



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



REQUEST FOR OFFER (RFO)

CALIFORNIA MULTIPLE AWARD SCHEDULES (CMAS)

INFORMATION TECHNOLOGY CONSULTANT Information Technology (IT) Strategic Plan RFO #SD15-00045

August 4, 2016

The California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS) is requesting IT Consulting Services, to develop a Strategic Plan, for the Information Technology Services Division (ITSD).

The proposed term of the ensuing Contract is September 15, 2016 or upon approval (whichever is later) for a period of one (1) year.

Electronic RFO responses will be accepted to begin the assessment process but an original "wet" signature copy must be received by CCHCS within one business day of the RFO submittal date. Failure to provide an originally signed complete response will eliminate your firm from further consideration and contract award. Under no circumstances will a machine generated electronic signature be acceptable.

Offers are due by **2:00 PM, Wednesday, August 17th, 2016**. One (1) original and two (2) copies of the complete response must be delivered or e-mailed to CCHCS and received by the final date and time of offer submission, and clearly labeled to the department contact noted below.

RFO # SD15-00045 - IT Strategic Plan
California Correctional Health Care Services
Acquisitions Management Section
8280 Longleaf Drive, Building D-2
Elk Grove, CA 95758
Attn: Diane Crump

Diane Crump, Procurement Official
916-691-3865
diane.crump@cdcr.ca.gov

A. RESPONSE GUIDELINES

This RFO and Offeror's response will be made part of the ordering department's purchase documents and/or procurement contract file.

1. Submission of Offers:

All offers must be submitted to CCHCS by dates and times shown in the Key Action Dates. The submission must be emailed to Diane Crump, Procurement Official at diane.crump@cdcr.ca.gov and clearly labeled with the RFO number and title.

Electronic RFO responses will be accepted to begin the assessment process but an original "wet" signature copy must be received by CCHCS within one business day of the RFO submittal date. Failure to provide an originally signed complete response will eliminate your firm from further consideration and contract award. Under no circumstances will a machine generated electronic signature be acceptable.

Note: It is the sole responsibility of submitting Offeror to contact the Procurement Official listed above to **verify receipt** of their submitted Offer.

2. Key Action Dates:

Time is of the essence both for the RFO submittal and contract completion. Please be advised of the key dates and times shown below. All dates after the offer submission deadline are approximate and may be adjusted as conditions requires without addendum to this RFO.

EVENT	Date and Time
1. Release of RFO	Thursday, August 4, 2016
2. RFO Response Submission Due	August 17, 2016 by 2:00 PM PST
3. Estimated contract start date	September 15, 2016 or Upon approval of contract
4. Estimated contract end date	A period of one year.

3. RFO Response Requirements and Content

RFO response must contain all requested information and data and must conform to the format described in the RFO. It is Offeror's responsibility to provide all necessary information for evaluation by CCHCS. Responses will be verified and Offeror's ability to perform under the RFO will be determined by CCHCS as outlined in the RFO.

- A. Each response must also include all items listed on **Attachment A, Required Check List**, attached hereto and made a part of this RFO. Offers not including required documentation will eliminate your offer from further consideration and award.
- B. Offers must be submitted for the performance of all services described herein. Any deviation from the work specifications will eliminate your offer from further consideration and award.

- C. CCHCS will not accept alternate contract language from Offeror; all RFO offers with any such language will be considered a counter proposal and will be eliminated from further consideration and award.
- D. Costs incurred for the development of offers, in anticipation of contract award, are entirely the responsibility of Offeror and shall not be charged to CCHCS or the State of California.
- E. An individual, who is authorized to bind Offeror contractually, must sign all required documents. All documents requiring a signature must bear a signature of the authorized individual. Unsigned offers and/or required attachments will cause your offer to be eliminated from further consideration and award.
- F. Offer will be eliminated from further consideration if it is conditional, incomplete or if it contains any alterations of form or other irregularities of any kind. CCHCS may elect to eliminate any or all offers and may waive an immaterial deviation in an offer. Waiver by CCHCS of an immaterial deviation shall in no way modify the RFO document or excuse the Offeror from full compliance with all requirements if awarded the contract.
- G. This RFO and Offeror's documented response will be made part of the complete contract issued by CCHCS.
- H. CCHCS may amend or modify the RFO prior to the submission date indicated in **Section A.2** of this RFO. All modifications and/or amendments to the RFO will be made in writing and sent to all parties who received an offer package. Additionally, CCHCS may extend the submission date of the RFO.
- I. CCHCS reserves the right to eliminate all submitted offers for consideration. CCHCS is not required to make an award under this RFO.

4. Selection Process

All offers will be reviewed for responsiveness to requirements of this RFO. If a response is missing required information, it may be eliminated from further consideration and award. Further review is subject to discretion of CCHCS. Award of a contract resulting from this RFO against a Contractor's CMAS contract will be based on a "best value criteria" that includes cost as a factor. All requirements and qualifications will be assessed on a pass/fail basis.

A. Assessment and Selection

Best Value shall be determined based on the following criteria:

Categories
Administrative Requirements
Mandatory Offeror Requirements
Mandatory Personnel Qualifications
Contractor Methodology
Cost
Interviews

5. Best Value Criteria

A. Administrative Requirements:

Administrative Requirements:
1. Completeness of response package;
2. Detailed resumes for proposed consultants that describe work experience, start and end-date for job(s) cited, and professional qualification(s) and/or experience(s) performing IT services relative to Exhibit A - Statement of Work (Exhibit A); and
3. Three (3) customer references for each proposed personnel verifying engagements similar in scope to Exhibit A - Statement of Work.

B. Mandatory Offeror Requirements:

Mandatory Offeror Requirements:
<ul style="list-style-type: none">• Must provide a redacted copy of an IT Strategic Plan that was developed for a public sector organization within the last five (5) years which is similar in scope and complexity.
<ul style="list-style-type: none">• Must provide confirmation, in writing, of an IT Benchmarking Database consisting of 750 to 1000 benchmarks.

C. Mandatory Personnel Qualifications:

Each proposed personnel must have the following experience:

Mandatory Personnel Qualifications
<ul style="list-style-type: none">• Must have developed an IT Strategic Plan for two (2) public sector organizations within the last five (5) years. Include information that indicates experience and qualifications in developing IT Strategic Plans that are similar in scale and complexity.• Must have had previous experience in the following IT topics within the last two (2) years:<ul style="list-style-type: none">a. Disaster Recoveryb. Cybersecurityc. DevOpsd. IT Service Management

D. Offeror's Methodology:

Offeror's Methodology must provide a detailed description of the techniques, approaches and methods to be used in completing the Strategic Plan as defined in the Statement of Work. Provide an overview of the process you will use to conduct the strategic plan analyses, report generation and follow-up with CCHCS.

Provide an approach with regard to maintaining the security, privacy and confidentiality of customer data and other information that you may have access to during meetings, assessments, and planning sessions.

This Methodology must be in the Offeror's own wording.

Note: CCHCS reserves the sole right to eliminate any and all offers and to reissue this RFO. The awarded Contractor will be obligated to provide services at the cost offered in the Attachment C (Cost Worksheet), which under no circumstances may exceed their authorized CMAS hourly rate.

Interviews will be conducted to ensure Offeror has the expertise and experience to provide consulting services to CCHCS. Offerors will be notified of date and time after assessment of RFO is complete.

EXHIBIT A – STATEMENT OF WORK

1. Background

The California Department of Corrections and Rehabilitation, California Correctional Healthcare Services, hereafter referred to as CCHCS, is seeking offers to develop a strategic roadmap that aligns with State of California Government Code (GC) 11545 along with the strategic imperatives of CCHCS for their Information Technology Services Division (ITSD). This plan will improve the maturity of the necessary Information Technology (IT) functions and clearly articulate the priorities of IT to all stakeholders and staff while assessing capabilities and resources against industry peers. The plan shall establish a governance framework that can help assess and prioritize future IT investment considerations.

2. Scope of Services

The Contractor shall provide IT consulting services to develop a Strategic Plan for the ITSD that covers the next five (5) years of planning. This plan will involve a high level IT strategic direction roadmap appropriate for the organization.

A. Objectives:

1. Develop an IT Strategic Roadmap that:
 - . Aligns with State of California Strategic guidelines. Guidelines can be found at: <https://www.calhr.ca.gov/Documents/wfp-department-of-finance-strategic-plan-guidelines.pdf>
 - . Aligns the strategic imperatives of CCHCS.
 - . Improves the maturity of necessary IT functions.
 - . Clearly articulates the priorities of IT to all stakeholders and staff.
2. Assess CCHCS IT capabilities and resources (spending and staff levels) against industry peers.
3. Establishes a governance framework that can help assess and prioritize future IT investment considerations.

B. Deliverables/Tasks:

1. Project Initiation:

Tasks:

- a. Work closely with CCHCS to set the foundation for a successful engagement that is delivered on time and meets CCHCS objectives.

Deliverable #1.1 - Develop a Project Plan.

Deliverable #1.2 - Conduct a Project Kick off meeting.

2. Understanding Business Demand

Tasks:

- a. Understand business context in sufficient detail to determine appropriate role and positioning for IT (interviews with business leadership, regional leaders and business partners).
- b. Determine key IT implications.
- c. Determine initial IT operating guidelines.

Deliverable #2.1 - Document business imperatives.

3. Determine IT Direction

Tasks:

- a. Determine key IT imperatives (interviews with IT leadership)
- b. Confirm/refine role and vision for IT going forward, and key decision-making guidelines (operating principles).
- c. Determine future state requirements.

Deliverable #3.1 - Document IT imperatives linked to business imperatives.

Deliverable #3.2 - Document IT vision and operating principles

Deliverable #3.3 - Conduct Business-IT Alignment workshop

Deliverable #3.4 - Document results of all interviews, analysis processes and findings.

4. Assess Capabilities

Tasks:

- a. Assess key IT capabilities versus future state needs and relevant industry/technology trends.
- b. Determine key gaps of current vs. future state.

Deliverable #4.1 - Create a Capabilities Assessment.

5. Assess Capabilities – IT Benchmark

Tasks:

- a. Compare CCHCS total cost of IT infrastructure and operations environment to that of similarly sized and complex peer organizations.
- b. Identify areas of inefficiency and provide recommendations to address improvement opportunities (including roadmap activities).
- c. Compare CCHCS total cost for Cerner support and maintenance to peer organizations, and identify areas of inefficiency and provide recommendations to address efficiency opportunities.

Deliverable #5.1 - Create an IT Benchmark.

6. Determine Required Actions

Tasks:

- a. Specify IT initiatives to close the identified IT capability gaps.
- b. Identify how the CCHCS may improve governance effectiveness.

Deliverable #6.1 - Document recommendations.

Deliverable #6.2 - Document governance model.

7. Develop Roadmap

Tasks:

- a. Articulate an agreed upon IT Roadmap that enables the business strategy.

Deliverable #7.1 - Provide a five (5) year strategic roadmap that summarizes key IT projects and aligns them with the strategic goals of the organization.

Deliverable #7.2- Provide a two (2) year tactical plan that details critical IT projects that must be accomplished over the next two (2) years.

8. Executive Briefing

Tasks:

- a. Conduct IT Staff briefings on findings and recommendations.
- b. Conduct Executive briefings on findings and recommendations.
- c. Help build consensus for go-forward plan.

Deliverable #8.1 – IT Staff Briefings

Deliverable #8.2 – Executive Briefings

3. Deliverable Acceptance Criteria

The CCHCS Project Manager will be the sole judge of the acceptability of all work performed and all work products produced by the Contractor as a result of the Scope of Services.

1. A Deliverable Acceptance Document (DAD), Attachment P, must be submitted for each completed deliverable/service to the CCHCS Project Manager or designee for approval. The Project Manager or designee has ten (10) business days or an otherwise mutually agreed upon number of working days following the receipt of each deliverable or service to approve or notify the Contractor of acceptance problems.
2. If the Deliverable provided by Contractor is acceptable to Project Manager, or designee, CCHCS shall notify Contractor by returning the approved and signed DAD.
3. Payment for tasks performed under the ensuing Contract shall be made in arrears upon successful completion of each DAD. Signed acceptance is required from the CCHCS Project Manager, before processing an invoice for payment via a DAD.
4. Should the work performed or the products produced by the Contractor fail to meet minimum conditions, requirements or other applicable standards, specifications, or guidelines, the

following resolution process will be employed:

- a. The CCHCS Project Manager will notify the Contractor in writing within ten (10) business days after completion of each phase of service of any acceptance problems by identifying the specific inadequacies and/or failures in the services performed and/or the products produced by the Contractor.
- b. The Contractor will, within five (5) business days after initial problem notification, respond to CCHCS Project Manager by submitting a detailed explanation describing precisely how the identified services and/or products actually adhere to and satisfy all applicable requirements, and/or a proposed corrective action plan to address the specific inadequacies and/or failures in the identified services and/or products. Failure by the Contractor to respond to the CCHCS' initial problem notification within the required time limits may result in immediate contract termination. In the event of such termination, the CCHCS shall pay all amounts due to the Contractor for all work accepted prior to termination.
- c. CCHCS will, within five (5) business days after receipt of the Contractor's detailed explanation and/or proposed corrective action plan, notify the Contractor in writing whether it accepts or rejects the explanation and/or plan. If the CCHCS rejects the explanation and/or plan, the Contractor will submit a revised corrective action plan within three (3) business days of notification of rejection. Failure by the Contractor to respond to the CCHCS' notification of rejection by submitting a revised corrective action plan within the required time limits may result in immediate contract termination. In the event of such termination, the CCHCS shall pay all amounts due to the Contractor for all work accepted prior to termination.
- d. CCHCS will, within three (3) business days of receipt of the revised corrective action plan, notify the Contractor in writing whether it accepts or rejects the revised corrective action plan proposed by the Contractor. Rejection of the revised corrective action plan will result in immediate contract termination. In the event of such termination, the CCHCS shall pay all amounts due to the Contractor for all work accepted prior to termination.

All documents, analyses, reports, recommendations, white papers, and/or diagrams will be submitted to CCHCS' Project Manager, or designee, and produced using the following Microsoft Office products: Word; PowerPoint; Visio; Excel and Outlook.

4. Contractor Roles and Responsibilities

1. The Contractor will identify a Coordinator responsible for the overall contract.
2. The Contractor shall comply with all applicable CCHCS policies, procedures and guidelines.
3. The Contractor will store all created or modified artifacts in CCHCS' approved repositories in accordance with CCHCS policies.
4. On a weekly basis, each Contractor staff person shall complete a timesheet in SharePoint provided by CCHCS.
5. Prior to termination of the Contract, the Contractor shall return all CCHCS property, including security badges, computer laptop, work products, etc.
6. Work with CCHCS' Chief Information Officer (CIO) and/or designee(s) to ensure that any issue(s) are addressed.

7. Participate in information gathering meetings, fact-finding meetings, working sessions, status reporting (both written and verbal), presentations, and general communication(s) to ensure success of consultant activity performance.
8. Comply with all applicable State and Agency policies and procedures, including those enumerated in Exhibit C, (CCHCS Special Provisions).
 - By accepting Contract, Contractor (including personnel) acknowledges that he/she has read and agrees to the provisions of Exhibit C;
9. Prior to the start of work:
 - Submit to and pass a live scan, and;
 - Be tested for Tuberculosis and certified to be free of tuberculosis on the TB Infectious Free Staff Certification in order to gain entrance to the Institutions;
10. Complete a Request for Gate Clearance Form, Application for Identification Card, and/or Emergency Notification form in order to gain entrance to the institutions; and
11. Agree to abide by the Primary Laws, Rules and Regulations Regarding Conduct and Association with State Prison Inmates.

5. Evaluation of Contractor

The CCHCS' Project Manager and/or designee(s) will complete a written evaluation of Contractor's performance under the ensuing Agreement within sixty (60) days following the term end date. The evaluation shall be prepared on the Contract/Contractor Evaluation Form (STD. 4) and maintained in the Agreement file for three years. If Contractor's performance is deemed unsatisfactory, a copy of the evaluation shall be sent to DGS, Office of Legal Services (OLS), within five days, and to Contractor within 15 days, following completion of the evaluation.

"Days" means calendar days unless otherwise specified.

6. Problem Escalation

The parties acknowledge and agree that certain technical and project related problems or issues may arise, and that such matters shall be brought to the CCHCS Project Manager's attention. Problems or issues shall normally be reported in regular status reports. However, there may be instances where the severity of the problems justifies escalated reporting. To this extent, the CCHCS Project Manager will determine the level of severity, and notify the appropriate CCHCS personnel. The CCHCS personnel notified, and the time period taken to report the problem or issue shall be at a level commensurate with the severity of the problem or issue. The CCHCS personnel include, but are not limited to the following:

- First level, the CCHCS Project Manager
- Second level, Acquisitions Management Chief, Business Services

7. Assumption and Constraints

- a. Work hours for the ensuing Contract must be consistent with CCHCS' normal business hours 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding State holidays.
- b. Contractor shall ensure availability of personnel to perform the requirements of the ensuing Contract at all times during the period described above.

- c. The work location will be at CCHCS, 8260 Longleaf Drive, Elk Grove, CA 95758.
- d. CCHCS, in its sole discretion, reserves the right to require Contractor to substitute staff, reduce, or cancel a consultant's performance of services at any time.
- e. Contractor must submit, in advance, a resume of all personnel substitutions. All Contractor personnel substitutions must meet all criteria and be evaluated as specified in RFO#SD15-00045 and approved by CCHCS' Acquisitions Management Section prior to substituted Personnel commencing work through an amendment to the contract.

CCHCS shall be allowed to interview such proposed substitutions and verify the proposed personnel's references and qualifications. CCHCS reserves the right to reject the Contractor's proposed substitution; in the event of rejection, the Contractor may submit additional resumes for consideration.
- f. CCHCS and Contractor are mutually obligated to keep open channels of communications to ensure successful performance of the ensuing Contract. Both parties are responsible for communicating any potential problem(s) or issue(s) to CCHCS' Deputy Director of Information Technology, or designee, and the Contractor, respectively, within one (1) business day of becoming aware of said problem(s).
- g. Contractor certifies that it has appropriate systems and controls in place to ensure that State funds will not be used in performance of the ensuing Contract for the acquisition, operation, or maintenance of computer software in violation of copyright laws.
- h. No travel or parking expenses will be paid.
- i. No overtime will be authorized for non-standard work hours.

8. Work Authorization

Work Authorizations, Attachment M, executed under the ensuing Contract must be signed by:

- Contractor Representative
- State Representative

9. Unanticipated Tasks

- a. In the event that additional work must be performed which was wholly unanticipated and is not specified in the Statement of Work, but which in the opinion of both parties is necessary to the successful accomplishment of the general scope of work outlined, the procedures outlined in this Section will be employed.
- b. For each item of unanticipated work not specified in the Statement of Work, a Work Authorization will be prepared.
- c. It is understood and agreed by both parties to this Contract that all of the terms and conditions of this Contract shall remain in force with the inclusion of any such Work Authorization. Such Work Authorization shall in no way constitute a Contract other than as provided pursuant to this Contract nor in any way amend or supersede any of the other provisions of this Contract.
- d. Each Work Authorization shall consist of a detailed statement of the purpose, objective, or goals to be undertaken by the Contractor, the job classification or approximate skill level of the personnel to be made available by the Contractor, an identification of all

significant material to be developed by the Contractor and delivered to the State, an identification of all significant materials to be delivered by the State to the Contractor, an estimated time schedule for the provisions of these services by the Contractor, completion criteria for the work to be performed, the name or identification of the Contractor Personnel to be assigned, the Contractor's estimated work hours required to accomplish the purpose, objective or goals, the Contractor's billing rates per work hour, and the Contractor's estimated total cost of the Work Authorization.

- e. All Work Authorizations must be in writing prior to beginning work and signed by the Contractor and the State.
- f. The State has the right to require the Contractor to stop or suspend work on any Work Authorization pursuant to the "Stop Work" provision of the General Provisions.
- g. Personnel resources will not be expended (at a cost to the State) on task accomplishment in excess of estimated work hours required unless the procedure below is followed:
 - 1) If, in the performance of the work, the Contractor determines that a Work Authorization to be performed under this Contract cannot be accomplished within the estimated work hours, the Contractor will immediately notify the State in writing of the Contractor's estimate of the work hours which will be required to complete the Work Authorization in full. Upon receipt of such notification, the State may:
 - a) Authorize the Contractor to expend the estimated additional work hours or service in excess of the original estimate necessary to accomplish the Work Authorization (such an authorization not unreasonably to be withheld), or
 - b) Terminate the Work Authorization, or
 - c) Alter the scope of the Work Authorization in order to define tasks that can be accomplished within the remaining estimated work hours.
 - d) The State will notify the Contractor in writing of its election within seven (7) calendar days after receipt of the Contractor's notification. If notice of the election is given to proceed, the Contractor may expend the estimated additional work hours or services. The State agrees to reimburse the Contractor for such additional work hours.

10. CCHCS Roles and Responsibilities

- a. The CCHCS will designate a person to whom all Contractor communications may be addressed and who has the authority to act on all aspects of the services. This person will review the Statement of Work and associated documents with the Contractor to ensure understanding of the responsibilities of both parties.
- b. The CCHCS will provide cubicle accommodations for the duration of the ensuing Contract, including: desk, chair, telephone, personal computer, printer access, Internet connection, Microsoft Office, Microsoft Visio and Microsoft Project. All policies and procedures regarding the use of state facilities will be applicable.
- c. The CCHCS will provide information as required by the Contractor to perform its responsibilities.
- d. The CCHCS will provide timely review and approval of the Contractor information and documentation provided by the Contractor in order for the Contractor to perform its obligations under this Statement of Work.
- e. The CCHCS Project Manager will be the sole judge of the acceptability of all work performed and all work products produced by the Contractor as a result of this Statement of Work.

11. Period of Performance

It is estimated that the ensuing Contract will begin September 15, 2016, or upon approval of contract, whichever is later, for a period of one (1) year. CCHCS reserves the right to amend the Contract, only by mutual consent of the parties in writing, unless specifically prohibited by the CMAS contract.

12. CCHCS Project Manager

California Correctional Health Care Services
Chief Information Officer, Information Technology Services Division
8260 Longleaf Drive
Elk Grove, CA 95758

EXHIBIT B - BUDGET DETAIL AND PAYMENT PROVISIONS

A. INVOICING AND PAYMENT

1. Contractor shall submit to CCHCS, a written invoice for all accepted Deliverables in accordance with Attachment C (Cost Worksheet) of the ensuing Contract. No invoice shall be honored by CCHCS until prior acceptance is obtained pursuant to Section 3 of Exhibit A of the ensuing Contract for the Deliverable or Service relating to said invoice.
 - a. Upon completion of a task within a deliverable, Contractor may submit to CCHCS, an invoice based on the following:
 - Signed acceptance of a Deliverable Acceptance Document (DAD) for the task(s) performed by Contractor from CCHCS' Project Manager, or designee, that clearly identifies/quantifies completion. (e.g., completed task[s] as reflected in written status reports, if required, submitted with invoices).
 - b. Upon completion of a deliverable in accordance with the acceptance criteria set forth in Exhibit A (Statement of Work), the full charge for such deliverable, less a ten-percent (10%) withhold and amount(s) previously invoiced to CCHCS, may be submitted for payment.
 - A DAD must be approved by CCHCS' Project Manager or designee, before approval of Contractor's invoice for payment.
2. Contractor invoices shall not be submitted more frequently than monthly to the CCHCS.
3. Invoices reflecting progress payments shall not exceed ninety percent (90%) of the total amount of this Agreement with the balance to be invoiced upon successful completion of all deliverables.
 - a. It is CCHCS' sole determination as to whether all deliverables have been successfully completed and are acceptable to CCHCS.
 - b. Payment of Contractor's total 10% withhold is subject to completion of all deliverables and submittal of final DAD to the satisfaction of CCHCS.
4. All invoices shall be submitted on Contractor's letterhead and include the CCHCS Purchase Order and Agreement numbers, consultant's name, task number, task and/or deliverable title, and invoice total.
 - a. Any invoices submitted without the above referenced information may be returned to Contractor for revision(s).
5. Contractor shall address and submit all invoices to:

California Correctional Health Care Services
Acquisitions Management Section, Building D-2
P.O. Box 588500
Elk Grove, California, 95758

B. TRAVEL AND MISCELLANEOUS EXPENSES

For purposes of this RFO, there is no travel anticipated.

EXHIBIT C - CCHCS SPECIAL PROVISIONS

1. SUBCONTRACTOR/CONSULTANT INFORMATION

Contractor is required to identify all subcontractors who will perform labor or render services in the performance of the Agreement. Additionally, the Contractor shall notify the CCHCS Human Resources Contract Manager, or designee, within ten (10) working days, of any changes to the subcontractor and/or consultant information.

2. EMPLOYMENT OF EX-OFFENDERS

- a. Contractor cannot and will not either directly, or via a subcontracted consultant and/or firm, employ in connection with this Agreement:
 - (1) Ex-Offenders on active parole or probation;
 - (2) Ex-Offenders at any time if they are required to register as a sex offender pursuant to Penal Code Section 290 or if such ex-offender has an offense history involving a “violent felony” as defined in subparagraph (c) of Penal Code Section 667.5; or
 - (3) Any ex-felon in a position which provides direct supervision of parolees.
- b. Ex-Offenders who can provide written evidence of having satisfactorily completed parole or probation may be considered for employment by the Contractor subject to the following limitations:
 - (1) Contractor shall obtain the prior written approval to employ any such ex-offender from the Authorized Administrator; and
 - (2) Any ex-offender whose assigned duties are to involve administrative or policy decision-making; accounting, procurement, cashiering, auditing, or any other business-related administrative function shall be fully bonded to cover any potential loss to the State of California.

3. LICENSES AND PERMITS

The Contractor shall be an individual or firm licensed to do business in California and shall obtain at Contractor’s expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this Agreement.

In the event any license(s) and/or permit(s) expire at any time during the term of this Agreement, Contractor agrees to provide the CCHCS with a copy of the renewed license(s) and/or permit(s) within thirty (30) days following the expiration date. In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to any other remedies it may have, terminate this Agreement upon occurrence of such event.

4. CONFLICT OF INTEREST

The Contractor and their employees shall abide by the provisions of Government Code (GC) Sections 1090, 81000 et seq., 82000 et seq., 87100 et seq., and 87300 et seq., Public Contract Code (PCC) Sections 10335 et seq. and 10410 et seq., California Code of Regulations (CCR), Title 2, Section 18700 et seq. and Title 15, Section 3409, and the Department Operations Manual (DOM) Section 31100 et seq. regarding conflicts of interest.

a. Contractors and Their Employees

Consultant Contractors shall file a Statement of Economic Interests, Fair Political Practices Commission (FPPC) Form 700 prior to commencing services under the

Agreement, annually during the life of the Agreement, and within thirty (30) days after the expiration of the Agreement. Other service Contractors and/or certain of their employees may be required to file a Form 700 if so requested by the CCHCS or whenever it appears that a conflict of interest may be at issue. Generally, service Contractors (other than consultant Contractors required to file as above) and their employees shall be required to file an FPPC Form 700 if one of the following exists:

- (1) The Agreement service has been identified by the CDCR as one where there is a greater likelihood that a conflict of interest may occur;
- (2) The Contractor and/or Contractor's employee(s), pursuant to the Agreement, makes or influences a governmental decision; or
- (3) The Contractor and/or Contractor's employee(s) serves in a staff capacity with the CDCR and in that capacity participates in making a governmental decision or performs the same or substantially all the same duties for the CDCR that would otherwise be performed by an individual holding a position specified in the CDCR's Conflict of Interest Code.

b. Current State Employees

- (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.
- (3) In addition to the above, CDCR officials and employees shall also avoid actions resulting in or creating an appearance of:
 - (a) Using an official position for private gain;
 - (b) Giving preferential treatment to any particular person;
 - (c) Losing independence or impartiality;
 - (d) Making a decision outside of official channels; and
 - (e) Affecting adversely the confidence of the public or local officials in the integrity of the program.
- (4) Officers and employees of the Department must not solicit, accept or receive, directly or indirectly, any fee, commission, gratuity or gift from any person or business organization doing or seeking to do business with the State.

c. Former State Employees

- (1) For the two year (2-year) period from the date he or she left state employment, no former state officer or employee may enter into an Agreement 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 Agreement while employed in any capacity by any state agency.
- (2) For the twelve-month (12-month) period from the date he or she left state employment, no former state officer or employee may enter into an Agreement 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 Agreement within the 12-month period prior to his or her leaving state service.

In addition to the above, the Contractor shall avoid any conflict of interest whatsoever with respect to any financial dealings, employment services, or opportunities offered to inmates or

parolees. The Contractor shall not itself employ or offer to employ inmates or parolees either directly or indirectly through an affiliated company, person or business unless specifically authorized in writing by the CDCR.

In addition, the Contractor shall not (either directly, or indirectly through an affiliated company, person or business) engage in financial dealings with inmates or parolees, except to the extent that such financial dealings create no actual or potential conflict of interest, are available on the same terms to the general public, and have been approved in advance in writing by the CDCR.

For the purposes of this paragraph, "affiliated company, person or business" means any company, business, corporation, nonprofit corporation, partnership, limited partnership, sole proprietorship, or other person or business entity of any kind which has any ownership or control interest whatsoever in the Contractor, or which is wholly or partially owned (more than 5% ownership) or controlled (any percentage) by the Contractor or by the Contractor's owners, officers, principals, directors and/or shareholders, either directly or indirectly. "Affiliated companies, persons or businesses" include, but are not limited to, subsidiary, parent, or sister companies or corporations, and any company, corporation, nonprofit corporation, partnership, limited partnership, sole proprietorship, or other person or business entity of any kind that is wholly or partially owned or controlled, either directly or indirectly, by the Contractor or by the Contractor's owners, officers, principals, directors and/or shareholders.

The Contractor shall have a continuing duty to disclose to the State, in writing, all interests and activities that create an actual or potential conflict of interest in performance of the Agreement.

The Contractor shall have a continuing duty to keep the State timely and fully apprised in writing of any material changes in the Contractor's business structure and/or status. This includes any changes in business form, such as a change from sole proprietorship or partnership into a corporation or vice-versa; any changes in company ownership; any dissolution of the business; any change of the name of the business; any filing in bankruptcy; any revocation of corporate status by the Secretary of State; and any other material changes in the Contractor's business status or structure that could affect the performance of the Contractor's duties under the Agreement.

If the Contractor violates any provision of the above paragraphs, such action by the Contractor shall render this Agreement void.

Members of boards and commissions are exempt from this section if they do not receive payment other than payment for each meeting of the board or commission, payment for preparatory time and payment for per diem.

5. DISCLOSURE

Neither the State nor any State employee will be liable to the Contractor or its staff for injuries inflicted by inmates or parolees of the State. The State agrees to disclose to the Contractor any statement(s) known to State staff made by any inmate or parolee which indicates violence may result in any specific situation, and the same responsibility will be shared by the Contractor in disclosing such statement(s) to the State.

6. SECURITY CLEARANCE/FINGERPRINTING

The State reserves the right to conduct fingerprinting and/or security clearance through the California Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employees' access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined.

7. NOTIFICATION OF PERSONNEL CHANGES

Contractor must notify the State, in writing, of any changes of those personnel allowed access to State premises for the purpose of providing services under this Agreement. In addition, Contractor must recover and return any State-issued identification card provided to Contractor's employee(s) upon their departure or termination.

8. NON ELIGIBLE ALIEN CERTIFICATION

By signing this Agreement Contractor certifies, under penalty of perjury, that Contractor, if a sole proprietor, is not a nonqualified alien as that term is defined by the United States Code (U.S.C.) Title 8, Chapter 14, Section 1621 et seq.

The following provisions apply to services provided on departmental and/or institution grounds:

9. BLOODBORNE PATHOGENS

Provider shall adhere to California Division of Occupational Safety and Health (CAL-OSHA) regulations and guidelines pertaining to bloodborne pathogens.

10. TUBERCULOSIS (TB) TESTING

In the event that the services required under this Agreement will be performed within a CDCR institution/parole office/community based program, prior to the performance of contracted duties, Contractors and their employees who are assigned to work with inmates/parolees on a regular basis shall be required to be examined or tested or medically evaluated for TB in an infectious or contagious stage, and at least once a year thereafter or more often as directed by CDCR. Regular contact is defined as having contact with inmates/parolees in confined quarters more than once a week.

Contractors and their employees shall be required to furnish to CDCR, at no cost to CDCR, a form CDCR 7336, "Employee Tuberculin Skin Test (TST) and Evaluation," prior to assuming their contracted duties and annually thereafter, showing that the Contractor and their employees have been examined and found free of TB in an infectious stage. The form CDCR 7336 will be provided by CDCR upon Contractor's request.

11. PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES

Individuals who are not CDCR employees, but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates.

By signing this contract, the Contractor agrees that if the provisions of the contract require the Contractor to enter an institution/facility or camp, the Contractor and any employee(s) and/or subcontractor(s) shall be made aware of and shall abide by the following laws, rules and regulations governing conduct in associating with prison inmates:

- a. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3285 and 3415

- b. CDCR does not recognize hostages for bargaining purposes. CDCR has a “NO HOSTAGE” policy and all prison inmates, visitors, and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304

- c. All persons entering onto institution/facility or camp grounds consent to search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property, or vehicle may be cause for denial of access to the premises.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177, and 3288

- d. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Director, Warden, and/or Regional Parole Administrator.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a)

- e. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289

- f. Encouraging and/or assisting prison inmates to escape are a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574

- g. It is illegal to give or take letters from inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425

- h. In an emergency situation the visiting program and other program activities may be suspended.

SOURCE: PC Section 2601; CCR, Title 15, Section 3383

- i. For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Section 3171 (b) (3)

- j. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Sections 3261.5, 3315 (3) (W), and 3177

12. CLOTHING RESTRICTIONS

While on institution grounds, Contractor and all its agents, employees, and/or representatives shall be professionally and appropriately dressed in clothing distinct from that worn by inmates at the institution. Specifically, blue denim pants and blue chambray shirts, orange/red/yellow/white/chartreuse jumpsuits and/or yellow rainwear shall not be worn onto institution grounds, as this is inmate attire. The Contractor should contact the institution regarding clothing restrictions prior to requiring access to the institution to assure the Contractor and their employees are in compliance.

13. TOBACCO-FREE ENVIRONMENT

Pursuant to Penal Code Section 5030.1, the use of tobacco products by any person on the grounds of any institution or facility under the jurisdiction of the CDCR is prohibited.

14. SECURITY REGULATIONS

- a. Unless otherwise directed by the entrance gate officer and/or Human Resources Contract Manager, the Contractor, Contractor's employees and subcontractors shall enter the institution through the main entrance gate and park private and nonessential vehicles in the designated visitor's parking lot. Contractor, Contractor's employees and subcontractors shall remove the keys from the ignition when outside the vehicle and all unattended vehicles shall be locked and secured while on institution grounds.
- b. Any State- and Contractor-owned equipment used by the Contractor for the provision of contract services, shall be rendered temporarily inoperative by the Contractor when not in use, by locking or other means unless specified otherwise.
- c. In order to maintain institution safety and security, periodic fire prevention inspections and site searches may become necessary and Contractor must furnish keys to institutional authorities to access all locked areas on the worksite. The State shall in no way be responsible for Contractor's loss due to fire.
- d. Due to security procedures, the Contractor, Contractor's employees and subcontractors may be delayed at the institution vehicle/pedestrian gates and sally ports. Any loss of time checking in and out of the institution gates and sally ports shall be borne by the Contractor.
- e. Contractor, Contractor's employees and subcontractors shall observe all security rules and regulations and comply with all instructions given by institutional authorities.
- f. Electronic and communicative devices such as pagers, cell phones and cameras/microcameras are not permitted on institution grounds.
- g. Contractor, Contractor's employees and subcontractors shall not cause undue interference with the operations of the institution.
- h. No picketing is allowed on State property.

15. PRISON RAPE ELIMINATION POLICY

CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim. CDCR shall maintain a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited. As a Contractor with CDCR, you and your staff are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44.

16. GATE CLEARANCE

Contractor and Contractor's employee(s) and/or subcontractors(s) must be cleared prior to providing services. The Contractor will be required to complete a Request for Gate Clearance for all persons entering the facility a minimum of ten (10) working days prior to commencement of service. The Request for Gate Clearance must include the person's name, social security number, valid state driver's license number or state identification card number and date of birth. Information shall be submitted to the Contract Liaison or his/her designee. CDCR uses the Request for Gate Clearance to run a California Law Enforcement Telecommunications System (CLETS) check. The check will include a California Department of Motor Vehicles check, Wants and Warrants check, and Criminal History check.

Gate clearance may be denied for the following reasons: Individual's presence in the institution presents a serious threat to security, individual has been charged with a serious crime committed on institution property, inadequate information is available to establish positive identity of prospective individual, and/or individual has deliberately falsified his/her identity. All persons entering the facilities must have a valid state driver's license or photo identification card on their person.

15. BUSINESS ASSOCIATE AGREEMENT

The awarded Contractor will be required to meet provisions of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 (HIPAA) and the regulations promulgated thereunder. The Business Associate Agreement is included in this Agreement as Exhibit D.

16. ELECTRONIC WASTE RECYCLING

The Provider certifies that it complies with the requirements of the Electronic Waste Recycling Act of 2003, Chapter 8.5, Part 3 of division 30, commencing with Section 42460 of the Public Resources Code, relating to hazardous and solid waste. Provider shall maintain documentation and provide reasonable access to its records and documents that evidence compliance. CCHCS electronic data stored upon any Provider device must be returned to the CCHCS immediately and the Contractor must certify that CCHCS data is either removed from the Providers devices by degaussing or shredding per National Institute of Standards and Technology (NIST) Special Publication Series 800-88 and National Industrial Security Program (NISP) Operating Manual (DOD 5220.22-M) and Clearing and Sanitization Matrix (C&SM) based on NSA/CSS Policy Manual 9-12, "Storage Device Declassification Manual".

EXHIBIT D - BUSINESS ASSOCIATE AGREEMENT (HIPAA)

Definitions

Catch-All Definition:

The following terms and others used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use¹

Specific Definitions:

- A. **Business Associate.** “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Contractor to the contract to which this Business Associate Agreement is attached as an exhibit. For purposes of this exhibit only, the term “Agreement” shall refer to this Business Associate Agreement. The term “Service Agreement” shall refer to the contract to which this Business Associate Agreement is attached as an exhibit.
- B. **Covered Entity.** “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean California Department of Corrections and Rehabilitation, California Correctional Health Care Services (CCHCS).
- C. **HIPAA Rules.** “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

Obligations and Activities of Business Associate

Business Associate agrees to:

- A. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- B. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
- C. Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information and any security incident of which it becomes aware as required by Federal and State laws (i.e., Health and Safety Code Section 1280.5, California Civil Code Section 56 et seq., California Civil Code Section 1798 et seq., and 45 CFR – Subchapter C et al.). Information Security incidents (e.g., breaches) shall be reported to the CCHCS Information Security Office within 24 hours of detection.

¹ These definitions are set forth in the Code of Federal Regulations (CFR); Title 45, Public Welfare: PART 160— GENERAL ADMINISTRATIVE REQUIREMENTS § 160.103 Definitions, PART 162--ADMINISTRATIVE REQUIREMENTS § 162.103 Definitions. and PART 164--SECURITY AND PRIVACY § 164.103 Definitions.

- D. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;
- E. Make available protected health information in a designated record set to the Covered Entity or individual or the individual's designee as necessary to satisfy covered entity's obligations under 45 CFR 164.524;
- F. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or at the request of an individual, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526;
- G. Maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy covered entity's obligations under 45 CFR 164.528;
- H. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and
- I. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

Permitted Uses and Disclosures by Business Associate

- A. Business Associate may only use or disclose protected health information as necessary to perform the services set forth in Service Agreement.
- B. Business Associate may use or disclose protected health information as required by law.
- C. Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
- D. Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth below.
- E. Business Associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- A. Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

- B. However, under 45 CFR 164.520(a)(3), inmates are not entitled to notices of privacy practices, and 45 CFR 164.520 therefore does not currently apply to Covered Entity.

Term and Termination

- A. Term. The Term of this Agreement shall be effective as of the effective date of the Service Agreement, and shall terminate on termination of the Service Agreement or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.
- B. Termination for Cause. Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity.
- C. Obligations of Business Associate Upon Termination.

Business Associate

- A. Upon termination of this Agreement for any reason, Business Associate, with respect to protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:
1. Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 2. Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining protected health information that the Business Associate still maintains in any form;
 3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;
 4. Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at paragraph (e) above under "Permitted Uses and Disclosures By Business Associate" which applied prior to termination; and
 5. Return to Covered Entity or, if agreed to by Covered Entity, destroy the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.
- B. Upon termination of this Agreement, if requested by Covered Entity, Business Associate will transmit the protected health information to another business associate of the Covered Entity.

- C. Upon termination of this Agreement, Business Associate shall obtain or ensure the destruction of protected health information created, received, or maintained by subcontractors.
- D. Survival. The obligations of Business Associate under this Section shall survive the termination of this Agreement.

Miscellaneous

- A. Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- B. Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

EXHIBIT E - INSURANCE REQUIREMENTS

- A. When Contractor submits a signed contract to the State, Contractor shall furnish to the State a certificate of insurance, stating that there is commercial general liability insurance presently in effect for the Contractor of not less than \$1,000,000.00 per occurrence for bodily injury and property damage liability combined.
- B. The certificate of insurance will include provisions below in their entirety:
- 1) Contractor is responsible to notify the State within five (5) business days of any cancellation, non-renewal or material change that affects required insurance coverage.
 - 2) That the State of California, its officers, agents, employees, and servants are included as additional insured, but only with respect to work performed for the State of California under the contract. The additional insured endorsement must accompany the certificate of insurance. That the State will not be responsible for any premiums or assessment on the policy.
- C. Contractor agrees that the bodily injury liability insurance herein provided for shall be in effect at all times during the term of this contract. In the event said insurance coverage expires at any time or times during the term of this contract, Contractor agrees to provide at least five (5) businesses, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of the contract, or for a period of not less than one year. New certificates of insurance are subject to the approval of the Department of General Services, and Contractor agrees that no work or services shall be performed prior to the giving of such approval. In the event the Contractor fails to keep in effect at all times insurance coverage as herein provided, the State may, in addition to any other remedies it may have, terminate this contract upon occurrence of such event.
- D. The Department will not provide for nor compensate Contractor for any insurance premiums or costs for any type or amount of insurance.
- E. **Automobile Liability Insurance** – The Contractor shall furnish to the State a certificate of insurance evidencing automobile liability insurance presently in effect for the Contractor for not less than \$1,000,000.00 per accident while utilizing a motor vehicle in the performance of this contract. Such insurance shall cover liability arising out of a motor vehicle including owned, hired, and non-owned motor vehicles. For contracted services involving transportation of hazardous materials, evidence of an MCS-90 endorsement is required.
- F. **Worker's Compensation Insurance** – The Contractor shall furnish to the State a certificate of insurance evidencing workers compensation insurance and employer's liability presently in effect with limits not less than \$1,000,000.00 by an insurance carrier licensed to write Workers' Compensation Insurance in California. Such certificate shall include the name of the carrier, policy inception and expiration dates. If the Contractor is self-insured for workers compensation, a certificate must be presented evidencing Contractor is a qualified self insurer in the State of California.
- G. **Special Requirement: Professional Liability** – Contractor shall maintain Professional Liability covering any damages caused by an error, omission or any negligent acts. Limits of not less than \$[1,000,000.00] shall be provided.

EXHIBIT F - INFORMATION SECURITY AGREEMENT

1. Introduction and Purpose

- a. This Information Security Agreement (ISA) outlines the Service Provider requirements for the collection, maintenance, and dissemination of any information that identifies or describes an individual in conjunction with the performance of services provided to CCHCS under any contract, purchase document, Memorandum of Understanding, or any other transaction involving information receipt or information exchange between CCHCS and the Service Provider.
- b. This ISA does not substitute for any other addendum, attachment, exhibit or obligation with respect to protected health information and the applicability of and requirement to comply with the Health Information Portability and Accountability Act of 1996 (HIPAA) P.L. No. 104-191, 110 Stat. 1938 (1996), including the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

2. Definitions

- a. The term “personal information” means any information that is maintained by an agency that identifies or describes an individual, including, but not limited to, his or her name, social security number, physical description, home address, home telephone number, education, financial matters, and medical or employment history. It includes statements made by, or attributed to, the individual under the provisions of the California Information Practices Act (Civil Code Section 1798 et Seq.).
- b. The term “public information” means information maintained by state agencies that is not exempt from disclosure under the provisions of the California Public Records Act (Government Code Sections 6250-6265) or other applicable state or federal laws.
- c. The term “confidential information” means information maintained by state agencies that is exempt from disclosure under the provisions of the California Public Records Act (Government Code Sections 6250-6265) or has restrictions on disclosure in accordance with other applicable state or federal laws.
- d. The term “sensitive information” means any public information or confidential information that requires special precautions to protect from unauthorized use, access, disclosure, modification, loss, or deletion as identified in Information Security Program Management Standard 5305-A of the California Statewide Information Management Manual (SIMM).
- e. The term “service provider” means any vendor, contractor, subcontractor, or third party, including employees, independent contractors or consultants providing any service to CCHCS under this ISA.

3. Acknowledgments

- a. As an entity engaged in a contract, agreement, memorandum of understanding (MOU) and/or information receipt and/or information exchange with CCHCS, you (herein referred to as the Service Provider) acknowledge and agree that in the course of contract, agreement, MOU by and as indicated beyond, Service Provider shall comply with applicable United States and California laws and regulations, including *but not limited to* Sections 14100.2 and 5328 et seq. of the Welfare and Institutions Code, Section 431.300 et seq. of Title 42, Code of Federal Regulations, the Health Insurance Portability and Accountability Act (HIPAA), including but not limited to Section 1320 d et seq., of Title 42, United States Code and its implementing regulations (including but not limited to Title 45, CFR, Parts 160, 162 and 164) regarding the confidentiality and security of individually identifiable health information (IIHI), California Medical Information Act, Lantermann-Petris-Short Act, Alcohol Substance and Abuse Act, California Public Records Act, California Information Practices Act of 1977, the California State Administrative Manual and its associated regulations, mandates, budget letters and memorandums, and the State Information Management Manual.

4. Standard of Care

- a. Service Provider acknowledges and agrees that, in the course of its engagement by CCHCS, Service Provider may receive or have access to sensitive and/or private information.
- b. Service Provider shall comply with the terms and conditions set forth in this ISA regarding creation, collection, receipt, management, sharing, exchanging, transmission, storage, disposal, use and disclosure of sensitive and confidential information.
- c. Service Provider shall be responsible for, and remain liable to, CCHCS for the actions of unauthorized employees, contractors and subcontractors concerning the treatment of CCHCS related sensitive and confidential information, as if they were Service Provider's own actions.
- d. In recognition of the foregoing, Service Provider acknowledges and agrees it shall:
 - i. Treat sensitive and confidential information with such degree of care required by federal and state requirements including but not limited to the United States National Institute for Standards and Technology and the State Administrative Manual Chapter 5300.
 - ii. Collect, use and disclose sensitive and confidential information solely and exclusively for the purposes for which the information, or access to it, is provided pursuant to the terms and conditions of this ISA;

- iii. Not use, sell, rent, transfer, distribute, or otherwise disclose or make available sensitive or confidential information for the benefit of anyone other than CCHCS without CCHCS's prior written consent.

5. Responsibilities of the Service Provider

- a. The Service Provider is obligated to ensure the following:
 - i. *Safeguards.* To prevent the unauthorized creation, use, management, transfer, distribution, storage, etc. other than as provided for by this ISA. The Service Provider shall develop and maintain an information privacy and security program that includes the implementation of administrative, technical, and physical safeguards appropriate to the size and complexity of the Service Provider's operations and the nature and scope of its activities. The information privacy and security programs must reasonably and appropriately protect the confidentiality, integrity, and availability of the CCHCS information it creates, receives, maintains, or transmits; and prevent the use or disclosure of CCHCS information other than as provided for by this ISA. The Service Provider shall provide CCHCS with information concerning such safeguards as CCHCS may reasonably request from time to time.
 - ii. The Service Provider shall restrict logical and physical access to CCHCS sensitive and confidential information to authorized users only.
 - iii. The Service Provider shall implement appropriate authentication methods to ensure information system access to sensitive and confidential information. If passwords are used in user authentication (e.g., username/password combination), the Service Provider shall implement strong password controls on all compatible computing systems (including hand held and mobile devices) that are consistent with the National Institute of Standards and Technology (NIST) Special Publication 800-68 and the SANS Institute Password Protection Policy.
- b. The Service Provider shall:
 - Implement the following security controls on each server, workstation, or portable (e.g., laptop computer) computing device that processes or stores sensitive or confidential information:
 - i. Install a network-based firewall and/or personal firewalls;
 - ii. Continuously update anti-virus software on all systems;
 - iii. Institute a patch-management process including installation of all operating system/software vendor security patches; and
 - iv. Encrypt all confidential, personal, or sensitive data stored on portable electronic media (including but not limited to CDs and thumb drives) and on computing devices (including but not limited to laptop

computers, cell phones, and tablets) with a solution that uses proven industry standard encryption algorithms.

- c. The Service Provider shall not transmit confidential, personal, or sensitive data via e-mail or other Internet transport protocol over a public network unless, at minimum, a 128-bit encryption method (for example AES, 3DES, or RC4) and strong passwords are used to secure the data.
- d. *Mitigation of Harmful Effects.* To the extent practicable, Service Provider will mitigate harmful effects known to the Service Provider of a use or disclosure of sensitive and/or confidential information by the Service Provider or its sub-Service Providers.
- e. *Agents and Contractors or Subcontractors of the Service Provider.* To ensure any agent, including a contractor or subcontractor to the Service Provider that provides CCHCS information or created or received by the agent, contractor or subcontractor for the purposes of this contract, Service Provider shall ensure that such agents, contractors or subcontractors comply with the same restrictions and conditions in this ISA that apply to the Service Provider with respect to such information.
- f. *Notification of Electronic Breach or Improper Disclosure.* During the term of this ISA, Service Provider shall notify CCHCS within 24 hours upon discovery of any probable breach of sensitive or confidential information where (1) the information is reasonably believed to have been acquired by an unauthorized person and/or (2) reasonably believed to have an effect of more than 499 people/identities. Immediate notification shall be made to the CCHCS Chief Information Security Officer, Information Security Officer and/or their designee(s). Service Provider shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations while at the same time preserving evidence for investigation. Service Provider shall investigate such breach and provide a written report of the investigation to the CCHCS Information Security Officer, postmarked or emailed within eight (8) business days of the discovery of the breach.
- g. *Employee Training and Discipline.* To train and use reasonable measures to ensure compliance with the requirements of this ISA by employees who assist in the performance of functions or activities under this ISA and use or disclose CCHCS information; and have in place a disciplinary process for such employees who intentionally violate any provisions of this ISA, up to and including termination of employment as required by law or policy.
- h. *Audits, Inspection and Enforcement.* From time to time, CCHCS may inspect the facilities, systems, books and records of Service Provider to monitor compliance with this ISA. Service Provider shall promptly remedy any violation of any provision of this ISA and shall certify the same to the CCHCS Information Security Officer in writing. The fact that CCHCS inspects, or fails to inspect, or has the right to inspect, Service Provider's facilities, systems and procedures does not relieve Service Provider of its responsibilities to comply with this ISA. CCHCS's failure to detect or detection, but failure to notify Service Provider or require Service Provider's remediation of any

unsatisfactory practice, does not constitute acceptance of such practices or a waiver of CCHCS's enforcement rights under this ISA.

6. Termination

- a. *Termination for Cause.* Upon CCHCS's knowledge of a material breach of this ISA by Service Provider, CCHCS shall either:
 - i. Provide an opportunity for Service Provider to cure the breach or end the violation and terminate this ISA if Service Provider does not cure the breach or end the violation within the time specified by CCHCS.
 - ii. Immediately terminate this ISA if Service Provider has breached a material term of this ISA and cure is not possible; or
 - iii. If neither cure nor termination is feasible, the CCHCS Information Security Officer shall report the violation to the CCHCS Chief Privacy Officer and Director of the CCHCS Legal Office.
- b. *Judicial or Administrative Proceedings.* CCHCS may terminate this ISA, effective immediately, if (i) Service Provider is found liable in a civil matter; or (ii) found guilty in a criminal matter proceeding for a violation of federal or state law, rules and/or regulations, in particular within the nature of information confidentiality and protection.
- c. *Effect of Termination.* Upon termination or expiration of this ISA for any reason, Service Provider shall return or destroy all CCHCS information received from CCHCS that Service Provider still maintains in any form, and shall retain no copies of such information; or, if return or destruction is not feasible, it shall continue to extend the protections of this ISA to such information, and limit further use of such information to those purposes that make the return or destruction of such information infeasible. This provision shall apply to information that is in the possession of contractors to the Service Provider and/or agents of the Service Provider.

ATTACHMENT A

REQUIRED CHECKLIST

A complete Offer will consist of the items identified below. Complete this checklist to confirm the items in your offer. Place a check mark or "X" next to each item that you are submitting to the State. For your offer to be responsive, all required attachments must be returned. This checklist should be returned with your offer package also.

The following documents are required upon submission of offer:

- _____ Required Attachment Check List (Attachment A)
- _____ Offer/Offeror Certification Sheet (Attachment B)
- _____ One (1) original and two (2) copies of completed RFO response packet
- _____ Small Business/Disabled Veteran Enterprise Certification(s) (if applicable)
- _____ Copy of Valid Business License
- _____ Resume for **each Proposed Personnel**
- _____ Cost Work Sheet (Attachment C)
- _____ Offeror's Proposed Personnel References (Attachment D) **for each Proposed Personnel**
- _____ A copy of a redacted IT Strategic Plan
- _____ Confirmation of an IT Benchmarking database consisting of 750-1000 benchmarks.
- _____ Offeror's Methodology
- _____ Proposed Personnel Qualification Forms (Attachment E) to include copies of certificate(s) and/or degree(s) **for each Proposed Personnel** required for each CMAS classification as listed in the Statement of Work and any education requirements in accordance with CMAS.
- _____ Bidder Declaration Form, GSPD-05-105 (Attachment F)
- _____ Payee Data Record, (STD-204) (Attachment G)
- _____ Copy of Offeror's complete CMAS contract

The following documents are required upon award of the contract:

- _____ Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (Attachment H)
- _____ Non-Disclosure Agreement (Attachment I)
- _____ Contractor's Confidentiality and Conflict of Interest Statement (Attachment J)
- _____ Statement of Economic Interests, Form 700 (Attachment K)
- _____ Insurance Certifications (Automobile, General Liability, and Worker's Compensation)
- _____ Security Awareness, Understanding and Accountability Form (Attachment L)

ATTACHMENT B

OFFER/OFFEROR CERTIFICATION SHEET

This Offer/Offeror Certification Sheet must be signed and returned along with all the "required attachments" as an entire package.

- A. Our all-inclusive Offer is submitted as detailed in accordance with the RFO.
- B. All required attachments are included with this Offer.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this RFO.

An unsigned Offer/Offeror Certification Sheet will eliminate your offer from further consideration.

Please Print or Type

1. Company Name	2. Telephone ()
3. E-mail Address	
4. Offeror's Name (Print)	5. Title
6. Signature	7. Date

Note: Electronic RFO responses will be accepted to begin the assessment process but an original "wet" signature copy must be received by CCHCS within one business day of the RFO submittal date. Failure to provide an originally signed complete response will eliminate your firm from further consideration and contract award. Under no circumstances will a machine generated electronic signature be acceptable.

ATTACHMENT C

COST WORKSHEET

The following personnel will perform the tasks described in this Statement of Work, at the rates indicated. The CCHCS Project Manager will be notified, in writing, of any proposed changes in the personnel assigned this Contract. If a Contractor’s employee is unable to perform due to illness, resignation, or other factors beyond the Contractor’s control, the Contractor will make every reasonable effort to provide suitable substitute personnel. The substitute personnel must meet all mandatory requirements as set forth in the RFO and must be approved by the CCHCS – Acquisitions Management Section.

Contractor agrees to furnish all labor, insurances, licenses, and permits necessary to perform all services required in accordance with the Exhibit A, Statement of Work.

Any Contract awarded as a result of this RFO will be invoiced and reimbursed on a deliverables basis subject to the provisions in Exhibit B, Budget Details and Payment Provisions, and approval by the CCHCS Project Manager, or designee, of tasks performed by the Consultants.

Deliverable*	Consultant Name	Classification/Labor Category	Hourly Rate**	Estimated Number of Hours	Total Deliverable Cost***
1.0 Initiation Phase					
1.1 Develop a project plan.	_____	_____	\$ _____	_____	\$ _____
1.2 Conduct a project kick off meeting	_____	_____	\$ _____	_____	\$ _____
TOTAL 1.0					Total \$ _____

Deliverable*	Consultant Name	Classification/Labor Category	Hourly Rate**	Estimated Number of Hours	Total Deliverable Cost***
2.0 Understand Business Demand					
2.1 Document Business Imperatives	_____	_____	\$ _____	_____	\$ _____
TOTAL 2.0					Total \$ _____
3.0 Determine IT Direction					
3.1 Document IT Imperatives linked to business imperatives	_____	_____	\$ _____	_____	\$ _____
3.2 Document IT vision and operating principles.	_____	_____	\$ _____	_____	\$ _____
3.3 Conduct Business – IT Alignment workshop	_____	_____	\$ _____	_____	\$ _____
TOTAL 3.0					Total \$ _____

Deliverable*	Consultant Name	Classification/Labor Category	Hourly Rate**	Estimated Number of Hours	Total Deliverable Cost***
4.0 Assess Capabilities					
4.1 Create a Capabilities Assessment.	_____	_____	\$ _____	_____	\$ _____
TOTAL 4.0					\$ _____
5.0 Assess Capabilities (IT- Benchmark)					
5.1 Create an IT Benchmark	_____	_____	\$ _____	_____	\$ _____
TOTAL 5.0					\$ _____
6.0 Determine Required Action					
6.1 Document Recommendations	_____	_____	\$ _____	_____	\$ _____
6.2 Document Governance Model	_____	_____	\$ _____	_____	\$ _____
TOTAL 6.0					\$ _____

Deliverable*	Consultant Name	Classification/Labor Category	Hourly Rate**	Estimated Number of Hours	Total Deliverable Cost***
7.0 Develop Roadmap					
<p>7.1 Provide a five (5) year strategic roadmap that summarizes key IT projects and aligns them with the strategic goals of the organization.</p> <p>7.2 Provide a two (2) year tactical plan that details critical IT projects that must be accomplished over the next two (2) years.</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>
TOTAL 7.0					Total \$ _____
8.0 Executive Briefing					
<p>8.1 IT Staff Briefings</p> <p>8.2 Executive Briefings</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>
TOTAL 8.0					Total \$ _____
TOTAL COST OF ALL DELIVERABLES					Grand Total \$ _____

* All Deliverables must include tasks as listed in Scope of Services
** CMAS rate or lower
*** Total Cost = Hourly Rate x Estimated Hours

ATTACHMENT D

REFERENCES (PROPOSED PERSONNEL)

Submission of this attachment is **mandatory** for each proposed personnel. Failure to complete and return this attachment with your offer will cause your offer to not be considered for further evaluation. **ONLY ONE (1) CDCR reference will be accepted to meet this requirement. Letters of recommendation are NOT acceptable as references.) It is the responsibility of the Offeror to ensure references are verifiable. If references provided cannot be verified by CCHCS, the offer will not be considered for further evaluation.**

List below three customer references for services performed within the **last five (5) years**, which are similar to the statement of work to be performed in this contract

Please Print or Type

NAME OF PROPOSED PERSONNEL _____

REFERENCE 1			
Name of Firm:			
Street Address:	City:	State:	Zip Code:
Contact Person:		Telephone Number:	
E-mail Address:		Fax 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:	
E-mail Address:		Fax 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:	
E-mail Address:		Fax Number:	
Dates of Service:		Value or Cost of Service: \$	
Brief Description of Service Provided:			

ATTACHMENT E

PROPOSED PERSONNEL QUALIFICATIONS FORMS

MANDATORY QUALIFICATIONS:

Company Name:

Proposed Project Personnel:

1. The form below is to summarize the Contractor employee experience as it relates to the Mandatory Qualifications.
2. Complete this form for each of the Proposed Personnel.
3. Failure to complete this Form will eliminate your Offer from further consideration.
4. Please include copies of certificates and/or degree(s) for each proposed personnel required for each CMAS classification as listed in the Statement of Work and any education requirements in accordance with the CMAS contract.

EXPERIENCE:

Qualifications	Years	Company	Position * Describe how the position listed ties back to the scope of services.	Page # or Location in Resume
Must have developed an IT Strategic Plan for two (2) public sector organizations within the last five (5) years. Include information that indicates experience and qualifications in developing IT Strategic Plans that are similar in scale and complexity.				
Must have had previous experience in the following IT topics within the last two (2) years: <ul style="list-style-type: none"> a. Disaster Recovery b. Cybersecurity c. DevOps d. IT Service Management 				

*Add additional sheets if needed

ATTACHMENT F

BIDDER DECLARATION

GSPD-05-105 (REV 08/09)

Offerors must complete the Bidder Declaration and include it with their response. When completing the declaration, Offerors must identify all subcontractors proposed for participation in the contract. Offerors awarded a contract are contractually obligated to use the subcontractors for requested services unless CCHCS agrees to a substitution via amendment to the Contract;

The GSPD-05-105; can be found at:

<http://www.documents.dgs.ca.gov/pd/delegations/GSPD105.pdf>

ATTACHMENT G

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)

at <input style="width: 20px; height: 20px;" type="text"/>	1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown 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> <p>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</p>			
<input style="width: 20px; height: 20px;" type="text"/>	2	<p>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</p>		<p>E-MAIL ADDRESS</p>	
		<p>MAILING ADDRESS</p>	<p>BUSINESS ADDRESS</p>		
		<p>CITY, STATE, ZIP CODE</p>	<p>CITY, STATE, ZIP CODE</p>		
<input style="width: 20px; height: 20px;" type="text"/>	3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input style="width: 100px; height: 15px;" type="text"/></p> <p><input type="checkbox"/> PARTNERSHIP CORPORATION:</p> <p style="padding-left: 100px;"><input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p style="padding-left: 100px;"><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR <input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p style="padding-left: 100px;"><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR <input type="checkbox"/> EXEMPT (nonprofit)</p> <p style="padding-left: 100px;"><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR <input type="checkbox"/> ALL OTHERS</p>			<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>
<input style="width: 20px; height: 20px;" type="text"/>	4	<p>ENTER SOCIAL SECURITY NUMBER: <input style="width: 100px; height: 15px;" type="text"/></p> <p style="text-align: center;"><small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small></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><input type="checkbox"/> No services performed in California.</p> <p><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>			
<input style="width: 20px; height: 20px;" type="text"/>	5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct.</p> <p>Should my residency status change, I will promptly notify the State agency below.</p> <p>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____ TITLE _____</p> <p>SIGNATURE _____ DATE _____ TELEPHONE _____</p>			
<input style="width: 20px; height: 20px;" type="text"/>	6	<p>Please return completed form to:</p> <p>Department/Office: _____ California Correctional Health Care Services _____</p> <p>Unit/Section: _____ Acquisitions Management Section _____</p> <p>Mailing Address: _____ P. O. Box 588500, Bldg. D-2 _____</p> <p>City/State/Zip: _____ Elk Grove, CA 95758 _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>			

STD. 204 (Rev. 6-2003) (REVERSE)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></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><u>Are you a California resident or nonresident?</u></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: 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</p>
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>
	<p><u>Privacy Statement</u></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

ATTACHMENT H

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION

**PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION
WITH STATE PRISON INMATES**

CDCR 181 (Rev 10/14)

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates, Title 15, Section 3285. The following is a summation of pertinent information when individuals not employed by the department (volunteers, media, contractors and their employees and dignitaries) come in contact with prison inmates.

1. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3283, 3285, 3289, 3292 and 3415

2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, non- employees and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304

3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises or restrictions to visiting or facility access.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3267, 3288, 3289, and 3292.

4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Secretary, Director of Division of Adult Institutions (DAI), Warden, Regional Parole Administrator and /or their designees.

SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289

5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173, 3283 and 3289

6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, wireless communication devices or components thereof, tobacco products, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections 2772, 2790, 4535, 4550, 4573, 4573.5, 4573.6, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3188 and 3292

7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425

8. In an emergency situation the visiting program and other inmate program activities may be suspended by the Warden or designee.

SOURCE: PC Sections 2086 and 2601; CCR, Title 15, Section 3383

9. For security reasons, volunteers, media, contractors, dignitaries and guests must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Sections 3174 and 3349.2.3(g) (3) (B)

10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Section 3261.5

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH PRISON INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDC INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VOLUNTEER/MEDIA/CONTRACTOR/GUEST	SIGNATURE	DATE SIGNED
NAME AND TITLE (Print)		

DISTRIBUTION: Original – Warden, Parole Administrator *and/or* Designee

ATTACHMENT I

NON-DISCLOSURE AGREEMENT

I certify that I will hold in confidence all discussions, bids, proposals, correspondence, memoranda, working papers, procurement of goods and services, or any other information on any media, which has any bearing on or discloses any aspect of the California Correctional Health Care Services (CCHCS) Organizational Review. Based on my involvement with the California Correctional Health Care Services (CCHCS) Organizational Review, where applicable, I certify that I have no personal or financial interest and no present employment or activity, which would be incompatible with my participation in the discussions, review and or participation in the procurement process for the CDR Business Analyst and related initiative(s)/procurement(s)/trainings thereof.

At all times during and after the process by which the California Correctional Health Care Services and/or the California Department of Corrections and Rehabilitation (CDCR) procures goods and services to create the project, CCHCS' and/or CDCR's employees, CCHCS' prospective bidders, and/or CCHCS and/or CDCR's Contractors will keep confidential, and will not disclose to any third party or use, such confidential information, except in the course of their employment by or contractual relationship with the Department, and for the benefit of CDCR. The parties will protect CCHCS' and/or CDCR's confidential information using the same degree of care, but no less than a reasonable degree of care, as such party uses to protect his/her/its own confidential information. The parties will carefully restrict access to CCHCS' confidential information, and they may disclose it only to their employees, contractors, and/or other State agencies that have a need to know it and are bound by obligations of confidentiality.

I certify that I am fully able to provide fair and impartial consideration and contribution to all aspects of this project in which I am directly involved. I fully understand that any such disclosure by an employee of the State of California may be considered as a basis for disciplinary action.

Signature: _____ Date: _____

Company/Organization Name: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

ATTACHMENT J

CONTRACTOR CONFIDENTIALITY AND CONFLICT OF INTEREST STATEMENT

I understand that as a Consultant under contract with CCHCS I must comply with the State's conflict of interest laws and I must file a "Statement of Economic Interests" Form 700 with the Fair Political Practices Commission. I certify that I have read and understand the conflict of interest provisions identified in the online presentation "Ethics Orientation for State Officials" (sponsored by the State of California Department of Justice, Office of the Attorney General and the Fair Political Practices Commission) located at <https://oag.ca.gov/ethics/course>

I certify that I have no personal or financial interest, which would be incompatible with my employment with CCHCS. I further certify that I have no present or past state employment, nor have I participated in any activity related to the planning or procurement processes that would render my participation incompatible. I understand that my employment compensation (base salary and benefits) is not a disqualifying event for purposes of this agreement. I agree for the duration of my contracted involvement in this project not to accept any additional gift, benefit, gratuity or consideration, or begin a personal or financial interest with any person or party who is associated with a business or offering on this project.

I certify that I will keep confidential and secure all information concerning the planning, processes, development and procedures of the project etc., which I learn in the course of my duties on the project. I further certify that I will not copy, give, or otherwise disclose to any other party any information about this project unless that person is authorized in writing to receive that information by the appropriate authority within the department (deputy or director level), as appropriate, considering the program ownership of the information, and who also signs a CCHCS confidentiality agreement. I understand that the information to be kept confidential includes but is not limited to: specifications, administrative requirements, terms and conditions, any aspect of any supplier's response or potential response including concepts and discussions as well as written and electronic materials. I understand that if I leave this project before it ends, I must continue to keep all project information confidential. I understand that following completion of this project I must maintain confidentiality should the Project and/or my organization be subject to follow-on contracting criteria per Public Contract Code §10365.5. Additionally, I agree to follow all provided instructions related project confidentiality.

I fully understand that any unauthorized disclosure I make may be grounds for civil or criminal penalties and/or contract termination. I agree to immediately advise the CCHCS Contracts Manager and Contracts Analyst named in this agreement in the event that I learn, or have reason to believe, that any person has or intends to disclose confidential project information, in violation of the terms of this contract. I also agree to direct all questions and inquiries from bidders, potential bidders and/or third parties to the CCHCS Acquisitions Management Section.

Signature: _____ Date: _____

Company/Organization Name: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

ATTACHMENT K – Statement of Economic Interests (Form 700)

The Statement of Economic Interests (Form 700) PDF can be located at the link below:

http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/TAD/Form%20700/2015-16/Form_700_2015.2016.pdf

ATTACHMENT L

Print Form



IT Services Division
**Security Awareness,
Understanding & Accountability Form**
(version 3.3)

CCHCS Tracking #

Annual Information Security Training and Awareness is required for any person that is required to use California Correctional Health Care Services IT assets or information as part of their job function. By signing this document you certify that you are aware of, understand, and are accountable for complying with CCHCS Information Security Policies as defined in the CDCR Department Operations Manual (DOM).

NAME: 	BUSINESS UNIT:
TELEPHONE NUMBER: 	E-MAIL ADDRESS:
STATE EMPLOYEE/CONTRACTOR: 	HAS COMPLETED INFORMATION SECURITY TRAINING & AWARENESS:

As a user of CCHCS IT assets or information, I agree to the following terms and conditions:

- a. I will comply with all State policies and laws regarding the use and protection of State IT assets and information.
- b. I will comply with all CCHCS Information Security Policies as defined in the CDCR DOM, Chapter 4, Article 45.
- c. I will use CCHCS Services IT assets and information for authorized purposes only.
- d. I will exercise all precautions necessary to protect confidential, sensitive, personal, and protected information.
- e. I will use care to physically secure CCHCS IT assets and information from unauthorized access, theft, damage, or misuse.
- f. I will not share my passwords with anyone.
- g. I will only access system areas, functions, or files that I am formally authorized to use.
- h. I will access CCHCS systems and networks using only my assigned user ID(s) and password(s).
- i. I will not perform any act that interferes with the normal operations of IT systems.
- j. I will use only CCHCS approved IT systems.
- k. I will comply with all applicable copyright laws.
- l. I have taken within this current calendar year or will take within the next 30 business days the CCHCS/CDCR Information Security Training and Awareness session "B4081" and understand my responsibilities as described in that material.
- m. I acknowledge my responsibility to take the CCHCS Information Security Training and Awareness "B4081" at least annually thereafter or as directed by CCHCS.
- n. I understand that illegal use of CCHCS IT assets and information may be a public offense punishable under Section 502 of the California Penal Code.

NAME: 	SIGNATURE: 	DATE SIGNED:
MANAGER: 	MANAGER'S SIGNATURE: 	DATE SIGNED:

ATTACHMENT M
SAMPLE WORK AUTHORIZATION

Work Authorization Number:	
Title:	(Title of the Work Authorization)
Task Summary:	(2-3 sentence description of the work to be performed, the origin of the request, and/or the reason for the Work Authorization.)
Schedule Dates:	(Start Date: Date the work should start)
Completion Date:	(Date the work will be delivered, in final form, for State Acceptance Testing.)

Projected Labor-hours	Rate Per Labor-hour	Cost
	\$	\$
	\$	\$
	\$	\$
TOTAL:		TOTAL:

Contractor Personnel To Be Assigned	Job Classification/Skill Level

This task will be performed in accordance with this Work Authorization and the provisions of Exhibit A – Statement of Work, and Exhibit A, Paragraph 9 - Unanticipated Tasks.

Approval:

Contractor Project Manager

Date

State Project Manager

Date

**ATTACHMENT N
SAMPLE DELIVERABLE ACCEPTANCE DOCUMENT (DAD)**

Contract Information		
<u>Vendor:</u>	<u>Contract #:</u>	<u>Project:</u>
<u>Deliverable #:</u>	<u>Deliverable Name:</u>	
<u>State Sponsor:</u>		<u>Date Submitted:</u>
Deliverable Expectations Document:		
<u>Date Approved:</u>		<u>State Approver:</u>
Deliverable Acceptance Status:		
<input type="checkbox"/> Accept that the Deliverable is in conformance with the approved DED		
<input type="checkbox"/> Accept with changes noted		
<input type="checkbox"/> Reject		
<u>Date Accepted/Rejected:</u>		
Reason for Rejection, if Applicable:		
Remarks:		
Required Signatures:		
<u>CCHCS Representative:</u>		
_____	_____	
	<u>Date</u>	
<u>Contractor:</u>		
_____	_____	
	<u>Date</u>	