

V ADMINISTRATIVE REQUIREMENTS

A. INTRODUCTION

The Contractor must adhere to all administrative requirements of this IFB to be responsive.

All required forms are part of this Section as Exhibits.

B. REQUEST FOR ADDITIONAL INFORMATION NOTICE

If during the evaluation process, the CBSC is unable to assure itself of the Bidder's ability to perform under the PA, if awarded, the CBSC has the option of requesting from the Bidder any additional information that the CBSC deems necessary to determine the Bidder's capabilities. If such information is required, the Bidder will be so notified and will be permitted five working days to submit the information.

If the information submitted by the Bidder, or available from other sources, is insufficient to satisfy the CBSC as to the Bidder's contractual responsibility, the CBSC may ask for additional information or reject the proposal. The CBSC's determination of the Bidder's responsibility, for the purpose of this IFB, shall be final.

NOTE: If any of the submitted information is identified by the proposer as confidential, it shall be treated as such by the CBSC and returned when the Bidder's responsibility has been determined. The entire proposal cannot be designated as confidential however. The confidential designation should only be applied to proprietary information.

C. RIGHTS OF CBSC AND STATE AGENCIES

Nothing in this IFB or its Agreement shall permit the CBSC or the State of California or any California State agency to cause to or to publish, reproduce, sell or distribute Title 24 Parts 1, 6, 7, 8 and 12 except as may be expressly provided for in the Agreement.

D. OTHER ADMINISTRATIVE REQUIREMENTS

1. Letter of Intent: - Exhibit V-A:

Letter of Intent to Bid is not required to submit a proposal but is required to receive IFB updates, notices and any other communications. Bidders should submit a Letter of Intent to Bid and submit it by the date defined in Section I, Paragraph G of this IFB. The contents of that letter should include the information identified in Exhibit V-A hereof.

2. Workers Compensation Certification – Exhibit V-B:

A Worker's Compensation Certification (Exhibit V-B) shall be submitted prior to Award.

3. Drug Free Workplace Certification – Exhibit V-C:

Contractors must complete STD 21, Drug Free Workplace Certification, at the end of this section, and submit it with their Final Proposal.

4. Vendor Data Record – Exhibit V-D:

The vendor to be awarded this Agreement will be required to complete and sign the Std. 204 – Payee Data Record – before the Award. The Std. 204 does not have to be returned with the bid response, but must be completed before the Award.

5. Federal Employer Identification Number:

The Contractor must provide the company's Federal Employer Identification Number (Business IRS Number) with the submission of a Final Proposal.

6. Small Business Preference:

The Small Business Preference will not be granted in the evaluation of this IFB. The codes previously cited do not consider the calculation of the preference in an award based on the evaluation criteria of this IFB.

IFB Section V - EXHIBIT V-A

Sample Letter Of Intent To Bid

Date: _____

Reference: Building Standards Commission IFB 1002A

This is to notify you that it is our present intent to (Bidder shall specify) {submit/*not submit} information in response to the above referenced IFB.

The individual to whom all information regarding this IFB should be transmitted is:

Name: _____

Address: _____

City, State, & Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

e-mail address: _____

We are enclosing, as requested, the following completed documents:

(A) Statement of Experience

(B) Signed Confidentiality Statement

Please indicate your intent to one of the following:

We are enclosing proposed contract language change(s) to Appendix B.

-- OR -----

We concur with the proposed contract language as presented in the IFB.

*If declining to bid, please state reason(s) why:

Sincerely,

(Signature) _____
Typed Name and Title
Company
Phone Number

Workers Compensation Insurance Certification

WORKERS' COMPENSATION CERTIFICATION

The undersigned in submitting this document hereby certifies the following:

I am aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with such provisions before commencing the performance of the work of this contract.

Signature

Date

Type or Print Name

Type or Print Firm Name

Type of Print Title

Type or Print Street Address

Type or Print City, State & ZIP

DRUG-FREE WORKPLACE REQUIREMENTS

Chapter 5.5 (commencing with Section 8350 of Division I of Title 2 of the Government Code requires every person or organization awarded a contract for the procurement of goods or services, for any State agency, to certify that it will provide a drug free workplace. By submitting a proposal the bidder will be agreeing that under penalty of perjury under the laws of the State of California that the bidder will comply with the requirements of the Drug-Free Workplace Act of the above cited code and will provide a drug-free workplace by taking the following actions:

The undersigned by signing this document hereby certifies the following:

- A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- B. Establish a Drug-Free Awareness Program to inform employees about:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The person's or organization's policy of maintaining a drug-free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; &
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Every employee who works on a financed contract will:
 - 1. Receive a copy of the company's drug-free workplace policy statement; and
 - 2. Agree to abide by the terms of the company's statement as a condition of participation in this marketplace.

Signature

Date

Name and Title (Print or Type)

Street Address

Firm Name

City, State ZIP

IFB Section V - EXHIBIT V-D (Cont'd.)

STATE OF CALIFORNIA
PAYEE DATA RECORD
STD. 204 (REV. 2-2000) (REVERSE)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified 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 this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call.....1-800-852-5711
From outside the United States, call.....1-916-845-6500
For hearing impaired with TDD, call....1-800-822-6268

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section I.

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.