



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-05-70-14
DESCRIPTION:	COMPUTER EQUIPMENT: IT ENTERPRISE STORAGE AREA NETWORK (SAN FABRIC)
CONTRACTOR:	NORTHROP GRUMMAN
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/ITStorage.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.

RITA HAMILTON, Deputy Director

Effective Date: **9/25/2005**

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

CONTRACTOR

Contract: 1S-05-70-14
Contractor ID:

Name: NORTHROP 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/>

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

IT Hardware – Enterprise Hardware
Subcategory: Storage Area Network (SAN) Fabric

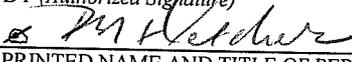
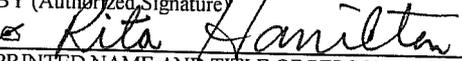
PURCHASING AUTHORITY NUMBER	REGISTRATION NUMBER
	AGREEMENT NUMBER
	1S-05-70-14

- This Agreement is entered into between the State Agency and the Contractor named below
 STATE AGENCY'S NAME
 Department of General Services
 CONTRACTOR'S NAME
 Northrop Grumman (hereafter called _____) (hereafter called _____)
- 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.
- The maximum amount of this Agreement is: \$ 0
- 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.)		 GENERAL SERVICES LEGAL SERVICES	
Northrop Grumman Computing Systems, Inc.			
BY (Authorized Signature)	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)	DATE SIGNED		
	9/29/05		
PRINTED NAME AND TITLE OF PERSON SIGNING			
RITA HAMILTON, Deputy Director			
ADDRESS			
707 3 rd Street, 2 nd Floor			

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)
 STD 204 (Rev. 8-2003)

1	<p>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.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>		
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print) NORTHROP GRUMMAN IT, COMPUTING SYSTEMS</p> <p>SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____ E-MAIL ADDRESS _____</p> <p>MAILING ADDRESS _____ BUSINESS ADDRESS _____ 1400 TALBOT ROAD S., # 500 1400 TALBOT ROAD S., # 500</p> <p>CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____ RENTON, WA 98055 RENTON, WA 98055</p>		
3	<p>PAYEE ENTITY TYPE</p> <p>CHECK ONE BOX ONLY</p>	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 52-1550631</p> <p><input type="checkbox"/> PARTNERSHIP CORPORATION:</p> <p><input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p> <input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p> <input type="checkbox"/> EXEMPT (nonprofit)</p> <p> <input checked="" type="checkbox"/> ALL OTHERS</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR _____</p> <p>ENTER SOCIAL SECURITY NUMBER: _____</p> <p style="font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>	<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>
4	<p>PAYEE RESIDENCY STATUS</p>	<p><input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 20px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>	
5	<p>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.</p>		
	<p>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Duane M. FLETCHER</p>		<p>TITLE CONTRACTS MANAGER</p>
	<p>SIGNATURE </p>	<p>DATE 4/25/05</p>	<p>TELEPHONE (425) 793-3826</p>
6	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>		