

Attachment 2: Required Document Check List

Applicant Name:

You must return this check list with your application package. Complete this check list to confirm the items in your application. Place a check mark or “✓” next to each item that you are submitting. You must return all required attachments for HCAI to consider your application responsive.

	Document	Name/Description
_____	Attachment 2	Required Document Check List
_____	Attachment 3	Peer Personnel Training and Placement Application Form
_____	Attachment 4	Application/Applicant Certification Sheet
_____	Attachment 5	Payee Data Record (STD 204)
_____	Attachment 6	Contractor Certification Clauses Form

Attachment 3: Peer Personnel Training and Placement Application Form

Complete all sections of this application form. (Please use Arial font no smaller than size 10)

A. Program Description. Provide a brief description of the proposed program, (Maximum 250 words)

Applicants must include information on how your program incorporates the following elements:

1. **Lived Experience:** Identify individuals with lived experience from the list below that the proposed program included in the design and performance of program activities:
 - Consumers
 - Family members of consumers
 - Caregivers of consumers
 - None of the above

2. **Peer Personnel Needs of Children and Youth:** From the list below identify how the Peer Personnel needs of the children and youth 0-25 years of age will be addressed by the proposed program:
 - Training will be provided to address the needs of children and youth consumers 0-25 years of age and their families.
 - Recruitment of individuals 18-25 years of age with lived experience
 - Recruitment of individuals 16-17 years of age who will meet peer certification requirements age requirements after training.
 - Recruitment of family members and caregivers of consumers who are children and youth 0-25 years of age

3. **Continued Engagement:** Describe how the program will ensure the continued engagement and coordination with county(ies), CBOs, and educational institutions and/or training entities listed as partners in the application. *(Maximum 250 words)*
4. **Strategies:** Please identify the proposed program focus on the following strategies:
 - Innovative
 - Evidence-based
 - Emerging
 - Community-identified
5. **MHSA Values and Priorities:** Select from the following program activities consistent with the following MHSA values and priorities:
 - Community collaboration
 - Cultural competence
 - Client/family-driven mental health system
 - A wellness, recovery, and resilience focus
 - An integrated service experience for consumers and their families to address the changing needs of the peer personnel workforce

B. Target Population: Indicate the number of individuals the program proposes to serve. HCAI does not require a minimum number of participants. HCAI will include this number in the grant agreement and if awarded, use it to determine prorated payments across budget categories as outlined in the table under Budget Detail in Section F.

1. Number of individuals served: # _____
2. Please select from the following underserved groups that your organization has targeted for outreach and recruitment: (select all that apply)
 - Individuals with disabilities
 - Veterans
 - Individuals from below poverty level
 - People with co-occurring substance abuse
 - History of homelessness
 - Former foster youth
 - Members of LGBTQ community
 - Immigrants
 - Refugees
 - Others – Please list _____
3. Does your organization target underserved, unserved and/or inappropriately served racial and ethnic communities?
 - Yes
 - No

C. Participating Organizations: List all the participating organizations (including but not limited to counties, CBOs, and others), educational institutions, and/or training organizations that the applicant proposes partnering with to accomplish program activities.

Organization Name	Organization Type (county, CBO, other)	Site Address	County	Number of vacant positions	Number of individuals to be placed	PMHS Site (Y/N)

D. Program Components: From the list below identify each component of the proposed Peer Personnel Training and Placement Program, as described in the Section A. Background and Mission, including:

1. Recruitment and Outreach:

How will the applicant recruit individuals who are either currently employed or volunteering, or who are seeking employment or to volunteer as peer personnel. And targets individuals with lived experience who can address the cultural and language needs of the diverse community the Grantee will serve. Select all that apply.

- Community presentations
- Email
- Digital newsletters
- Social media pages on Facebook, Instagram, Twitter
- Reach out to Community Colleges and other local schools
- Job Fairs
- Placement and training opportunities posted on webpage
- Weekly support groups
- Monthly newsletter
- Peer helpline
- Web-based resource center
- On-site orientations
- Online orientations
- Other - Please list _____

2. Career Counseling:

How will the program assist participants in developing individualized career plans and help identify courses to take for peer personnel position type or category.

Select all that apply

- New program participants fill out an intake form
- Support job search
- Discuss educational needs
- Discuss additional training and/or educational resources
- Discuss additional financial aid
- One on one career counseling
- Class workshop
- Individualized Career Plan Questionnaire
- Mentor Check-in sessions
- Personal Employment Development Plan
- Resume assistance
- Other - Please list _____

3. Training:

Are you a DHCS recognized Medi-Cal Peer Support Specialist training provider?

- Yes
- No

If no, are you contracted with a DHCS recognized Medi-Cal Peer Support Specialist training provider?

- Yes
- No

If yes, please provide the name of the contracted DHCS recognized training provider:

Yes – Eligible to apply

No – Do not apply

DHCS Medi-Cal Peer Support Specialist program information located at:

<https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>

CalMHSA list of approved Medi-Cal Peer Support Specialist training providers can be found at: <https://www.calmhsa.org/announcements>

4. Placement:

Identify the placement activities, which are a priority focus of this program. (Check all that apply)

- Placement will be predetermined through active collaboration with employer-partners who will pre-identify the vacant volunteer/paid positions in their region and effectively recruit and counsel participants according to their interests.
- Screen applicants who are dedicated to serving peers
- Screen applicants who want to work as peer personnel support specialist
- Provide training that produce well-trained peer professionals with knowledge, skills, commitment, and motivation to perform well on the job.
- Listening to and educating potential peer personnel employers about their staffing needs
- Graduating only those individuals who can meet the standards to perform on the job
- Providing employers with trained peers with diverse, cultural, linguistic, LGBTQI+, veteran, and other backgrounds.
- Participating in state and local stakeholder engagement meetings regarding the importance of peer personnel positions.

5. Support:

Identify the activities the applicant will engage in to support all participants. (Check all that apply)

- Mentorship
- Self-help and support groups
- Retraining
- Interview skill training
- Support job search
- Discuss educational needs
- Discuss additional training and/or educational resources
- Discuss additional financial aid
- One on one career counseling
- Class workshop
- Mentor Check-in sessions
- Resume assistance
- Other - Please list _____

E. Work Plan and Schedule *(Please describe each activity/task in 50 words or less.)*

Note: If awarded, HCAI will include this as a part of the grant agreement scope of work.

Include tasks supporting all required program components.

Activity/Task	Description	Start Date	End Date

F. Project Personnel:

Does your Project Personnel include individuals with lived experience as a consumer, family member, and/or caregiver?

- Yes
- No

G. Project Representatives:

Provide name, title, address, phone number and email for two Project Representatives in the table below. If awarded, HCAI will use this information for the grant agreement. See Attachment 7: Sample Grant Agreement.

Direct all grant agreement inquiries to:

Program Representative Name:
Title:
Address:
Phone:
Email:

Direct all administrative inquiries to:

Program Representative Name:
Title:
Address:
Phone:
Email:

H. Budget Detail. If awarded, Grantee shall be contractually bound to the rates and budget line items outlined in this section and must use them to invoice HCAI for services provided under this grant agreement.

Total Proposed Budget \$ _____

If awarded, HCAI will prorate payments based on the total number of participants who complete activities under each budget category.

The budget categories are:

1. Direct Program Costs

a. Recruitment and Outreach Costs

- Costs directly attributed to the completion of recruitment and outreach services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed five percent of total proposed budget.

b. Career Counseling Costs

- Costs directly attributed to the completion of career counseling services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed 20 percent of total proposed budget.

c. Training Costs

- Costs directly attributed to the completion of training services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed 50 percent of total proposed budget.

d. Financial Assistance Costs

- Grantee shall only provide financial assistance for program participants to attend training and shall not include tuition or admission fees. Grantee shall only provide financial assistance to enable participation in the activities that the proposing organization sponsors.
- Costs may include transportation costs, uncompensated time-off, and childcare.
- Costs may not exceed 10 percent of total proposed budget.

e. Placement Costs

- Placement must be at least 35 percent of total proposed budget.
- Grantee will only receive full funding for this category if they place at least 80 percent of individual participants in a peer personnel position by the end of the contract term. Grantee must provide justification as to why the remaining participants were not able to find placement. HCAI must approve the justification before it can make any payments.

f. Support Costs

- Costs directly attributed to the completion of post training/placement support services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed 20 percent of the total proposed budget.
- For those participants that have not gained or retained placement after six months following completion of training, HCAI will provide payment based on completion of revised individual career plans to address shortcomings in the design or execution of prior individual career plans.

g. Evaluation Costs

- Costs to evaluate the peer personnel training and placement program when program activities conclude.
- Costs may not exceed five percent of total proposed budget.

2. Indirect Program Costs

- Costs indirectly attributed to the completion of services which can include utilities, rent, and administrative service and payroll staff.
- Costs may not exceed 10 percent of total direct costs.

This is a performance-based contract. If awarded, HCAI will reimburse the Grantee based on completion of services per budget line item as identified in each respective budget line-item section. HCAI will not pay any startup costs.

Use Table 1 to provide a budget for each line item.

Table 1: Budget Distribution			
Budget Line Item	Funding		
	FY 2022-23	FY 2023-24	Total
Recruitment and Outreach (Shall not exceed 5% of total proposed budget)	\$	\$	\$
Career Counseling (Shall not exceed 20% of total proposed budget)	\$	\$	\$
Training (Shall not exceed 50% of total proposed budget)	\$	\$	\$
Financial Assistance (Shall not exceed 10% of total proposed budget)	\$	\$	\$
Placement (Must be at least 35% of total proposed budget)	\$	\$	\$
Support (Shall not exceed 20% of total proposed budget)	\$	\$	\$
Evaluation (Shall not exceed 5% of total proposed budget)	\$	\$	\$
Total Direct Cost	\$	\$	\$
Indirect Program Cost (Shall not exceed 10% of total direct cost)	\$	\$	\$
Total Budget (Cannot exceed \$1,000,000 for entire grant period)	\$	\$	\$

Attachment 4: Application/Applicant Certification Sheet

Sign and return this Application/Applicant Certification Sheet. HCAI may reject any application with an unsigned Application/Applicant Certification Sheet.

The signature and date certify compliance with all the requirements of this application document.

Company Name	Address
Name	Title
Email Address	Telephone Number
Signature	Date

Attachment 5: Payee Data Record (STD 204)

[View Payee Data Record STD 204 Form](#)

[Print Form](#) [Reset Form](#)

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

Section 1 – Payee Information			
NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)			
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)			
MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)			
CITY, STATE, ZIP CODE		E-MAIL ADDRESS	
Section 2 – Entity Type			
Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)			
<input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL <input type="checkbox"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST		CORPORATION (see instructions on page 2) <input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (e.g., nonprofit) <input type="checkbox"/> ALL OTHERS	
Section 3 – Tax Identification Number			
Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.		Social Security Number (SSN) or Individual Tax Identification Number (ITIN)	
<ul style="list-style-type: none"> • For Individuals, enter SSN. • If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN. • Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN. • For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN). • For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN. • For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN. 		OR Federal Employer Identification Number (FEIN)	
Section 4 – Payee Residency Status (See instructions)			
<input type="checkbox"/> CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.			
<input type="checkbox"/> CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.			
<input type="checkbox"/> No services performed in California			
<input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.			
Section 5 – Certification			
<i>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.</i>			
NAME OF AUTHORIZED PAYEE REPRESENTATIVE		TITLE	E-MAIL ADDRESS
SIGNATURE		DATE	TELEPHONE (include area code)
Section 6 – Paying State Agency			
Please return completed form to:			
STATE AGENCY/DEPARTMENT OFFICE		UNIT/SECTION	
MAILING ADDRESS		FAX	TELEPHONE (include area code)
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to 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 and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

Section 1 – Payee Information**Name** – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.**Mailing Address** – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.**Section 2 – Entity Type**

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

Section 3 – Tax Identification Number

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 R&TC sections 18648 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Section 4 – Payee Residency Status**Are you a California resident or nonresident?**

- 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.
- 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.
 - o 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.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

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**Section 5 – Certification**

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

Section 6 – Paying State Agency

This section must be completed by the state agency/department requesting the STD 204.

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.

Attachment 6: Contractor Certification Clauses Form

[View Contractor Certification Clauses Form](#)

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

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; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement 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 employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State. Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized

officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the 12-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.