

Contract Routing Checklist • Public Works Department

Contact: CECE SELIGREN Division FLOOD CONTROL Phone No. 3-2296

Type of Contract: ☐ Short Form ☒ Long Form ☐ Consulting Services Agreement

☐ Other Agreement ☐ Amendment ☐ Renewal

Name of Contractor: LSA ASSOCIATES, INC

Term: 1/1/2012 to 12/31/2014 Total Contract Amount: \$ 467,000

Contract needed by: DEC 1, 2011 RUSH-needed by _____

Check items below PRIOR to circulating for signatures :

• check box when completed • attach copy of validation, where applicable • mark "NA" if not applicable

- ☒ **Business Status;** (i.e. Inc., LLC, etc.) go to RipRap for link to Calif. Secretary of State – Business Portal
- ☐ **Non-profit Corporation Status:** attach valid & current (within a year) non-profit status letter from State
- ☐ **Professional License Validation** (for architects, landscape architects, professional engineers, & professional land surveyors) go to RipRap for link to State of California - Licenses.
- ☐ **Current Business License** (only required for Sole Proprietors/Individuals & General Partnerships)

Attachments: (click on attached documents)

- ☒ One copy of "Small Business Enterprise (SBE) and Outreach Programs" checklist (mandatory)
- ☒ One copy of a fully executed SBE "Registration and Certification Form" and SOLICITATION form (if applicable)
- ☐ One copy of a fully executed "Questionnaire for Determining Independent Contractor Status" (M-20) (if applicable)
- ☐ For Contract amendments – attach copy of original contract to be amended and other amendments to same contract
- ☐ Contracts > \$25,000 to \$100,000 require an Explanatory Memo for review by County Counsel & CAO
- ☒ Attach a valid Certificate of Insurance (in accordance with conditions of the contract)
- ☒ Attach a W-9 form (Required by Auditor's Office)

Once in-house review is completed, then:

- ☐ Route 2 originals and 1 copy (copy to be retained by Purchasing). Route 3 originals and 1 copy if the Chair, Board of Supervisors (instead of PW Director), is signing the contract. (Clerk of Board will retain the 1 copy)

ROUTE CONTRACT IN THE FOLLOWING ORDER:

Contracts \$100,000 and under

- Initial**
1. Division Head or designee (review)
 2. Fiscal Officer
 3. Small Business Enterprise (SBE) & Contract Review
 4. Deputy/PW Director (review only)
 5. County Counsel _____ (review)
WO# _____
 6. Contractor (notary required)
 7. Deputy/PW Director (signature)
 8. County Counsel (signature)
 9. Administrator's Office (CAO) (signature)
 10. Purchasing (signature)

Contracts \$100,000.01 and over (Requires Board of Supervisors Approval)

- Initial**
1. Division Head or designee (review)
 2. Fiscal Officer
 3. Risk Management (Only if indemnification and/or insurance requirements are modified – Risk Management approval must be attached)
 4. Small Business Enterprise (SBE) & Contract Review
 5. Deputy (review)
 6. County Counsel: 8333 (review)
WO# _____
 7. Contractor – All signatures must be notarized (Corporations require two signatures)
 8. Deputy (signature)
 9. County Counsel (signature)
 10. Division Clerical
 11. After BOS approval, route to CAO for signature

- All contracts must be reviewed by County Counsel (no matter what the dollar amount is)
- Contracts > \$25,000-100,000 require Explanatory Memo
- Regardless of dollar amount, if changes to indemnification are proposed, then Risk Mgmt & the Board must approve the contract.

SMALL BUSINESS ENTERPRISE and OUTREACH PROGRAMS

ALL ITEMS \$25,000 & OVER MUST BE REVIEWED BY ADMINISTRATIVE SERVICES PRIOR TO COMMENCING THE BOARD ORDER PROCESS. EXEMPT ITEMS DO NOT NEED TO BE SUBMITTED FOR THIS REVIEW.

FROM: MIKE CARLSON
Deputy/Division Head (please print)

CECE SELGREN 3-2296 ☒ New ☐ Renewal* ☐ Amendment*
Form Prepared By Phone Number

LSA ASSOCIATES PURCHASE OF Grazing SERVICE - Implementation WO# 8333 \$467,000
Company Name Describe Product/Service Study WO# PO# ERR# Dollar Amount

PROGRAM THRESHOLDS

The Small Business Enterprise (SBE) Program applies to: 1) construction contracts of \$25,000 or less, 2) purchasing transactions of \$50,000 or less, and 3) professional/personal service contracts of \$50,000 or less at the time the contract is awarded. The Outreach Program applies to construction contracts that are \$100,000 and above, professional service contracts that are \$2,500 and above, and purchases that are \$10,000 and above.

CATEGORY (check one): ☒ Professional Service ☐ Personal Service ☐ Purchase ☐ Construction
TYPE OF PAYMENT (check one): ☒ Contract ☐ Purchase Order ☐ Warrant Request ☐ Credit Card

• IS THIS REQUEST EXEMPT FROM THE SBE/OUTREACH PROGRAM? •

- ☐ YES (please check appropriate box below – you do not have to complete the rest of this form)
☒ NO (please complete the rest of this form)

----- CHECK ONE -----

- | | |
|---|---|
| <input type="checkbox"/> Association dues and membership fees | <input type="checkbox"/> Postage & national courier companies, ie. Federal Express, UPS |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Registration and conference booths |
| <input type="checkbox"/> Public transportation, bridge tolls | <input type="checkbox"/> Permits, fees & licenses paid to government agencies |
| <input type="checkbox"/> Utility installation fees | <input type="checkbox"/> Pre-employment screening & fitness for duty exams |
| <input type="checkbox"/> Legal notices | <input type="checkbox"/> Purchases or contracts with other public agencies |
| <input type="checkbox"/> Contracts between divisions within a department | <input type="checkbox"/> Contracts between two different department |
| <input type="checkbox"/> Clean Water Program – Don Freitas' group only. | <input type="checkbox"/> Contracts with private non-profit organizations and agencies |
| <input type="checkbox"/> Certain Landfills for trash collected on County roadways | <input type="checkbox"/> State Route 4 Bypass Authority |
| | <input type="checkbox"/> Publications |

• PLEASE CHECK ALL APPLICABLE ITEMS LISTED BELOW •

- ☐ **Small Business Enterprise (SBE):** independently owned & operated, not dominant in its field of operation, principal office located in California, has 100 or less employees, average annual gross receipts of 10 million dollars or less over the previous 3 years, or is a manufacturer with 100 or less employees. State certified SBEs qualify for participation in the County's SBE Program.
- ☐ **Minority Business Enterprise (MBE):** Business entity that is at least 51% owned by one or more minority persons.
- ☐ **Women Business Enterprise (WBE):** Business entity that is at least 51% owned by one or more women.
- ☐ **Local Business Enterprise (LBE):** Is a business that has its main office or principal place of business within the boundaries of Contra Costa County.
- ☐ **Disadvantage Business Enterprise (DBE):** A small business owned (at least 51%) and controlled by socially and economically disadvantaged individuals. Used primarily for state or federally funded projects.
- ☐ **Disabled Veteran Business Enterprise (DVBE):** is a business entity at least 51% owned by one or more disabled veterans. The disabled Veteran must be a California resident have a service-connected disability of at least 10% or more and be an honorably discharged veteran of the U.S. Military, Naval or Air Services.
- ☐ **Other Business Enterprise (OBE):** Is any business which does not qualify as a Minority or Women Business Enterprise
- ☒ **None of the above.**

SOLICITATION FORM (for Outreach Prog.)

- ☒ Solicitation form attached
☐ Does NOT fall within program guidelines
☐ This is an amendment/renewal

Date form prepared

SBE SELF CERTIFICATION FORM

- ☒ Self Certification form attached
☐ Vendor found on County Website

7/27/10
Date

Category



Contra Costa County Solicitation Form

Small Business Enterprise and Outreach Programs

The Small Business Enterprise (SBE) Program applies to: (1) county-funded construction contracts of \$25,000 or less; (2) purchasing transactions of \$50,000 or less and (3) professional/personal service contracts of \$50,000 or less. *Note: Certain contracts and purchasing transactions are exempt (see SBE Program, pages 3-4, for list of exemptions).*

A Small Business Enterprise (SBE) is an independently owned and operated business; which is not dominant in its field of operation; the principal office of which is located in California; the officers of which are domiciled in California; and which, together with affiliates, has 100 or fewer employees and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or is a manufacturer with 100 or fewer employees.

A Minority Business Enterprise (MBE) is a business entity which is at least 51% owned and whose management and daily business operations are controlled by one or more minorities who are citizens or lawful permanent residents of the United States and a member of a recognized ethnic or racial group. The management operations, and control must be substantial, real, and on-going on a regular basis.

A Women Business Enterprise (WBE) is a business entity at least 51% owned and whose management and daily business operations are controlled by one or more women who are citizens or lawful permanent residents of the United States. The management operations, and control must be real, substantial and on-going, on a regular basis.

A Disadvantaged Business Enterprise (DBE) is a small business concern (pursuant to Section 3 of the Small Business Act) owned and controlled by socially and economically disadvantaged individuals. This means that socially and economically disadvantaged individuals must own at least 51% of the business, and they must control the management and operations of the business. DBE criteria is used only for state or federally funded projects that require DBE goals.

A Local Business Enterprise (LBE) is a business entity whose principal place of business is located within the boundaries of Contra Costa County.

An Other Business Enterprise (OBE) is a business entity which does not otherwise qualify as an MBE or WBE.

A Disabled Veteran Business Enterprise (DVBE) is a business entity at least 51% owned by one or more disabled veterans and whose daily business operations must be managed and controlled by one or more disabled veteran(s); the disabled veteran(s) who manages and controls the business is not required to be the disabled veteran business owner(s); and the home office must be located in the U.S. (the home office cannot be a branch or subsidiary of a foreign corporation, foreign firm, or other foreign based-business). The disabled Veteran must be a California resident, have a service-connected disability of at least 10% or more and be an honorably discharged veteran of the U.S. Military, Naval or Air Services.

SECTION 1 Firms Solicited (Use additional paper if needed)

1. Complete the following:

a. To your knowledge was any of your solicitation to an:

3	6	5	14	8	17	0
MBE	WBE	DBE	SBE	LBE	OBE	DVBE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. If yes, list the names of firm solicited (Use additional paper if needed).

Date	Firm Name	Contact Person	Telephone Number	Check Appropriate Boxes						
				MBE	WBE	DBE	SBE	LBE	OBE	DVBE
1)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response:										
2)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response:										
3)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response:										
4)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response:										
5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See Other Side

Response:				
6)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Response:				
7)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Response:				
8)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Response:				
9)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Response:				
10)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Response:				

SECTION 2 Contract Awarded To: <u>LSA ASSOC., INC</u>			
Name or type of Contract/Transaction: <u>VEGETATION MANAGEMENT STUDY</u>		Contract/Transaction No.:	
Purchasing <input type="checkbox"/>	Professional/Personal Services <input checked="" type="checkbox"/>	Construction <input type="checkbox"/>	
Firm Awarded Contract/Transaction (Print) <u>LSA ASSOCIATES, INC</u>		Date Contract/Transaction Awarded	
Street Address (City, State) <u>157 PARK PLACE, PT RICHMOND, CA</u>		(Zip Code) <u>95801</u>	
Contact Person <u>GEORGE MOLNAR</u>		Dollar Amount of Contract/Transaction	
(Area Code) Phone No. <u>(510) 236-6810</u>	(Area Code) Fax No. <u>(510) 236-3480</u>	e-mail <u>george.molnar@lsa-assoc.com</u>	
Scope of work or purpose: <u>ASSIST IN VEGETATION MANAGEMENT STUDY</u>			

*****For Department Use Only*****

The undersigned certifies that he/she consulted the Contra Costa County Small Business Enterprise (SBE) and Outreach Program Directory and, for businesses or trades not contained in the County Directory, other Directories (for example, California Unified Certification Program (CUCP), State of California Department of Transportation (CalTrans), and U. S. Small Business Administration-San Francisco District Office) prior to initiating solicitation efforts for each contract listed on this Solicitation Form.

R. Mitch Avalon
 Department Head/Deputy (Print Name)

R. Mitter 11/2/11 925-313-2203
 Department Head/Deputy (Signature) Date Phone No.

maual@pw.cccamp.us
 E-mail

Public Works
 Department (Print Name)

Grazing Study Design and Implementation Contract Outreach from Environmental

Firm	Mailing Address	Contact	E-mail	CA-SBE	MBE	WBE	DBE	DVBE	LBE	OBE	NOTES
Wood Biological Consulting	65 Alta Hill Way, Walnut Creek, CA 94595	Michael Wood	wood-biological@mindspring.com							X	NOTHING IN SYSTEM
May & Associates, Inc	182 Seal Rock Drive, San Francisco, CA 94121	Loran May	loranmay@mavandassociatesinc.com			X	X				CCC
Jonas & Associates	1350 Arnold Drive, Suite 202, Martinez, CA 94553	Romana Jonas		X		X	X		X		CCC
SWCA	3840 Rosin Court, Suite 130, Sacramento, CA 95834	Cinday Arrington	carrington@swca.com							X	
WRA	2169-G East Francisco Blvd, San Rafael, CA 94901	Tom Fraser	info@wra-ca.com							X	CCC
LSA Associates, Inc.	157 Park Place, Pt Richmond, CA 94801	George Molnar	510-236-6810							X	
BSK Associates	1181 Quarry Lane, Bldg 350, Pleasanton, CA 94566	Elizabeth Levi	elevi@bskinc.com							X	
Monk & Associates	1136 Saranap Ave, Suite q, Walnut Creek, CA 94595	J. Geoff Monk	geoff@monkassociates.com	X					X		CCC
Garcia and Associates	1 Saunders Ave, San Anselmo, CA, 94960	Chloe Scott		X	X		X				CCC
ECORP Consulting, Inc.	2525 Warren Drive, Rocklin, CA 95677	Cameron Johnson	cjohnson@ecorpconsulting.com	X							
EDAW Inc.	2099 Mt. Diablo Blvd, Suite 204, Walnut Creek, CA 94596	Veronica Wunderlich	veronica.wunderlich@edaw.com							X	
The Source Group, Inc.	3451-C Vincent Rd, Pleasant Hill, CA, 94523	Matthew C. Sutton	925-944-2856 x329	X					X		
TRC	80 Stone Pine Rd, Suite 200, Half Moon Bay, CA 94019	Mark Cassidy	650-726-8320							X	
Clearwater Group	229 Tewksbury Ave, Point Richmond, CA 94801	James A. Jacobs	510-590-1098							X	
Zentner and Zentner	95 Linden St, Suite 6, Oakland, CA 94607	John Zentner	510-622-8116							X	CCC
Questa Engineering Con	1220 Brickyard Cove Rd, Suite 206, Point Richmond, CA 94801	Jeffery H. Peters	Questa@QuestE.com							X	NOTHING IN SYSTEM
Sycamore Environmental	6355 Riverside Blvd, Suite C, Sacramento, CA 95831	Jeffery Little	916-427-0703	X							CCC
H.T. Harvey & Associate	983 University Ave, Bldg D, Los Gatos, CA 95032	Stephen Rottenborn	strottenborn@harvevecology.com	X							CCC
DUDEK	11521 Blocker Dr, Suite 200, Auburn, CA 95603	Keith Babcock	kbabcock@dudek							X	
Nichols Consulting Engi	501 Canal Blvd, Suite 1, Point Richmond, CA 94804	Michael J. Leacox	tbartlett@nce.reno.nv.us						X		CCC

Grazing Study Design and Implementation Contract Outreach from Environmental

Firm	Mailing Address	Contact	E-mail	CA-SBE	MBE	WBE	DBE	DVBE	LBE	OBE	NOTES
EcoSystems Restoration	55 Sierra College Blvd, Lincoln, CA 95648	Tito Marchant	tito.marchant@tcb@aecom.com							X	
PBS&J	1200 Second St, Sacramento, CA 95814	Chris Stabenfeldt	cdstabenfeldt@pbsi.com							X	
SOMA	6620 Owens Dr, Suite A, Pleasanton, CA 94588	Mansour Sepehr	925-734-6401	X							CCC
Insignia Environmental	540 Bryant St, Suite 200, Palo Alto, CA 94301	Michele Barlow	650-321-6787							X	
Mosaic Associates, LLC	647 Tennent Ave, Suite 102, Pinole, CA 94564	Judy Bendix	510-964-0394	X		X			X		CCC
ESA	350 Frank H. Ogawa Plaza, Suite 300, Oakland, CA 94612	Martha Lowe	510-839-5066								
NOMAD Ecology	832 Escobar St, Martinez, CA 94553	Heath A. Bartosh	925-228-1027	X					X		
RCL Ecology	329 Mt Palomar Place, Clayton, CA 94517	Randall C. Long	rcdiml@comcast.net	X					X		
ENTRIX	2300 Clayton Rd, Suite 200, Concord, CA 94520	Brenda Peters	bpeters@entrix.com							X	
UC Berkeley, Range Management	321 Hilgard Hall, Berkeley, CA 94720	James Bartolome	jwbart@berkeley.edu								NOTHING IN SYSTEM
Christopher A Joseph & Company	610 16th St, Suite 514, Oakland, CA 94612	Emma Jack	510-452-5200							X	SB, CCC
WAU & Company	74 Warfield Dr, Moraga, CA 94556	Winifred Wau	925-360-5896	X	X	X			X		CCC
Lawrence D. Ford	5984 Plateau Drive, Felton, CA 95018-9253	Larry Ford	fordld@sbcglobal.net								SB, CCC
Ninyo & Moore	1956 Webster St, Suite 400, Oakland, CA 94612	Kristopher Larson	510-633-5640		X						
Cogstone Resource Management	1801 E Parkcourt Pl, Bldg B-Suite 102, Santa Ana, CA 92701	Sherri Gust	sgust@coagstone.com	X		X	X				SB, CCC
Tehama Environmental Solutions	910 Main Street, Suite D, Red Bluff, CA 96080	Jeff Souza	jeff@tehamaenvironmental.com	X		X	X				SB, CCC, SBAHUB

# of firms outreached in each category	14	3	6	5	0	8	17
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Total # of firms solicited: 36



Contra Costa County Business Opportunities REGISTRATION AND CERTIFICATION FORM

If you are interested in receiving information regarding upcoming business opportunities with Contra Costa County, please fill out the form below. Your information will be included in the County's SBE and Outreach Databases and used by County departments to: 1) notify you regarding upcoming contracting and bidding opportunities and/or 2) certify your firm as a Small Business Enterprise (if applicable).

SECTION 1 - CONTACT INFORMATION

Name of Firm (Print) <u>LSA Associates Inc.</u>		
Street Address (City, State) <u>157 Park Place, Point Richmond, CA</u>		(Zip Code) <u>94801</u>
Mailing Address (City, State) <u>Same as Above</u>		(Zip Code)
Contact Numbers (Check preferred) <input checked="" type="checkbox"/> Business Phone Number (510) 236 -- 6810		
<input type="checkbox"/> Cell Phone Number () --		
Fax Number (510) 236 -- 3480		
E-mail <u>linda.aberbom@lsa-assoc.com</u>		Employer Identification # (if applicable) <u>94-2341614</u>

SECTION 2 - WORK CONDUCTED BY FIRM (Generally describe what your firm does)

Vendor/Supplier	
Consultant/ Service Provider	<u>Environmental Consulting Services</u>
Construction	
Other (If none of the above categories apply)	

SECTION 3 - DESCRIPTION OF BUSINESS

Description of Business Type (Check all that apply):

- ☐ **Small Business Enterprise (SBE)** - independently owned and operated; is not dominant in its field of operation; principal office is located in California; officers are domiciled in California; AND, together with affiliates, has 100 or fewer employees and average annual gross receipts of \$12 million or less over the previous three tax years, or is a manufacturer with 100 or fewer employees.
- ☐ **Minority Business Enterprise (MBE)** - at least 51% owned and managed on a daily basis by one or more minorities who are citizens or lawful permanent residents of the United States and member(s) of a recognized ethnic or racial group AND its home office is located in the United States.
- ☐ **Women Business Enterprise (WBE)** - at least 51% owned and managed on a daily business by one or more women who are citizens or lawful permanent residents of the United States AND its home office is located in the United States.
- ☐ **Disadvantaged Business Enterprise (DBE)** - at least 51% owned and managed on a daily business by socially- and economically-disadvantaged individuals (pursuant to Section 3 of the Small Business Act). DBE certifications are used only for state- or federally-funded projects that have DBE goals or requirements.
- ☐ **Disabled Veteran Business Enterprise (DVBE)** - at least 51% owned and managed on a daily basis by one or more disabled veterans of the military, naval, or air service of the United States with a service-connected disability of at least 10 percent, and who is also a resident of California; AND a sole proprietorship corporation or partnership with its home office located in the United States that is not a subsidiary of a foreign firm.
- ☐ **Local Business Enterprise (LBE)** - principal place of business is located within the boundaries of Contra Costa County.
- ☒ **None of the above**

Contra Costa County Business Opportunities
REGISTRATION AND CERTIFICATION FORM

SECTION 4 – CERTIFICATION BY OTHER AGENCIES

State-Certified SBE: Yes ☐ No ☒ State Certification #:

If "Yes," please attach documentation.

Are you certified with any other agencies as a: Minority Business Enterprise (MBE), Woman Business Enterprise (WBE), Disabled Veteran Business Enterprise (DVBE), or Disadvantaged Business Enterprise (DBE): Yes ☐ No ☒

If "Yes," please list agency AND attach documentation:

SECTION 5 – ACKNOWLEDGEMENT OF COUNTY'S USE OF BUSINESS INFORMATION

The undersigned acknowledges and agrees that the information provided in this form may be included in the SBE and Outreach databases maintained by or for the County, including the e-Outreach system described below.

SECTION 6 – UPDATING CONTACT INFORMATION AND BUSINESS STATUS

Firms interested in business opportunities with Contra Costa County are strongly encouraged to register on the e-Outreach system maintained for the County at: <https://www.rfpdepot.com>. Although the information contained in this form will be added to that system, firms are encouraged to register and update their information on the above website to 1) provide more detailed information regarding their area of work, and 2) ensure that they continually receive notices about business opportunities with Contra Costa County.


Your firm's registration with Contra Costa County will be valid for three years from the date this form is entered into the County's database. After that three-year period, your firm will be required to either confirm or update the information contained herein.

SECTION 7 – CERTIFICATION OF BUSINESS INFORMATION

The undersigned certifies and swears under penalty of perjury that all information contained in this form is true and correct. Any material misrepresentation will be grounds for terminating any purchase orders or contracts which may be or have been awarded as well as deleting the business from the online SBE and Outreach databases maintained by the County and the County's database contractor.

By Steve Granholm
Print Name

Principal
Title


Signature

July 27, 2010
Date

Return this Self-Certification Form to:

Contra Costa County
General Services Dept., Purchasing Division
1220 Morello Ave. Ste 210
Martinez, CA 94553
Fax: 925-313-7319

For clarification or assistance with
this form, please contact:

Purchasing Division
General Services Department
Phone: 925-313-7300

Client#: 652

LSAASSOCI1

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
09/26/11**PRODUCER**

Dealey, Renton & Associates
P. O. Box 12675
Oakland, CA 94604-2675
510 465-3090

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**INSURED**

LSA Associates, Inc.
20 Executive Park, Suite 200,
Irvine, CA 92614

INSURER A: Hartford Fire Ins. Co.

INSURER B: American Automobile Ins. Co.

INSURER C: Lloyd's Syndicate 2623

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER. <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	57CESOF4492	09/30/11	09/30/12	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	57UUNIF1488	09/30/11	09/30/12	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WZP80995939	09/30/11	09/30/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
C	OTHER Professional Liability	W11F2C110101	09/30/11	09/30/12	\$2,000,000 per claim \$4,000,000 annl aggr.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

General Liability policy excludes claims arising out of the performance of professional services.

RE: On-Call Services. Contra Costa County, its governing bodies, officers and employees are additional insureds to general liability.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Contra Costa County Community
Development Dept.
Attn: Cece Sellgren
255 Glacier Drive
Martinez, CA 94553

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Contra Costa County Department of Conservation & Development Attn: Carla Sharp 651 Pine Street, North Wing, Fourth Martinez, CA 94553-1229	NAME OF ADDITIONAL INSURED PERSON(S) OR ORGANIZATIONS CONT'D: Contra Costa County Department of Conservation & Development, Its Officers and Employees
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

DESCRIPTIONS (Continued from Page 1)

and Employees are additional insureds as respects to General Liability per policy form wording. Such Insurance is Primary & Non-Contributory. See attachment.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

LSA Associates, Inc.

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership

☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

20 Executive Park, Suite 200

City, state, and ZIP code

Irvine CA 92614

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

9412341614

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶ **7/20/09**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

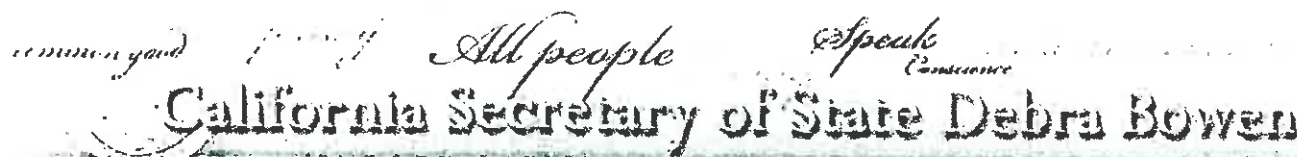
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Secretary of State

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Customer Alert
(misleading business solicitations)**Business Entity Detail**

Data is updated weekly and is current as of Friday, May 06, 2011. It is not a complete or certified record of the entity.

Entity Name:	LSA ASSOCIATES, INC.
Entity Number:	C0770694
Date Filed:	06/01/1976
Status:	ACTIVE
Jurisdiction:	CALIFORNIA
Entity Address:	20 EXECUTIVE PARK STE 200
Entity City, State, Zip:	IRVINE CA 92614
Agent for Service of Process:	LES CARD
Agent Address:	20 EXECUTIVE PARK STE 200
Agent City, State, Zip:	IRVINE CA 92614

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

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