applications. Additional development efforts may include Enterprise Resource Planning (ERP); Customer Relationship Management (CRM); Business and Application Analytics; and Content Management System solutions as needed. Future work may also include data integration and engineering; application modernization; cloud-native and hybrid-cloud solutions; low-code/no-code automation; artificial intelligence (AI), machine learning (ML), generative AI, natural language processing, computer vision, intelligent document processing, predictive analytics, and other emerging technologies. All such solutions must be designed and implemented in accordance with applicable South Coast AQMD security, privacy, accessibility, record management, data-governance, and responsible-AI requirements.

#### B. Specific:

The services and tasks anticipated are:

##### 1. Project management

- Work with Project Management Office in IM and follow procedures and guidelines for Project Initiation, Planning, Execution, Monitoring and Controlling, and Closing
- Provide estimates of workload, resource utilization and time frames to the Systems and Programming Supervisor to facilitate accurate project planning and progress reporting.
- Assist in the evaluation of customer request to determine the most effective approach in order to maximize the South Coast AQMD's investment in hardware, software, and staff while minimizing unnecessary or duplicative development efforts
- Develop and present technical solutions to South Coast AQMD staff for the purpose of demonstrating performance and functionality alternatives in support of their projects.
- Apply Agile methodologies (SCRUM meetings, sprint planning, and user-story elicitation) using current, supported project and product-management platforms approved by South Coast AQMD, which may include Microsoft Planner, Project, Azure DevOps, SharePoint, Teams, Git-based repositories, and successor technologies.

## 2. Feasibility and Requirements Analysis

- Conduct prefatory analysis to offer functional, technical and architectural assistance in determining feasibility for implementation of specified solutions.
- Attend Joint Application Development (JAD) sessions as required to understand scope and functionality of assigned tasks and offer technical assistance.
- Conduct analysis of current system and workflows in order to document these automated, semi-automated, and manual systems, to facilitate new automation, to correct existing problems, and/or to integrate new processes.
- Evaluate build vs. buy, configure, integrate, automate, cloud-host, and AI-enabled solution alternatives, including total cost of ownership, data readiness, cybersecurity, privacy, accessibility, records retention, vendor lock-in, interoperability, and operational supportability.

## 3. Design and Development Services

- Provide planning, analysis, design, coding, testing, debugging, documentation and support for all assigned tasks.
- Develop specifications for proposed applications including style and format of the user interface and output, input requirements, workflow, interface requirements and logical and physical database design.
- Provide plans to facilitate the orderly transition from an existing application to the newly developed one.
- Design and develop secure, accessible, API-first, modular, and cloud-ready solutions using supported technology versions and open standards where appropriate.
- Provide modernization services for legacy applications, including re-platforming, refactoring, replacement, data conversion, interface modernization, and migration to supported architectures.

## 4. Enterprise Platform Support (PeopleSoft, Sitefinity, Esri GIS, and OnBase)

- Provide functional and technical support for the configuration, customization, upgrade, implementation, and ongoing support of South Coast AQMD's enterprise platform products, including PeopleSoft (ERP/PeopleTools), Sitefinity (Content Management System), Esri ArcGIS (Geographic Information Systems), and OnBase (Document Management System), including their respective modules and services.
- Provide functional and technical support to update, upgrade, integrate, or migrate these platforms, including migration to a different product where directed by South Coast AQMD.

## 5. Customer Relationship Management/Business Analytics Analysis and Implementation Services

- Provide planning and analysis for CRM/Business Analytics solution feasibility, strategy and data assessment.
- Provide functional and technical support for CRM/Business Analytics product assessment and selection.

- Provide functional and technical support for CRM/Business Analytics solution implementation and deployment.
- Provide procedural support for CRM/Business Analytics database administration and maintenance.

#### 6. Mobile Application

- Provide planning, analysis, design, coding, analytics, testing, debugging, documentation, and support for South Coast AQMD's mobile applications, including updates and upgrades.
- Establish and support secure deployment pipelines and application-store release management for mobile applications.
- Support responsive web applications, cross-platform mobile frameworks, mobile-device security, accessibility, and telemetry.

#### 7. Testing

- Prepare test plans and test scripts using automated testing software.
- Develop and execute unit tests using Git, Micro Focus Silk Test, and other automated testing software.
- Review and test applications providing quality assurance for compliance of South Coast AQMD development standards and system functionality for deliverables
- Perform automated functional, regression, integration, performance, accessibility, API, mobile, security, and AI-system testing, including evaluation of accuracy, reliability, bias, explainability, prompt-injection resistance, data leakage, and other applicable AI risks.

#### 8. Deployment

- Implement DevSecOps practices, infrastructure as code, automated security scanning, software composition analysis, secrets management, artifact management, container-based deployment, observability, rollback, and disaster-recovery procedures, as applicable.
- Maintain and support automation processes.

#### 9. Documentation

- Develop specifications and system documentation for applications including style and format of the user interface and output, input requirements, workflow, interface requirements and logical and physical database design, system architecture, and user guides.
- For AI-enabled solutions, document the approved use case, data sources, model or service, evaluation results, limitations, human-oversight procedures, security and privacy controls, monitoring, change history, and retirement plan.

#### 10. Maintenance and Support

- Provide maintenance and support services, including application maintenance, performance support and deployment activities.

- Provide technical assistance to Systems and Programming Supervisors and Systems Analysts in support of their projects.

#### 11. Application and System Security

- In new system development, apply secure-by-design and zero-trust principles; identity and access management; multifactor authentication; encryption; logging and monitoring; vulnerability management; secure software supply-chain controls; and applicable cloud, mobile, API, data, and AI security practices.
- Provide maintenance and support services, including testing, maintaining and upgrading application security .

#### 12. Artificial Intelligence

- Establish responsible-AI and model-governance controls, including data provenance, privacy, security, human review, accuracy and quality evaluation, bias and impact assessment, explainability, content filtering, audit logging, monitoring, incident response, change control, and lifecycle management.
- Provide strategy, use-case assessment, prototyping, design, development, configuration, integration, testing, deployment, monitoring, maintenance, and support for AI.
- Implement retrieval-augmented generation, enterprise search, vector-based retrieval, knowledge assistants, agents, and workflow automation when approved by South Coast AQMD and appropriate for the business need.
- Ensure AI services comply with South Coast AQMD requirements for confidentiality, records retention, intellectual property, and acceptable use.

#### 13. Integration, Data, and Emerging Technology Services

- Provide architecture, development, integration, and support for APIs, microservices, event-driven systems, containers, serverless computing, hybrid-cloud solutions, data platforms, data pipelines, integration platforms, and low-code/no-code solutions.
- Evaluate and support emerging technologies through controlled pilots and proofs of concept, with documented business value, security, privacy, accessibility, interoperability, supportability, and lifecycle.

#### C. Scope of Work

The major activities expected under this contract(s) will include, but are not limited, to the development of new or enhancements to existing n-tier; services-oriented web applications; modifications, enhancements, and/or reworking of existing client/server applications; maintenance of any of the CLASS applications; upgrades and implementation of selected PeopleSoft Financial and HRMS modules; analysis, assessment, and implementation of CRM/Business Analytics solutions; development and maintenance of GIS related applications; development and maintenance of cloud-based applications; and development and maintenance of mobile applications. The scope may also include application and database modernization; secure API and systems integration; data engineering and analytics; cloud-native and hybrid-cloud

architectures; DevSecOps and observability; low-code/no-code process automation; and AI/ML-enabled solutions, including generative AI, subject to South Coast AQMD approval and governance requirements. Maintenance work may be system specific and/or resourced by system type over a specified time period. Attachment B provides a summary of South Coast AQMD applications for which maintenance or enhancement work may be required.

D. Preparation of Work Plans

Attachment C describes the general process that may be used after contract award to request and award Task Orders. South Coast AQMD may establish a minimum response requirement in the resulting contract. For purposes of any such requirement, a timely written no-bid response will count as a response unless the applicable Task Order Proposal Request states otherwise. The response percentage will be measured only against requests issued to the Contractor during the applicable contract year. Before suspending a Contractor from future requests for failure to satisfy the response requirement, South Coast AQMD will provide written notice and an opportunity for the Contractor to explain or cure the deficiency.

E. Deliverables

Delivery of all completed work will be evaluated and accepted by the appropriate South Coast AQMD project leader. Throughout the project's lifecycle, code and security review will be conducted. If the work product, or any portion thereof, is deemed to be unsatisfactory, such as whether the work does not meet the required criteria as described in the task order or lacks South Coast AQMD code and security standards, the South Coast AQMD reserves the right to reject the work product, or to require corrections at the contractor's sole expense.

## **SECTION VI: REQUIRED QUALIFICATIONS**

Persons or firms proposing to bid on this proposal must be qualified, experienced, and competent in providing a full range of high-quality systems development, maintenance, and support services. Although a Proposer is not required to demonstrate expertise in every technology or service listed below to qualify, a broader range of expertise is desirable. Contractor Personnel Qualifications are specified in Exhibit 1.

A. The Proposer shall have demonstrated successful expertise in the following areas:

1. Designing and developing Windows-based, web, mobile, cloud, and n-tier software solutions.
2. South Coast AQMD rules, regulations, and business processes.
3. Designing databases using INGRES®, SQL Server, and Oracle.
4. Developing cloud-native applications and migrating legacy systems.
5. Supporting South Coast AQMD's enterprise platform products, including Enterprise Resource Planning (PeopleSoft-type), Content Management Systems (Sitefinity-type), Geographic Information Systems (Esri ArcGIS-type), and document management systems (OnBase-type).
6. Supporting CRM and business analytics solutions.
7. Designing and developing secure mobile applications.
8. Implementing application security and secure software development.
9. Designing secure APIs, microservices, and enterprise integration architectures.
10. Applying DevSecOps, containers, infrastructure as code, and cloud operations.
11. Providing data architecture, engineering, governance, analytics, and visualization.
12. Implementing AI, machine learning, generative AI, and intelligent automation.
13. Applying responsible AI governance and risk management practices.
14. Evaluating emerging technologies through pilots and proofs of concept.

B. The Proposer shall demonstrate experience with the following technologies or approved equivalents:

- .NET (Core, Framework, MVC)
- C#, VB.NET, ASP.NET
- Java and Kotlin
- Swift
- JavaScript and TypeScript
- HTML and CSS
- Supported JavaScript frameworks
- REST and GraphQL APIs
- OpenAPI specifications
- OAuth 2.0 and OpenID Connect
- Webhooks and event streaming
- Microsoft SQL Server
- Oracle Database
- INGRES Embedded SQL
- NoSQL databases
- Vector databases
- Cloud database services
- Microsoft Azure
- Azure OpenAI Service
- Microsoft Power Platform
- Power BI
- Microsoft Fabric
- Python and AI frameworks
- Retrieval-augmented generation

- Model evaluation tools
- Visual Studio
- Azure DevOps
- GitHub
- CI/CD pipelines
- Artifact management
- Containers and orchestration
- Serverless computing
- Infrastructure as Code
- Configuration management
- Secrets management
- Sitefinity
- SharePoint
- PeopleSoft and PeopleTools
- OnBase
- ArcGIS and ArcGIS Online
- Crystal Reports
- Web Intelligence
- SQL Server Reporting Services
- Microsoft Visio
- UML modeling
- ERwin Data Modeler
- Microsoft Project
- JIRA
- Application monitoring

- Centralized logging
- Security monitoring
- Automated testing
- Accessibility testing
- Static and Dynamic security testing
- Software composition analysis
- Software bill of materials
- Identity and access management
- Zero Trust architecture
- Multifactor authentication
- Encryption and key management
- API management
- Emerging approved technologies
- Functionally equivalent technologies

Throughout the project lifecycle, South Coast AQMD may conduct code, architecture, quality, accessibility, and security reviews. If a work product does not meet the Task Order requirements or applicable South Coast AQMD standards provided or made available to the Contractor, South Coast AQMD may reject the work product or require correction at the Contractor's expense within the period specified in the Task Order.

- C. A project manager shall be designated in writing by the firm as the contact person for each project. The project manager shall have a minimum of six years of project management experience working with information systems-related projects. Certification in PMP is desirable. Additionally, the project manager shall have full authority to commit resources of the firm to expedite and complete project tasks. They shall have an assigned workload sufficient to allow them to personally manage every aspect of the project, as well as to personally attend and present information at all project status and meetings related to the project, if required by the South Coast AQMD. The project manager shall not be substituted without the prior written authorization of the South Coast AQMD.
- D. When submitting Work Plans, contractors shall identify all proposed subcontractors, together with cost estimates for the services of each subcontractor. The South Coast AQMD shall approve all subcontractors to be used on a project. Additionally, the prime contractor shall be fully responsible for all services, performance, and deliverables provided by all subcontractors.

- E. If a contractor is a corporation or a limited partnership, then it must be in good legal and tax standing with the State of California. Appropriate written documentation of this fact must be provided as described in Attachment G.

## **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 four separate volumes:

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

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:

1. Address and telephone number of office in, or nearest to, Diamond Bar, California.
2. 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**

The Technical Proposal will be the most important and critical part in the consideration for the award of a contract. Detailed instructions for the Technical Proposal can be found in Attachment D (General Instructions for Submission of Technical Proposals).

### **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 task-order type contract which ultimately may include firm-fixed price, time and material and on-demand-type awards depending on the project specified. 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 if applicable, 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 G – Certifications and Representations.

### **VOLUME III - CERTIFICATIONS AND REPRESENTATIONS** (see Attachment G to this RFP)

### **VOLUME IV – TASK ORDER PROPOSAL**

A separate volume containing your detailed proposal for the Sample Task Order shall be submitted in accordance with the requirements outlined in Attachment D of this RFP. The Sample Task Order will be provided at the mandatory Bidder's Conference. Cost information for the Sample Task Order must be placed in Volume II, not Volume IV.

Note: Attachment D provides the general technical proposal format. This format shall be used for both Volume I, which contains the overall response and approach to the RFP, and Volume IV, which contains the response and approach specific to the Sample Task Order.

## **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 1:00 p.m., December 4, 2026, and should be directed to:**

Procurement Unit  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765-4178  
(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 P2027-03."

**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. R&D Projects Requiring Technical or Scientific Expertise, or Special Projects Requiring Unique Knowledge or Abilities

|                                         |            |
|-----------------------------------------|------------|
| Understanding the Problem               | 20         |
| Technical/Management Approach           | 20         |
| Contractor Qualifications               | 20         |
| Previous Experience on Similar Projects | 10         |
| Cost                                    | 30         |
| <b>TOTAL</b>                            | <b>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  |
| Low-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, low-emission vehicle business, local business, off-peak hours delivery business, and most favored customer shall not exceed 15 points.**

**Self-Certification for Additional Points**

**The award of these additional points shall be contingent upon Proposer completing the Self-Certification section of Attachment G – 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 G. 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 15 points.
  3. For procurement of Research and Development (R & D) projects or projects requiring technical or scientific expertise or special projects requiring unique knowledge and abilities, technical factors including past experience shall be weighted at 70 points and cost shall be weighted at 30 points. A proposal must receive at least 56 out of 70 points on R & D projects and projects requiring technical or scientific expertise or special projects requiring unique knowledge and abilities, in order to be deemed qualified for award.
  4. 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 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 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 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 G. Proposal submittal will be deemed as non-responsive and Bidder may be disqualified if Contractor Registration No. is not included in Attachment G. 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: FUNDING**

Work will be defined on an individual task order basis. Due to the indefinite nature of the work, the actual contract amount cannot be determined at this time.

**SECTION XI: 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 owned by one or more women, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more or women.
  - b. a business whose management and daily business operations are controlled by one or more women.
  - c. a business which is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.
2. "Disabled veteran" as used in this policy is a United States military, naval, or air service veteran with at least 10 percent service-connected disability who is a resident of California.
3. "Disabled veteran business enterprise" (DVBE) as used in this policy means a business enterprise that meets all of the following criteria:
  - a. is a sole proprietorship or partnership of which at least 51 percent is owned by one or more disabled veterans or, in the case of a publicly owned business, at

- least 51 percent of its stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- b. the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
  - c. is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.
4. "Local business" as used in this policy means a company that has an ongoing business within geographical boundaries of South Coast AQMD at the time of bid or proposal submittal and performs 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 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% 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 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% 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 of the lowest cost responsive bid. Local businesses (if the procurement is not funded in whole or in part by federal grant funds) shall be granted a preference in an amount equal to 2% of the lowest cost responsive bid. Businesses offering Most Favored Customer status shall be granted a preference in an amount equal to 2 percent of the lowest cost responsive bid.
- D. Under Request for Proposals, DVBEs, DVBE joint ventures, small businesses, and small business joint ventures shall be awarded ten (10) points in the evaluation process. A non-DVBE or large business shall receive seven (7) points for subcontracting at least twenty-five (25%) of the total contract value to a DVBE and/or small business. 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 an 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% 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

### Summary of South Coast AQMD Applications

| <b>Systems</b>   | <b>Count</b> |
|------------------|--------------|
| Client Server    | 16           |
| Web Applications | 65           |
| Web Services/API | 83           |

| <b>Web Applications</b>   | <b>Count</b> |
|---------------------------|--------------|
| Public Facing             | 43           |
| Internal Web Applications | 22           |

| <b>Data Collection</b> | <b>Systems Count</b> |
|------------------------|----------------------|
| Hourly                 | 9                    |
| Daily                  | 42                   |
| Bi-Weekly              | 1                    |
| Monthly                | 2                    |
| Quarterly              | 1                    |
| Annual                 | 3                    |
| Event Based            | 12                   |
| Occurrence based       | 5                    |
| On-Demand              | 3                    |
| Submission Based       | 2                    |
| Display Only           | 4                    |

## **Attachment C**

### **Task Order Award Procedures**

(The terms "task order" and "delivery order" as used throughout this attachment and the administration of this contract are used synonymously.)

- A. All orders issued hereunder shall include, at a minimum, the following information:
  - 1. Effective date of task order;
  - 2. Contract number and task order number;
  - 3. Delivery or performance date (s);
  - 4. Place of delivery or performance;
  - 5. Accounting and appropriation data;
  - 6. Statement of work for the particular order;
  - 7. A maximum dollar amount which the contractor may not exceed except at his own risk;
  - 8. Cost proposal details, extensions and total; including hours and rates for labor categories; materials, travel and other costs; and
  - 9. Any other pertinent information.
- B. The South Coast AQMD shall have the option to issue a task order on a fixed price basis if the statement of work includes well-defined requirements/specifications and deliverables. This option shall be communicated to the Contractors at the time a work plan is requested.
- C. Work Plans
  - 1. As requirements arise, South Coast AQMD may issue a Task Order Proposal Request to one or more Contractors that South Coast AQMD determines are qualified for the applicable service category. South Coast AQMD is not required to issue every request to every Contractor.
  - 2. Each request will identify the scope, deliverables, assumptions, schedule, required qualifications, required personnel, proposal format, response deadline, pricing basis, and evaluation factors.
  - 3. Unless a different period is stated in the request, invited Contractors should submit a proposal within ten (10) calendar days. South Coast AQMD may extend or shorten the response period when warranted by the complexity, urgency, or business need of the requested work.

4. A Task Order proposal may be required to include: understanding and scope; proposed approach; high-level work breakdown structure; project schedule; proposed personnel and resumes; resource availability; labor categories and hours; risks and mitigations; assumptions and dependencies; deliverables and acceptance approach; subcontractors; travel and other direct costs; and total proposed price.

#### D. Task Order Award Decision

1. South Coast AQMD may evaluate Task Order proposals using the factors stated in the applicable request. Factors may include technical approach, understanding, personnel qualifications and availability, relevant experience, past performance, schedule, risk, cost or price, cost realism, and overall best value. The relative importance of the factors may vary by Task Order.
2. South Coast AQMD may request clarifications, conduct discussions or interviews, negotiate scope or price, request revised proposals, make an award based on initial proposals without discussions, or cancel or revise a request.
3. South Coast AQMD may award a Task Order to the Contractor whose proposal is determined to provide the best value, considering the stated factors. The lowest-priced proposal will not necessarily be selected.
4. When permitted by applicable law, South Coast AQMD procurement policy, and the resulting contract, South Coast AQMD may issue a Task Order directly to a Contractor based on specialized qualifications, continuity of services, urgency, availability, rotation, workload distribution, or another documented business justification.
5. South Coast AQMD reserves the right to reject any or all Task Order proposals, make no award, reduce or revise the scope, or obtain the services through another authorized procurement method.

Notwithstanding paragraph (1) above, the South Coast AQMD reserves the right to place delivery orders with each of the Contractor's who are awarded contracts as a result of the solicitation sufficient to meet minimum guarantees set forth in the contract without resorting to the procedures outlined in paragraph (D) above.

#### E. Contractor Response and Availability

Contractors shall respond to Task Order Proposal Requests as required by Section V.D and the resulting contract. A timely written no-bid notice will count as a response unless the request states otherwise. Contractors shall promptly disclose known staffing, scheduling, organizational conflict, or subcontractor limitations that could affect performance.

#### F. Task Order Administration

1. The Contractor shall perform only the work authorized in the applicable Task Order and shall not exceed the authorized amount, hours, period of performance, or scope without prior written authorization.
2. Changes to scope, deliverables, schedule, staffing, assumptions, or price must be documented through a written Task Order amendment or other written authorization permitted by the contract.
3. Each Task Order will identify the South Coast AQMD project manager or designee responsible for direction, review, and acceptance.
4. Task Order performance will be subject to the terms of the master contract, the RFP, the Contractor's accepted proposal, and the Task Order. In the event of a conflict, the order of precedence stated in the contract will apply.

#### G. No Guarantee of Work

Award of a master contract does not guarantee a Contractor any minimum number, value, or type of Task Orders except for an expressly stated minimum guarantee, if any, in the executed contract. South Coast AQMD retains discretion to determine whether, when, and how to issue Task Order Proposal Requests and Task Orders, consistent with applicable law and procurement policy.

## Attachment D

### **General Instructions for Submission of Technical Proposals**

Offeror's technical proposal will be the most important consideration in the award of a contract; therefore, it should be specific and complete. The technical proposal shall set forth in detail your conceptual approach to and interpretation of stated contract goals; proposed methodology and techniques for performing the contract; and the technical resources, experience, and background, as well as unique or specialized skills and expertise of both your firm and the personnel proposed for work on the project. All information provided must be concise, factual, and complete. Proposals that merely paraphrase the specifications may be eliminated from consideration. Your proposal should be practical, legible, clear, and coherent and must be presented in the format requested below. In order that an evaluation may be accomplished strictly on the merit of the material submitted, no dollar costs are to be included in your technical proposal.

#### I. FORMAT OF TECHNICAL PROPOSAL

- A. To aid in the evaluation of the proposal, all proposals shall follow the same general format. Section IX of the solicitation titled, "Proposal Evaluation/Contract Selection Criteria", contains a list of technical evaluation factors. Those factors coincide with the factors listed in Section VI "Required Qualifications".
- B. The proposal shall be preceded by the following:
  - 1. Table of contents listing the major areas as they appear in the technical evaluation factors.
  - 2. Short Introduction and Summary describing the overall approach to the specifications.
- C. The technical evaluation factors set forth will be used by the technical evaluation panel in comparatively evaluating proposals from a technical standpoint. Offerors should know what areas require emphasis in proposal preparation.
- D. It is important that in presenting the capabilities of your firm and personnel who are to be assigned to the work, that the information submitted be complete and detailed, spelling out clearly the relevant specialized professional competence that the firm and the individuals possess, their academic and training background, representative accomplishments, and work experience (with company and supervisor's names and telephone numbers) pertinent to the proposal. i.e. Specific references to software used in past projects, e.g. Microsoft Visual Studio.NET, Microsoft SQL

Server, Git, Microsoft Azure - cloud computing services, JavaScript frameworks, Microsoft SharePoint, etc., and hardware platforms is essential.

- E. The information set forth in this section is required to ensure that offerors have fully indicated their understanding of the South Coast AQMD's requirement. Failure to furnish the full and complete information requested may cause an offer to be determined unacceptable.

## II. SPECIFIC CONTENT OF A TECHNICAL PROPOSAL

The offeror must address each section in the order it appears below. Each section will be used to evaluate the entire proposal.

The South Coast AQMD requests that Technical Proposals be limited to 40 pages. The 40-page limitation includes all text, supporting charts, matrices, etc. Resumes, sample documents, and work plan will not be counted towards the 40-page limitation.

### A. WORK PLANS

Offerors are required to respond to the Task Order that will be provided at the mandatory Bidder's Conference. Include information as to level of effort by job categories in the technical proposal. 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. Costs for the work plans should only be included in the Business Management/Cost Proposal. Task orders for these projects may be awarded at the time of contract award.

### B. PROPOSED PERSONNEL

1. Complete the matrix "Contractor Personnel Qualifications - Education and Experience" (Exhibit 1). For each labor category, indicate the name of the person, education (degree earned), and number of years of experience (generally in the labor category as well as specific to the requirements of this project in that labor category).
2. Include resumes for each of the employees listed in Exhibit 1. Resumes are limited to two (2) pages for each person and should indicate the labor category for which the individual is proposed.

The following information should be included in the resume:

- a. Name

b. Professional Title

c. Education: Academic and Professional

d. Current Responsibilities

e. Professional Experience: Include those experiences that relate to the requirements of the statement of work. Be specific as to the job responsibility and system descriptions. Provide the name and telephone number of the immediate supervisor, and the starting and ending dates for each work experience.

Previous employers may be contacted to verify experience and job performance.

3. Provide a statement indicating whether or not 90% of the work will be performed within the geographical boundaries of South Coast AQMD.
4. 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.
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.

## C. RELATED PAST PROJECTS AND REFERENCES

The experience of the offeror will be evaluated based upon the overall complexity, diversity, and relevance of the firm's operations in the type of work covered by this solicitation, and upon the demonstrated outcomes.

1. Submit information on at least three (3) examples of projects your firm has completed within the last five (5) years that are comparable in context and scope to the work defined in the Statement of Work. Of the three examples: a. At least one (1) shall be a project performed for a government, public-sector, or comparably regulated entity; b. At least one (1) shall have had a total value of no less than \$100,000 or a period of performance of no less than twelve (12) months; and c. At least one (1) shall have involved one or more of South Coast AQMD's core platforms or technologies (PeopleSoft/PeopleTools, Sitefinity, Esri ArcGIS, OnBase, or the

.NET/C#, Microsoft SQL Server, Oracle, or Microsoft Azure environment). A single project may satisfy more than one of the criteria above. For at least one (1) of the projects described, the offeror shall briefly describe a significant challenge, delay, or performance issue that arose during the engagement and the corrective actions taken.

The projects must have been completed within the last five (5) years. Each example should be limited to one (1) page, and include:

- a. Name and address of the client;
  - b. Description of work performed and the offeror's specific role (prime, subcontractor, or joint venture);;
  - c. Approximate or average number of offeror's personnel assigned, by skill category;
  - d. Approximate dollar value of offeror's services, including original estimate and actual cost, with explanation for any variances;
  - e. Contract number and period of performance, including original estimated completion date and actual completion date, with explanation for any variance; and
  - f. Whether the resulting system or solution is currently in production and, if not, the reason;
  - g. Name and telephone number of the client contact able to verify the offeror's performance.
2. For any of the related past projects described, the offeror must submit one copy of one of the following documents (or comparable documents), which represents the offeror's usual methods of documenting parts of a systems development effort:
- a. Requirements Definition Document
  - b. Detailed Design Document
  - c. User's Manual
  - d. Program Documentation

Only one document is requested. Do not submit a set of documents for each project described.

3. Inquiries may be made of the customers indicated in the examples, to determine the contractor's performance on the work indicated in the examples, and to verify the accuracy of the information presented.
4. 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.

#### D. MANAGEMENT PLAN

The offeror will be required to perform the Contract in accordance with the management plan proposed which must be specific in order to receive points. The offeror must demonstrate a clear understanding of the South Coast AQMD's requirements and provide a concise description of how the Contract and Task Orders would be managed in the following areas:

1. Managing the Contract and Task Orders
  - a. Describe your general approach to manage the Contract and multiple concurrent Task Orders.
  - b. How would you ensure responsiveness to the South Coast AQMD requirements without undue staff functional overlaps?
  - c. How would you manage subcontractors if you would need to use them? List the names and addresses of the subcontractors and consultants you would call on, and the applications they would support, if any.
  - d. How would you manage the Contract startup period?
  - e. Describe project control procedures and software (if any) that you use to plan, track and control multiple projects. Documentation

of these procedures and/or software must be provided to the evaluation panel upon request.

- f. Describe methods you use to plan, estimate, schedule, monitor and administer the work on task orders.
- g. Describe how you would control costs on a task.
- h. What accounting procedures are used to keep track of costs?
- i. How would you manage and staff multiple tasks?
- j. How would you handle changes in the scope, priorities and schedule of a task?
- k. Indicate how long it would take you to start work after you received authorization to begin work on a Task Order.
- l. What are your procedures for reporting task progress within your company, and to the South Coast AQMD?

## 2. Project Management

- a. Project Schedule - Provide projected milestones or benchmarks for completing the project (to include reports) within the total time allowed.
- b. Project Organization – 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.

## 3. Managing Personnel

- a. Describe your programs and policies to ensure equal employment opportunity (EEO).
- b. Describe your procedures to recruit and train employees to provide the South Coast AQMD with skills outlined in the Requirements in Section VI, work statement.
- c. Describe your procedures for conducting background checks and verification of education and employment of proposed staff.

- d. What methods would you use to fill a position that you experience difficulty in filling? Describe how, when and the length of time you would need for recruiting, training, or otherwise obtaining competent computer system professionals with exceptional skill levels and/or experience.
- e. Indicate the number of personnel in your firm in each of the South Coast AQMD's specified labor categories listed on Exhibit 1. Indicate the turnover of employees in each labor category for each of the last two years.

#### 4. Standards and Procedures

Describe the following items relative to your organization's operations:

- a. System design and software documentation, procedures and standards.
- b. Quality assurance and quality control programs.
- c. Problem escalation and resolution strategies.
- d. Cost budgeting, accounting, and control systems.
- e. Schedule monitoring.

#### 5. Organization and Facilities

- a. State when your firm was established, its current location(s), total staff size and office facilities. Also, include the computer equipment available and other resources that may be needed for this Contract. If your firm does not have equipment of the type used by the South Coast AQMD, describe how you would get access to such equipment if the South Coast AQMD cannot provide it.
- b. Describe the organizational structure of your firm. Include an organization chart and give a brief description of operational functions.
- c. Identify the person(s) who would be responsible for managing and supervising this Contract, the location of the managing office, and the location of the staff that will be assigned to the South Coast AQMD' tasks.

#### E. SAMPLE TASK ORDERS

In addition to the other areas required in the technical proposal, evaluation of proposals will include your technical response to a sample Task Order.

This Task Order will be provided at the mandatory Bidder's Conference. Vendors participating in this procurement request must provide a technical response to the sample Task Order.



**A. EXHIBIT 1**  
**CONTRACTOR PERSONNEL QUALIFICATIONS**  
**LEVEL OF EDUCATION AND EXPERIENCE**

| *---South Coast AQMD Expectation-----* |                                |                                            |                          | *-----Proposed Person-----* |                                            |                          |        |               |               |      |         |                   |
|----------------------------------------|--------------------------------|--------------------------------------------|--------------------------|-----------------------------|--------------------------------------------|--------------------------|--------|---------------|---------------|------|---------|-------------------|
| <u>Labor Category</u>                  | <u>Education</u>               | *-----Experience-----*                     |                          | <u>Education</u>            | *-----Experience-----*                     |                          |        |               |               |      |         |                   |
|                                        |                                | In These<br>Labor<br>Categories<br>(years) | Specifically<br>Relevant |                             | In These<br>Labor<br>Categories<br>(years) | Specifically<br>Relevant | INGRES | SQL<br>SERVER | RDBMS/<br>SQL | .NET | WINDOWS | MOBILE AI<br>APPS |
| Project Manager                        | BA/BS/MS<br>(PMP<br>desirable) | 10                                         | 6                        |                             |                                            |                          |        |               |               |      |         |                   |
| Technical Specialist                   | BA/BS/MS                       | 10                                         | 4                        |                             |                                            |                          |        |               |               |      |         |                   |
| Systems Architect                      | BA/BS/MS                       | 7                                          | 6                        |                             |                                            |                          |        |               |               |      |         |                   |
| Systems Designer                       | BA/BS/MS                       | 7                                          | 6                        |                             |                                            |                          |        |               |               |      |         |                   |
| Web Designer                           | BA/BS/MS                       | 7                                          | 6                        |                             |                                            |                          |        |               |               |      |         |                   |
| Senior Software<br>Developer/Analyst   | BA/BS/MS                       | 7                                          | 6                        |                             |                                            |                          |        |               |               |      |         |                   |
| Software<br>Developer/Analyst          | BA/BS                          | 5                                          | 3                        |                             |                                            |                          |        |               |               |      |         |                   |
| Software QA Tester                     | BA/BS                          | 5                                          | 3                        |                             |                                            |                          |        |               |               |      |         |                   |
| Database Administrator                 | BA/BS                          | 4                                          | 2                        |                             |                                            |                          |        |               |               |      |         |                   |
| Technical Writer                       | -                              | 4                                          | 1                        |                             |                                            |                          |        |               |               |      |         |                   |
| Business Analyst                       | BA/BS                          | 10                                         | 4                        |                             |                                            |                          |        |               |               |      |         |                   |

Instructions: Enter name, education and number of years of experience for each proposed individual and requirement. Note: This is provided as a format. Please prepare the submission with the South Coast AQMD's Labor Category Title and expectations data provided for each name submitted

## Attachment E

### Cost Proposal Detail

#### Base Year

Contractor shall provide technical support services for a one-year period from date of award, in accordance with the terms, conditions, and statement of work attached and at the following composite rates.

\*\*\*\*WORK PERFORMED AT SOUTH COAST AQMD'S FACILITY\*\*\*\*

| <u>DESCRIPTION</u>                | <u>HOURLY RATE</u> |
|-----------------------------------|--------------------|
| Project Manager                   | \$_____            |
| Technical Specialist              | \$_____            |
| Systems Architect                 | \$_____            |
| Systems Designer                  | \$_____            |
| Web Designer                      | \$_____            |
| Senior Software Developer/Analyst | \$_____            |
| Software Developer/Analyst        | \$_____            |
| Software QA Tester                | \$_____            |
| Database Administrator            | \$_____            |
| Technical Writer                  | \$_____            |
| Business Analyst                  | \$_____            |

\*\*\*\*WORK PERFORMED AT CONTRACTOR'S FACILITY\*\*\*\*

| <u>DESCRIPTION</u>                | <u>HOURLY RATE</u> |
|-----------------------------------|--------------------|
| Project Manager                   | \$_____            |
| Technical Specialist              | \$_____            |
| Systems Architect                 | \$_____            |
| Systems Designer                  | \$_____            |
| Web Designer                      | \$_____            |
| Senior Software Developer/Analyst | \$_____            |
| Software Developer/Analyst        | \$_____            |
| Software QA Tester                | \$_____            |
| Database Administrator            | \$_____            |
| Technical Writer                  | \$_____            |
| Business Analyst                  | \$_____            |

## II. SAMPLE TASK ORDERS

In addition to the other areas required in the cost proposal, evaluation will include your cost response to sample task orders to be distributed at the mandatory bidder's conference.

**1st Year Renewal Option**

Contractor shall provide technical support services for a one-year period from date of award, in accordance with the terms, conditions, and statement of work attached and at the following composite rates.

\*\*\*\*WORK PERFORMED AT SOUTH COAST AQMD'S FACILITY\*\*\*\*

| <u>DESCRIPTION</u>                | <u>HOURLY RATE</u> |
|-----------------------------------|--------------------|
| Project Manager                   | \$_____            |
| Technical Specialist              | \$_____            |
| Systems Architect                 | \$_____            |
| Systems Designer                  | \$_____            |
| Web Designer                      | \$_____            |
| Senior Software Developer/Analyst | \$_____            |
| Software Developer/Analyst        | \$_____            |
| Software QA Tester                | \$_____            |
| Database Administrator            | \$_____            |
| Technical Writer                  | \$_____            |
| Business Analyst                  | \$_____            |

\*\*\*\*WORK PERFORMED AT CONTRACTOR'S FACILITY\*\*\*\*

| <u>DESCRIPTION</u>                | <u>HOURLY RATE</u> |
|-----------------------------------|--------------------|
| Project Manager                   | \$_____            |
| Technical Specialist              | \$_____            |
| Systems Architect                 | \$_____            |
| Systems Designer                  | \$_____            |
| Web Designer                      | \$_____            |
| Senior Software Developer/Analyst | \$_____            |
| Software Developer/Analyst        | \$_____            |
| Software QA Tester                | \$_____            |
| Database Administrator            | \$_____            |
| Technical Writer                  | \$_____            |
| Business Analyst                  | \$_____            |

## II. SAMPLE TASK ORDERS

In addition to the other areas required in the cost proposal, evaluation will include your cost response to sample task orders to be distributed at the mandatory bidder's conference.

**2<sup>nd</sup> Year Renewal Option**

Contractor shall provide technical support services for a one-year period from date of award, in accordance with the terms, conditions, and statement of work attached and at the following composite rates.

\*\*\*\*WORK PERFORMED AT SOUTH COAST AQMD'S FACILITY\*\*\*\*

| <u>DESCRIPTION</u>                | <u>HOURLY RATE</u> |
|-----------------------------------|--------------------|
| Project Manager                   | \$_____            |
| Technical Specialist              | \$_____            |
| Systems Architect                 | \$_____            |
| Systems Designer                  | \$_____            |
| Web Designer                      | \$_____            |
| Senior Software Developer/Analyst | \$_____            |
| Software Developer/Analyst        | \$_____            |
| Software QA Tester                | \$_____            |
| Database Administrator            | \$_____            |
| Technical Writer                  | \$_____            |
| Business Analyst                  | \$_____            |

## \*\*\*\*WORK PERFORMED AT CONTRACTOR'S FACILITY\*\*\*\*

| <u>DESCRIPTION</u>                | <u>HOURLY RATE</u> |
|-----------------------------------|--------------------|
| Project Manager                   | \$_____            |
| Technical Specialist              | \$_____            |
| Systems Architect                 | \$_____            |
| Systems Designer                  | \$_____            |
| Web Designer                      | \$_____            |
| Senior Software Developer/Analyst | \$_____            |
| Software Developer/Analyst        | \$_____            |
| Software QA Tester                | \$_____            |
| Database Administrator            | \$_____            |
| Technical Writer                  | \$_____            |
| Business Analyst                  | \$_____            |

## II. SAMPLE TASK ORDERS

In addition to the other areas required in the cost proposal evaluation will include your cost response to sample task orders to be distributed at the mandatory bidder's conference.

## Attachment F

### Business Management Questionnaire

- A. Provide the work distribution, by percentage, among commercial contracts and Government prime contracts (including subcontracts under Government contracts).

Commercial \_\_\_\_\_ Government \_\_\_\_\_

- B. List the three (3) largest contracts awarded in the past three (3) years which are of a related nature, indicating for each the following:

1. Contract 1

- a. Item \_\_\_\_\_
- b. Customer \_\_\_\_\_
- c. Contract No. \_\_\_\_\_
- d. Name of Client Contact \_\_\_\_\_
- Telephone No. \_\_\_\_\_
- e. Period \_\_\_\_\_
- f. Type of Contract \_\_\_\_\_
- g. Dollar Amount \_\_\_\_\_
- h. Initial Price \_\_\_\_\_  
(If cost type, set forth est. cost and fixed fee)
- i. Final Price \_\_\_\_\_  
(If cost type, set forth final cost and fixed fee)
- j. Reason for increase or decrease and source of cause \_\_\_\_\_  
\_\_\_\_\_

2. Contract 2

- a. Item \_\_\_\_\_
- b. Customer \_\_\_\_\_
- c. Contract No. \_\_\_\_\_
- d. Name of Client Contact \_\_\_\_\_
- Telephone No. \_\_\_\_\_
- e. Period \_\_\_\_\_
- f. Type of Contract \_\_\_\_\_

- g. Dollar Amount \_\_\_\_\_
- h. Initial Price \_\_\_\_\_  
(If cost type, set forth est. cost and fixed fee)
- i. Final Price \_\_\_\_\_  
(If cost type, set forth final cost and fixed fee)
- j. Reason for increase or decrease and source of cause \_\_\_\_\_  
\_\_\_\_\_

3. Contract 3

- a. Item \_\_\_\_\_
- b. Customer \_\_\_\_\_
- c. Contract No. \_\_\_\_\_
- d. Name of Client Contact \_\_\_\_\_  
Telephone No. \_\_\_\_\_
- e. Period \_\_\_\_\_
- f. Type of Contract \_\_\_\_\_
- g. Dollar Amount \_\_\_\_\_
- h. Initial Price \_\_\_\_\_  
(If cost type, set forth est. cost and fixed fee)
- i. Final Price \_\_\_\_\_  
(If cost type, set forth final cost and fixed fee)
- j. Reason for increase or decrease and source of cause \_\_\_\_\_  
\_\_\_\_\_

C. Provide the following information about your business entity

- 1. Legal status (i.e., corporation, sole proprietorship, partnership)
- 2. If a corporation or limited partnership, the date on which the Articles of Incorporation, Certificate of Qualification, or Certificate of, limited partnership, as appropriate, was approved by the California Secretary of State.

D.

- 1. Indicate whether offeror is a separate entity, a division or subsidiary corporation. If offeror is a division or subsidiary corporation, provide the name and address of the parent company.

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2. If a division, subsidiary or affiliate, indicate whether functions such as purchasing, finances, planning, etc. are located at other than the address stated on letterhead of the proposal.

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3. Provide the names and locations of any other divisions or subsidiaries which will perform under proposed contract, if awarded.

Name

Location

|       |       |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

- E. Indicate whether or not offeror's accounting system has been approved by any Government agency; if so, state:

1. Name and location of cognizant audit agency:

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2. Name and telephone number of cognizant auditor:

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3. Types of Government contracts for which your accounting system has been approved:

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- F. If subcontracting is contemplated, indicate the types of work normally subcontracted, stating:

1. The percentage of each type of work subcontracted to the total work performed (both subcontracted and not subcontracted):

Commercial \_\_\_\_\_ Government \_\_\_\_\_

2. Extent to which competition is normally solicited prior to selection of subcontractors:

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3. Types of Subcontracts usually executed by your firm.

Type

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4. Names and addresses of subcontractors/consultants proposed for this contract.

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G.

1. Indicate your backlog of business of a nature related to this procurement as of the date of this offer.

\$\_\_\_\_\_ (excluding amount of this proposal).

2. Indicate total capacity of business of a nature related to this procurement.

\$\_\_\_\_\_

H. Furnish copy of your most current balance sheet and profit and loss statement.

I. List any contract that was terminated for convenience of a client within the past three (3) years, and any contract that was terminated for default within the past five (5) years; explain briefly circumstances in each instance.

| <u>Contract Description</u> | <u>Amount</u> | <u>Client</u> | <u>Name and Telephone<br/>of Client Contact</u> |
|-----------------------------|---------------|---------------|-------------------------------------------------|
| _____                       | _____         | _____         | _____                                           |
| _____                       | _____         | _____         | _____                                           |
| _____                       | _____         | _____         | _____                                           |
| _____                       | _____         | _____         | _____                                           |

J. State the percentage applied to direct labor rates to account for fringe benefits, all corporate burdens and profit.

%

On site \_\_\_\_\_

Off site \_\_\_\_\_



## South Coast Air Quality Management District

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

AP:kb

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



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## BUSINESS INFORMATION REQUEST

|                                       |                                                                                                                                                                                                                                                        |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name                         |                                                                                                                                                                                                                                                        |
| Division of                           |                                                                                                                                                                                                                                                        |
| Subsidiary of                         |                                                                                                                                                                                                                                                        |
| Website Address                       |                                                                                                                                                                                                                                                        |
| Type of Business<br><i>Check One:</i> | <input type="checkbox"/> Individual<br><input type="checkbox"/> DBA, Name _____, County Filed in _____<br><input type="checkbox"/> Corporation, ID No. _____<br><input type="checkbox"/> LLC/LLP, ID No. _____<br><input type="checkbox"/> Other _____ |

## REMITTING ADDRESS INFORMATION

|                           |         |       |           |
|---------------------------|---------|-------|-----------|
| Address                   |         |       |           |
|                           |         |       |           |
| City/Town                 |         |       |           |
| State/Province            |         | Zip   |           |
| Phone                     | (     ) | 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:

- |                                                                                 |                                                                                        |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Small Business Enterprise/Small Business Joint Venture | <input type="checkbox"/> Women-owned Business Enterprise                               |
| <input type="checkbox"/> Local business                                         | <input type="checkbox"/> Disabled Veteran-owned Business Enterprise/DVBE Joint Venture |
| <input type="checkbox"/> Minority-owned Business Enterprise                     | <input type="checkbox"/> 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.

# Request for Taxpayer Identification Number and Certification

P2027-03

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>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 <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____<br><b>Note:</b> 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 <b>not</b> 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.<br><input type="checkbox"/> Other (see instructions) ► _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
|                                                        | 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](http://www.irs.gov/FormW9).

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

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

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

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

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

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

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

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

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

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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

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

## Backup Withholding

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

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

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

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

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

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

## Updating Your Information

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

## Penalties

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

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

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

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

## Specific Instructions

### Line 1

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

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

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

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

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

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

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

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

### Line 2

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

### Line 3

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

| IF the entity/person on line 1 is a(n) . . .                                                                                                                                                                                                                                                   | THEN check the box for . . .                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| • Corporation                                                                                                                                                                                                                                                                                  | Corporation                                                                                                                     |
| • Individual<br>• Sole proprietorship, or<br>• 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,<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• 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 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>                                                                                                                                                             |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4                                                                                                                                                                                     |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> 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](http://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](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://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](http://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 <sup>1</sup> |
| 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 <sup>2</sup>                                                                                  |
| 5. a. The usual revocable savings trust (grantor is also trustee)                                              | The grantor-trustee <sup>1</sup>                                                                        |
| b. So-called trust account that is not a legal or valid trust under state law                                  | The actual owner <sup>1</sup>                                                                           |
| 6. Sole proprietorship or disregarded entity owned by an individual                                            | The owner <sup>3</sup>                                                                                  |
| 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 <sup>4</sup>                                                                               |
| 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                                                                                   |

| For this type of account:                                                                                                                                                                   | Give name and EIN of: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 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             |

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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.

<sup>4</sup> 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](mailto: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](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://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.

**2024 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) \_\_\_\_\_

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.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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 \_\_\_\_\_

# 2024 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](https://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](https://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. 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 spouse is domiciled 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. (Note: 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 MSRRRA).

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 spouse is domiciled outside of California.

For additional information or assistance in determining whether the applicant meets the MSRRRA 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.

**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 California Relay Service, 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

California

Relay

**Service:** 711 or 800.735.2929 for persons with hearing or speaking limitations.

## 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

Servicio de

Retransmisión

de California: 711 o 800.735.2929 para personas con limitaciones auditivas o del habla.

## Certification Regarding Debarment, Suspension, and Other Responsibility Matters

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

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

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

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Typed Name & Title of Authorized Representative

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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.<sup>1</sup> 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<sup>2</sup> 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](http://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 or Participant (Legal Name):** \_\_\_\_\_

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> DBA, Name _____, County Filed in _____<br><input type="checkbox"/> Corporation, ID No. _____<br><input type="checkbox"/> LLC/LLP, ID No. _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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<sup>1</sup> 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.

<sup>2</sup> 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:

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\_\_\_\_\_  
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:

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\_\_\_\_\_  
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:

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\_\_\_\_\_  
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:

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\_\_\_\_\_  
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.



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## STEP 1: Please check all the appropriate boxes

- |                                                                        |                                                |
|------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Individual (Employee, Governing Board Member) | <input type="checkbox"/> New Request           |
| <input type="checkbox"/> Vendor/Contractor                             | <input type="checkbox"/> Cancel Direct Deposit |
| <input type="checkbox"/> Changed Information                           |                                                |

## STEP 2: Payee Information

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

## Authorization

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

## STEP 3:

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

## To be Completed by your Bank

|                                 |                                                                   |                               |                |
|---------------------------------|-------------------------------------------------------------------|-------------------------------|----------------|
| <b>Staple Voided Check Here</b> | Name of Bank/Institution                                          |                               |                |
|                                 | Account Holder Name(s)                                            |                               |                |
|                                 | <input type="checkbox"/> Saving <input type="checkbox"/> Checking | Account Number                | Routing Number |
|                                 | Bank Representative Printed Name                                  | Bank Representative Signature | Date           |
|                                 | ACCOUNT HOLDER SIGNATURE:                                         |                               | Date           |

For South Coast AQMD Use Only

Input By \_\_\_\_\_

Date \_\_\_\_\_