

## **Corporate Experience Summary and References**

RAM Enterprises has been doing business with the State of California for 21 years. We were a Sole Proprietor company until 2006 when we incorporated as an S Corp. Corporation Number 2807047. Prior to working with the State of California,

RAM Enterprises is owned by Bob Moorhead, a disabled Vietnam veteran. Prior to working with the State of California, Bob was a sales manager for Digital Equipment a multinational large computer company and before that time was a Captain in the US Air Force

We are certified with the state as a small business and as a DVBE, Certification number 41365. Products we have supplied to the state include commodities....paper goods, janitorial goods, capital equipment to the state prisons, testing and analysis equipment to Dept of Public Health, City of Santa Clara, Dept of Conservation and Office of State Publishing.

Our business model is a distributor with authorized distributor agreement with several manufactures.

### **State References**

Dept of Conservation  
801 K St.  
Sacramento, CA 95814  
George Uyeki 916 327-4388

Dept of Public Health  
Food and Drug Laboratory  
850 Marina Bay Parkway  
Richmond, CA 94804  
Dorothy Johnson 916 650-0121

Dept of Water Resources  
1721 13<sup>th</sup> St  
Sacramento, CA 95811  
Peter Czerkies 916 653-7573

Santa Clara Valley Water District  
5905 Winfield Blvd  
San Jose, CA 95123  
Renee Huang 650 660-8159

These are the most recent contacts in these departments. Many contacts have retired or have left the state.

**IRAN CONTRACTING ACT VERIFICATION FORM**  
**(Public Contract Code sections 2202-2208)**


Prior to bidding on, submitting a proposal or executing a contract or renewal for a State of California contract for goods or services of \$1,000,000 or more, a vendor must either: a) certify it is **not** on the current list of persons engaged in investment activities in Iran created by the California Department of General Services ("DGS") pursuant to Public Contract Code section 2203(b) and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person, for 45 days or more, if that other person will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS; or b) demonstrate it has been exempted from the certification requirement for that solicitation or contract pursuant to Public Contract Code section 2203(c) or (d). The DGS list of entities prohibited from contracting with public entities in California per the Iranian Contracting Act, 2010, can be found at:

Department of General Services Procurement Division Iran Contracting Act List

To comply with this requirement, please insert your vendor or financial institution name and Federal ID Number (if available) and complete **one** of the options below. Please note: California law establishes penalties for providing false certifications, including civil penalties equal to the greater of \$250,000 or twice the amount of the contract for which the false certification was made; contract termination; and three-year ineligibility to bid on contracts. (Public Contract Code section 2205.)

**OPTION #1 - CERTIFICATION**

I, the official named below, certify I am duly authorized to execute this certification on behalf of the vendor/financial institution identified below, and the vendor/financial institution identified below is **not** on the current list of persons engaged in investment activities in Iran created by DGS and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person/vendor, for 45 days or more, if that other person/vendor will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS.

<i>Vendor Name/Financial Institution (Printed)</i>		<i>Federal ID Number (or n/a)</i>
RAM Enterprises		20-3700255
<i>By (Authorized Signature)</i>		
		
<i>Printed Name and Title of Person Signing</i>		
Bob Moorhead Owner		
<i>Date Executed</i>	<i>Executed in</i>	
23 Sept 2021	San Mateo, Ca	

#### **OPTION #2 – EXEMPTION**

Pursuant to Public Contract Code sections 2203(c) and (d), a public entity may permit a vendor/financial institution engaged in investment activities in Iran, on a case-by-case basis, to be eligible for, or to bid on, submit a proposal for, or enters into or renews, a contract for goods and services.

If you have obtained an exemption from the certification requirement under the Iran Contracting Act, please fill out the information below, and attach documentation demonstrating the exemption approval.

<i>Vendor Name/Financial Institution (Printed)</i>	<i>Federal ID Number (or n/a)</i>
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	<i>Date Executed</i>

## CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION

Pursuant to Public Contract Code Section 2010, if a bidder or proposer executes or renews a contract over \$100,000 on or after January 1, 2017, the bidder or proposer hereby certifies compliance with the following:

### 1. CALIFORNIA CIVIL RIGHTS LAWS:

For contracts over \$100,000 executed or renewed after January 1, 2017, the Contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and

### 2. EMPLOYER DISCRIMINATORY POLICIES:

For contracts over \$100,000 executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

## CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Contractor Name/Financial Institution (Printed):  
RAM Enterprises

Federal ID Number (or n/a):  
20-3700255

By (Authorized Signature):



Printed Name and Title of Person Signing:

Bob Moorhead Owner

Date Executed:  
23 Sept 2021

Executed in:  
San Mateo, Ca

## CONFIDENTIALITY STATEMENT


As an authorized representative and/or corporate officer of the company named below, I agree to provide and share this confidentiality statement with all persons employed by this company to work on or with the Electronic Vendor Application Qualifications (eVAQ) and will require all persons to adhere to the following policy:

All information belonging to the California Department of Technology or its affiliated agencies is considered sensitive and/or confidential and cannot be disclosed to any person or entity that is not directly approved to participate in the work required to execute this Agreement.

I certify that I will keep all eVAQ information, including, but not limited to information concerning the planning, processes, development or procedures of the eVAQ, and all communication with California Department of Technology or its affiliate's derivative of any procurement process, confidential and secure. I will not copy, give, or otherwise disclose such information to any other person unless the California Department of Technology has on file a Confidentiality Statement signed by those other persons, and the disclosure is authorized and necessary for the eVAQ. I understand that the information to be kept confidential includes, but is not limited to, specifications, administrative requirements, terms and conditions, concepts, and discussions, as well as written and electronic materials. I agree to follow any instructions provided by the eVAQ Team relating to the confidentiality of project information.

I fully understand that any unauthorized disclosure I make may be basis for civil suit, criminal penalties, and/or disciplinary action (for state employees). I agree to advise the Contract Administrator immediately in the event of an unauthorized disclosure, inappropriate access, misuse, theft, or loss of data.

All materials provided for this eVAQ, except where explicitly stated will be promptly returned or destroyed, as instructed by an authorized California Department of Technology representative. If the materials are destroyed and not returned, a letter attesting to their complete destruction which documents the destruction procedures must be sent to the contract manager at the California Department of Technology before payment can be made for services rendered. In addition, all copies or derivations, including any working or archival backups of the information, will be physically and / or electronically destroyed within five (5) calendar days immediately following either the end of the contract period or the final payment, as determined by the California Department of Technology.

Contractor Name/Financial Institution (Printed): RAM Enterprises		Federal ID Number (or n/a): 20-3700255
By (Authorized Signature): 		
Printed Name and Title of Person Signing: Bob Moorhead    Owner		
Date Executed: 23 Sept 2021	Executed in: San Mateo, Ca	

**PAYEE DATA RECORD**(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)  
STD 204 (Rev. 03/2021)**Section 1 – Payee Information****NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

RAM Enterprises

**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)

205 De Anza Blvd #133

**CITY, STATE, ZIP CODE**  
San Mateo, CA**E-MAIL ADDRESS**  
bob.moorhead@ramvet.com**Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>SOLE PROPRIETOR / INDIVIDUAL</b><br><input type="checkbox"/> <b>SINGLE MEMBER LLC</b> <i>Disregarded Entity owned by an individual</i><br><input type="checkbox"/> <b>PARTNERSHIP</b><br><input type="checkbox"/> <b>ESTATE OR TRUST</b> | <b>CORPORATION</b> (see instructions on page 2)<br><input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, chiropractic, etc.)<br><input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services)<br><input type="checkbox"/> <b>EXEMPT</b> (e.g., nonprofit)<br><input checked="" type="checkbox"/> <b>ALL OTHERS</b> |
|--|--|

**Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

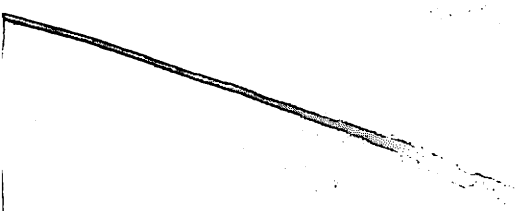
**OR****Federal Employer Identification Number (FEIN)**2 0 - 3 7 0 0 2 5 5**Section 4 – Payee Residency Status** (See instructions)

- ☒ **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.
- ☐ **CALIFORNIA NONRESIDENT** – 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 is attached.

**Section 5 – Certification***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.***NAME OF AUTHORIZED PAYEE REPRESENTATIVE**  
Bob Moorhead**TITLE**  
Owner**E-MAIL ADDRESS**  
bob.moorhead@ramvet.com**SIGNATURE****DATE**  
23 Sept 2021**TELEPHONE** (include area code)  
650 464-7052**Section 6 – Paying State Agency**

Please return completed form to:

**STATE AGENCY/DEPARTMENT OFFICE****UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**



James M. Clark



## FEDERAL DEBARMENT

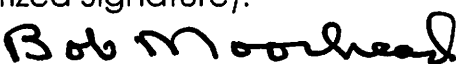
### Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

#### PRIME CONTRACTORS AND SUBCONTRACTORS

- 1) The Contractor certifies, by submission of this Application, that it and its principals:
  - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal agencies;
  - b) Have not within a three year period preceding this Application been convicted of, or had a civil judgment rendered against them for commission of, fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d) Have not within a three-year period preceding this Application had one or more public transactions (Federal, State or local) terminated for cause or default.
- 2) Where the Contractor is unable to certify to any of the statements in this certification, such Contractor shall attach an explanation to this Application.\*

\*Exceptions will not necessarily result in denial of award but will be considered in determining Applicant responsibility. For any exception noted, indicate to whom it applies, initiating agency, dates of action, and the type of violation.

I, the official named below, hereby swear that I am duly authorized to legally bind the prospective Contractor to the above described certification. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

Contractor Name/Financial Institution (Printed): RAM Enterprises		Federal ID Number (or n/a): 20-3700255
By (Authorized Signature): 		
Printed Name and Title of Person Signing: Bob Moorhead Owner		
Date Executed: 23 Sept 2021	Executed in: San Mateo, Ca	