

# LOS RIOS COMMUNITY COLLEGE DISTRICT

**PURCHASE ORDER NO 0001097914**

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

<b>Date</b> 04/02/2018	<b>Revision</b>	<b>Page</b> 1
<b>Payment Terms</b> NET 30	<b>Freight Terms</b> Shipping Point	<b>Ship Via</b> Best Metho
<b>Reference:</b> 1011225 SAATIA SHEWMAKERN		<b>Location / Dept</b> 04ASPH130 SME

**Supplier:** 0000040291  
 OMAX CORPORATION  
 21409 72ND AVE S  
 KENT WA 98032

**Phone:** (253) 872-2300

**email:** info@omax.com

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798  
 United States

**Bill To:** 1919 Spanos Court  
 Sacramento CA 95825-3981  
 United States

**Tax Exempt?** N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	WATERJET - PROTOMAX PERSONAL ABRASIVE WATERJET	1.00 EA	19,950.00	19,950.00	04/13/2018
2- 1	OPTIONS KIT - PROTOMAX SPARES AND OPTIONS KIT	1.00 EA	1,500.00	1,500.00	04/13/2018
3- 1	GARNET - 80 HPA GARNET	1.00 EA	405.00	405.00	04/13/2018
4- 1	SLAT	24.00 EA	2.95	70.80	04/13/2018
5- 1	LAST CHANCE FILTER	3.00 EA	19.00	57.00	04/13/2018
6- 1	MIXING TUBE	3.00 EA	175.00	525.00	04/13/2018
7- 1	SPLASH GUARD	1.00 EA	11.50	11.50	04/13/2018
8- 1	O-RING	2.00 EA	1.00	2.00	04/13/2018
9- 1	TUBING	3.00 EA	11.50	34.50	04/13/2018
10- 1	WATER FILTER	2.00 EA	12.50	25.00	04/13/2018
11- 1	BAG FILTER	3.00 EA	7.95	23.85	04/13/2018
12- 1	POLYMER CUTTING BED	1.00 EA	650.00	650.00	04/13/2018
13- 1	POLYMER BOARD	3.00 EA	75.00	225.00	04/13/2018
14- 1	SHIPPING ADDITIONAL FREIGHT FOR OPTIONS	1.00 EA	125.00	125.00	04/13/2018

PER QUOTE# 03162018-3

<b>Sub Total Amount</b>	23,604.65
<b>Sales Tax Amount</b>	1,829.39
<b>Total PO Amount</b>	25,434.04

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

**Authorized Signature**

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

# LOS RIOS COMMUNITY COLLEGE DISTRICT

**PURCHASE ORDER NO 0001097914**

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

<b>Date</b> 04/02/2018	<b>Revision</b>	<b>Page</b> 2
<b>Payment Terms</b> NET 30	<b>Freight Terms</b> Shipping Point	<b>Ship Via</b> Best Metho
<b>Reference:</b> 1011225 SAATIA SHEWMAKERN	<b>Location / Dept</b> 04ASPH130 SME	

**Supplier:** 0000040291  
 OMAX CORPORATION  
 21409 72ND AVE S  
 KENT WA 98032

**Phone:** (253) 872-2300

**email:** info@omax.com

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798  
 United States

**Bill To:** 1919 Spanos Court  
 Sacramento CA 95825-3981  
 United States

**Tax Exempt?** N

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	------------------	----------	-----	----------	--------------	----------

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	6490	12	FL.VI.MAKR	49000	00000	442C	25,434.04	2018

0001011225KIRKLINK29-MAR-2018

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

Addition to Terms and Conditions/Revised 01/26/18

23. CERTIFICATION: CONTRACTOR warrants that it is not debarred or suspended, proposed for debarment or declared ineligible for award of contracts by any Federal, State or local Agency.

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

Authorized Signature

on Total PO

Amount Page

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

## LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

### PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

# Requisition

**Supplier:** MISCELLANEOUS  
 \*\*\*\*\*  
 \*\*\*\*\* CA 95825  
 United States

P.O. BUSINESS SERVICES

0000003680

2018 MAR 21 P 12: 21

<b>Business Unit:</b> GENFD OPEN		Page 1
Req ID: 0001011225	Date: 03/14/2018	
Requisition Name: 2018 Omax for MAKR		
Requester Amira Saati		Bldg# SME
Requester Signature		
Buyer: Nicholas Shewmaker		
Approved:		
Entered By: SAATIA 14-MAR-2018		

**email:**

**Ship To:** RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	PROTOMAX PERSONAL ABRASIVE WATERJET	1	EA	19,950.00	19,950.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 1 PROFILE: EQP:OTHER					
2-1	PROTOMAX SPARES AND OPTIONS KIT	1	EA	1,500.00	1,500.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 1 PROFILE: EQP:OTHER					
3-1	80 HPA GARNET	1	EA	405.00	405.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 1 PROFILE: EQP:OTHER					
4-1	SLAT	24	EA	2.95	70.80	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 24 PROFILE: EQP:OTHER					
5-1	LAST CHANCE FILTER	3	EA	19.00	57.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 3 PROFILE: EQP:OTHER					
6-1	MIXING TUBE	3	EA	175.00	525.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 3 PROFILE: EQP:OTHER					
7-1	SPLASH GUARD	1	EA	11.50	11.50	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 1 PROFILE: EQP:OTHER					
8-1	O-RING	2	EA	1.00	2.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 2 PROFILE: EQP:OTHER					
9-1	TUBING	3	EA	11.50	34.50	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 3 PROFILE: EQP:OTHER					
10-1	WATER FILTER	2	EA	12.50	25.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 2 PROFILE: EQP:OTHER					
11-1	BAG FILTER	3	EA	7.95	23.85	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 3 PROFILE: EQP:OTHER					
12-1	POLYMER CUTTING BED	1	EA	650.00	650.00	04/13/2018
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 1 PROFILE: EQP:OTHER					

<b>Approval Signature</b> 	<b>Approval Signature</b> 	<b>Approval Signature</b>
-------------------------------	-------------------------------	---------------------------

# Requisition

Supplier: MISCELLANEOUS 0000003680  
 \*\*\*\*\*  
 \*\*\*\*\* CA 95825  
 United States

email:

Ship To: RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798

Business Unit: <b>GENFD OPEN</b>	
Req ID: 0001011225	Date: 03/14/2018
Page 2	
Requisition Name: 2018 Omax for MAKR	
Requester: Amira Saati	Bldg#: SME
Requester Signature	
Buyer: Nicholas Shewmaker	
Approved:	
Entered By: SAATIA 14-MAR-2018	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
13-1	POLYMER BOARD	3	EA	75.00	225.00	04/13/2018
ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQU:OTHER 3 PROFILE: EQP:OTHER						
14-1	SHIPPING ADDITIONAL FREIGHT FOR OPTIONS	1	EA	125.00	125.00	04/13/2018
ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: SHP 1 PROFILE: EQP:OTHER						
15-1	TAX	1	EA	1,829.36	1,829.36	04/13/2018
ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: TAX 1 PROFILE: EQP:OTHER						

Total Requisition Amount: 25,434.01

OMAX Corporation  
 21409 72nd Ave. South  
 Kent, WA 98032  
 Phone: 818.647.1994  
 Hours: 7 am to 4 pm (Pacific Time)  
 Visit us online at www.protomax.com

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	6490	12	FL.VI.MAKR	49000	00000	442C	25,434.01

**Purchases Charged to Catagorical Programs, Grants or Special Project.**

This purchase is in compliance with the requirement of Makerspace

For grants/special projects 442C

Eligible Equipment [Signature]

Name: \_\_\_\_\_

Approval Signature <u>[Signature]</u>	Approval Signature <u>[Signature]</u>	Approval Signature
--	--	--------------------







American River College ■ Cosumnes River College ■ Folsom Lake College ■ Sacramento City College

# VENDOR PACKET

1. REVIEW :

- Welcome Letter
- Vendor Application
- Contractor Requirements for public works projects including maintenance
- Insurance Requirements for vendors providing onsite or contract services
- Purchase Order Terms and Conditions

2. COMPLETE AND RETURN:

- Vendor Application
- Federal Tax Form W-9
- CA Tax Form(s) - 590, 587, 588, 589 as applicable
- Insurance Certificate

---

VENDOR NAME: Omax

Return the following documents via email, mail or fax:

Application    W-9    CA Tax Form    Insurance

Email – [lrccdpurchase@losrios.edu](mailto:lrccdpurchase@losrios.edu)  
Mail – 1919 Spanos Court, Sacramento, CA 95825  
Fax – (916) 568-3145





**LOS RIOS**  
 COMMUNITY COLLEGE DISTRICT  
 1919 Spanos Court ■ Sacramento, CA 95825  
 PURCHASING DEPARTMENT (916) 568-3071  
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

# VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: DAVE FULLER

NAME OF FIRM <u>OMAX CORP</u>	FEDERAL ID# OR SOCIAL SECURITY # <u>91-15919211</u>
MAILING ADDRESS <u>21409 72ND AVE S, KENT, WA 98032</u>	REMIT ADDRESS (if different)

PHONE <u>253-872-2300</u> FAX	EMAIL <u>INFO@PROTOMAX.COM</u>
-------------------------------	--------------------------------

WEBSITE <u>WWW.OMAX.COM</u>	<b>ORGANIZATION/REGISTRATION</b> (Check all that apply) Individual <input type="checkbox"/> Contractor License# _____ Partnership <input type="checkbox"/> _____ Non Profit <input type="checkbox"/> DIR Registration# _____ <input checked="" type="checkbox"/> Corporation (List State Incorporated) <u>WA</u> Is business registered in the State of California? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
<b>AUTHORIZED COMPANY REPRESENTATIVES</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td><u>DAVE FULLER</u></td> <td><u>PRODUCT MGR - PROTOMAX</u></td> <td><u>DAVE.FULLER@OMAX.COM</u></td> </tr> <tr> <td><u>KIMBALL SMITH</u></td> <td><u>SALES MGR - PROTOMAX</u></td> <td><u>KIMBALL.SMITH@OMAX.COM</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Title/Capacity	Email	<u>DAVE FULLER</u>	<u>PRODUCT MGR - PROTOMAX</u>	<u>DAVE.FULLER@OMAX.COM</u>	<u>KIMBALL SMITH</u>	<u>SALES MGR - PROTOMAX</u>	<u>KIMBALL.SMITH@OMAX.COM</u>			
Name	Title/Capacity	Email											
<u>DAVE FULLER</u>	<u>PRODUCT MGR - PROTOMAX</u>	<u>DAVE.FULLER@OMAX.COM</u>											
<u>KIMBALL SMITH</u>	<u>SALES MGR - PROTOMAX</u>	<u>KIMBALL.SMITH@OMAX.COM</u>											

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
<u>WATERJET CUTTING SYSTEMS</u>	<u>WATERJET PARTS</u>	

<b>VENDOR CERTIFICATION</b> I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer. <u>DF</u> INITIALS	<b>OTHER BUSINESS INFORMATION</b> Payment Terms <u>NET 30</u> Discounts Extended <u>NONE</u> Refund/Returns <u>RMA PROCESS</u> <u>David D. Fuller</u> <u>PRODUCT MGR</u> <u>3/19/2018</u> SIGNATURE TITLE DATE
---	--



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>OMAX CORPORATION</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) <b>21409 72ND AVENUE SOUTH</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>KENT WA 98032</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or									
Employer identification number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">9</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">1</td> </tr> </table>	9	1	-	1	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">5</td> <td style="width: 25%; text-align: center;">9</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">9</td> </tr> </table>	5	9	1	9
9	1	-	1						
5	9	1	9						
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>	2	1		
2	1								

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶		Date ▶ <b>Dec 20, 2017</b>
------------------	----------------------------	--	----------------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**LOS RIOS COMMUNITY COLLEGE DISTRICT  
Sole/Single Source Purchase Justification**

Vendor: Omax Requisition No: 0001011225  
Commodity/Service: Protomax Personal Abrasive Waterjet  
Estimated annual expenditure for the above commodity or service: \$: 25,000

---

Pursuant to Purchasing Policy, Sole/Single Source purchase requests & approvals must be performed in advance and shall be supported by written documentation. This form and appropriate supporting documentation fulfills that requirement.

Initial all entries below that apply to the proposed purchase. Attach supporting documentation and justification memo as described below (More than one entry will apply to most sole/single source products/services for purchase requested).

1. 30 SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER, THERE ARE NO REGIONAL DISTRIBUTORS. (Attach the manufacturer's written certification that no regional distributors exist. Item no. 4 also must be completed.)
2. \_\_\_\_\_ SOLE SOURCE REQUEST IS FOR ONLY GREATER SACRAMENTO AREA DISTRIBUTOR OF THE ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturers — not the distributor's — written certification that identifies all regional distributors. Item no. 4 also must be completed.)
3. 30 THE PARTS/EQUIPMENT IS NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER. (Explain in separate memorandum.)
4. \_\_\_\_\_ THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum with details of specialized function or application.)
5. \_\_\_\_\_ THE PARTS/EQUIPMENT IS REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZATION. (Attach memorandum describing basis for standardization request.)
6. \_\_\_\_\_ CALIFORNIA MULTIPLE AWARD SCHEDULE (CMAS) PURCHASE CONTRACT NO: \_\_\_\_\_
7. \_\_\_\_\_ "PIGGY-BACK"/UMBRELLA PURCHASE ON ANOTHER GOVERNMENT ENTITY'S CONTRACTS
8. \_\_\_\_\_ NONE OF THE ABOVE APPLIES. A DETAILED EXPLANATION AND JUSTIFICATION FOR THIS SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.

The undersigned requests commodities and services to be procured from the vendor identified as the sole/single source supplier of the service or material described in this sole/single source justification and is authorized as a sole/single source for the service or material.

[Signature] 15-Mar 2018  
AUTHORIZED SIGNATURE – Dean/Department DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE – VPA/BSO DATE

**SOLE/SINGLE SOURCE AUTHORIZATION:  
(PURCHASING USE ONLY)**

APPROVED       DISAPPROVED

By: \_\_\_\_\_ Date: \_\_\_\_\_ Guidelines Div. #: \_\_\_\_\_

**LOS RIOS COMMUNITY COLLEGE DISTRICT**

1919 Spanos Court, Sacramento, CA 95825  
Phone (916) 568-3071 FAX (916) 568-3145  
Purchasing Department  
[lrcddpurchase@losrios.edu](mailto:lrcddpurchase@losrios.edu)



Sacramento City College    American River College    Cosumnes River College    Folsom Lake College

**CONFLICT OF INTEREST STATEMENT**


This is to certify that the undersigned employee(s) has/have no economic interests which may foreseeably be materially affected by having participated in the development of the specifications for service, equipment and/or material represented by the referenced requisition.

*(Pursuant to District Regulation R-8323 and District Policy P-8611*

*This form must be signed and submitted with the Purchase Requisition (GS Form 127) for those transactions listed below.)*

- ❖ Sole Source
- ❖ Professional Service Agreements
- ❖ Service Agreements (GS Form 78: Rev. 2/2012)
- ❖ Selection Committee Recommendations (formal process)

**READ CAREFULLY BEFORE SIGNING:**

 22-Mar 2018  
Employee/Date

\_\_\_\_\_  
Selection Committee Member/Date

0001011225  
Requisition Number

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

OFFICIAL USE ONLY:	
PURCHASE ORDER#	
BUYER/DATE:	



## Awabdy, Amira

---

**From:** Dave Fuller <Dave.Fuller@omax.com>  
**Sent:** Monday, March 19, 2018 8:42 AM  
**To:** Awabdy, Amira  
**Cc:** Kimball Smith  
**Subject:** RE: Folsom Lake College: ProtoMAX Quote and Vendor Packet Needed

Thanks Amira, yes, we do not have any regional distributors in your area. The only one we have in CA is in Southern California who covers Bakersfield South to the California / Mexico Border. Is this sufficient?

Regards, Dave  
Mobile: 1-206-369-0692

**From:** Awabdy, Amira [mailto:SaatiA@arc.losrios.edu]  
**Sent:** Monday, March 19, 2018 8:30 AM  
**To:** Dave Fuller  
**Cc:** Kimball Smith  
**Subject:** RE: Folsom Lake College: ProtoMAX Quote and Vendor Packet Needed

Hello,

Thank you for getting the revised quote and the signed documents back to me. If any additional steps are required by the District, I will contact the both of you.

I will also need to include a Manufacturer's written certification that no regional distributors of this Waterjet exist.

Is it possible to get that?

Thank you,  
Amira

**From:** Dave Fuller <Dave.Fuller@omax.com>  
**Sent:** Monday, March 19, 2018 7:56 AM  
**To:** Awabdy, Amira <SaatiA@arc.losrios.edu>  
**Cc:** Kimball Smith <Kimball.Smith@omax.com>  
**Subject:** Folsom Lake College: ProtoMAX Quote and Vendor Packet Needed

Hello Amira, please see the attached Vendor App and our W9. The remainder of the forms you sent are not applicable as we are selling a product vs. service. The product is installed and serviced by the customer with assistance from OMAX via phone, remote access and email. **Kimball** will send a revised quote with the O-ring error corrected.

Regards,



**Dave Fuller**  
Product Manager  
Direct Line: 253-796-6304  
Mobile: 206-369-0692  
Email: [dave.fuller@omax.com](mailto:dave.fuller@omax.com)



OMAX Corporation  
253.872.2300  
21409 72nd Ave.  
South  
Kent, WA 98032 USA

**From:** Awabdy, Amira <SaatiA@arc.losrios.edu>  
**Sent:** Thursday, March 15, 2018 3:40 PM  
**To:** Kimball Smith <Kimball.Smith@omax.com>  
**Cc:** Dowell, Zachary <DowellZ@flc.losrios.edu>  
**Subject:** ProtoMAX Quote and Vendor Packet Needed

Hi Kimball,

I work with Zack at Folsom Lake College. We are in the process of completing a purchase order for the water jet; however, before we can move forward the Los Rios Community College District is in need of some information contained in the VENDORFORM attached to this email. This is required of all new Los Rios vendors. Please fill out and return at your earliest convenience to be added to our list of approved vendors.

Also, I noticed a mathematical error in the quote that was provided. The total O-ring amount is \$3 even though the quantity is 2 with the Unit Price is \$1. Can you please provide an updated quote for that? Unfortunately, the district will not accept it with this error.

Please let me know if you have any questions.

Thank you,  
Amira

Amira Saati  
FLC-Innovation Center/Learning Skills  
Makerspace Project Specialist  
Science Center FL2-234  
916.608.6747

*Joany Harman*

**Joany Harman** | Business Services Supervisor  
Folsom Lake College | 10 College Parkway | Folsom, CA 95630  
p. 916.608-6622 | f. 916.608.6553 | [harmanj@flc.losrios.edu](mailto:harmanj@flc.losrios.edu) | [www.flc.losrios.edu](http://www.flc.losrios.edu)

---

**From:** Dowell, Zachary  
**Sent:** Tuesday, March 20, 2018 6:42 PM  
**To:** Harman, Joany <[harmanj@flc.losrios.edu](mailto:harmanj@flc.losrios.edu)>  
**Cc:** Awabdy, Amira <[SaatiA@arc.losrios.edu](mailto:SaatiA@arc.losrios.edu)>; McCormac, Gregory <[McCormG@flc.losrios.edu](mailto:McCormG@flc.losrios.edu)>  
**Subject:** Sole Source: Omax Protomax

Joany,

This is the sole source justification for the Omax Protomax. Amira asked me to forward.

### **Folsom Lake College Innovation Center**

To: Greg McCormac, Brenda Haney  
From: Dowell, Zachary  
CC: Linda Santoro  
Date: 03/20/18  
Re: Sole Source Justification, Omax Protomax Waterjet

---

3. The parts/equipment is not interchangeable with similar parts of another manufacturer. There are no other office-sized water jet cutters that offer the same material handling capabilities and small form factor.
4. This is the only known item or service that will meet the specialized needs of this department or perform the intended function.  
Based on extensive research, the only appropriate, affordable and well-supported office-sized waterjet that meets the needs of the Innovation Center is the Protomax. The only vendor for the Protomax is Omax.



## Haney, Brenda

---

**From:** Haney, Brenda  
**Sent:** Wednesday, March 21, 2018 9:04 AM  
**To:** Dowell, Zachary; Awabdy, Amira  
**Cc:** McCormac, Gregory; Santoro, Linda  
**Subject:** RE: Sole Source: Omax Protomax  
**Attachments:** Sole Source Purchase Justification Memo & Form.pdf

Hi Zack / Amira,

Thank you for this update.

I've made note of this in my file, but BSO has not yet received a this signed OLR for OMAX Corporation.

With that - please make sure the following paperwork is submitted with your OLR.

- New Vendor Packet – completed by OMAX Corporation (or advise if you need District assistance with this step).  
LRCCD Link: <http://www.losrios.edu/purchasing/docs/VENDORFORM.pdf>
- Completed Sole Source Justification forms and attachments:
  - Your email will suffice for Item 3 & 4 of SSJ form.
  - You will also need to complete Item# 1 on SSJ form , and obtain a Manufacturer's written certification that no regional distributors exist.
- Quote from OMAX Corp. for items on OLR.
- Include all documentation regarding the clearances from FLC Operations, FM and City of Folsom approving the installation and use of this equipment in FLC Innovation Centers/Makerspace.

Hope this helps. Please let me know if you have any questions. I look forward to processing your OLR package when it reaches my desk.

Ps... love the great things happening in your Markerspace – (so far I only see them through purchasing), I gotta get over there and check it out in person!

Thank you,

*Brenda Haney*

Business Services

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

☎ 916.608.6635 | ✉ [haneyb@flc.losrios.edu](mailto:haneyb@flc.losrios.edu)

---

**From:** Harman, Joany  
**Sent:** Wednesday, March 21, 2018 8:14 AM  
**To:** Dowell, Zachary <DowellZ@flc.losrios.edu>; Haney, Brenda <haneyb@flc.losrios.edu>  
**Cc:** Awabdy, Amira <SaatiA@arc.losrios.edu>; McCormac, Gregory <McCormG@flc.losrios.edu>  
**Subject:** RE: Sole Source: Omax Protomax

This should go to Brenda. I have included her here.

Thank you,