

# **REQUEST FOR PROPOSALS (RFP)**

## **FOR**

## **SECURITY PATROL**

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*Request for Proposal Number: LBNC 2026-001*  
*02/06/2026*

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**Community Action Partnership of Kern**  
1300 18<sup>th</sup> Street, Ste 200  
Bakersfield, CA 93301  
661.336.5236

**Proposals Due by 2:00 p.m., March 6<sup>th</sup>, 2026**

**Community Action Partnership of Kern**  
1300 18<sup>th</sup> Street, Ste 200 · Bakersfield, CA 93301  
(661) 336-5236

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**REQUEST FOR PROPOSALS (RFP):**  
**Security Patrol**  
**GENERAL CONDITIONS**

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**I. PURPOSE**

Community Action Partnership of Kern (CAPK) is seeking proposals from qualified security patrol service providers to deliver services to our M Street Navigation Center, located at 2900 M Street, Bakersfield, CA 93301.

**A. Proposal Submission Information**

1. **Closing Date:** Proposals must be submitted no later than **2:00 p.m. March 6th, 2026**
2. **Inquiries:** Inquiries concerning this RFP should be directed to the Procurement Department, at [procurement@capk.org](mailto:procurement@capk.org).
3. **Costs of Proposal Preparation:** All costs incurred in the preparation of a proposal responding to this RFP will be the sole responsibility of the Vendor and will not be reimbursed by CAPK. Unless otherwise stated, all materials submitted by Vendor in response to this RFP shall become the property of CAPK.

**B. Proposal Submission Instruction to Vendors:** Your proposal should be addressed as follows:

Community Action Partnership of Kern (CAPK)  
RFP LBNC 2026-001  
ATTN: Liz G. Vargas - Procurement  
1300 18<sup>th</sup> Street, Ste 200  
Bakersfield, CA 93301  
Or via email to: [procurement@capk.org](mailto:procurement@capk.org)

It is the responsibility of the Vendor to ensure that CAPK receives the proposals by the date and time specified above. **Late proposals will not be considered. Confirmation of receipt is the sole responsibility of Vendor.** Each Vendor must submit its proposal using the enclosed format in Section III below. If any proposal submitted deviates from the requested proposal format, it may be cause for disqualification. This does not, however, preclude the Vendor from offering value-added alternatives and additional relevant information in addition to the information requested in the RFP. The alternatives, however, must be fully explained in written form, and must be separately stated as alternatives in both the proposal content and fee proposal. **Please refer to the checklist in Appendix C to ensure all requirements are met.**

**Expected Timelines:**

	<b>Date(s)</b>	<b>Event</b>
1	Friday, February 6th 2026	RFP Released to public
3	Friday, February 13 <sup>th</sup> 2026	Due date for Vendor Questions -Please email to <a href="mailto:Procurement@capk.org">Procurement@capk.org</a>
4	Friday, February 20 <sup>th</sup> 2026	Responses to Vendor questions emailed to Vendors
5	Friday, March 6 <sup>th</sup> 2026, at <b>2:00pm</b>	<b>DUE DATE FOR PROPOSALS FROM VENDORS</b>
6	Friday, March 20 <sup>th</sup> 2026	Notification of Award

**C. Right to Reject:** CAPK reserves the right to reject any and all proposals received in response to this RFP. The Contract for the accepted proposal will be based upon the factors described in this RFP. CAPK reserves the right to waive any and all informalities or irregularities in any proposal.

**D. Confidentiality:** The Vendor agrees to keep the information related to negotiations in strict confidence. Other than the reports submitted to CAPK, the Vendor agrees not to publish, reproduce or otherwise divulge such information in whole or in part, in any manner or form or authorize or permit others to do so, taking such reasonable measures as are necessary to restrict access to the information, while in the Vendor's possession, to those employees on the Vendor's staff who must have the information on a "need-to-know" basis. The Vendor agrees to immediately notify, in writing, CAPK's authorized representative in the event the Vendor determines or has reason to suspect a breach of this requirement.

**E. Notification of Award:** CAPK anticipates but does not guarantee that the Contract will be awarded by **March 20<sup>th</sup> 2026**.

The award will be granted to the vendor that demonstrates the highest level of responsibility and whose services, experience, and project approach best align with CAPK's requirements. CAPK will serve as the sole authority in making this determination.

CAPK reserves the right to award contracts to multiple vendors. The initial contract term will be one year, with options for extension.

The award may be issued to multiple participants. The resulting contract will have an initial term of one year, with the option to extend.

**F. Small, Women and/or Minority-Owned Business:** Efforts will be made by CAPK to utilize small businesses, women and minority-owned businesses, with the consideration that the primary responsibility is the most favorable return to CAPK.

A Vendor qualifies as a small business firm if it meets the definition of "small business" as established by the Small Business Administration (13 CFR 121.201).

**G. Price:** All prices and quotations must be typed or written in ink utilizing attached bid form. No erasures or correction fluid is permitted. Errors may be crossed out and corrections printed in ink by the person signing the proposal.

**BID FORMS ARE ATTACHED AND MUST BE SUBMITTED WITH PROPOSAL**

## **II. SCOPE OF WORK –**

CAPK is seeking proposals from qualified, licensed and bonded entities with demonstrated professional competence and experience to provide all labor, equipment, goods and supplies necessary to provide **Security Patrol services** on an as-needed basis.

This proposal is not an offer to buy and should not be assumed as such.

### **Scope of Work (SOW)**

#### **Security Patrol Services**

##### **I. Organizational Context**

The organization seeks proposals from qualified and experienced security service providers to deliver **24-hour security coverage** at a facility serving a **specialized population**. The selected contractor will support the organization's mission by maintaining a safe, secure, and respectful environment for clients, staff, visitors, and property.

Services are required **24 hours per day, 7 days per week**, including **weekends and holidays**.

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##### **II. General Description of Services**

The contractor shall provide trained, licensed, and uniformed security personnel to perform access control, patrol, monitoring, and incident response services. Security services must be delivered in a manner that is **trauma-informed, culturally responsive, and aligned with nonprofit service values**.

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#### **III. Scope of Security Services**

##### **A. Access Control and Client Screening**

Security personnel shall:

- Manage client and visitor check-in procedures.
- Conduct searches of clients and personal belongings prior to property entry, in compliance with organizational policies and applicable laws.
- Utilize hand-held metal detection wands as required.
- Enforce facility rules and access protocols in a professional, respectful, and non-confrontational manner.

##### **B. Patrol Services**

Security personnel shall:

- Conduct routine and continuous **foot patrols** of interior and exterior areas.
- Utilize designated **check-in stations** to document patrol completion.
- Monitor for safety concerns, unauthorized access, suspicious activity, and environmental hazards.

##### **C. Incident Response and Reporting**

Security personnel shall:

- Respond promptly to incidents, disturbances, and emergencies.

- Utilize approved de-escalation techniques appropriate for a specialized population.
- Prepare clear, accurate, and timely **Incident Reports** for all reportable events.
- Notify designated organizational staff immediately when incidents require escalation.

#### **D. Specialized Population Support**

The contractor must demonstrate experience working with **vulnerable or specialized populations**.

Security personnel shall:

- Apply trauma-informed and culturally competent practices.
- Interact with clients in a manner that prioritizes dignity, safety, and respect.
- Coordinate closely with organizational staff to support program operations while maintaining security.

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#### **IV. Staffing Plan and Coverage Requirements**

The contractor should provide staffing sufficient to meet the following minimum coverage levels. Staff must be always maintained, including holidays and weekends.

##### **AM Shift (6:00 AM – 2:00 PM)**

- **Monday – Friday:** One (1) Full-Time Equivalent (FTE) Security Guard
- **Saturday – Sunday:** Three (3) FTE Security Guards

##### **PM Shift (2:00 PM – 10:00 PM)**

- **Monday – Friday:** Two (2) FTE Security Guards
- **Saturday – Sunday:** Three (3) FTE Security Guards

##### **Overnight / Graveyard Shift (10:00 PM – 6:00 AM)**

- **Monday – Friday:** Three (3) FTE Security Guards
- **Saturday – Sunday:** Three (3) FTE Security Guards

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#### **V. Scheduling and Continuity of Services**

- Contractor should ensure **uninterrupted coverage** for all required shifts.
- Contractor is responsible for providing qualified replacement staff for absences, callouts, or emergencies.
- Any staffing changes must be communicated promptly to designated organizational contacts.

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#### **VI. Training, Licensing, and Qualifications**

Security personnel must:

- Hold all required licenses and certifications under applicable local and state regulations.
- Receive training in:
  - De-escalation and conflict resolution

- Trauma-informed approaches
- Working with specialized or vulnerable populations
- Incident documentation and reporting
- Use of screening and security equipment

The organization reserves the right to request documentation of training and credentials.

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## **VII. Professional Standards and Oversight**

- Security personnel must present a professional appearance and always conduct themselves appropriately.
  - Contractor shall designate a supervisor or account manager to oversee service delivery and address performance concerns.
  - Contractors shall participate in periodic meetings or reviews as requested by the organization.
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## **VIII. Deliverables**

- Continuous on-site security coverage per the staffing plan
- Completed Incident Reports for all reportable events
- Timely communication regarding incidents, staffing issues, or operational concerns

## **VI. SELECTION PROCESS AND CRITERIA**

This is a NEGOTIATED procurement and as such, award will not necessarily be made to the Vendor submitting the lowest priced proposal. Awards will be made to the Vendor submitting the best responsive proposal satisfying CAPK's requirements, as determined by CAPK, including consideration of price and other indicated factors.

### **Non-responsive Proposals**

Proposals may be judged nonresponsive and removed from further consideration if any of the following occur:

- The proposal is not received timely in accordance with the terms of this RFP.
- The proposal does not follow the specified format.
- The proposal does not include Appendix D, signed on behalf of the Vendor.

## **III. PROPOSAL CONTENT REQUIREMENTS**

Proposals must include the following:

- A.** Cover Letter: A one-page cover letter with the name and contact information of the proposed Vendor.
- B.** Description of services to be provided, including informative sheets on services.

- C. Detailed plan of action for all phases of the services requested.
- D. CAPK is not a tax-exempt entity; all appropriate taxes will apply. All applied taxes must be listed as a line item.
- E. Please include any discounts provided to CAPK due to its 501(c)(3) status including any in-kind donations.
- F. Conflict of Interest: Provide a statement of any potential conflicts Vendor and/or key staff may have regarding providing these services to CAPK. The statement should not only include actual conflicts, but also any working relationships that may be perceived by disinterested parties as a conflict. If no potential conflicts of interest are identified, so state in your proposal.  
Vendor shall have read and be aware of the provisions of Section 1090 et seq. and Section 87100 et seq. of the Government Code relating to conflict of interest of public officers and employees. No officer or employee of CAPK or member of its governing body shall have any pecuniary interest, direct or indirect, in the resulting Contract or the proceeds thereof.
- G. **Bid Sheet:** Attachment A
- H. **Checklist:** Attachment B
- I. **Vendor Information Sheet:** Appendix A.
- J. **W-9:** Appendix B.
- K. **Additional Terms and Conditions:** Appendix C.

#### **IV. VENDOR REQUIREMENTS**

- A. All responsive proposals shall be reviewed and evaluated by CAPK to determine which proposal best meets CAPK's needs for this project by demonstrating the competency and professional qualifications necessary for the satisfactory performance of the required services.

#### **V. PROPOSAL SUBMITTAL PROCESS**

- A. The submission of a proposal shall be an indication that the Vendor has investigated and satisfied itself as to the conditions to be encountered, the character, quality and scope of work to be performed, and the requirements of CAPK.
- B. All proposals received by CAPK will be considered a "Public Record" as defined in Section 6252 of the California Government code and shall be open to public inspection, except to the extent the Vendor designates trade secrets or other proprietary material to be confidential. Any documentation which the Vendor believes to be a trade secret must be provided to CAPK in a separate envelope and must be clearly marked as a trade secret. CAPK will endeavor to restrict distribution of material and analysis of the proposals. Vendors are cautioned that materials designated as trade secrets may nevertheless be subject to disclosure and CAPK shall in no way be liable or responsible for any such disclosure. Vendors are advised that CAPK does not wish to receive material designated as trade secrets and requests that Vendors not supply trade secrets unless necessary. The Vendor's qualification package, and any other supporting materials submitted to CAPK in response to the request, will not be returned and will become the property of CAPK.

#### **Proposal Evaluation**

Evaluation of each proposal will be scored on the factors identified in Section B. below. In compliance with 2 CFR Part 200.319 – Competition, no geographic preferences will be given in the evaluation of this proposal, since the section states: “The Non-Federal entity must conduct procurements in a manner that **prohibits the use of statutorily or administratively imposed state or local geographical preferences in the evaluation of bids or proposals**, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference.” The selection process is designed to ensure that the Vendor’s services are engaged on the basis of demonstrated competence and qualifications for the type of services to be performed and at fair and reasonable prices for CAPK.

- A. All proposals received by the specified deadline will be reviewed by CAPK for content, fees, related experience and professional qualifications of Vendor.
- B. The evaluation and selection of the successful Vendor shall be based upon the factors listed below with corresponding point evaluation. Total points available are 100.

**Evaluation of each proposal will be scored on the following factors:**

1. Background and Experience in performing requested services.	<b>Points = 20</b>
2. Availability of resources and how engagement will be sourced.	<b>Points = 15</b>
3. <b>References:</b> Do you have experience with clients that are similar to CAPK’s ? Please provide a minimum of two letters of reference.	<b>Points = 10</b>
4. <b>Services:</b> What types of services will you provide to assist CAPK with our security service needs.  Provide a detailed outline and description of the scope of services provided.	<b>Points = 15</b>
5. <b>Communication/Strategies:</b> describe your implementation approach and ongoing communication services including timeline	<b>Points = 10</b>
6. <b>Value-added service:</b> in addition to the requested services; what value-added service do you provide?	<b>Points = 5</b>
7. <b>Fees and costs:</b> Quote an hourly rate for patrolling our M Street location and a monthly rate by area/or flat fee for responding to alarms and boarding up services. Describe what your proposed billing process will be including estimated invoice dates.	<b>Points = 20</b>
8. <b>Affirmative Consideration of Minority, Small Business, Women Owned, Veteran Owned, Local Business and Labor Surplus Areas</b>	<b>Points = 5</b>
9. Consideration will be given to dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, women’s business enterprises, veteran-owned businesses, local businesses, and labor surplus area firms.	
<b>Total</b>	<b>Points = 100</b>

- C. CAPK may, at its discretion, request presentations by or meetings with any or all Vendors to clarify the Vendors’ proposals.

However, CAPK reserves the right to make an award without further discussion of the proposals submitted. Therefore, proposals should be submitted initially on the most favorable terms, from both technical and price standpoints, which the Vendor can propose.

CAPK contemplates award of the Contract to the responsible Vendor with the highest total points awarded by CAPK’s proposal evaluation team.

- D. Upon final selection, the Contract will be awarded for an initial term of 1-year with the option to extend. Contract may be awarded to multiple participants.

## **VII. CONDITIONS TO AWARD**

- A. CAPK reserves the right to delay the selection process, withdraw and reissue the RFP, or cancel this procurement.
- B. This solicitation does not commit CAPK to pay any costs in the preparation or presentation of a submittal.

## **VIII. TIMELINE**

Start time to begin fulfilling the requirements of the proposal shall be after the Contract is signed.

## **VIII. PROHIBITED ACTIVITY**

Vendors or their agents shall not make any personal contacts with any member of CAPK's Board of Directors or program personnel prior to selection and award of a Contract for this work.

**REMAINDER OF PAGE LEFT BLANK INTENTIONALLY**

**ATTACHMENT A**  
**BID SHEET**

<b>BID SHEET</b>	
1. CHECK IN	\$
2. WAND AND SEARCH OF BELONGINGS PRIOR TO ENTERING PROPERTY	\$
3. FOOT PATROL WITH CHECK IN STATIONS	\$
4. DOCUMENTING AND CREATING INCIDENT REPORTS	\$
5. PROVIDING CELL PHONES TO GUARDS LOCATED ON SITE	\$
6. HAND HELD RADIOS FOR COMMUNICATION	\$

**Rate for work outside of monthly fees -Please list additional services and costs:  
Use additional space as needed.**

\$ \_\_\_\_\_

1. WHAT TYPES OF CERTIFICATIONS DO YOUR PATROL OFFICERS HAVE? (E.G., FIRST AID CERT, BATON TRAINING, PEPPER SPRAY CERT) \_\_\_\_\_
2. HOW MUCH TRAINING DO YOUR PATROL OFFICERS RECEIVE BEFORE THEIR FIRST POST/JOB ASSIGNMENT? \_\_\_\_\_
3. DO YOU HAVE EXPERIENCE WORKING WITH A LOW BARRIER NAVIGATIONS CENTER SUCH AS M STREET? \_\_\_\_\_
4. DO YOUR GUARDS RECEIVE SPECIAL TRAINING SUCH AS DE-ESCALATION, TRAUMA INFORMED CARE, OR MOTIVATIONAL INTERVIEW? IF SO, PLEASE DESCRIBE AND PROVIDE CERTIFICATES  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT B**  
**CHECKLIST**

Requirements	Yes	No
Cover Letter		
Description of Services		
Detailed Plan of Action		
Taxes applied (if required)		
Bid Bond (if required)		
Conflict of Interest		
Bid Form		
Warranty (if required)		
Three written references		
Licensing/Qualification Questionnaire		
Vendor Information Sheet		
W-9		
Additional Terms and Conditions		

## APPENDIX A

### Community Action Partnership of Kern

• Procurement Department •

5005 Business Park North, Bakersfield, CA 93309 • 661.336.5236 • FX: 661.322.2237

### VENDOR INFORMATION SHEET

Date: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Official Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Location Address: \_\_\_\_\_

Street

City

State

Zip

Remit Address: \_\_\_\_\_

Street

City

State

Zip

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Accts. Receivable Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Customer Service Phone #: \_\_\_\_\_

CAPK Vendor #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Federal ID # or SS#: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contractor Lic #: \_\_\_\_\_

Business Lic #: \_\_\_\_\_

City Issued: \_\_\_\_\_

General Liability Insurance Carrier & Policy #: \_\_\_\_\_

Auto Liability Insurance Carrier & Policy #: \_\_\_\_\_

Workers Compensation Insurance Carrier & Policy #: \_\_\_\_\_

#### FEDERAL TAX CLASSIFICATION:

Individual/Sole Proprietor  C Corporation  S Corporation  Partnership  Trust/Estate

Limited Liability Co. C = C Corp S = S Corp P = Partnership  Other: \_\_\_\_\_

#### BUSINESS ENTITY/CLASSIFICATION:

Board Member  Employee  Faith Based  Fed Gov't  For Profit  Housing Collaborative  Local Gov't  
 Non-Profit  Parent  Post Secondary Ed  Provider  School District

#### SBA CLASSIFICATION:

It is the policy of Community Action Partnership of Kern, consistent with Federal, State and local laws, to promote and encourage the development, participation, and continued expansion of Small Business Enterprises, Minority Business Enterprises, Women's Business Enterprises and Veteran Business Enterprises.

Minority-Owned  Small Business  Veteran-Owned  Woman-Owned

Years in Business: \_\_\_\_\_

Accept Purchase Orders:  Yes  No

If your business has a Social Security number as Tax ID, we require the signature of the owner.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

REV. 012516

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## APPENDIX B

<b>W-9</b> Form (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	Give Form to the requester. Do not send to the IRS.														
<b>Print or type</b> See Specific Instructions on page 2.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td>Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</td> </tr> <tr> <td>2</td> <td>Business name/disregarded entity name, if different from above</td> </tr> <tr> <td>3</td> <td>           Check appropriate box for federal tax classification; check only one of the following seven boxes:  <input type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► <b>Note:</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  <input type="checkbox"/> Other (see Instructions) ►         </td> </tr> <tr> <td>4</td> <td>           Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):            Exempt payee code (if any) _____            Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> <tr> <td>5</td> <td>Address (number, street, and apt. or suite no.)</td> </tr> <tr> <td>6</td> <td>City, state, and ZIP code</td> </tr> <tr> <td>7</td> <td>List account number(s) here (optional)</td> </tr> </table>			1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	2	Business name/disregarded entity name, if different from above	3	Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► <b>Note:</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see Instructions) ►	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	5	Address (number, street, and apt. or suite no.)	6	City, state, and ZIP code	7	List account number(s) here (optional)
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5	Address (number, street, and apt. or suite no.)															
6	City, state, and ZIP code															
7	List account number(s) here (optional)															
<b>Part I Taxpayer Identification Number (TIN)</b> 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 generally 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 <i>How to get a TIN</i> on page 3. <b>Note:</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;"> <b>Social security number</b>            _____ - _____ - _____         </td> </tr> <tr> <td style="text-align: right;"> <b>or</b>  <b>Employer identification number</b>            _____ - _____ - _____         </td> </tr> </table>			<b>Social security number</b> _____ - _____ - _____	<b>or</b> <b>Employer identification number</b> _____ - _____ - _____												
<b>Social security number</b> _____ - _____ - _____																
<b>or</b> <b>Employer identification number</b> _____ - _____ - _____																
<b>Part II Certification</b> 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); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																
<b>Certification Instructions.</b> 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 3.																
<b>Sign Here</b>	Signature of U.S. person ►	<b>Date ►</b>														
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/fw9">www.irs.gov/fw9</a> .																
<b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:																
<ul style="list-style-type: none"> <li>• Form 1099-INT (interest earned or paid)</li> <li>• Form 1099-DIV (dividends, including those from stocks or mutual funds)</li> <li>• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> <li>• Form 1099-S (proceeds from real estate transactions)</li> <li>• Form 1099-K (merchant card and third party network transactions)</li> </ul>																
<ul style="list-style-type: none"> <li>• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> <li>• Form 1099-C (canceled debt)</li> <li>• Form 1099-A (acquisition or abandonment of secured property)</li> </ul> <p style="text-align: center;">Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p style="text-align: center;"><i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2.</i></p> <p style="text-align: center;">By signing the filled-out form, you:</p> <ol style="list-style-type: none"> <li>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),</li> <li>2. Certify that you are not subject to backup withholding, or</li> <li>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, and</li> <li>4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.</li> </ol>																

Cat. No. 10231X

Form W-9 (Rev. 12-2014)

## APPENDIX C

### Community Action Partnership of Kern Additional Terms and Conditions

1. **TAXES.** The Vendor is solely responsible to pay all taxes and comply with all Federal, State, and local laws, ordinances, rules, regulations and lawful orders bearing on the performance of work.
2. **ASSIGNMENT OF SUBCONTRACTING.** The Vendor may not assign or transfer the Contract, or any interest therein or claim thereunder, or subcontract any portion of the work thereunder, without the prior written approval of CAPK. If CAPK consents to such assignment or transfer, the terms and conditions of the Contract shall be binding upon any assignee or transferee. Any transfer shall be considered an addendum to the Contract and must be included as such.
3. **TERMINATION FOR CONVENIENCE OF CAPK.** CAPK may terminate the Contract at any time by giving written notice to the Vendor of such termination and specifying the effective date thereof. In that event, all finished or unfinished documents and other materials as described herein, at the option of CAPK, shall become its property. If the Contract is terminated by CAPK as provided herein, the Vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials. The Vendor hereby expressly waives any and all claims for damages or compensation arising under the Contract except as set forth in this section in the event of such termination.
4. **CHANGES.** CAPK may from time to time, require changes in the scope of the services of the Vendor to be performed hereunder. Such changes, including any increase or decrease in the amount of the Vendor's compensation which are mutually agreed upon by and between CAPK and the Vendor, shall be effective when incorporated in written amendments to the Contract. Amendments shall be valid only after approval by Vendor and CAPK's Executive Director.
5. **CLAIMS.** All claims for money due or to become due to the Vendor from CAPK under the Contract may not be assigned to a bank, trust company, or other financial institution without CAPK approval. Notice or requests of any such assignment or transfer shall be furnished promptly in writing to CAPK.
6. **NOTICE.** Any notice or notices required or permitted to be given pursuant to the Contract may be personally served on the other party by the party giving such notice, or may be served by certified mail, return receipt requested.
7. **AFFIRMATIVE ACTION.** The Vendor agrees to abide by all State and Federal Affirmative Action policies and laws.
8. **DISPUTE RESOLUTION.** Any dispute arising regarding the interpretation or implementation of the Contract, including any claims for breach of the Contract, shall be resolved by submitting the claim for arbitration to the American Arbitration Association in accordance with its rules and procedures applicable to commercial disputes. The location of any arbitration hearing shall be Bakersfield, California, and any enforcement of the arbitrator's decision shall be brought in the Superior Court of the County of Kern, Bakersfield, California.
9. **EQUAL EMPLOYMENT OPPORTUNITY.** All hiring and other employment practices by the Vendor shall be non-discriminatory, based on merit and qualifications without regard to race, color, religion, national origin, ancestry, disability, medical condition, marital status, age or sex.
10. **SBE/MBE/WBE POLICY STATEMENT.** It is the policy of Community Action Partnership of Kern, consistent with Federal, State and local laws, to promote and encourage the development, participation, and continued expansion of Small Business Enterprises, Minority Business Enterprises

and Women's Business Enterprises.

11. **AMERICAN MADE.** To the extent practicable, all equipment and products provided by Vendor will be American made.
12. **CONFIDENTIALITY.** The Vendor shall use his or her best efforts to keep confidential any information obtained during the performance of the Contract.
13. **RESPONSIBILITY.** If Vendor is part of a corporation, the individual or individuals who sign the Contract on behalf of the corporation are jointly responsible for performance of the Contract.
14. **PROTEST BY VENDOR:** If the Vendor wishes to file a protest against CAPK for any action, the Vendor must do so in writing with CAPK within 72 hours after the action to be protested has occurred. All protests will be taken under advisement. Any protests received after that will not be recognized.
15. **CONFLICT OF INTEREST:** In accordance with California Public Contract Code 10410, no officer or employee of CAPK shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest in the Contract, which may be in whole, or in part, sponsored or funded by a Local, State, or Federal agency. Also, no relative of an employee of CAPK may enter into or bid on a Contract while said employee is still employed by CAPK. No relative of an employee of CAPK may bid on a Contract until 12 months after the date said employee of CAPK has left employment of CAPK, either voluntarily or involuntarily. It is contrary to CAPK policy for any CAPK employee to personally solicit, demand or receive any gratuity of any kind from a Vendor in connection with any decision affecting a CAPK purchase or Contract for Goods or Services. Thus, if such a case were to occur, the Vendor may file a protest with CAPK as specified in the section titled "Protest by Vendor."
16. **DEBARMENT AND SUSPENSION CERTIFICATION:** Vendor, under penalty of perjury, certified that, except as noted below, he/she or any person associated therewith in the capacity of owner, partner, director, officer, manager:

- a. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- b. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three (3) years;
- c. Does not have a proposed debarment pending; and
- d. Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.

If there are any exceptions to the Certifications above, insert the exceptions in the following space:

Exceptions will not necessarily result in denial of award, but will be considered in determining Vendor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Note: Providing false information may result in criminal prosecution or administrative sanctions.

17. **WORKER'S COMPENSATION:** Labor Code Section 3700 provides:

"Every employer except the State and all political subdivisions or institutions thereof, shall secure the payment of compensation in one or more of the following ways:

"(a) By being insured against liability to pay compensation in one or to more than one of the insurers

duly authorized to write compensation insurance in this State.

"(b) By securing from the Director of Industrial Relations a certificate of consent to self-insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his employees."

Vendor is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of that Code, and Vendor will comply with those provisions before commencing the performance of the work of the Contract.

(In accordance with Article 5 [commencing at Section 1860], Chapter 1, Part 7, Division 2 of the Labor Code, this certificate must be signed and filed with the awarding body prior to performing any work under the Contract.)

**18. INSURANCE REQUIREMENTS:** Vendor shall procure, furnish and maintain for the duration of the Contract the following types and limits of insurance herein:

- a. Automobile Liability Insurance, providing coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:
  - b. Provide coverage for owned, non-owned and hired autos.
  - c. Contain an additional insured endorsement in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.
  - d. Broad Form Commercial General Liability Insurance, ISO form CG00 01 11 85 or 88 providing coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:
    - e. Provide Contractual Liability coverage for the terms of the Contract.
- f. Contain an additional insured endorsement in favor in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.
- g. Workers' compensation insurance with statutory limits and employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall contain a waiver of subrogation endorsement in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.

All policies required of the Vendor shall be primary insurance as to Community Action Partnership of Kern, its board, officers, agent's employees and volunteers and any insurance or self-insurance maintained by Community Action Partnership of Kern, its board, officers, agents employees and designated volunteers shall be in excess of the Vendor's insurance and shall not contribute with it. Additional insured endorsement shall use ISO form CG20 10 11 85 (in no event with an edition date later than 1990).

Insurance is to be placed with insurers with a Best's rating of no less than A:VII. Any deductibles, self-insured retentions or insurance in lesser amounts, or lack of certain types of insurance otherwise required by the Contract, or insurance rated below Best's A:VII, must be declared prior to execution of the Contract and approved by CAPK in writing.

All policies shall contain an endorsement providing Community Action Partnership of Kern with thirty (30) days written notice of cancellation or material change in policy language or terms. All policies shall provide that there shall be continuing liability thereon, notwithstanding any recovery on any

policy.

The insurance required hereunder shall be maintained until all work required to be performed by the Contract is satisfactorily completed.

Vendor shall furnish CAPK with a certificate of insurance and required endorsements evidencing the insurance required. CAPK may withdraw its offer of an Contract or cancel the Contract if certificates of insurance and endorsements required have not been provided prior to the execution of the Contract.

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**Signature**

**Date**

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**Print Name**

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**Company Name**

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