ATTACHMENT 1 – MANDATORY NON-BINDING LETTER OF INTENT

Purpose	This is a non-binding Letter of Intent whose purpose is to assist CDPH in determining the staffing needs for the proposal evaluation process and to improve future procurements.
Information requested	CDPH is interested in knowing if your firm intends to submit a proposal or your reasons for not submitting a proposal. Completion of this form is Mandatory.
Action to take	Indicate your intention to submit a proposal by checking items 1 or 2 below. Follow the instructions below your selection.

1. ☐ My firm intends to submit a proposal.

A. Check box number 1 if the above statement reflects your intention.

B. Complete the bottom portion of this form and return it to CDPH as instructed in the RFP section entitled,"Mandatory Non-Binding Letter of Intent".

2. ☐ My firm does not intend to submit a proposal for this project.

A. Check box number 2 if the statement in item 2 reflects your intention.

B. Indicate the reason(s) for not submitting a proposal by checking each of the following statements that apply.

- ☐ My firm lacks sufficient staff expertise or personnel resources to meet all RFP requirements.
- ☐ My firm believes the qualification requirements are too restrictive.
- ☐ Too much paperwork is required to prepare a proposal response.Other commitments and projects have a greater priority.
- ☐ My firm did not learn about the contract opportunity soon enough.
- ☐ My firm cannot meet the DVBE requirements - we do not wish to subcontract any work out.Too much effort and/or paperwork is required to meet California DVBE requirements.
- ☐ Insufficient time was allowed for DVBE compliance.
- ☐ Other reason: _____

Complete the bottom portion of this form and return it to CDPH as instructed in the RFP section entitled,"Mandatory Non-Binding Letter of Intent". By indicating there is no intention to submit a proposal, CDPH may elect not to send your firm RFP clarification notices, RFP addenda, vendor questions and answers, or other procurement notices.

Name of Firm:

Printed Name/Title:

Signature Date:

ATTACHMENT 2 – PROPOSAL COVER PAGE

Name of Bidding 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 primary contact for matters regarding this proposal:		
Printed Name *(First, Last)*:	Title:	
Telephone number:	Fax number:	Email address
Person authorized to obligate this firm in matters regarding the resulting contract:		
Printed Name *(First, Last)*:	Title:	
Telephone number:	Fax number:	Email address
(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign all proposal documents on behalf of the Board:		
Printed Name *(First, Last)*:	Title:	
Signature of Vendor or Authorized Representative		Date:

ATTACHMENT 3 – PROPOSER PREVIOUS EXPERIENCE SUMMARY

Attached alongside documents on the Cal eProcure Event Posting.

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ATTACHMENT 4 – CLIENT REFERENCES

Proposer Name:

List 3 clients served in the past 3 years to whom the Respondent provided similar size and scope; please 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	Email Address	

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	Email Address	

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	Email Address	

Brief description of service provided

If three references cannot be provided, explain why:

ATTACHMENT 5 – PROJECT PERSONNEL SUMMARY

Attached alongside documents on the Cal eProcure Event Posting.

ATTACHMENT 6 – COST PROPOSAL FORM

Attached alongside documents on the Cal eProcure Event Posting.

ATTACHMENT 7 – BUDGET DETAIL WORK SHEETS

Attached alongside documents on the Cal eProcure Event Posting.

ATTACHMENT 8 – SUBCONTRACTOR BUDGET DETAIL WORK SHEETS

Attached alongside documents on the Cal eProcure Event Posting.

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ATTACHMENT 9 – REQUIRED ATTACHMENT / CERTIFICATION CHECKLIST

Complete this checklist to confirm the items in your proposal. Place a check mark or "X" next to each item that you are submitting to the State. For your proposal to be responsive, all required attachments must be returned.

Confirmed by Proposer	Qualification Requirements. I certify that I meet the following qualification requirements:	Confirmed by CDPH
☐ Yes ☐ No ☐ N/A	**(Corporations)** My firm is in good standing and qualified to conduct business in California. **[Check "N/A" if not a Corporation.]**	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No ☐ N/A	**(Nonprofit Organizations)** My firm is eligible to claim nonprofit status. **[Check "N/A" if not a nonprofit organization.]**	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No	My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.	☐ Yes ☐ No
☐ Yes ☐ No	My firm has certified via **Attachment 9** that its bid response is not in violation of Public Contract Code Section 10365.5 and has, if applicable, identified previous State consultant services contracts entered into that were related in any manner to the services, goods, or supplies being acquired in this procurement.	☐ Yes ☐ No

Confirmed by Proposer	Proposal Content. I have completed and returned the following Attachments included in the Proposal Package:	Confirmed by CDPH
☐ Yes ☐ No	Attachment 2, Proposal Cover Page	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 3, Proposer Previous Experience Summary	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 4, Client References	☐ Yes ☐ No
☐ Yes ☐ No ☐ N/A	Attachment 5, Project Personnel Summary	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No	Attachment 6, Cost Proposal form	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 7, Budget Detail Work Sheets	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 8, Subcontractor Budget Detail Work Sheets	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 9, Required Attachment / Certification Checklist	☐ Yes ☐ No
☐ Yes ☐ No ☐ N/A	Attachment 10, Business Information Sheet	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No	Attachment 11, Payee Data Record & Supplement (STD 204 & STD 205)	☐ Yes ☐ No

Confirmed by Proposer	Proposal Content. I have completed and returned the following Attachments included in the Proposal Package:	Confirmed by CDPH
☐ Yes ☐ No ☐ N/A	Attachment 12, Bidder Declaration (GSPD-05-106)	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No	Attachment 13, Commercially Useful Function (CUF) Certification	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 14, Disabled Veteran Business Enterprise Declarations	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 15, Target Area Contract Preference Act (TACPA)	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 16, Contractor Certification Clauses (CCC 04/2017)	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 17, Follow-On Consultant Contract Disclosure	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 18, Contractor Confidentiality Statement	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 19, Conflict of Interest Compliance Certification Form	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 20, Darfur Contracting Act of 2008	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 21, California Civil Rights Laws Attachment	☐ Yes ☐ No
☐ Yes ☐ No ☐ N/A	Attachment 22, Certification of Non-Acceptance of Food and Beverage Manufacturer Funds	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No ☐ N/A	**(California Businesses)** Copy of a current business license issued by the government jurisdiction in which the business is located, unless no license is required. Attach an explanation if a license copy cannot be supplied or there is reason to believe no license is required. **Check "N/A" if not a California business or no business license is required.**	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No ☐ N/A	**(Corporations)** Either a copy of the Certificate of Status issued by California's Office of the Secretary of State **or** a copy of the bidding firm's active on-line status information downloaded from the California Business Portal website. Attach an explanation if the required documentation cannot be supplied. **Check "N/A" if not a Corporation.**	☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No ☐ N/A	**(Nonprofit Organizations)** A copy of a current IRS determination letter indicating nonprofit or 501 (3) (c) tax exempt status. **Check "N/A" if not a nonprofit organization.**	☐ ☐ No ☐

Proposer Signature	**Date**

ATTACHMENT 10 – BUSINESS INFORMATION SHEET

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

Name of Bidding Firm:	CA Corp. No. (If applicable)	Federal ID

Name of Principal (If not an	Title:	Telephone Number	Fax Number

Street Address / P.O. Box	City	State	Zip Code

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

Ownership
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Joint venture
- ☐ Association

Corporation
- ☐ Nonprofit
- ☐ For Profit
- ☐ Private
- ☐ Public

Governmental
- ☐ City/County, California State Agency, Federal Agency, State (other than California)
- ☐ Other: _____

Other Type of Entity
- ☐ Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency
- ☐ Auxiliary College Foundation
- ☐ Other: _____

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: _____

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

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. This information will be made public upon award of the contract and will be supplied to department contract staff, California Department of General Services, and possibly other public agencies. To access contract related records, contact the Contract Management Unit, 1616 Capitol Avenue, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377 or call 916-601-7241.

ATTACHMENT 11 – PAYEE DATA RECORD & SUPPLEMENT (STD 204 & STD 205)

All bidders must complete the Payee Data Record (STD 204 & STD 205) and include it with the bid response.

The Payee Data Record (STD 204) is available at the following website: http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf.

The Payee Data Record Supplement (STD 205) is available at the following website: https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std205.pdf.

If you do not have internet access, please contact the CCSU Analyst listed on this solicitation.

ATTACHMENT 12 – BIDDER DECLARATION FORM (GSPD-05-105)

All bidders must complete the Bidder Declaration Form (GSPD-05-105) and include it with the bid response.

The Bidder Declaration Form can be found at: https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/gspd05-105.pdf.

If you do not have internet access, please contact the CCSU Analyst listed on this solicitation.

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ATTACHMENT 13 – COMMERCIALLY USEFUL FUNCTION (CUF) CERTIFICATION

Every certified SB, MB & DVBE (prime or subcontractor) must complete this form if they will perform an element of the work. Solicitation Number: _____

1. LEGAL BUSINESS NAME including "Doing Business As" (DBA) name:		
	OSDS CERTIFICATION #:	Expiration Date:

2. COMMERCIALLY USEFUL FUNCTIONS (CUF)

All certified Small Business, Micro Business, and/or DVBE prime contractors, subcontractors 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).

A. Is the GSPD-05-105 or GSPD-05-106 attached? ☐ Yes ☐ No

B. Std. 843 form attached, if applicable? ☐ Yes ☐ No

Please answer the following questions, as they apply to your company for the goods and/or services being acquired in this solicitation:

Mark all that apply: ☐ DVBE ☐ Small Business ☐ Micro Business

1	Will your business be responsible for the execution of a distinct element of the resulting work?	Yes ☐	No ☐
2	Will your business carry out the obligation of the contract by actually performing, managing, or supervising the work involved?	Yes ☐	No ☐
3	Will you perform work that is normal for your business, service and functions?	Yes ☐	No ☐
4	Will your business subcontract a portion of the work greater than would be expected by normal industry practices?	Yes ☐	No ☐
5	Will your business be responsible, with respect to products, inventories, materials, supplies required for the contract, negotiating price, determining quality and quantity, ordering, installing (if applicable) and making payment?	Yes ☐	No ☐

A response of "No" in questions 1, 2, 3, & 5 or a response of "Yes" in question 4 may result in your quote being deemed non-responsive and disqualified.

AUTHORIZING SIGNATURE (REQUIRED)

The signatory of this document must be the certified business owner (or authorized representative in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

AUTHORIZED REPRESENTATIVE SIGNATURE:	TITLE:
PRINTED NAME:	DATE:

CDPH PSB USE ONLY: Approved ☐ Denied ☐

CDPH CPSS BUYER SIGNATURE:	PRINTED NAME:	DATE:

ATTACHMENT 14 – DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

Bidders who are disabled veteran (DV) owner(s) and DV manager(s) of a Disabled Veteran Business Enterprise must complete Disabled Veteran Business Enterprise Declaration (STD 843) when a DVBE contractor or subcontractor will provide materials, supplies, services, or equipment and include it with the bid response.

The STD 843 Disabled Veteran Business Enterprise Declarations form can be found at: https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/pd_843.pdf.

If you do not have internet access, please contact the CCSU Analyst listed on this solicitation.

ATTACHMENT 15 – TARGET AREA CONTRACT PREFERENCE ACT (TACPA)

The Target Area Contract Preference Act economic stimulus preference program was established to stimulate business investment in distressed areas of the state and create job opportunities for Californians for improving the economic vitality of their communities.

If applying for this preference, bidders must submit the preference request forms listed in the Attachments section of this document. Denial of TACPA preference requests is not a basis for rejection of the bid.

For more information: https://www.dgs.ca.gov/PD/Services/Page-Content/Procurement-Division-Services-List-Folder/Request-a-Target-Area-Contract-Preference?search=tacpa

The STD 830 Target Area Contract Preference Act Preference Request for Goods and Services Solicitations form can be found at: https://www.documents.dgs.ca.gov/dgs/fmc/pdf/Std830.pdf.

The DGS/PD 525 Manufacturer's Summary of Contract Activities and Labor Hours form can be found at: https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/gspd0525.pdf.

The DGS/PD 526 Bidder's Summary of Contract Activities and Labor Hours form can be found at: https://www.documents.dgs.ca.gov/dgs/fmc/gs/pd/gspd0526.pdf.

If you do not have internet access, please contact the CCSU Analyst listed on this solicitation.

ATTACHMENT 16 – CONTRACTOR CERTIFICATION CLAUSES (CCC 04/2017)

All bidders must complete the Contractor Certification Clauses form (CCC 04/2017) and include it with the bid response.

The Contractor Certification Clauses Form (CCC 04/2017) is available at the following website: https://www.dgs.ca.gov/OLS/Resources/Page-Content/Office-of-Legal-Services-Resources-List-Folder/Standard-Contract-Language

If you do not have internet access, please contact the CCSU Analyst listed on this solicitation.

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ATTACHMENT 17 – FOLLOW-ON CONSULTANT CONTRACT DISCLOSURE

Must be completed by Proposer and each subcontractor

Background Information:

1. PCC Section 10365.5 generally prohibits a person, firm, or subsidiary thereof that has been awarded a consulting services contract from submitting a bid for and/or being awarded a contract for, the provision of services, procurement of goods or supplies, or any other related action that is required, suggested, or otherwise deemed appropriate in the end product of a consulting services contract.
2. PCC Section 10365.5 does not apply to any person, firm, or subsidiary thereof that is awarded a subcontract of a consulting services contract that totals no more than 10 percent of the total monetary value of the consulting services contract.
3. Consultants/employees of a firm that provides consulting advice under an original consulting contract are not prohibited from providing services as employees of another firm on a follow-on contract, unless the persons are named contracting parties or named parties in a subcontract of the original contract.
4. PCC Section 10365.5 does not distinguish between intentional, negligent, and/or inadvertent violations. A violation could result in disqualification from bidding, a void contract, and/or imposition of criminal penalties.

Disclosure [Mark one (1) box]:

☐ I hereby certify that neither my firm nor any subcontractor that my firm intends to use under the contract resulting from this procurement, is currently providing consulting services to the state under a state contract (or as a subcontractor providing more than 10 percent of dollar value of a consulting service contract with the state) or has provided such services within five (5) years prior to the release of this RFO that are related in any manner to the services, goods, or supplies being acquired pursuant to this RFO. [Sign below.] This option is likely to apply to bidding firms that do not currently and/or never have provided consultant services to the State.

☐ Attached is a disclosure of current and/or prior consulting services provided by my firm or a proposed subcontractor to the state under a state contract within five (5) years prior to the release of this RFO that may be related in some manner to the services, goods, or supplies being acquired pursuant to this RFO. **[Sign below and attach to this document a detailed disclosure.]**

Name of Responding Firm	
Signature	Date Signed
Printed/Typed Name	Title

ATTACHMENT 18 – CONTRACTOR CONFIDENTIALITY STATEMENT

As an authorized representative and/or corporate officer of the company named below, I warrant my company and its employees will not disclose any documents, diagrams, information and information storage media made available to us by the State and marked confidential for the purpose of responding to this RFP or in conjunction with any contract arising there from. I warrant that only those employees who are authorized and required to use such materials will have access to them.

I further warrant that all materials provided by the State will be returned promptly after use and that all copies or derivations of the materials will be physically and/or electronically destroyed. I will include with the returned materials, a letter attesting to the complete return of materials, and documenting the destruction of copies and derivations. Failure to so comply will subject this company to liability, both criminal and civil, including all damages to the State and third parties. I authorize the State to inspect and verify the above.

I warrant that if my company is awarded the Contract, it will not enter into any agreements or discussions with a third party concerning such materials prior to receiving written confirmation from the State that such third party has an agreement with the State similar in nature to this one.

Signature of Representative	Date (mm/dd/yyyy)
Typed Name of Representative	Typed Name of Company

ATTACHMENT 19 – CONFLICT OF INTEREST CERTIFICATION

A. This certification shall be completed by the vendor and any proposed subcontractors and submitted with the Cover Letter and other attachments required in Stage 1- (Required Attachment / Certification Checklist review) of the proposal.

B. The California Department of Public Health (CDPH) intends to avoid conflicts of interest or the appearance of conflicts of interest on the part of the Contractor, subcontractors, and employees, officers, and directors of the Contractor or subcontractors. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a conflict of interest. For purposes of this certification and disclosing conflicts of interest, "vendor/Contractor" includes holding companies, parent companies, and affiliate companies. Because of the complexities involved in defining potential conflicts of interest with the mission of CDPH, CDPH reserves the right to request further information if needed.

C. If CDPH is aware of a known or suspected conflict of interest, the vendor or Contractor will be given an opportunity to submit additional information or to resolve the conflict. A vendor or Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, before or after the award of the contract, the conflict will be grounds for rejection of the proposal and/or termination of the contract.

D. This Certificate shall bear the original signature of an official or employee of the vendor who is authorized to bind the vendor.

E. This Certificate will be incorporated into the contract, if any, awarded from this Solicitation for Proposals. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to CDPH prior to commencement of work by the subcontractor.

ATTACHMENT 19 – CONFLICT OF INTEREST CERTIFICATION (Continued)

F. During the entire term of the contract the Contractor and each subcontractor, via the Contractor, shall notify CDPH, MS 1802, 1616 Capitol Avenue, Sacramento, CA 95814 within ten (10) working days of any change to the information provided on this Certificate.

G. If the vendor has a suspected or potential conflict of interest, the vendor shall attach to this form a description of the relationship, a plan for ensuring that such a relationship will not adversely affect CDPH, and procedures to guard against the existence of an actual conflict of interest.

The undersigned hereby affirms that (check one):

☐ The statements above have been read, and the undersigned agency has determined that no conflict of interest exists.

☐ A suspected or potential conflict of interest does exist, and additional information is attached along with a plan to address the possible conflict of interest.

Signed: _____ **Title:** _____

Date: _____

Name of Authorized Representative _____

Agency _____

ATTACHMENT 20 – DARFUR CONTRACTING ACT

All bidders must complete the Darfur Contracting Act and include it with the bid response.

The Darfur Contracting Act Attachment is available at the following website:
http://www.documents.dgs.ca.gov/dgs/FMC/GS/PD/PD_1.pdf.

ATTACHMENT 21 – CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION

All Proposers must complete and sign the California Civil Rights Laws Certification and include it with proposal.

The California Civil Rights Laws Certification is available at the following website:
http://www.documents.dgs.ca.gov/dgs/FMC/DGS/OLS004.pdf
If you are unable to access this form, please contact the Department Contact on the cover page.

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ATTACHMENT 22 - CERTIFICATION OF NON-ACCEPTANCE OF FOOD AND BEVERAGE MANUFACTURER FUNDS

☐ The applicant/proposer hereby certifies that he/she, or any person(s) associated with this contract (either paid, voluntary, or in-kind), has not received funding from nor had an affiliation, contractual relationship, or engaged in a corporate responsibility with any company or any of its subsidiaries involved in food and beverage manufacturing, production, distribution, or marketing with a direct commercial interest in ultraprocessed foods (UPF) sales, manufacturing, distribution, or regulations within the last five (5) years prior to the start date of the contract period. In addition, the applicant/proposer hereby certifies that he/she, or any person associated with this contract, will not accept funding from nor have an affiliation or contractual relationship with any company or any of its subsidiaries involved in food and beverage manufacturing, production, distribution, or marketing with a direct commercial interest in ultraprocessed food sales, manufacturing, distribution, or regulations during the term of the contract with the California Department of Public Health. Acceptance of such funds during the term of the contract is grounds for immediate termination.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized to legally bind the applicant/proposer to the certification selected above. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

Signature Date

Print Name and Title

Name of Applicant/Proposer