



Office of Special Events

Application for Use of College Facilities

<u>Today's Date:</u>		<u>Event Date:</u>	*For multiple dates, please include a separate list with this application
<u>Event:</u>		<u>Event Time:</u> Start & End Time	
<u>Organization Name:</u>		<u>Amount of hours for Set-up:</u>	
<u>Organization Address:</u> Street, City, State, Zip		<u>Amount of hours for Wrap:</u>	
<u>Contact:</u>	<u>Phone:</u>	<u>Anticipated Number of Participants/Spectators:</u>	
<u>Email:</u>		<u>Website and/or Social Media where event is being advertised:</u>	
<u>Facility or Facilities Requested:</u>		<u>Anticipated Number of Vehicles:</u>	
<u>Description of Event:</u>			
NOTE For specific set-up requirements, or special details, please attach additional page with instructions and/or details.			

Are you charging admission to your event? **Yes:** **No:**

If yes, what is admission amount?

Will you be serving food? **Yes:** **No:**

Is this event a fundraiser? **Yes:** **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/LACCD Facilities. Copies of the following insurance documents must be submitted:

- 1) **A Certificate of Insurance:**
 - (i) **General Liability**, min \$2,000,000/occurrence and \$4,000,000/aggregate. (ii) **Auto Liability**, \$1,000,000/any auto
 - (iii) **Sexual Abuse or Molestation (SAM) Liability**: \$1,000,000/claim. (iv) **Worker's Comp** Statutory, \$1,000,000/each accident
- 2) **Additional Insured Endorsement** - Naming LACCD (770 Wilshire Blvd, Los Angeles, CA 90017) as Additional Insured
- 3) **Waiver of Subrogation (aka: Waiver of Transfer of Rights) Endorsement** - Naming LACCD (770 Wilshire Blvd, Los Angeles, CA 90017)

*The TWO Endorsements should be submitted on separate endorsement pages attached to the certificate(s) of insurance.

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."

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

PAYMENT IN FULL IS REQUIRED AT THE TIME OF PERMIT ISSUANCE

Submit form to Danny Illouz in Administrative Services: illouz@piercecollege.edu



Create New Vendor

Update Vendor _____

Create or Update Vendor Form

*** NAME & CAMPUS OF THE REQUESTOR:****Requestor: send this form to: ProcurementVendorMaintenance@email.laccd.edu****NOTE: * = required information; must enter information.****Include a W-9 Form with this form.**

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.

GENERAL INFORMATION	OTHER LINKS	WEBSITES FOR VENDOR CERTIFICATION
* Legal Name of Vendor: _____	Cal/OSHA Consultation Services	Build LACCD
DBA, if applicable: _____	Contractors State Licensing Board	California Department of General Services
* Social Security Number OR _____		California Department of Transportation
* Federal Tax ID Number: _____		California Unified Certification Program
* Telephone Number: _____		City of Los Angeles
Contractor License Info: Class: _____ License No: _____		Metropolitan Transportation Authority
Web Page Address: _____		Metropolitan Water District of Southern California
		U.S. Small Business Administration

SALES CONTACT	* ADDRESS INFORMATION
* Person/Name: _____	Address: _____
* Telephone Number: _____	City: _____
FAX: _____	State: _____
Email: _____	Zip: _____

Payment terms (net 30 unless otherwise specified): _____

Shipping Terms FOB Destination (Choose from the following):

☐ Prepaid & Allowed
 ☐ Prepaid & Added to invoice

* Product Code Categories (see page 3 for a list of product codes): _____

REMIT TO Address (if different from address above)
 Address: _____
 City: _____
 State: _____
 Zip: _____

* Check all categories that apply to the company.

- ☐ NOT APPLICABLE
☐ SMALL
☐ LOCAL
☐ EMERGING _____ (DATE)
☐ DISABLED VETERAN OWNED

Not Applicable shall mean that a business is **not** any of the following: Small, Local, Emerging, or Disabled Veteran Owned.**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** shall mean a business that has its principal place of business in the County of Los Angeles.**Emerging** shall mean a firm that has been in business in its substantially current form for up to five years.**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.

NOT APPLICABLE

Not Applicable shall mean that a business is not any of the following categories: Small, Local, Emerging, or Disabled Veteran Owned.

VENDOR'S SELF-CERTIFICATION

A vendor is the following type of entity (please mark all boxes that are applicable):

Small: ☐ Local: ☐ Emerging: ☐ Disabled Veteran Owned: ☐ Not Applicable: ☐

A vendor's subcontractors/suppliers that provide at least 50% of labor/materials are (please mark all boxes that are applicable):

Small: ☐ Local: ☐ Emerging: ☐ Disabled Veteran Owned: ☐ Not Applicable: ☐

Submitted by:

Company Name

Signature

Address

Title

Phone Number

Date

REQUESTOR: PLEASE EMAIL ALL COMPLETED FORMS TO:

ProcurementVendorMaintenance@email.laccd.edu

PRODUCT CODE CATEGORY	Code	PRODUCT CODE CATEGORY	Code
☐ Architectural/Engineering	ARCH/ENG	☐ Construction Contractor	CONSTRUCTION
☐ Audio/Visual Equipment	A/V EQUIP	☐ Janitorial Equipment/Supplies	JANITORIAL
☐ Audio/Visual Supplies	A/V SUPPLY	☐ Laboratory Supplies	LABORATORY
☐ Advertising	ADVERTISE	☐ Landscaping	LANDSCAPIN
☐ Agricultural	AGRICULTUR	☐ Laundry	LAUNDRY
☐ Air Conditioning	AIR COND	☐ Library Equipment/Supplies	LIBRARY
☐ Appliances	APPLIANCES	☐ Lighting Fixtures/Lamps	LIGHTING
☐ Art Supplies	ART SUPPLY	☐ Locks/Locksmiths	LOCKS
☐ Athletic Equipment	ATHLETIC	☐ Lumber	LUMBER
☐ Autobody Supplies	AUTOBODY	☐ Mailroom Equip/Supplies	MAILROOM
☐ Automotive Supplies	AUTOMOTIVE	☐ Maintenance Service	MAINTENANC
☐ Aviation Equip/Supplies	AVIATION	☐ Material Handling	MAT HANDLE
☐ Beauty Supplies	BEAUTY SUP	☐ Measuring Instruments	MEASURING
☐ Books Library/Educational	BOOKS	☐ Medical Equipment	MEDICAL
☐ Building Materials	BUILD MAT	☐ Music Instruments/Sheet Music	MUSIC
☐ Chemicals – Scientific	CHEMICALS	☐ Nursing Equip/Supplies	NURSING
☐ Childcare Equip/Supplies	CHILDCARE	☐ Office Furniture-Desks/Chairs.etc.	OFC FURN
☐ Classroom Furniture	CLAS-FURN	☐ Office Machines	OFC MACHIN
☐ Clocks Timedlocks/Alarm	CLOCKS	☐ Office Supplies	OFC SUPPLY
☐ Communication Radio/Cell/pager	COMMUNICAT	☐ Paint Supplies	PAINT SUP
☐ Computer Hardware/Peripherals	COMP HARD	☐ Paper, Envelopes/Forms/Paper	PAPER
☐ Computer Software	COMP SOFT	☐ Photography Equipment/Supplies	PHOTO
☐ Computer Supplies	COMP SUP	☐ Plumbing Fixtures/Supplies	PLUMBING
☐ Copying Equipment/Supplies	COPYING	☐ Police Equipment/Supplies	POLICE
☐ Culinary Equipment/Supplies	CULINARY	☐ Pool Equipment/Supplies	POOL
☐ Dental Equipment/Supplies	DENTAL	☐ Printing Services Schedules/Cat.	PRINT SERV
☐ Drafting Equipment/Supplies	DRAFTING	☐ Printing Ink/Press/paper	PRINTING
☐ Draperies Curtains/Blinds	DRAPERIES	☐ Rental Fields/Class/Vehicles	RENTAL
☐ Electrical Supplies wire/breakers	ELECTRICAL	☐ Repairs Plumbing/Carp/Elect	REPAIRS
☐ Electronic Supplies laboratory	ELECTRONIC	☐ Roofing Materials/Equipment	ROOFING
☐ Fencing Fence/Poles/Gates	FENCING	☐ Safety/Fire Supplies/Equipment	SAFETY/FIR
☐ Flooring Carpet/Tile/Linoleum	FLOORING	☐ Scientific Equipment/Supplies	SCIENTIFIC
☐ Food Service Supplies/Food	FOOD SERVE	☐ Sewing Equipment/Supplies	SEWING
☐ Freight Moving/Freight	FREIGHT	☐ Signs Traffic/Safety/Directional	SIGNS
☐ Furniture-Classroom	FURN-CLAS	☐ Software-Computer O/S.	SOFTWARE
☐ Furniture-Office	FURN-OFC	☐ Subscriptions Magazine/Papers	SUBSCRIPT
☐ Glass Windows/Supplies	GLASS	☐ Theatre/Stage, Lighting/sets, etc.	THEATRE
☐ Hardware screws/nails/hammers	HARDWARE	☐ Tools, Power/Hand/Ladders	TOOLS
☐ Heating/Venting, Filter/AC/Boiler	HEAT/VENT	☐ Utilities, Elect/Gas/Water/Phone	UTILITIES
☐ Horticulture, Plants/Trees/Seed	HORTICULTU	☐ Vehicles, Carts/Bus/Auto/etc.	VEHICLES
☐ Industrial Arts, Welding	INDUST ART	☐ Vocational Art, Pottery/Painting	VOCATIONAL
☐ Instructional, Telescope/Micro	INSTRUCTIO	☐ Warehouse, Equipment/Supplies	WAREHOUSE
☐ _____		☐ _____	
☐ _____		☐ _____	



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ADMINISTRATIVE OFFICES

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

East Los Angeles College
1301 Avenida Cesar Chavez
Monterey Park, CA 91754
(323) 265-8650

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

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

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

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

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

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

West Los Angeles College
4800 Freshman Drive
Culver City, CA 90230
(310) 287-4200

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
(818) 947-2547

Mr. Kim Hoffman
(323) 415-4154

Ms. Marcia Webb
(310) 233-4256

Valley, Pierce, & Mission
Harbor

East, Trade, & West

City, Southwest, &

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.

Print or type. See Specific Instructions on page 3.	1 Name (as shown 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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ 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.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

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 for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

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, later.