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

State of California

National Association of State Procurement Officials Master Price Agreement Non-Mandatory User Instructions

(Incorporates Supplement #1)

CONTRACT NUMBER:	7-08-99-05
CONTRACTOR:	PITNEY BOWES, INC.
PRODUCTS/SERVICES:	Postage and Mail Processing Equipment
CONTRACT TERM:	9/19/2008 through 11/13/2012
DISTRIBUTION LIST:	N/A

The most current User Guide and California General Provisions, products and/or services and pricing are included herein. All purchase orders issued under this contract incorporate the following User Guide and California General Provisions.

1. OVERVIEW

The purpose of this NASPO Master Price Agreement is to provide a purchasing vehicle for Postage and Mail Processing Equipment for all State Agencies and local government agencies, which is any city, county, district or other governmental body empowered to spend public funds per California Public Contract Code Section 12110.

While the State of California makes this NASPO Master Price Agreement available to local governmental agencies, each local agency should make its own determination of whether using this NASPO Master Price Agreement is consistent with its procurement policies and regulations.

ORIGINAL SIGNATURE ON FILE — **10/26/2012**

Kayla Dann, Manager - Multiple Award Program Sections — **Effective Date**

2. STATE OF CALIFORNIA, PROCUREMENT DIVISION CONTACT

Department of General Services, Procurement Division
Multiple Award Program - WSCA
707 Third Street, 2nd Floor, MS #202
West Sacramento, CA 95605-2811

Contact: Stacy Jarvis
Phone: (916) 375-4378
Fax: (916) 375-4663
E-Mail: stacy.jarvis@dgs.ca.gov

3. NASPO CONTRACT INFORMATION

See Attachment A for list of awarded contract and contract Terms and Conditions.

4. NASPO BASE CONTRACT

This NASPO contract is based on some or all of the products and/or services and prices from NASPO Postage and Mail Processing Equipment Contract, Massachusetts # OFF22.

A copy of the actual NASPO Master Agreement is available on the Internet at:

http://www.dgs.ca.gov/pd/Programs/Leveraged/wsca/NASPO.aspx
or
http://www.bidsync.com/DPX?ac=agencycontview&contid=3507

5. Contract Term

The contract term for the California Participating Addendum is 9/19/2008 through 11/13/2012.

Order placement and contract execution shall be on or before the expiration date of the NASPO. Delivery of the services requested must be completed within one (1) year after the NASPO expiration date.

6. GUIDELINES/RULES

a. Ordering state agencies must follow all applicable state mandated guidelines, e.g., State Administrative Manual, Management Memos, Agency Directives, California Acquisition Manual and California Codes including the use of the State Financial Marketplace for lease or rental options.

b. State and local government agency use of NASPO contracts is optional. A local government is any city, county, city and county, district or other local governmental body or corporation, including UC, CSU, K-12 schools and community colleges, that is empowered to expend public funds. While the state makes this contract available, each local government agency should make its own determination whether the WSCA program is consistent with its procurement policies and regulations.

7. DOLLAR THRESHOLDS (Local Governments are Exempt)

- NASPO Program Limitation: Unlimited
- All orders are subject to most current Management Memo (Currently MM 08-05 including supplements), or whichever Management Memo is in effect at the time a purchase order is issued. Go to DGS/PD web site www.dgs.ca.gov/pd to obtain a copy of the most current Management Memo.
- For all orders under this contract, the ordering agency is not required to obtain three quotes.
- Exempt entities are not subject to these order limits.

8. PRICING

Agencies should contact the contractor to see if there is a large quantity discount available. Additionally, educational discounts may be available for educational entities. Please contact the contractor for additional information. See Attachment A for pricing.

9. EXECUTING THE PURCHASE ORDER

THE NASPO /STATE OF CALIFORNIA CONTRACT NUMBER MUST BE SHOWN ON THE PURCHASE ORDER.

State agencies shall use a Contract/Delegation Purchase Order (Std. 65) for purchases and services.

Local governments shall, in lieu of the State's Purchase Order (Std. 65), use their own purchase order document.

Electronic copies of the State Standard Forms can be found at the Office of State Publishing web site: http://www.dgs.ca.gov/osp (select Standard Forms). The site provides information on the various forms and use with the Adobe Acrobat Reader. Beyond the Reader capabilities, Adobe Acrobat advanced features may be utilized if you have Adobe Business Tools or Adobe Acrobat 4.0 installed on your computer. Direct link to the Standard Form 65: http://www.documents.dgs.ca.gov/osp/pdf/std065.pdf

The ordering agency defines the project scope to determine which goods and related services are needed, and checks the electronic catalog for pricing. Then the ordering state agency completes a Form 65 (Contract/Delegation Purchase Order), including all pertinent information for each individual order issued against the Agreement and sends the Form 65 to the selected Contractor. NOTE: CAL-Card (procurement card; i.e. visa) orders are also accepted.

As a hard copy catalog is not available, you must print a copy of the contract terms and conditions, the Participating Addendum, and a copy of the e-quote from your order and retain this in your files. It is not necessary to provide a copy of each page to DGS. Additionally, it is not the contractor's responsibility to provide this information to you.

10. ON-LINE ORDERING

Contact the supplier representative to discuss setting up an online ordering website for your agency. State agencies must still provide a copy of the ordering document to the Department of General Services, Procurement Division. If using a CAL-Card, a copy of the on-line order acknowledgement must be sent in place of the ordering document. THE AGENCY BILLING CODE MUST BE INCLUDED ON EITHER DOCUMENT **(Local Governments are Exempt)**.

11. PURCHASE ORDER DISTRIBUTION

For state agencies, copies of the STD. 65 with original signatures, or if using the CAL-Card, copies of the order acknowledgement, must be sent to the Contractor, State Controller and Department of General Services, Procurement Division. For local agencies, copies of purchase orders are not required.

Department of General Services
Procurement Division
Data Entry Unit-Second Floor North
P.O. Box 989052
West Sacramento, CA 95798-9052
IMS: Z-1

State Controller's Office
3301 C Street, Room 404
Sacramento, CA 95814
Attn: Audit Unit

12. **PAYMENTS AND INVOICES**

a. **Payment Terms**

See **NASPO Supplier Contract Information** (Attachment A) for Payment Terms.

Payment will be made in accordance with the provisions of the California Prompt Payment Act, Government Code Section 927 et. seq. Unless expressly exempted by statute, the Act requires state agencies to pay properly submitted, undisputed invoices not more than 45 days after (i) the date of acceptance of goods or performance of services; or (ii) receipt of an undisputed invoice, whichever is later.

Local government agencies may make payments according to their statutory requirements.

b. **Payee Data Record (Std. 204)**

Each State accounting office must have a copy of the attached Payee Data Record (Std. 204) in order to process payment of invoices. Agencies should forward a copy of the Std. 204 to their accounting office(s). Without the Std. 204, payment may be unnecessarily delayed.

13. TERMINATION

Any State or Local agency may terminate any order against this agreement upon 30 days notice provided the products or services have not already been accepted. This does not affect the termination clause of the NASPO Master Price Agreement concerning failure to perform or upon mutual consent.

14. DGS ADMINSTRATIVE FEE

The agency will not be charged the DGS Administrative fee and agencies will not be invoiced by the contractor for the use of this contract.

ATTACHMENT A

NASPO CONTRACT ORDERING INFORMATION

Contractor Name	**PITNEY BOWES, INC.**
Contract Number	7-08-99-05
Contract Term Dates	9/19/2008 through 11/13/2012
NASPO Master Agreement	http://www.dgs.ca.gov/pd/Programs/Leveraged/wsca/NASPO.aspx or http://www.bidsync.com/DPX?ac=agencycontview&contid=3507
CA General Provisions	Attached
CA Participating Addendum	Attached
Ordering Address	3775 N Freeway Blvd, Suite 100 Sacramento, CA 95834
Primary Contact	John Fitzpatrick
Phone	(916) 320-4076
Fax	(203) 420-4076
Email	John.fitzpatrick@pb.com
Secondary Contact	Bill Walter
Phone	(303) 641-9575
Email	Bill.walter@pb.com
Pricing (Website) Category Warranty Delivery Shipping Freight	http://www.bidsync.com/DPX?ac=agencycontview&contid=3507
Contractor Ownership Information	PITNEY BOWES, INC. is a large business enterprise.
California Seller's Permit	PITNEY BOWES, INC.'s California Seller's Permit No. is 98005500. Agencies can verify that this permit is still valid at the following website: www.boe.ca.gov.
Payment Terms	Net 45 days
FEIN	06-0495050
CAL-Card Accepted	PITNEY BOWES, INC. accepts the State of California credit card (CAL-Card). A Purchasing Authority Purchase Order (Std. 65) is required even when the ordering department chooses to pay the contractor via the CAL-Card.

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)

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

E-MAIL ADDRESS

MAILING ADDRESS

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ **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)

TITLE

SIGNATURE

DATE

TELEPHONE

( )

6

Please return completed form to:

Department/Office: _____

Unit/Section: _____

Mailing Address: _____

City/State/Zip: _____

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

E-mail Address: _____

PAYEE DATA RECORD

1	**Requirement to Complete Payee Data Record, STD. 204** A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies. Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.
2	Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.
3	Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).
4	**Are you a California resident or nonresident?** A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident. For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident. Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are $1,500 or less for the calendar year. For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov
5	Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
6	This section must be completed by the State agency requesting the STD. 204.
	Privacy Statement Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to $20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business. All questions should be referred to the requesting State agency listed on the bottom front of this form.