Department of General Services
Procurement Division
707 Third Street, 2nd Floor
West Sacramento, CA 95605-2811

State of California

Contract Notification
****MANDATORY****

CONTRACT NUMBER:	1S-05-70-11
DESCRIPTION:	COMPUTER EQUIPMENT: IT ENTERPRISE MAINFRAME STORAGE
CONTRACTOR:	VARIOUS
CONTRACT TERM:	9/26/2005 through 9/25/2008
DISTRIBUTION:	Posted DGS STRATEGIC SOURCING INITIATIVE and CONTRACTS Internet Web Page

Contract Website: http://www.pd.dgs.ca.gov/stratsourcing/ITEstorage.htm

The purpose of this contract is to:

1. **This contract is exempt from Management Memo 03-10.**

2. **The use of this contract is mandatory except when purchasing from a California-certified Small Business (SB) or Disabled Veteran Business Enterprises (DVBE) or in cases of emergency, per Government Code Section 14838.5 as covered herein.**

All other terms and conditions and provisions of the contract are contained within.

_____ Effective Date: **9/29/2005**

RITA HAMILTON, Deputy Director

CONTRACT MANAGEMENT

Use of this agreement is MANDATORY with the monetary exceptions stated herein or contained in the State Administrative Manual. To obtain contract information, ordering assistance, suggestions or report supplier non-compliance:

WRITE:

State of California
Department of General Services
Procurement Division
PO Box 989054
West Sacramento, CA 95798-9054

CONTACT:

Department of General Services, Procurement Division

Phone:	916-375-4400
Toll-Free:	800-559-5529
TTY Assistance:	916-376-1891

CONTRACT ADMINISTRATOR **Ron Rabun**
916-375-4569
CALNET 480-4569
Email: ron.rabun@dgs.ca.gov

CONTRACTORS

Contract: **1S-05-70-11-01**
Contractor ID:

Name: **NORTHRUP GRUMMAN**
Address: **1400 Talbot Road South, Suite 500**
Renton, WA 98055

Contact: **866-642-2774**
Fax Number: **866-281-6622**

Terms of Payment: **Net 45**
FOB: **Destination**
Minimum Order: **$200**
Other:
Contractor Website: **http://www.shop.it.northropgrumman.com/stateofca/**

Contract: **1S-05-70-11-02**
Contractor ID:

Name: **VERIZON**
Address: **Verizon Enterprise Solutions Group**
3013 Douglas Boulevard, Suite 220
Roseville, CA 95661

Contact: **866-787-2298**
Fax Number: **866-787-2290**

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Terms of Payment: **Net 45**
FOB: **Destinations**
Minimum Order: **$200**
Contractor's Website: **http://verizon.ca.ssicatalog.com**

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD. 213 (NEW 06/03)

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

IT Hardware – Enterprise Hardware **Subcategory: Disk Storage System - Mainframe**	PURCHASING AUTHORITY NUMBER	REGISTRATION NUMBER AGREEMENT NUMBER **1S-05-70-11-01**

1. This Agreement is entered into between the State Agency and the Contractor named below
   STATE AGENCY'S NAME
   Department of General Services (hereafter called
   CONTRACTOR'S NAME
   Northrop Grumman (hereafter called Contractor)
2. The term of this Agreement is: September 26, 2005 through September 25, 2008, with options to extend contract for up to two (2) additional one-year periods.
3. The maximum amount of this Agreement is: $ 0
4. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Agreement:

Attachment 1 – Statement of Work
Attachment 2 – General Provisions – Information Technology (GSPD-401 IT), 8/16/04, 10 Pages
Attachment 3 – Information Technology Purchase Special Provisions, 1/21/03, 2 Pages
Attachment 4 – Information Technology Maintenance Special Provisions, 1/21/03, 5 Pages
Attachment 5 – Information Technology Software Special Provisions, 1/21/03, 3 Pages
Attachment 6 – Information Technology Personal Services Special Provisions, 1/21/03, 5 Pages
Attachment 7 – Cost (Final Pricing Worksheets)

Bidder's entire proposal (eRFP #DGS 5008) is hereby incorporated as part of this contract.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA **Department of General Services** Use Only
CONTRACTOR'S NAME *(If other than an individual, state whether a corporation, partnership, etc.)* Northrop Grumman Computing Systems, Inc.		GENERAL SERVICES LEGAL SERVICES
BY *(Authorized Signature)* Duane M. Fletcher	DATE SIGNED 9/22/05	
PRINTED NAME AND TITLE OF PERSON SIGNING Duane M. Fletcher, Contracts Manager		
ADDRESS 1400 Talbot Road So., Suite 500 Renton, WA 98055		
STATE OF CALIFORNIA		
AGENCY NAME Department of General Services, Procurement Division		
BY (Authorized Signature) Rita Hamilton	DATE SIGNED 9/29/05	
PRINTED NAME AND TITLE OF PERSON SIGNING RITA HAMILTON, Deputy Director		
ADDRESS 707 3rd Street, 2nd Floor		☐ Exempt per

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD 204 (Rev 6-2003)

1

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at 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.

NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.

2

PAYEE'S LEGAL BUSINESS NAME (Type or Print): NORTHROP GRUMMAN IT, COMPUTING SYSTEMS

SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.):

E-MAIL ADDRESS:

MAILING ADDRESS: 1400 TALBOT ROAD S., #500

BUSINESS ADDRESS: 1400 TALBOT ROAD S., #500

CITY, STATE, ZIP CODE: RENTON, WA 98055

CITY, STATE, ZIP CODE: RENTON, WA 98055

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 52-1550631

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

CORPORATION:

- ☐ **MEDICAL** (e.g., dentistry, psychotherapy, chiropractic, etc.)
- ☐ **LEGAL** (e.g., attorney services)
- ☐ **EXEMPT** (nonprofit)
- ☒ **ALL OTHERS**

☐ **INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:** ___-__-____

(SSN required by authority of California Revenue and Tax Code Section 18646)

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

4

PAYEE RESIDENCY STATUS

☒ California resident - Qualified to do business in California or maintains a permanent place of business in California.

☐ California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.

- ☐ No services performed in California.
- ☐ Copy of Franchise Tax Board waiver of State withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print): DUANE M. FLETCHER

TITLE: CONTRACTS MANAGER

SIGNATURE: [signature]

DATE: 4/25/05

TELEPHONE: (425) 793-3826

6

Please return completed form to:

Department/Office: _____

Unit/Section: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (___) _____ **Fax:** (___) _____

E-mail Address: _____

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD. 213 (NEW 06/03)

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

IT Hardware – Enterprise Hardware
Subcategory: Disk Storage System - Mainframe

PURCHASING AUTHORITY NUMBER	REGISTRATION NUMBER
	AGREEMENT NUMBER **1S-05-70-11-02**

1. This Agreement is entered into between the State Agency and the Contractor named below
   STATE AGENCY'S NAME
   Department of General Services (hereafter called
   CONTRACTOR'S NAME
   Verizon (hereafter called
2. The term of this Agreement is: September 26, 2005 through September 25, 2008, with options to extend contract for up to two (2) additional one-year periods.
3. The maximum amount of this Agreement is: $ 0 to $8,100,000.00 (annually)
4. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Agreement:

Attachment 1 – Statement of Work
Attachment 2 – General Provisions – Information Technology (GSPD-401 IT), 8/16/04, 10 Pages
Attachment 3 – Information Technology Purchase Special Provisions, 1/21/03, 2 Pages
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Attachment 7 – Cost (Final Pricing Worksheets)

Bidder's entire proposal (eRFP #DGS 5008) is hereby incorporated as part of this contract.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME *(If other than an individual, state whether a corporation, partnership, etc.)* Verizon Select Services Inc.		GENERAL SERVICES LEGAL SERVICES
BY *(Authorized Signature)* Keith R. Puls	DATE SIGNED 9-26-05	
PRINTED NAME AND TITLE OF PERSON SIGNING Keith R. Puls, Regional Sales Vice President		
ADDRESS 2998 Douglas Blvd., Suite 322 Roseville, CA 95661		
STATE OF CALIFORNIA		
AGENCY NAME Department of General Services, Procurement Division		
BY (Authorized Signature) Rita Hamilton	DATE SIGNED 9/29/05	
PRINTED NAME AND TITLE OF PERSON SIGNING RITA HAMILTON, Deputy Director		
ADDRESS 707 3rd Street, 2nd Floor		☐ Exempt per

CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

Form V-9

1

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at 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.

NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.

2

PAYEE'S LEGAL BUSINESS NAME (Type or Print)
Verizon Select Services Inc.

SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

E-MAIL ADDRESS

MAILING ADDRESS
2998 Douglas Blvd., Suite 322

BUSINESS ADDRESS
Same as mailing address

CITY, STATE, ZIP CODE
Roseville, CA 95661

CITY, STATE, ZIP CODE

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 16-1337624

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

CORPORATION:
- ☐ **MEDICAL** (e.g., dentistry, psychotherapy, chiropractic, etc.)
- ☐ **LEGAL** (e.g., attorney services)
- ☐ **EXEMPT** (nonprofit)
- ☑ **ALL OTHERS**

☐ **INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:** ___-__-____

(SSN required by authority of California Revenue and Tax Code Section 18646)

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

4

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☑ California resident - Qualified to do business in California or maintains a permanent place of business in California.

☐ California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.
- ☐ No services performed in California.
- ☐ Copy of Franchise Tax Board waiver of State withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)
Keith R. Puls

TITLE
Regional Sales Vice President

SIGNATURE:

DATE
5/3/05

TELEPHONE
(805)230-3450

6

Please return completed form to:

Department/Office: _____

Unit/Section: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (___) _____ **Fax:** (___) _____

E-mail Address: _____