



STRUCTURAL PEST CONTROL BOARD RESEARCH PROPOSAL

SOLICITATION NOTICE NO. SPCB-18-01

May 10, 2018

You are invited to review and respond to this **Solicitation Notice No. SPCB-18-01** being requested by Department of Consumer Affairs (DCA), Structural Pest Control Board (SPCB), hereinafter referred to as the State. To submit an offer, you must comply with all instructions contained in this document. By submitting an offer, the Offeror agrees to the terms and conditions stated in this solicitation notice.

Note that all agreements entered into with the State of California will include by reference University Terms and Conditions and Contractor's Certification Clauses that may be viewed and downloaded at Internet site: <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>. If you do not have Internet access, a hard copy can be provided by contacting the person listed below.

Please read the attached document carefully. **The response due date is June 8th, 2018, at 5:00 p.m. Pacific Standard Time (PST)**. Responses to this solicitation notice must be clearly labeled, signed, and sent by email, fax, or by mail to the SPCB contact person

Structural Pest Control Board
Attention: Kristina Jackson-Duran
2005 Evergreen Street, Suite 1500
Sacramento, CA 95815

Telephone: (916) 561-8710
Email: Kristina.Jackson-Duran@dca.ca.gov

Please note that no verbal information given will be binding upon the State unless such information is issued in writing as an official addendum.

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A. Purpose and Description of Services

The Department of Consumers Affairs, Structural Pest Control Board (SPCB), has established a research fund, currently at approximately \$1,000,000, funded by pesticide use stamp purchases, to support research in the structural pest control field. All or a portion of the existing funds may be appropriated for research projects.

In accordance with Business and Professions Code Section 8674(t)(3), SPCB is soliciting proposals from educational research institutions in California with scientific research history focused on long-term prevention or suppression with minimal impact on human health, property, the environment, and non-target organisms, in the field of structural pest management, as described in SPCB Act, Section 1984. Proposals should focus on new studies and treatment of integrated pest management (IPM) for the following structural pests: ants, bed bugs, cockroaches, drywood termites, rodents, and yellowjackets. Within this framework, proposals may also include original innovative research on new procedures, processes, practices or programs.

B. Deliverables:

The contracting research entity shall provide a brief (two-three pages) written interim Progress Report every six (6) months, and a comprehensive written Final Report within three (3) months of completion of each research project. The progress reports are to address progress made, findings to date and problems encountered by the contractor. At the contractor's expense, the contracting entity will be asked to present a progress report at one (1) Board Meeting a year and upon completion of the Final Report. In addition to attending one (1) Board Meeting a year, if SPCB determines that a progress report presents findings of value, the contracting entity may be asked to present at additional Board Meeting(s) at the contractor's expense. The contractor shall provide a PDF version of all progress reports and Final Report to be posted on SPCB website and included in Board Meeting materials.

C. Minimum Qualifications for Proposers

Proposers must have prior scientific research knowledge and experience of the principal project director and key participants, with relevance to the proposal. Proposers (individual researchers) must include a summary of no more than three (3) prior research projects or reprints of prior publications carried out by the proposer, that show significant research in structural pest management. The proposer must provide the name, title, address and telephone numbers of a reference relevant to the above-referenced projects (Attachment 4). The proposer must also demonstrate that the projects were completed within the allotted time frame and, if not, provide an explanation.

D. Proposal Requirements and Information

1. Time Schedule

All proposers are hereby advised of the following schedule and will be expected to adhere to the required dates and times.

| Event | Date | Time |
|--|--|-------------|
| Solicitation Notice Available to Prospective Proposers | May 10, 2018 | N/A |
| Written Question Submittal Deadline to Kristina Jackson-Duran | May 21, 2018 | COB |
| Responses to Proposers' Questions | May 23, 2018 | COB |
| Final Date for Proposal Submission | June 8, 2018 | 5:00 pm PST |
| Review of Proposers' Minimum Qualifications | June 13, 2018 | |
| Public Research Advisory Panel (RAP) Meeting and Evaluation/Scoring of Proposals. (10-day public notice posted by SPCB, Multiple Contracts may be awarded) | June 19, 2018 | |
| Board Meeting (Board Members to Adopt Recommended Contracts) | July 26, 2018 | N/A |
| Agreement Start Date | September 1, 2018 or upon DGS approval | N/A |

2. Work Plan and Work Schedule Requirements

The proposer shall develop and submit a work plan or schedule for task completion, and identify each major task, necessary subtask, and/or specific milestone by which progress can be measured and payments made. Proposers should explain the organizational policies, practices, and conditions, which would apply to their accountability for procedures and products, included in a contract. The management plan to oversee the project must be specifically identified. A description of the data analysis and how it will be used must be included in the proposal.

a) Project Personnel

List all proposed staff that will be working on the project and their titles, including professional and technical, full-time and part-time staff, and the percentage of time each will expend on the proposed project, regardless of whether any salary is to be funded by the State contract. Describe the duties and qualifications of all staff engaged in the proposed research project. If staff members are not currently employed by the contracting organization, state when they will begin. Include a curriculum vitae or resume of all professional staff.

b) Facilities and Resources

Describe available research facilities, major equipment and resources, and the capacity to manage overall project activities.

3. Cost Detail Format and Requirements

Prepare a detailed line-item budget for the proposed contract period using the sample format provided in Attachment No. 2. If a two or three-year project is projected, a Budget for the second and/or third year must also be submitted.

Prepare a Budget Narrative explaining the proposed costs. Explain the need for budgeted travel, equipment, subcontracts and consultants (Attachment 3).

The proposed work should be broken down into the outline in Work Plan and Work Schedule (see No. 2 above) for the purpose of this proposal.

4. Cost Limitation

- a) The total amount of each proposal or resulting agreements shall each not exceed \$330,000
- b) It is understood and agreed that this total is an estimate and the SPCB will pay for only those services actually rendered as authorized by the SPCB Contract Manager or his/her designee.

5. Submission of Proposal

- a) Proposals should provide straightforward and concise descriptions of the proposer's ability to satisfy the requirements of this solicitation notice. The proposal must be complete and accurate. Omissions, inaccuracies, or misstatements will be sufficient cause for rejection of a proposal.
- b) Proposals must be submitted as a hard copy under sealed cover by dates and times shown in Section D, Proposal Requirements and Information, Item 1, Time Schedule. Proposals received after the specified date and time will not be considered. Proposers are required to submit their proposals to the following address:

Structural Pest Control Board
Attention: Kristina Jackson-Duran
2005 Evergreen Street, Suite 1500
Sacramento, CA 95815

- c) The original proposal must be marked "ORIGINAL COPY." All documents contained in the original proposal package must have original signatures and must be signed by a person who is authorized to bind the proposing form. All additional proposal sets may contain photocopies of the original package.
- d) Eight (8) copies of the proposal must be submitted.
- e) All proposals shall include the documents identified in Section E, Attachment 1 - Required Attachment Checklist. Proposals not including the proper "required attachments" shall be deemed non-responsive. A non-responsive proposal is one that does not meet the basic proposal requirements.
- f) Proposals must be submitted for the performance of all the services described herein. Any deviation from the work specifications of the proposal will not be considered and will cause it to be rejected.
- g) Costs for developing proposals and in anticipation of award of the agreement are entirely the responsibility of the proposer and shall not be charged to the State of California.
- h) A cover letter, which shall be considered an integral part of the Final Proposal, shall be signed by an individual who is authorized to bind the proposer contractually. The signature must indicate the title or position that individual holds in the research entity.
- i) A proposer may modify a proposal after its submission by withdrawing its original proposal and resubmitting a new proposal prior to the proposal submission deadline. Proposal modifications offered in any other manner, oral or written, will not be considered.
- j) A proposer may withdraw its proposal by submitting a written withdrawal request to the State, signed by the proposer or an authorized agent. A proposer may thereafter submit a new proposal prior to the proposal submission deadline. Proposals may not be withdrawn without cause subsequent to proposal submission deadline.
- k) The awarding agency may modify the proposal after its submission of proposal by the issuance of an addendum to all parties who received a proposal package.
- l) The awarding agency reserves the right to reject all proposals for reasonable cause.
- m) Proposers are cautioned to not rely on the State during the evaluation to discover and report to the proposer any defects and errors in the submitted documents. Proposers, before submitting their documents, should carefully proof them for errors and adherence to the proposal requirements.
- n) Where applicable, proposer should carefully examine work sites and specifications. Proposers shall investigate conditions, character, and quality of surface or subsurface materials or obstacles that might be encountered. No additions or increases to the agreement amount will be made due to a lack of careful examination of work sites and specifications.

6. Evaluation and Scoring Process

- a) Each proposal will be checked for the presence or absence of required information in conformance with the submission requirements of this proposal.
- b) The State will put each proposal through a process of evaluation to determine its responsiveness to the State's needs.
- c) Proposals that contain false or misleading statements, or which provide references, which do not support an attribute or condition claimed by the proposer, may be rejected. If, in the opinion of the State, such information was intended to mislead the State in its evaluation of the proposal, and the attribute, condition, or capability is a requirement of this solicitation notice, it will be the basis for rejection of the proposal.
- d) The proposals will be evaluated and scored according to the criteria indicated below:

| RATINGS/SCORING CRITERIA | MAXIMUM POINTS | MINIMUM POINTS |
|--|----------------|----------------|
| 1. Research Objectives | 25 | 21 |
| 2. Project Direction (Work Plan and Work Schedule) | 35 | 29 |
| 3. Qualifications | 20 | 16 |
| 4. Budget and Budget Narrative | 20 | 14 |
| TOTAL | 100 | 80 |

Proposals that meet the minimum specified requirements and are considered to be responsive will be evaluated and assigned a score. Those proposals that do not meet the minimum qualifications will be disqualified and will not be evaluated. A minimum of 80 points must be achieved for items 1-4 (described below) and all required

documents must be submitted to be considered responsive. A responsive proposal is one that meets or exceeds the requirements stated in this solicitation notice.

Proposals must receive a minimum combined score of 80 points out of a maximum 100 points. Proposals that do not meet the minimum requirements will be eliminated from consideration.

If any proposals are received containing a bid offering price, which in the opinion of the awarding agency is an unreasonable price, the awarding agency shall not be required to award an agreement (Public Contract Code 10344(d) and 10377(d)).

RATING/SCORING CRITERIA DESCRIPTION

| | <u>Maximum Possible Points</u> |
|--|---------------------------------------|
| 1) <u>Research Objectives</u> | 25 |
| Importance of the research objectives or hypothesis and the potential of the Research to advance knowledge in the field of structural pest management. | |
| A. Briefly state what the research described in this application is intended to accomplish and what hypotheses or research questions are to be tested. | |
| B. Briefly sketch the background of the present proposal, critically evaluating existing knowledge and identifying gaps that this project is intended to fill. | |
| 2) <u>Project Direction (Work Plan and Work Schedule)</u> | 35 |
| Presence of a clear research plan including specific goals and objectives, a reasonable timeline, the quality and appropriateness of the design of experiments and methodology selected, and focus on the study on the prioritized need(s) identified in the solicitation notice criteria. | |
| A. Discuss fully the research design and the procedures to be used and the tentative sequence or timetable for the investigation. | |
| B. State specific objectives, planned activities, and timelines for reaching objectives for the entire project. | |
| C. Include a discussion of how the data will be collected, analyzed, and interpreted. | |
| D. Describe the amount of time allocated to accomplish the major activities of the research project and the monitoring system. The percentage of time of each professional and/or technical investigator involved in the research project must be stated. | |
| 3) <u>Qualifications</u> | 20 |
| Prior research experience of the principal/project director and key participants and relevance to the proposal. Quality of research facilities, resources, and capacity to manage overall project activities. | |
| A. Three (3) prior research projects that show significant research in structural pest management. | |
| B. List appropriate references and attach other background material and relevant papers. | |
| C. Describe available facilities, major equipment and resources. | |
| D. Demonstrate that the contractor has the organization and staff to perform this work and provide information on the professional qualifications and experience of persons assigned to the project. | |
| 4) <u>Budget and Budget Narrative</u> | 20 |
| A. Prepare a detailed line-item budget for the proposed contract period using the sample format Attachment 2. | |
| B. Prepare a Budget Narrative explaining the proposed costs. Explain the need for individual staff, budgeted travel, equipment, subcontracts and consultants. Give a general description of what is included in General Expense. | |
| <u>Total Possible Points:</u> | 100 |

E. Required Attachments

Refer to the following pages for additional Required Attachments that are a part of this agreement.

ATTACHMENT 1

REQUIRED ATTACHMENT CHECKLIST

A complete proposal will consist of the items identified on the list below.

Complete this checklist to confirm that all items are contained with your proposal. Place a check mark or “✓” next to each item that you are submitting to the State. For your proposal to be responsive, in addition to your proposal, all required attachments must be returned. This checklist should be returned along with your proposal.

It is essential that the Cost Proposal be complete, thorough, and comply with content sequence requirements. The proposal must be typed and double-spaced on 8½ X 11 paper. All pages shall be consecutively numbered. All elements shall follow the sequence presented on the following checklist:

| ✓ Check | Attachment # | Attachment Name/Description | Form Provided | Completion Required |
|---------|---------------|--|---------------|---------------------|
| | Attachment 1 | Required Attachment Checklist | YES | YES |
| | Attachment 2 | Cost Proposal/Budget Display Sheets | YES | YES |
| | Attachment 3 | Budget Narrative Form and Explanation of Costs | YES | YES |
| | Attachment 4 | Proposer’s References | YES | YES |
| | Attachment 5 | Sample Agreement a) Project Summary and Scope of Work b) Schedule of Deliverables c) Key Personnel d) Authorized Representatives and Notices e) Use of Pre-existing Intellectual Property f) Current & Pending Support g) Third Party Confidential Information (if applicable) h) Budget Justification | YES | YES |
| | Attachment 6 | Resumes (Curriculum Vitae) for Proposer, Proposer’s staff involved in project, and all Subcontractors | NO | YES |
| | Attachment 7 | Narrative of Research Objectives, as described in Rating/Scoring Criteria | NO | YES |
| | Attachment 8 | Narrative of Project Direction (Work Plan and Work Schedule), as described in Rating/Scoring Criteria | NO | YES |
| | Attachment 9 | Narrative of Qualifications, as described in “Minimum Qualifications for Proposers” and Rating/Scoring Criteria | NO | YES |
| | Attachment 10 | Copy of current business license, professional certificates, or other credentials | NO | YES |

ATTACHMENT 2

**COST PROPOSAL/BUDGET DISPLAY
RESEARCH PROPOSAL**

YEAR 1 – (for first 12 months)

Period of award
(i.e., 1/1/18-12/31/18)
Use separate sheet for each year

Period of award: _____

Contractor: _____

Project Title/Description: _____

| Description | Hours | Rate | Total |
|--|-------|------|-------|
| PERONNEL SERVICES | | | |
| 1. Classification | | | |
| 2. Classification | | | |
| 3. Classification | | | |
| Total Salaries | | | |
| Total Benefits | | | |
| Total Personnel Services (A) | | | |
| SUBCONTRACTOR SERVICES | | | |
| 1. Classification | | | |
| 2. Classification | | | |
| 3. Classification | | | |
| Total Subcontractor Services (B) | | | |
| OTHER SERVICES | | | |
| 1. Classification | | | |
| 2. Classification | | | |
| 3. Classification | | | |
| Total Other Services (C) | | | |
| OPERATING EXPENSES | | | |
| 1. Supplies and Expense | | | |
| 2. Travel In-State | | | |
| 3. Travel Out-of-State | | | |
| 4. Equipment | | | |
| 5. Other Costs | | | |
| Total Operating Expenses (D) | | | |
| Total Personnel and Operating (Add A through D) | | | |
| Indirect Costs (detail) | | | |
| TOTAL COSTS – Year 1 (for the first 12 months) | | | |

ATTACHMENT 2, Cont.

**COST PROPOSAL/BUDGET DISPLAY
RESEARCH PROPOSAL**

YEAR 2 – (for months 13 thru 24)

Period of award
(i.e., 1/1/18-12/31/18)
Use separate sheet for each year

Period of award: _____

Contractor: _____

Project Title/Description: _____

| Description | Hours | Rate | Total |
|--|-------|------|----------------------------------|
| PERONNEL SERVICES | | | |
| 4. Classification | | | |
| 5. Classification | | | |
| 6. Classification | | | |
| | | | Total Salaries |
| | | | Total Benefits |
| | | | Total Personnel Services (A) |
| SUBCONTRACTOR SERVICES | | | |
| 4. Classification | | | |
| 5. Classification | | | |
| 6. Classification | | | |
| | | | Total Subcontractor Services (B) |
| OTHER SERVICES | | | |
| 4. Classification | | | |
| 5. Classification | | | |
| 6. Classification | | | |
| | | | Total Other Services (C) |
| OPERATING EXPENSES | | | |
| 6. Supplies and Expense | | | |
| 7. Travel In-State | | | |
| 8. Travel Out-of-State | | | |
| 9. Equipment | | | |
| 10. Other Costs | | | |
| | | | Total Operating Expenses (D) |
| Total Personnel and Operating (Add A through D) | | | |
| Indirect Costs (detail) | | | |
| TOTAL COSTS – Year 2 (for 12 months) | | | |

ATTACHMENT 2, Cont.

**COST PROPOSAL/BUDGET DISPLAY
RESEARCH PROPOSAL**

YEAR 3 – (for months 25 thru 36)

Period of award
(i.e., 1/1/18-12/31/18)
Use separate sheet for each year

Period of award: _____

Contractor: _____

Project Title/Description: _____

| Description | Hours | Rate | Total |
|--|-------|------|-------|
| PERONNEL SERVICES | | | |
| 7. Classification | | | |
| 8. Classification | | | |
| 9. Classification | | | |
| Total Salaries | | | |
| Total Benefits | | | |
| Total Personnel Services (A) | | | |
| SUBCONTRACTOR SERVICES | | | |
| 7. Classification | | | |
| 8. Classification | | | |
| 9. Classification | | | |
| Total Subcontractor Services (B) | | | |
| OTHER SERVICES | | | |
| 7. Classification | | | |
| 8. Classification | | | |
| 9. Classification | | | |
| Total Other Services (C) | | | |
| OPERATING EXPENSES | | | |
| 11. Supplies and Expense | | | |
| 12. Travel In-State | | | |
| 13. Travel Out-of-State | | | |
| 14. Equipment | | | |
| 15. Other Costs | | | |
| Total Operating Expenses (D) | | | |
| Total Personnel and Operating (Add A through D) | | | |
| Indirect Costs (detail) | | | |
| TOTAL COSTS – Year 3 (for final 12 months) | | | |

ATTACHMENT 2, Cont.

**COST PROPOSAL/BUDGET DISPLAY
RESEARCH PROPOSAL**

COMBINED YEARS – (up to 3 years or 36 months)

Period of award

(i.e., 1/1/18-12/31/18)

Use separate sheet for each year

Period of award: _____

Contractor: _____

Project Title/Description: _____

| Description | Hours | Rate | Total |
|--|-------|------|-------|
| PERONNEL SERVICES | | | |
| 10. Classification | | | |
| 11. Classification | | | |
| 12. Classification | | | |
| Total Salaries | | | |
| Total Benefits | | | |
| Total Personnel Services (A) | | | |
| SUBCONTRACTOR SERVICES | | | |
| 10. Classification | | | |
| 11. Classification | | | |
| 12. Classification | | | |
| Total Subcontractor Services (B) | | | |
| OTHER SERVICES | | | |
| 10. Classification | | | |
| 11. Classification | | | |
| 12. Classification | | | |
| Total Other Services (C) | | | |
| OPERATING EXPENSES | | | |
| 16. Supplies and Expense | | | |
| 17. Travel In-State | | | |
| 18. Travel Out-of-State | | | |
| 19. Equipment | | | |
| 20. Other Costs | | | |
| Total Operating Expenses (D) | | | |
| Total Personnel and Operating (Add A through D) | | | |
| Indirect Costs (detail) | | | |
| TOTAL COSTS – GRAND TOTAL UP TO 3 YEARS (for UP TO 36 months) | | | |

ATTACHMENT 3,

BUDGET NARRATIVE FORM AND EXPLANATION OF COSTS:

Explain the need for individual staff, budgeted travel, equipment, subcontracts and consultants:

Please explain how the costs were arrived at:

Please explain why the rates are considered reasonable and/or appropriate in your opinion:

Are costs based on industry standard or other basis of measurement? Please explain:

ATTACHMENT 4

PROPOSER REFERENCES

1. Please attach three letters of reference on company letterhead.
2. List below three references of similar types of services performed, as described in the description of services, within the last five years. If three references cannot be provided, please explain why on an attached sheet of paper.

| REFERENCE 1 | |
|--------------------------|--|
| Name of Firm | |
| Address | |
| Contact Person | |
| Telephone Number | |
| Dates of Service | |
| Value or Cost of Service | |

Brief Description of Service Provided:

| REFERENCE 2 | |
|--------------------------|--|
| Name of Firm | |
| Address | |
| Contact Person | |
| Telephone Number | |
| Dates of Service | |
| Value or Cost of Service | |

Brief Description of Service Provided:

| REFERENCE 3 | |
|--------------------------|--|
| Name of Firm | |
| Address | |
| Contact Person | |
| Telephone Number | |
| Dates of Service | |
| Value or Cost of Service | |

Brief Description of Service Provided:

ATTACHMENT 5 – SAMPLE AGREEMENT

| |
|---------------------|
| AGREEMENT NUMBER |
| REGISTRATION NUMBER |

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME
 Department of Consumer Affairs, Structural Pest Control Board

CONTRACTOR'S NAME
TBD

2. The term of this Agreement is: September 1, 2018 (or upon approval, whichever is later) through **TBD**

3. The maximum amount \$
 of this Agreement is:

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – A7: A–Scope of Work; A1–Deliverables; A2–Key Personnel; A3–Authorized Representatives; A4–Use of Intellectual Property; A5–Resumes; A6–Current & Pending Support; A7-Third Party Confidential Information (if applicable) page(s)

Exhibit B – B–Budget; B1–Budget Justification; B2– Subawardee Budgets (if applicable); B3– Invoice Elements page(s)

Exhibit C* – University Terms and Conditions UTC-518

- Check mark additional Exhibits below, and attach applicable Exhibits or provide internet link:
- Exhibit D** – Additional Requirements Associated with Funding Sources page(s)
 - Exhibit E** – Special Conditions for Security of Confidential Information page(s)
 - Exhibit F** – Access to State Facilities or Computing Resources page(s)
 - Exhibit G** – Negotiated Alternate UTC Terms page(s)

Items shown with an Asterisk (), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <http://www.dgs.ca.gov/ols/Resources/ModelContractLanguageUniversities.aspx>.*

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

| | | |
|--|---|--|
| CONTRACTOR | <i>California Department of General Services Use Only</i> | |
| <small>CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)</small> | | |
| <small>BY (Authorized Signature)</small> | | <small>DATE SIGNED (Do not type)</small> |
| <small>PRINTED NAME AND TITLE OF PERSON SIGNING</small> | | |
| <small>ADDRESS</small> | | |
| <small> </small> | | |
| STATE OF CALIFORNIA | | |
| <small>AGENCY NAME</small> Department of Consumer Affairs, Structural Pest Control Board | | |
| <small>BY (Authorized Signature)</small> | <small>DATE SIGNED (Do not type)</small> | |
| <small>PRINTED NAME AND TITLE OF PERSON SIGNING</small> | | |
| <small>ADDRESS</small> 1625 N. Market Blvd., Suite S-103 Sacramento, CA 95834 | | |

Exhibit A – Scope of Work

Project Summary & Scope of Work

Contract

Grant

PI Name: _____

Project Title: _____

Project Summary/Abstract

Briefly describe the long-term objectives for achieving the stated goals of the project.

If Third-Party Confidential Information is to be provided by the State:

- Performance of the Scope of Work is anticipated to involve use of third-party Confidential Information and is subject to the terms of this Agreement; **OR**
- A separate CNDA between the University and third-party is required by the third-party and is incorporated in this Agreement as Exhibit A7, Third Party Confidential Information.

Scope of Work

Describe the goals and specific objectives of the proposed project and summarize the expected outcomes. If applicable, describe the overall strategy, methodology, and analyses to be used. Include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate. Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the goals and objectives.

Exhibit A1 - Deliverables

SCHEDULE OF DELIVERABLES

List all items that will be delivered to the State under the proposed Scope of Work. Include all reports, including draft reports for State review, and any other Deliverables, if requested by the State and agreed to by the Parties.

If use of any Deliverable is restricted or is anticipated to contain preexisting Intellectual Property with any restricted use, it will be clearly identified in Exhibit A4, Use of Preexisting Intellectual Property.

Unless otherwise directed by the State, the University Principal Investigator shall submit all Deliverables to the State Contract Project Manager, identified in Exhibit A3, Authorized Representatives.

| Deliverable | Description | Due Date |
|---|--------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| The following Deliverables are subject to Section 19. Copyrights, paragraph B of Exhibit C | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Exhibit A2 – Key Personnel

KEY PERSONNEL

List Key Personnel as defined in the Agreement starting with the PI, by last name, first name followed by Co-PIs. Then list all other Key Personnel in alphabetical order by last name. For each individual listed include his/her name, institutional affiliation, and role on the proposed project. Use additional consecutively numbered pages as necessary.

| Last Name, First Name | Institutional Affiliation | Role on Project |
|---|----------------------------------|----------------------------|
| PI: | | |
| <i>Last name, First name</i> | <i>Institutional affiliation</i> | <i>Role on the project</i> |
| Co-PI(s) – if applicable: | | |
| <i>Last name, First name</i> | <i>Institutional affiliation</i> | <i>Role on the project</i> |
| <i>Last name, First name</i> | <i>Institutional affiliation</i> | <i>Role on the project</i> |
| Other Key Personnel (if applicable): | | |
| <i>Last name, First name</i> | <i>Institutional affiliation</i> | <i>Role on the project</i> |
| <i>Last name, First name</i> | <i>Institutional affiliation</i> | <i>Role on the project</i> |

Exhibit A3 – Authorized Representatives

AUTHORIZED REPRESENTATIVES AND NOTICES

The following individuals are the authorized representatives for the State and the University under this Agreement. Any official Notices issued under the terms of this Agreement shall be addressed to the Authorized Official identified below, unless otherwise identified in the Agreement.

| State Agency Contacts | University Contacts |
|--|---|
| Agency Name: <Agency Name> | University Name: <University Name> |
| <p><i>Contract Project Manager (Technical)</i></p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> | <p><i>Principal Investigator</i></p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> <p>Designees to certify invoices under Section 14 of Exhibit C on behalf of PI:</p> <ol style="list-style-type: none"> 1. <Name>, <Title>, <EmailAddress> 2. <Name>, <Title>, <EmailAddress> 3. <Name>, <Title>, <EmailAddress> |
| <p><i>Authorized Official (contract officer)</i></p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> <p><i>Send notices to (if different):</i></p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> | <p><i>Authorized Official</i></p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> <p><i>Send notices to (if different):</i></p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> |

| | |
|--|--|
| <p>Email: <EmailAddress></p> <p>Administrative Contact</p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> | <p>Email: <EmailAddress></p> <p>Administrative Contact</p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> |
| <p>Financial Contact/Accounting</p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> | <p>Authorized Financial Contact/Invoicing</p> <p>Name: <Name> <Title></p> <p>Address: <Department> <Address> <City,State,Zip></p> <p>Telephone: <Telephone#></p> <p>Fax: <Fax#, if available></p> <p>Email: <EmailAddress></p> <p>Designees for invoice certification in accordance with Section 14 of Exhibit C on behalf of the Financial Contact:</p> <ol style="list-style-type: none"> 1. <Name>, <Title>, <EmailAddress> 2. <Name>, <Title>, <EmailAddress> 3. <Name>, <Title>, <EmailAddress> |

Exhibit A4 – Use of Intellectual Property

USE OF INTELLECTUAL PROPERTY

If either Party will be using any third-party or pre-existing intellectual property (including, but not limited to data, copyrighted works, known patents, trademarks, service marks and trade secrets) "IP" with restrictions on use, then list all such IP and the nature of the restriction below. If no third-party or pre-existing IP will be used, check "none" in this section.

A. State: Preexisting IP to be provided to the University from the State or a third party for use in the performance in the Scope of Work.

None or List:

| Owner (Name of State Agency or 3 rd Party) | Description | Nature of restriction: |
|---|-------------|------------------------|
| | | |
| | | |
| | | |
| | | |

B. University: Restrictions in Preexisting IP included in Deliverables identified in Exhibit A1, Deliverables.

None or List:

| Owner (Name of University or 3 rd Party) | Description | Nature of restriction: |
|---|-------------|------------------------|
| | | |
| | | |
| | | |
| | | |

C. Anticipated restrictions on use of Project Data.

If the University PI anticipates that any of the Project Data generated during the performance of the Scope of Work will have a restriction on use (such as subject identifying information in a data set) then list all such anticipated restrictions below. If there are no restrictions anticipated in the Project Data, then check "None" in this section.

None or List:

| Owner (University or 3 rd Party) | Description | Nature of Restriction: |
|--|-------------|------------------------|
| | | |
| | | |

Exhibit A5 - RÉSUMÉ/BIOSKETCH

RÉSUMÉ/BIOSKETCH

Attach Resume/Biosketch for the PI and other Key Personnel listed in Exhibit A2, Key Personnel.

Exhibit A6 – Current & Pending Support

CURRENT & PENDING SUPPORT

University will provide current & pending support information for Key Personnel identified in Exhibit A2 at time of proposal and upon request from State agency. The “Proposed Project” is this application that is submitted to the State. Add pages as needed.

| PI: NAME OF INDIVIDUAL | | | | | |
|--|---------------------------|---------------------------------|---------------|------------|----------|
| Status (currently active or pending approval) | Award # (if available) | Source (name of the sponsor) | Project Title | Start Date | End Date |
| Proposed Project | | | | | |
| CURRENT | | | | | |
| CURRENT | | | | | |
| PENDING | | | | | |
| | | | | | |
| NAME OF INDIVIDUAL | | | | | |
| Status | Award # | Source | Project Title | Start Date | End Date |
| Proposed Project | | | | | |
| CURRENT | | | | | |
| CURRENT | | | | | |
| PENDING | | | | | |
| | | | | | |
| NAME OF INDIVIDUAL | | | | | |
| Status | Award # | Source | Project Title | Start Date | End Date |
| Proposed Project | | | | | |
| CURRENT | | | | | |
| CURRENT | | | | | |
| PENDING | | | | | |
| | | | | | |
| NAME OF INDIVIDUAL | | | | | |
| Status | Award # | Source | Project Title | Start Date | End Date |
| Proposed Project | | | | | |
| CURRENT | | | | | |
| CURRENT | | | | | |
| PENDING | | | | | |
| | | | | | |

Exhibit A7

Third Party Confidential Information

Confidential Nondisclosure Agreement

(Identified in Exhibit A, Scope of Work – will be incorporated, if applicable)

If the Scope of Work requires the provision of third party confidential information to either the State or the Universities, then any requirement of the third party in the use and disposition of the confidential information will be listed below. The third party may require a separate Confidential Nondisclosure Agreement (CNDA) as a requirement to use the confidential information. Any CNDA will be identified in this Exhibit A7.

SAMPLE AGREEMENT

EXHIBIT B

BUDGET FOR PROJECT PERIOD

(Cost Proposal/Budget Display from selected proposer will be inserted here)

EXHIBIT B-1

BUDGET JUSTIFICATION

The Budget Justification will include the following items in this format.

Personnel

Name. Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as “to be determined” (TBD).

Role on Project. For all personnel by name, position, function, and a percentage level of effort (as appropriate), including “to-be-determined” positions.

Fringe Benefits.

In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

Materials and Supplies

Itemize materials supplies in separate categories. Include a complete justification of the project’s need for these items. Theft sensitive equipment (under \$5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.

Equipment

List each item of equipment (greater than or equal to \$5,000 with a useful life of more than one year) with amount requested separately and justify each.

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.

Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name:

Exhibit B2

Principal Investigator (Last, First):

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
 07/01/2016 to 06/30/2019

| | | 7/1/2016 6/30/2017 | 7/1/2017 6/30/2018 | 7/1/2018 6/30/2019 | |
|--|--------------------------------|-----------------------|-----------------------|-----------------------|------------|
| From: To: | | Year 1 | Year 2 | Year 3 | TOTAL |
| BUDGET CATEGORY | | | | | |
| PERSONNEL: <i>Salary and fringe benefits.</i> | | \$0 | \$0 | \$0 | \$0 |
| TRAVEL | | \$0 | \$0 | \$0 | \$0 |
| MATERIALS & SUPPLIES | | \$0 | \$0 | \$0 | \$0 |
| EQUIPMENT | | \$0 | \$0 | \$0 | \$0 |
| CONSULTANT | | \$0 | \$0 | \$0 | \$0 |
| SUBRECIPIENT | | \$0 | \$0 | \$0 | \$0 |
| OTHER DIRECT COSTS (ODC) | <i>Subject to IDC Calc</i> | | | | |
| ODC #1 | Y | \$0 | \$0 | \$0 | \$0 |
| ODC #2 | Y | \$0 | \$0 | \$0 | \$0 |
| ODC #3 | Y | \$0 | \$0 | \$0 | \$0 |
| ODC #4 | Y | \$0 | \$0 | \$0 | \$0 |
| ODC #5 | Y | \$0 | \$0 | \$0 | \$0 |
| ODC #6 | Y | \$0 | \$0 | \$0 | \$0 |
| TOTAL DIRECT COSTS | | \$0 | \$0 | \$0 | \$0 |
| Indirect (F&A) Costs | <u>F&A Base</u> | | | | |
| <u>Rate</u> | <u>MTDC *</u> | \$0 | \$0 | \$0 | \$0 |
| | | \$0 | \$0 | \$0 | \$0 |
| TOTAL COSTS PER YEAR | | \$0 | \$0 | \$0 | \$0 |
| TOTAL COSTS FOR PROPOSED PROJECT PERIOD | | | | | \$0 |

* MTDC = Modified Total Direct Cost

JUSTIFICATION. See Exhibit B1 - Follow the budget justification instructions.

Project Period Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

| | |
|---------------|-----------------|
| % | 10.00% |
| | <i>or</i> |
| Amount | \$10,000 |

Exhibit B3 – Invoice Elements

Invoice and Detailed Transaction Ledger Elements

In accordance with Section 14 of Exhibit C – Payment and Invoicing, the invoice, summary report and/or transaction/payroll ledger shall be certified by the University’s Financial Contact and the PI (or their respective designees).

Summary Invoice – includes either on the invoice or in a separate summary document – by approved budget category (Exhibit B) – expenditures for the invoice period, approved budget, cumulative expenditures and budget balance available¹

- Personnel
- Equipment
- Travel
- Subawardee – Consultants
- Subawardee – Subcontract/Subrecipients
- Materials & Supplies
- Other Direct Costs
 - TOTAL DIRECT COSTS (if available from system)
- Indirect Costs
 - TOTAL

Detailed transaction ledger and/or payroll ledger for the invoice period ²

- Univ Fund OR Agency Award # (to connect to invoice summary)
- Invoice/Report Period (matching invoice summary)
- GL Account/Object Code
- Doc Type (or subledger reference)
- Transaction Reference#
- Transaction Description, Vendor and/or Employee Name
- Transaction Posting Date
- Time Worked
- Transaction Amount

¹ If this information is not on the invoice or summary attachment, it may be included in a detailed transaction ledger.

² For salaries and wages, these elements are anticipated to be included in the detailed transaction ledger. If all elements are not contained in the transaction ledger, then a separate payroll ledger may be provided with the required elements.

Exhibit C – University Terms and Conditions

CMA (AB20) State/University Model Agreement Terms & Conditions 518

<http://www.dgs.ca.gov/ols/Resources/ModelContractLanguageUniversities.aspx>