

RFO Exhibits

Response Cover Page

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

Mailing Address *(Street address, P.O. Box, City, State, Zip Code)*

Person authorized to act as the contact for this firm in matters regarding this proposal:

Printed Name *(First, Last):*

Title:

Telephone number:

()

Fax number:

()

Email address:

Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:

Printed Name *(First, Last):*

Title:

Telephone number:

()

Fax number:

()

Email address:

(CORPORATIONS ONLY) Name/Title of person authorized by the Board of Directors to sign this bid on behalf of the Board:

Printed Name *(First, Last):*

Title:

Signature of Respondent or Authorized Representative

Date:

Cost Worksheet (Summary)

Project Category (I-III): II

Subcategory Letter (A-C): ABC

Job Classification / Title	Number of Hours	Hourly Rate	Extended Cost	Brief identification of the Tasks, Functions, or Deliverables for the identified classification
Senior Technical Lead (II.A)		\$	\$	
Senior Programmer (II.A)		\$	\$	
Programer (II.A)		\$	\$	
Systems Analyst (II.B)		\$	\$	
Senior Database Developer MUMPS/Cache (II.C)		\$	\$	
		\$	\$	
		\$	\$	
Anticipated Labor Costs Grand Total			\$	
Unanticipated Labor Costs				
Variable classifications appearing above and/or within the Respondent's Master Agreement with DGS.	Variable	Variable*	\$ Total cannot exceed 10% of Subtotal of Anticipated Labor Costs.	Unanticipated Tasks will be identified and approved by submission of Work Authorizations to DHCS. When only a total cost is projected, include explain how the cost was determined.
Grand Total Labor Costs Anticipated Labor plus Unanticipated Labor			\$	Based upon operational needs, DHCS reserves the right to shift the number of labor hours between classifications provided Grand Total Labor Costs are not exceeded.

* The hourly wage rate charged for unanticipated costs cannot exceed the hourly rate projected for anticipated labor. If unanticipated tasks are performed by a classification not identified herein, a Work Authorization will identify both the labor rate and classification and reimbursement shall not exceed the labor rates appearing in the Respondent's Master Agreement.

Check if multiple Cost Worksheets are used

Cost Worksheet Total \$ _____

Name of Responding Firm:		
Signature	Printed Name of Person Signing	Date:

This is a sample Cost Worksheet for the Respondent's use. Respondent's may complete this form or create a computer generated like document that contains the same level of cost data. Complete one worksheet for each Service Category. Include additional sheets if the project covers more than one Service Category and/or if the contracted rates differ for each category/subcategory. Identify multiple worksheet pages as Page 1 of X, 2 of X, etc.

Cost Worksheet

Project Category (I-III): II

Subcategory Letter (A-C): A

Job Classification / Title	Number of Hours	Hourly Rate	Extended Cost	Brief identification of the Tasks, Functions, or Deliverables for the identified classification
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Anticipated Labor Costs Subtotal			\$	
Unanticipated Labor Costs				
Variable classifications appearing above and/or within the Respondent's Master Agreement with DGS.	Variable	Variable*	\$ Total cannot exceed 10% of Subtotal of Anticipated Labor Costs.	Unanticipated Tasks will be identified and approved by submission of Work Authorizations to DHCS. When only a total cost is projected, include explain how the cost was determined.
Grand Total Labor Costs Anticipated Labor plus Unanticipated Labor			\$	Based upon operational needs, DHCS reserves the right to shift the number of labor hours between classifications provided Grand Total Labor Costs are not exceeded.

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Check if multiple Cost Worksheets are used

Cost Worksheet Total \$ _____

Name of Responding Firm:		
Signature	Printed Name of Person Signing	Date:

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Cost Worksheet

Project Category (I-III): III

Subcategory Letter (A-C): B

Job Classification / Title	Number of Hours	Hourly Rate	Extended Cost	Brief identification of the Tasks, Functions, or Deliverables for the identified classification
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Anticipated Labor Costs Subtotal			\$	
Unanticipated Labor Costs				
Variable classifications appearing above and/or within the Respondent's Master Agreement with DGS.	Variable	Variable*	\$ Total cannot exceed 10% of Subtotal of Anticipated Labor Costs.	Unanticipated Tasks will be identified and approved by submission of Work Authorizations to DHCS. When only a total cost is projected, include explain how the cost was determined.
Grand Total Labor Costs Anticipated Labor plus Unanticipated Labor			\$	Based upon operational needs, DHCS reserves the right to shift the number of labor hours between classifications provided Grand Total Labor Costs are not exceeded.

* The hourly wage rate charged for unanticipated costs cannot exceed the hourly rate projected for anticipated labor. If unanticipated tasks are performed by a classification not identified herein, a Work Authorization will identify both the labor rate and classification and reimbursement shall not exceed the labor rates appearing in the Respondent's Master Agreement.

Check if multiple Cost Worksheets are used

Cost Worksheet Total \$ _____

Name of Responding Firm:		
Signature	Printed Name of Person Signing	Date:

This is a sample Cost Worksheet for the Respondent's use. Respondent's may complete this form or create a computer generated like document that contains the same level of cost data. Complete one worksheet for each Service Category. Include additional sheets if the project covers more than one Service Category and/or if the contracted rates differ for each category/subcategory. Identify multiple worksheet pages as Page 1 of X, 2 of X, etc.

Cost Worksheet

Project Category (I-III): II

Subcategory Letter (A-C): C

Job Classification / Title	Number of Hours	Hourly Rate	Extended Cost	Brief identification of the Tasks, Functions, or Deliverables for the identified classification
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Anticipated Labor Costs Subtotal			\$	
Unanticipated Labor Costs				
Variable classifications appearing above and/or within the Respondent's Master Agreement with DGS.	Variable	Variable*	\$ Total cannot exceed 10% of Subtotal of Anticipated Labor Costs.	Unanticipated Tasks will be identified and approved by submission of Work Authorizations to DHCS. When only a total cost is projected, include explain how the cost was determined.
Grand Total Labor Costs Anticipated Labor plus Unanticipated Labor			\$	Based upon operational needs, DHCS reserves the right to shift the number of labor hours between classifications provided Grand Total Labor Costs are not exceeded.

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Check if multiple Cost Worksheets are used

Cost Worksheet Total \$ _____

Name of Responding Firm:		
Signature	Printed Name of Person Signing	Date:

This is a sample Cost Worksheet for the Respondent's use. Respondent's may complete this form or create a computer generated like document that contains the same level of cost data. Complete one worksheet for each Service Category. Include additional sheets if the project covers more than one Service Category and/or if the contracted rates differ for each category/subcategory. Identify multiple worksheet pages as Page 1 of X, 2 of X, etc.

Business Information Sheet

A signature affixed hereon and dated certifies compliance with all solicitation requirements. The signature below authorizes the State to verify the claims made on this form.

Name of Responding Firm:		CA Corp. No. (If applicable)	Federal ID Number
Name of Principal (If not an individual):	Title:	Telephone Number	Fax Number
Street Address / P.O. Box		City	State
			Zip Code

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

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

Certified By DGS Certification No: _____ Expiration Date: _____

If certified, attach a copy of certification letter. If an application is pending, date submitted to DGS: _____

Small Business Type (if applicable) N/A Services Non-Manufacturer Manufacturer

Contractor (Construction Type): _____ Contractor's License Type: _____

Veteran Status of Business Owner N/A (not a veteran or not certified by DGS)

Disabled Veteran Certified by DGS Certification No. _____ Expiration Date: _____

If certified, attach a copy of certification letter. If an application is pending, date submitted to DGS: _____

Disadvantaged Business Enterprise Status: N/A Approved by the Cal Trans, Office of Civil Rights.

Certification number issued by Cal Trans: _____ Expiration Date: _____

Race/Ethnicity of Primary Business Owner N/A (No single owner possess 51% or more ownership) Opt not to state

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

Sexual Orientation of Prime Business Owner N/A (Not independently owned) Lesbian Gay Bisexual Opt not to state

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

Contractor's State Licensing Board No.	PUC License Number CAL-T-	Required Licenses/Certifications (If applicable)
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Signature	Date Signed
Printed/Typed Name	Title

Public Records Information

The above information is required for statistical reporting purposes. Completion of this form is mandatory however supplying certain data elements is voluntary and optional. This information will be become public information upon award of the contract and will be supplied to department contract staff, Department of General Services and possibly other public agencies. To access contract related records, contact the Contract Management Unit, 1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413 or call (916) 650-0150.

Client References

List 3 clients serviced in the past who can confirm the quality & timeliness of the Respondent's services. Preferably list firms with service needs that were similar or related to those sought in this RFO. List the most recent first.

REFERENCE 1

Name of Firm

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

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

Dates of service	Value or cost of service
------------------	--------------------------

Brief description of service provided

REFERENCE 2

Name of Firm

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

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

Dates of service	Value or cost of service
------------------	--------------------------

Brief description of service provided

REFERENCE 3

Name of Firm

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

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

Dates of service	Value or cost of service
------------------	--------------------------

Brief description of service provided

If three references cannot be provided, explain why:

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 5/06)_DHCS

1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.</p>								
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</p> <hr/> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width:50%; border:none;">E-MAIL ADDRESS</td> </tr> <tr> <td style="border:none;">MAILING ADDRESS</td> <td style="border:none;">BUSINESS ADDRESS</td> </tr> <tr> <td style="border:none;">CITY, STATE, ZIP CODE</td> <td style="border:none;">CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS								
MAILING ADDRESS	BUSINESS ADDRESS								
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE								
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>CORPORATION:</p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p><input type="checkbox"/> EXEMPT (nonprofit)</p> <p><input type="checkbox"/> ALL OTHERS</p> <hr/> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</p> <p>ENTER SOCIAL SECURITY NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align:center; font-size:small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>		<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>						
4	<p>PAYEE RESIDENCY TYPE</p> <p><input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 40px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>								
5	<p style="text-align:center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td colspan="2">TITLE</td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> <td>TELEPHONE ()</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE		SIGNATURE	DATE	TELEPHONE ()
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE								
SIGNATURE	DATE	TELEPHONE ()							
6	<p>Please return completed form to:</p> <p>Department/Office: <u>Department of Health Care Services</u></p> <p>Unit/Section: <u>Children's Medical Services Network Section</u></p> <p>Mailing Address: <u>P.O. Box 997413 MS 8100</u></p> <p>City/State/ZIP: <u>Sacramento, CA 95814-7413</u></p> <p>Telephone: <u>(916) 327-2363</u> FAX: <u>(916) 327-0997</u></p> <p>E-Mail Address: <u>brian.kentera@dhcs.ca.gov</u></p>								

PAYEE DATA RECORD**STD. 204 (Rev. 5/06)_DHCS (Page 2)**

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and 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 that 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.</p> <p>Payments to all nonresidents may be 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 \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0" data-bbox="155 1310 1414 1367"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov					
For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov					
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>						

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their 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.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup 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.

All questions should be referred to the requesting State agency listed on the bottom front of this form.

Statement of Work Description

1. Insert here a brief explanation or description of the overall approaches and/or methods that will be used to accomplish DHCS' Scope of Work.

2. If applicable, explain what is unique, creative, or innovative about the proposed approaches and/or methods.

3. If the Respondent envisions any major complications or delays at any stage of performance, describe those complications or delays and include a proposed strategy for overcoming those issues. Likewise, indicate if the Respondent does not anticipate any major complications or delays.

4. If, for any reason, the Statement of Work does not wholly address each DHCS Scope of Work requirement, fully explain each omission. Likewise, indicate if the Statement of Work does not contain any omissions.

5. Indicate the assumptions that were made in developing the Statement of Work in response to DHCS' Scope of Work. For each assumption listed, explain the reasoning or rationale that led you to that assumption.

6. If applicable, identify the additional Contractor and/or State responsibilities that were included in the Statement of Work that the Respondent believes are necessary to ensure successful performance but were omitted from DHCS' Scope of Work.

Category/Subcategory Designation: _____

Major Functions, Tasks, and Activities	Timeline for performance	Classification of responsible party	Performance Measure and/or Deliverables and Completion Date
1. Analyze X data to determine Y	01/01/XX - 3/15/XX	Application Analyst	Submit report documenting analytical techniques and findings by 4/30/XX.
2. Develop recommendations for the design of a _____. List pros/cons of each, identify preferences and justify chosen design.	By end of 1 st quarter of 200X	Application Analyst	Submit list of recommendations by 3/31/XX.
3. Develop sample model using ABC design.	By end of 2 nd quarter of 200X	Technical Leader	Submit initial model to DHCS for review and approval no later than 6/30/XX.
4. Make design modifications, required by DHCS.	Week of XX/XX/XX	Application Analyst	Re-submit adjusted model for approval no later than _____.
5. Test ____ to confirm proper working action and document positive/negative results.	11/15/XX - 12/15/XX.	Technical Leader	Complete tests and submit written results by 12/31/XX.
6.			
7.			
8.			
9.			
10.			
11.			

[Like or similar electronic versions of this form may be developed for submission with a response. The above sample is intended to illustrate the type of information that is required. Use as many pages as are necessary to fully detail the Respondent's Statement of Work for the entire contract term.]

Resume

[Name of Staff Person]

Resume Completion Instructions

To the extent possible, the resume for each contract participant should not be lengthy (i.e., limited to one-two pages in length) and should only include the following types of information. There is no required order in which to present the information.

- Person's formal name
- Educational credentials, highest grade completed, degrees obtained (if applicable) and when obtained (e.g., month and year)
- Employment history for up to the past five years including employer name, length of employment, position or functional title, from and to dates, and a very brief description of roles and responsibilities. Employment data should be presented with the most recent employment first and should reflect employment by the Respondent unless the person is serving as a subcontractor.
- Technical, educational, or industry specific certificates (if applicable such as a Project Management Professional (PMP) certificate and relevant to the service to be performed) and/or licenses and when obtained (e.g., month and year)

Data to Exclude from a Personal Resume

To the extent possible, resumes should omit facts of a personal nature including, but not limited to:

- Home address, home telephone number, home or personal email address, personal cellular telephone number, driver's license number
- Social security number,
- Gender, marital status, number of children
- Age and date of birth,
- Race or ethnicity,
- Other personal facts including physical description, identification of spouse, religious affiliation, political affiliation, personal hobbies, description of state of health or medical condition, personal financial information or holdings, etc.

DHCS cannot ensure protection of any personal or confidential information included in a personal resume as all resumes become part of the public contract file.

DVBE Participation Confirmation

All certified small business, micro business, or DVBE Contractors, subcontractor or suppliers must meet the commercially useful function requirements, under Government Code Section 14837(d)(4) (for SB) and Military and Veterans Code Section 999(b)(5)(b) (for DVBE).

Please answer the following questions, as they apply to each DVBE subcontractor for the goods and services being acquired in this solicitation. Complete one form for each DVBE subcontractor.

Name of DVBE (as certified by DGS): _____

Mark all that apply: DVBE Small Business Micro Business Percent of DVBE Use Claimed: _____

1. Will the DVBE subcontractor be responsible for the execution of a distinct element of the services of the resulting contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will the DVBE subcontractor be actually performing, managing, or supervising an element of the services of the resulting contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will the DVBE subcontractor be performing work or supplying goods on the resulting contract that are normal for its business, services, and functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will there be any further subcontracting by the DVBE subcontractor for the resulting contract that is greater than that expected to be subcontracted by normal industry practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" response to questions 1-3, or a response of "Yes" to question 4 may result in the Respondent's proposal being deemed non-responsive and disqualified.

The Respondent must identify below the specific elements of the service description (i.e., tasks, activities, or functions) that will be performed by the DVBE subcontractor identified above. If goods will be obtained, only list the specific goods that will be utilized solely to perform the services sought in this solicitation and identify the service elements, tasks, activities, or functions for which the identified goods will be used. At its option, DHCS reserves the right to request the submission of additional clarifying information.

An entry above imposes an obligation on the Respondent to use the identified DVBE to perform commercially useful functions for the percentage claimed. The budget/cost work sheets, if required, and submitted in an RFO response should include costs for the DVBE identified above.

This form may be photocopied or reproduced in a like form for inclusion in an RFO response. Responding firms that choose to render a like copy of this form by computer or other means may do so. This form must be completed by the Respondent.

Responding Firm's Name	Signature
Printed Name/Title of Person Signing Above	Date Signed

RESPONDENT / BIDDER DECLARATION

1. Prime bidder information (Review the instructions on Page 2 entitled Respondent / Bidder Declaration Instructions prior to completing this form):

1a. Identify current California certification(s): (Check One) MB SB NVSA DVBE or None (If "None", go to Item #2)

1b. Will subcontractors be used for this contract? Yes No (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, if necessary.

1c. If you are a California certified DVBE:

(1) Are you a broker or agent? **Yes** **No**

(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** **No** **N/A**

2. **No** subcontractors will be used. **Yes.** The proposed subcontractors for this contract are listed below. Attach additional pages if necessary.

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
		<input type="checkbox"/> MB <input type="checkbox"/> SB <input type="checkbox"/> NVSA <input type="checkbox"/> DVBE <input type="checkbox"/> None		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> MB <input type="checkbox"/> SB <input type="checkbox"/> NVSA <input type="checkbox"/> DVBE <input type="checkbox"/> None		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> MB <input type="checkbox"/> SB <input type="checkbox"/> NVSA <input type="checkbox"/> DVBE <input type="checkbox"/> None		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification: By signing the price quote / bid response, I certify under penalty of perjury that the information provided is true and correct.

RESPONDENT / BIDDER DECLARATION Instructions

All prime respondents / bidders (entity submitting the price quote / bid) must complete this form.

1.a. Identify all current certifications issued by the State of California. If the prime respondent / bidder has no California certification(s), check the line labeled "None" and proceed to Item #2. If the prime respondent / bidder possesses one or more of the following certifications, enter the applicable certification(s) on the line:

- Microbusiness (MB)
- Small Business (SB)
- Nonprofit Veteran Service Agency (NVSA)
- Disabled Veteran Business Enterprise (DVBE)

1.b. Mark either "Yes" or "No" to identify whether subcontractors will be used for the contract. If the response is "No", proceed to Item #1.c. If "Yes", enter on the line the distinct element of work contained in the contract to be performed or the goods to be provided by the prime respondent / bidder. Do not include goods or services to be provided by subcontractors.

Respondents / Bidders certified as MB, SB, NVSA, and/or DVBE must provide a commercially useful function as defined in Military and Veterans Code Section 999 for DVBEs and Government Code Section 14837(d)(4)(A) for small/microbusinesses.

Price Quotes / Bids received from certified firms must indicate that a commercially useful function for the resulting contract will be performed or the response/bid will be deemed non-responsive and rejected by the State. For questions regarding the solicitation, contact the procurement official identified in the solicitation.

Note: A subcontractor is any person, firm, corporation, or organization contracting to perform part of the prime's contract.

1.c. This item is only to be completed by businesses certified by California as a DVBE.

(1) Declare whether the prime respondent / bidder is a broker or agent by marking either "Yes" or "No". The Military and Veterans Code Section 999.2 (b) defines "broker" or "agent" as a certified DVBE contractor or subcontractor that does not have title, possession, control, and risk of loss of materials, supplies, services, or equipment provided to an awarding department, unless one or more of the disabled veteran owners has at least 51-percent ownership of the quantity and value of the materials, supplies, services, and of each piece of equipment provided under the contract.

(2) If responding to a bid for rental equipment, mark either "Yes" or "No" to identify if the prime respondent / bidder owns at least 51% of the equipment provided (quantity and value). If not responding to a bid for rental of equipment, mark "N/A" for "not applicable."

2. If no subcontractors are proposed, check the "No" box and do not complete the table. Read the certification at the bottom of the form and complete the pagination indicating "Page 1 of 1" on the form.

If subcontractors will be used, check the "Yes" box and complete the table listing all subcontractors. If necessary, attach additional pages and note the pagination "Page __ of __" on each page accordingly.

2. (continued) Column Labels

Subcontractor Name, Contact Person, Phone Number & Fax Number—List each element for all subcontractors.

Subcontractor Address & Email Address—Enter the address and if available, an Email address.

CA Certification (MB, SB, NVSA, DVBE or None)—If a subcontractor possesses a current State of California certification(s) mark the certs possessed & verify on this website (www.eprocure.pd.dgs.ca.gov).

Work performed or goods provided for this contract—Identify the distinct element of work contained in the contract to be performed or the goods to be provided by each subcontractor. Certified subcontractors must provide a commercially useful function for the contract. (See paragraph 1.b above for code citations regarding the definition of commercially useful function.) If a certified subcontractor is further subcontracting a greater portion of the work or goods provided for the resulting contract than would be expected by normal industry practices, attach a separate sheet of paper explaining the situation.

Corresponding % of bid price—Enter the corresponding percentage of the total bid price / price quote for the goods and/or services to be provided by each subcontractor. Do not enter a dollar amount.

Good Standing?—Provide a response for each subcontractor listed. Check either "Yes" or "No" to indicate that the respondent has verified that the subcontractor(s) is in good standing for all of the following:

- Possesses valid license(s) for any license(s) or permits required by the solicitation or by law
- If a corporation, the company is qualified to do business in California and designated by the State of California Secretary of State to be in good standing
- Possesses valid State of California certification(s) if claiming MB, SB, NVSA, and/or DVBE status

51% Rental?—This pertains only solicitation for equipment rental. Based on the following parameters, enter either "N/A" (not applicable), "Yes" or "No" for each subcontractor listed.

Check "N/A" if the:

- Subcontractor is NOT a DVBE (regardless of whether or not rental equipment is provided by the subcontractor) or
- Subcontractor is NOT providing rental equipment (regardless of whether or not subcontractor is a DVBE)

Check "Yes" if the subcontractor providing rental equipment is a California certified DVBE and the subcontractor owns at least 51% of the rental equipment (quantity and value) it will be providing for the contract.

Check "No" if the subcontractor providing rental equipment is a California certified DVBE but the subcontractor does NOT own at least 51% of the rental equipment (quantity and value) it will be providing.

Read the certification at the bottom of the page and complete the "Page ___ of ___" accordingly.