

6201 Winnetka Avenue, Woodland Hills, CA 91371

Tel: 818-710-2860 / Fax: 818-610-6508

-	<u>:</u>	

Application for Use of College Facilities

Today's Date:		Event Date:		include a separate list with this application
Event:			Event Time Start & End T	
Organization Name:			Amount of	hours for Set-up:
Organization Address: Street, City, State, Zip			Amount of	hours for Wrap:
Contact:	Phone:		_	ed Number of nts/Spectators:
Email:		Website and/or Social where event is being adv		
Facility or Facilities Requested:				ed Number of chicles:
NOTE For specific set-up requirements, or				ns and/or details.
Are you charging admission to your	event?	Yes:	No:]
If yes, what is admission amount? Will you be serving food? Yes: Is this event a fundraiser? Yes:		No: No:		
Parking is available on Campus for \$3/day, per vehicle. The Sheriff will cite your vehicle if no parking permit is visible. Many events require the hiring of personnel (Sheriff security, custodial, technicians, liaisons, etc). First Time Applicants: Please submit a completed W9 form and LACCD Vendor Form				
Insurance is required to rent Pierce/LAC 1) A Certificate of Insurance - General Liability, r - Umbrella Excess Liability, min \$4,0 2) Additional Insured Endorsement - Nan 3) Waiver of Subrogation (aka: Waiver of Table 2)	min \$1,000,0 000,000/each ning LACCD	00/occurance and \$2,000,00 occurance. Worker's Com 0 (770 Wilshire Blvd, Los A	0/aggregate. Auto Lia p Statutory, \$1,000,000 ngeles, CA 90017) as A	bility, \$1,000,000/any auto Deach accident Additional Insured

Please note: Requestor is responsible for the arrangement, pick-up, return, and payment for any rentals necessary to support their event

The following wording is required on all documents: "Los Angeles Community College District (LACCD), its Board, Officers, Employees, Agents and Volunteers are named as Additional Insured per attached Endorsement Form. Waiver of Subrogation and Primary Non-Contributory apply per attached Endorsement."



Create Vendor Form

NAME OF THE REQUESTOR:

Send this form to: ProcurementVendorMaintenance@email.laccd.edu

= required information; must enter information.

Requestor is an LACCD employee who seeks to do business with the vendor for LACCD. Requestor is neither the vendor nor has any interest whatsoever connected to the vendor including, but not limited to, financial interest and/or non-financial interest.

Include a W-9 Fo	rm with this form	<u> </u>					
GENERAL INFORM	ATION					OTHER LINKS	WEBSITES FOR VENDOR CERTIFICATION
* Legal Name of Ver	ndor:					Cal/OSHA Consultation Services	Build LACCD
						Contractors State Licensing Board	California Department of General Services
* Social Security I	Number <u>OR</u>						California Department of Transportation
* Federal Tax ID I	Number:						California Unified Certification Program
* Telephone Numbe	r:						City of Los Angeles
Contractor License In	nfo: Cla	ass:			License No	o:	Metropolitan Transportation Authority
Web Page Address:							Metropolitan Water District of Southern California
,							U.S. Small Business Administration
SALES CONTACT					* ADDRES	S INFORMATION	
* Person/Name:					Address:		
* Telephone Number	:				City:		
FAX:					State:		
Email:					Zip:		
Payment terms (net	30 unless otherwise	specif	ied):				
Shipping Terms FOE	B Destination (Choose	e from the	e following):		REMIT TO	Address (if different from	address above)
☐Prepaid & Allowed	d □Prepaid &	Added	I to invoice		Address:		
* Product Code Cate	gories (see page 3	for a li	st of product c	odes):	City:		
					State:		
					Zip:		
				isiness that has met the applicable or a California public agency as a s	e ownership, operation, and size requirements, and has been certified small business enterprise.		
	ocal shall mean a bus	siness th	ness that has its principal place of business in the County of Los Angeles.				
LOCAL	Emerging shall mean a firm that has been in bus			m that has b	een in business in its substantially	v current form for up to five years.	
☐ EMERGING	•	ATE)					· ·
DISABLED VETERAN OWNED Disabled Veteran Owned business shall mean a business that is 51% owned and operated by one or more disabled veterans certified by the State of California Department of General Services or a Federal government agency.							



LOS ANGELES COMMUNITY COLLEGES

770 WILSHIRE BOULEVARD, LOS ANGELES, CALIFORNIA 90017 • 213/891-2000

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST ADMINISTRATIVE OFFICES

Dear Vendor:

The Los Angeles Community College District ("LACCD") is committed to the participation of the following types of entities: Small, Local, Emerging, and Disabled Veteran Owned. The LACCD in complying with California Code of Regulations Section 59500 et seq., requests your response to the following questionnaire. Using the following criteria, please determine the classification under which your business qualifies; and, please indicate if your business obtains at least 50% of its materials or services from suppliers or subcontractors meeting those definitions. Also, please check on the reverse side all product categories applicable to your company. Additionally, please see the Create Vendor Form for active website links for further information. If all fields below are not completed, the vendor will be non-responsive and will not be placed in the system as an approved vendor.

SMALL

Small shall mean a business that has met the applicable ownership, operation, and size requirements, and has been certified by a Federal agency or a California public agency as a small business enterprise.

LOCAL

Local shall mean a business that has its principal place of business in the County of Los Angeles.

EMERGING

Emerging shall mean a firm that has been in business in its substantially current form for up to five years.

DISABLED VETERAN OWNED

Disabled Veteran Owned business shall mean a business that is 51% owned and operated by one or more disabled veterans certified by the State of California Department of General Services or a Federal government agency.

VENDOR'S SELF-CERTIFICATION

A vendor is the follo	owing type of entity (ple	ease mark all boxes th	nat are applicable):
Small: □	<u>Local</u> : □	Emerging:	Disabled Veteran Owned: □
A vendor's subcont applicable):	ractors/suppliers that p	rovide at least 50% of	labor/materials are (please mark all boxes that are
Small: □	Local: □	Emerging:	<u>Disabled Veteran Owned</u> : □
Submitted by:			
Company Name			Signature
Address		_	Title
Phone Number		_	Date

PLEASE EMAIL ALL COMPLETED FORMS TO: ProcurementVendorMaintenance@email.laccd.edu

PRODUCT CODE CATEGORY	Code	PRODUCT CODE CATEGORY	Code
Architectural/Engineering Audio/Visual Equipment Audio/Visual Supplies Advertising Agricultural Air Conditioning Appliances Art Supplies Athletic Equipment Autobody Supplies Automotive Supplies Beauty Supplies Beauty Supplies Beauty Supplies Beauty Supplies Beauty Supplies Chemicals – Scientific Childcare Equip/Supplies Classroom Furniture Clocks Timeclocks/Alarm Communication Radio/Cell/page Computer Hardware/Peripherals Computer Software Computer Supplies Drafting Equipment/Supplies Drafting Equipment/Supplies Drafting Equipment/Supplies Draperies Curtains/Blinds Electrical Supplies wire/breakers Electronic Supplies laboratory Fencing Fence/Poles/Gates Flooring Carpet/Tile/Linoleum Food Service Supplies/Food Freight Moving/Freight Furniture-Classroom Furniture-Office Glass Windows/Supplies Hardware screws/nails/hammers Heating/Venting, Filter/AC/Boilei Horticulture, Plants/Trees/Seed	ARCH/ENG AV EQUIP AV SUPPLY ADVERTISE AGRICULTUR AIR COND APPLIANCES ART SUPPLY ATHLETIC AUTOBODY AUTOMOTIVE AVIATION BEAUTY SUP BOOKS BUILD MAT CHEMICALS CHILDCARE CLAS-FURN CLOCKS COMMUNICAT COMP HARD COMP SOFT COMP SUP COPYING CULINARY DENTAL DRAFTING DRAPERIES ELECTRICAL ELECTRONIC FENCING FLOORING FOOD SERVE FREIGHT FURN-CLAS FURN-OFC GLASS CHEAT/VENT HORTICULTU INDUST ART	(CONSTRUCTION JANITORIAL LABORATORY LANSCAPIN LAUNDRY LIBRARY LIGHTING LOCKS LUMBER MAILROOM MAINTENANC MAT HANDLE MEASURING MEDICAL MUSIC NURSING OFC FURN OFC MACHIN OFC SUPPLY PAINT SUP PAPER PHOTO PLUMBING POLICE POOL PRINT SERV PRINTING RENTAL REPAIRS ROOFING SAFETY/FIR SCIENTIFIC SEWING SIGNS SOFTWARE SUBSCRIPT THEATRE TOOLS UTILITIES VEHICLES VOCATIONAL
(_) Instructional, Telescope/Micro	INSTRUCTIO		WAREHOUSE



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Dear Vendor:

The Los Angeles Community College District welcomes your interest in doing business with our nine campuses and the Educational Services Center. Each of these 10 locations has both very diverse and specific needs in order to provide the best services available to our students.

Los Angeles City College 855 N. Vermont Avenue Los Angeles, CA 90029 (323) 953-4000

Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744 (310) 522-8200

Los Angeles Pierce College 6201 Winnetka Avenue Woodland Hills, CA 91371 (818) 347-0551

Los Angeles Trade-Technical College College 400 W. Washington Blvd. Los Angeles, CA 90015 (213) 744-9500

West Los Angeles College 4800 Freshman Drive Culver City, CA 90230 (310) 287-4200 East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754 (323) 265-8650

Los Angeles Mission College 13356 Eldridge Avenue Sylmar, CA 91342-3245 (818) 364-7600

Los Angeles Southwest College 1600 Imperial Highway Los Angeles, CA 90047 (323) 241-5225

Los Angeles Valley 5800 Fulton Avenue Valley Glen, CA 91401 (818) 781-1200

Educational Services Center 770 Wilshire Blvd. Los Angeles, CA 90017 (213) 891-2000

The Educational Services Center houses the Contracts and Purchasing Division offices, however, there are three Regional locations (College Procurement Specialists) which you may also call upon for information.

Ms. Ramona Divinagracia Mr. Kim Hoffman Ms. Marcia Webb (818) 947-2547 (323) 415-4154 (310) 233-4256

<u>Valley, Pierce, & Mission</u> <u>East, Trade, & West</u> <u>City, Southwest, & Harbor</u>

Please do not hesitate to contact us should you have any questions. We also advertise for Formal Bids and Proposals via our web page: http://www.LACCD.edu.go to the line: **Doing Business with the District** to source existing and future bids and proposal needs.



Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as snown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
e. ns on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)	
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own Other (see instructions) ▶	vner. Do not check owner of the LLC is ple-member LLC that	Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
See Sp	5 Address (number, street, and apt. or suite no.) See instructions.6 City, state, and ZIP code	nd address (optional)	
	7 List account number(s) here (optional)		
Par			
acku eside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avup withholding. For individuals, this is generally your social security number (SSN). However, for talien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	or a	eurity number
TIN, la		or	
Numb	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	and Employer	identification number
Par	t 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,

	or abandonment of secured property, cancellation of debt, contributions to an individual interest and dividends, you are not required to sign the certification, but you must provid	0 (// 0)/ 1)
Sign Here	Signature of U.S. person ▶	Date▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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,