

Requisition #: _____
Banner #: _____

Reference #: IER#0000150
Fiscal Year: 2026-2027



Instructional Equipment Request (IER) Form

Title of Submission:	VA Filtration - Volatile Acidity Equipment		
Requestor Name:	Lopez, Brianna	Division:	STEM
Date Submitted:	10/07/2026	Discipline:	Viticulture/Winery Technology
Type of Request:	New Equipment or Technology		

Describe the specific equipment requested.

Include model/specs if known. State whether this replaces existing equipment, upgrades current technology, or fills a new need.

VA Filtration SS4-3/1-SA1 membrane based wine treatment system that is new equipment that fills a need. The system will allow students to study and participate in advanced wine treatment processes such as volatile acidity management, pH adjustment, adsorption column treatment, resin regeneration, process monitoring, and more. Rather than treating wine faculty with harsh chemicals this equipment teaches students how membrane filtration and column technologies can be used to make targeted production decisions while protecting wine quality.

KEY DEADLINES

Action	Deadline
IER form submitted to Division Dean	10/07/2026
Division Review of IER forms (Dean signature)	10/14/2026
IER due to Exec. Assistant, Administrative Services (with Dean & VP signatures)	10/21/2026

PRE-SUBMISSION CHECKLIST

- ☒ All fields in the form **MUST** be completed in full.
- ☒ Valid vendor quote* must be attached (include shipping, installation, and tax where applicable)
Do not split quotes or submit duplicates. For more details or assistance see Quote Requirements*
- ☒ IER form signed and submitted to Division Dean by the deadline, must include:
 - ☒ Quote (required)
 - ☒ New Vendor Application (if new vendor)
 - ☒ W-9 (if new vendor)

***Quote Requirements:** By law, purchases between \$ 30,000.00 and \$ 119,099.99 require 3 quotes from 3 different vendors. Purchases at or above \$ 119,100.00 require an RFP (bid) process and Board approval; if your request is approved, we provide further instructions via email. We are required to proceed with the cheapest option unless a compelling argument can be provided for a more expensive option. For assistance with quotes, contact Bill Pagano at bpagano@clpccd.org or (925) 485-5271.

[More information on Instructional Equipment can be found here.](#)

IER RUBRIC: HOW YOUR REQUEST WILL BE SCORED

Criteria	Max Points	Strong Evidence	Adequate Evidence	Limited Evidence
Mission & Planning Priorities [Section 2]	5	4–5: Clear and compelling evidence/data that equipment fully supports LPC Mission and Planning Priorities.	2–3: Clear evidence/data that equipment supports LPC Mission and Planning Priorities.	0–1: Limited or no evidence/data.
Programmatic Impact & Institutional support [Section 3]	10	8–10: Clear and compelling evidence/data (from program review) of substantial instructional impact.	4–7: Clear evidence/data of substantial impact on program instruction.	0–3: Limited or no evidence/data.
Teaching & Learning Enhancement [Section 4]	10	8–10: Clear and compelling evidence/data that equipment provides much-needed enhancement to instruction.	4–7: Clear evidence that equipment provides enhanced instruction not met through current means.	0–3: Limited or no evidence/data.
Student Learning Outcomes [Section 5]	5	4–5: Clear and compelling evidence/data that equipment support course and/or program outcomes beyond current capability.	2–3: Clear evidence that equipment supports course and/or program outcomes beyond current capability.	0–1: Limited or no evidence/data.
Safety and/or Org. Effectiveness [Section 6]	5	4–5: Clear and compelling evidence/data that equipment will support safety and/or organizational effectiveness beyond current capability.	2–3: Clear evidence/data that equipment will support safety and/or organizational effectiveness beyond current capability.	0–1: Limited or no evidence/data.
Total	35			

Tip: Use specific data and evidence in each narrative section. Requests without evidence receive lower scores. Incomplete requests will not be ranked.

INSTRUCTIONAL EQUIPMENT: ALLOWABLE & NON-ALLOWABLE ITEMS

Allowable Items – Instructional equipment expenditures are eligible only when the equipment, library material, or technology is used for classroom instruction, student instruction or demonstration, or in the preparation of learning materials within an instructional program. All eligible items must function as durable assets with a useful life exceeding one year. Requests must fall within one of the five categories below (requests are not limited to the examples provided within the categories):

- 1. Equipment and Furniture:** Instructional equipment and furniture for primary use by students in instructional programs. Examples include, but are not limited to: classroom and laboratory equipment, such as, whiteboards, screens, projectors, lab instruments; and, instructional furniture, such as, desks, tables, podiums, chairs.
- 2. Information Technology:** Instructional IT equipment for student use in classrooms, laboratories and/or in direct support of student services. Examples include, but are not limited to: desktops, laptops, monitors, printers, servers, network/wireless infrastructure, AV/TV, and multimedia systems.
- 3. Adaptive Equipment:** Equipment for ADA/OCR-eligible students that assists them in a learning environment.

NOTE: Each individual item must cost \$200 or more.

Non-Allowable Items – Equipment that serve administrative or non-instructional purposes. Examples are: Photocopiers, file cabinets, bookcases, computers used primarily for administrative functions, networking infrastructure for non-instructional use, and software licenses for administrative systems. Items that would be considered supplies or have a useful life of less than one year.

SECTION 1 — Location and Compliance Information

Equipment Location: Building #: 3700 Room #: 3700

If applicable, describe any legal requirement, mandate, or safety concern.

Cite specific regulations or compliance requirements.

The system involves pumps, membrane filtration, pressurized liquid flow, sanitary connections, chemical regeneration, and the use of treatment chemicals including trisodium phosphate and hydrochloride acid. Students will receive supervised instruction in equipment startup and shutdown, secure connections, pressure awareness, PPE, chemical handling, dilution and preparation procedures, spill response, sanitation, and proper disposal before participating in operation. Acids and alkaline regeneration chemicals will be stored, labeled, and handled according to manufacturer instructions and applicable laboratory and winery safety procedures. Safety Data Sheets will remain available for all applicable chemicals.

SECTION 2 — Mission & Planning Priorities

Scored 0–5 points

LPC MISSION STATEMENT

Las Positas College is an inclusive, learning-centered, equity-focused environment that offers educational opportunities and support for completion of students' transfer, degree, and career-technical goals while promoting lifelong learning.

LPC PLANNING PRIORITIES

- ☒ **Equity:** Affirm LPC's unwavering commitment to equity by deepening campus-wide engagement, enhancing professional development, embedding equity-minded practices in decision-making, assessment, and accountability processes; and building capacity to resolve inequities.
- ☒ **Student Success:** Increase student success and completion through sustainable college practices, processes, academic support, removal of barriers, and focused professional development.
- ☐ **Health & Wellness:** Establish a knowledge base and appreciation for health and wellness in the workplace; create a sense of urgency about wellness; prioritize wellness in decision-making, assessment and accountability; and build capacity to support wellness.

Explain how this equipment supports LPC's Mission and the Planning Priority/Priorities checked above.

Strong responses provide clear and compelling evidence or data that the equipment supports the LPC Mission and Planning Priorities (e.g., specific program goals, student populations, or outcomes).

This equipment supports LPC's mission by giving students access to advanced, applied winemaking technology with a hands on career technical learning environment. The request supports student success by allowing students to connect concepts in wine chemistry, acidity, pH, wine faults, membrane separation, and quality control with actual production decisions. Students will learn not simply that a wine can be treated, but how a treatment is selected, performed, monitored, and evaluated. It also supports equity by making specialized wine treatment technology available to every VWT student on campus. These systems are more commonly encountered in commercial wineries or through specialized outside service providers; students should not need industry employment or outside connections to gain exposure to them.

SECTION 3 — Program Review & Programmatic Impact

Scored 0–10 points

Strong responses provide clear and compelling evidence or data from program review of substantial instructional impact. If this equipment was not included in your most recent program review, provide a clear explanation of the instructional need.

Specify the educational programs this equipment supports:

The equipment primarily supports the enology and certificate within the VWT program and courses including introduction to enology, applied enology, fundamentals of wine science, fall winery operations, fall viticulture operations, and spring winery operations. The strongest applications will be in wine chemistry, acidity and pH management, wine quality correction, membrane processing, filtration, sensory evaluation, process monitoring, and advanced cellar operations. The different treatment columns also allow students to compare why a winemaker would select one treatment approach over another rather than viewing filtration as a single purpose operation.

Is the equipment part of an upcoming Program Review? Was it included last year? If not, why? Use language from your Program Review as evidence to support this request.

Quote or paraphrase relevant language directly from your Program Review. If not included in Program Review, explain why this need emerged outside the regular planning cycle.

This equipment will be incorporated into the upcoming VWT Program Review as part of the program's continued development of advanced wine science, quality control, and teaching winery capabilities. The specific VA Filtration system was not previously identified as a standalone request. The need has become clearer as student wine production and analytical capabilities have expanded and the program has strengthened instruction in wine chemistry, process monitoring, wine quality, and corrective winemaking. The system fills an instructional gap between identifying a wine quality issue analytically and teaching students how modern wineries may address that issue using specialized processing technology.

Section 4 — Teaching & Learning Enhancement

Scored 0–10 points

Provide clear and compelling evidence or data that this equipment enhances instruction and student learning beyond current capability. Strong responses demonstrate a much-needed instructional enhancement not met through existing means.

How does this equipment enhance teaching and the quality of instruction? Use evidence and data

Be specific about what instructors can do with this equipment that they cannot do now.

The system will allow faculty to design laboratories around real quality problems and ask students to determine an appropriate treatment approach. Students can evaluate a wine analytically and sensorially, establish a treatment goal, prepare the equipment, complete a membrane or column based treatment, monitor the process, and evaluate whether the desired change was achieved. For example, VA Filtration describes its volatile acidity technology as membrane based process paired with adsorption treatment, while its pH adjustment process uses membrane separation with ion-exchange resin. This provides a strong instructional connection among wine chemistry, membrane science, analytical testing, sensory evaluation, and production decision making.

How does this equipment directly improve student learning?

Consider engagement, accessibility, hands-on practice, preparation for transfer or employment, etc.

Students will gain practical experience with:

- Membrane based wine processing
- Preparing wine for treatment
- Sanitary equipment setup
- Operating pumps and treatment columns
- Volatile acidity management concepts
- pH adjustment principles
- Adsorption and ion exchange principles
- Resin regeneration
- Process monitoring
- Pre- and post-treatment sampling
- Comparing analytical results
- Sensory evaluation of treated wine
- Cleaning and sanitation
- Documenting treatment decisions and results

Students will therefore learn to evaluate whether a treatment is technically justified and whether it actually achieved its intended result

Estimated impact of this equipment:

Number of Classes / Sections Impacted:	6+	Estimated Number of Students Per Year:	100+
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SECTION 5 — Student Learning Outcomes (SLOs)

Scored 0–5 points

Strong responses provide clear and compelling evidence or data that this equipment supports course and/or program outcomes beyond current capability.

Which course or program SLOs does this equipment support? List them.

Reference the relevant SLO language from your course outline or program.

The equipment supports enology outcomes related to:

- Applying wine chemistry principles and laboratory techniques to produce sound wines
- Performing wine analysis and quality control testing during fermentation and cellaring
- Applying analytical sensory information to appropriate winemaking decisions
- Safely operating winery and laboratory equipment

It also supports course level learning in acidity, pH, wine faults, filtration, membrane processing, stabilization, quality control, and corrective winemaking.

How will this equipment enable measurable improvement of your current SLO attainment?

Consider how the equipment addresses gaps in current instructional capability, student practice, or skill development.

Students can be evaluated through a practical wine treatment competency requiring them to assess a wine, identify an appropriate processing objective, correctly prepare the system, conduct the treatment safely, collect pre- and post-treatment measurements, and interpret whether the treatment was successful.

A competency rubric can evaluate:

- Safe system setup
- Correct treatment selection
- Proper chemical calculations and preparation
- Appropriate process monitoring
- Accurate pre/post analytical measurements
- Sensory evaluation
- Cleaning and regeneration procedures
- Interpretation of results
- Production documentation

SECTION 6 — Safety & Organizational Effectiveness

Scored 0–5 points

Strong responses provide clear and compelling evidence or data that this equipment supports safety and/or organizational effectiveness beyond current capability.

Describe, in detail, the impact this equipment will have on safety and/or organizational effectiveness:

The system will expand the teaching winery's ability to investigate and address wine quality concerns on campus rather than relying on harsh chemicals, disposal of wine, or forced distillation. Having the equipment available with VWT will allow students to follow a problem from initial analytical identification through treatment and final evaluation within one instructional workflow. VA Filtration is located in Napa, California which also provides a practical service advantage for a specialized piece of winery equipment. From a safety standpoint, the dedicated regeneration pump and eductor provide a defined process for managing regeneration procedures. Students will receive explicit training in chemical handling, PPE, pressure and pump safety, secure sanitary connections, and emergency response before operation.

SECTION 7 — Total Cost of Ownership & Sustainability

How does this equipment meet or exceed LPC's [Sustainability Efforts](#)?

Consider energy efficiency, reduced waste, longevity, and end-of-life disposal plan.

The system supports sustainability by providing targeted treatment options that may allow a wine to be corrected rather than discarded or subjected to unnecessary harsh chemicals treatment. Protecting a wine lot also protects the agricultural, water, energy, labor, cellar, and packaging resources already invested in producing it. The principal equipment, treatment columns, pump assemblies, and pressure vessels are reusable. Resin regeneration further allows appropriate treatment media to be restored and reused rather than automatically discarded after a single operation. Routine preventive maintenance, appropriate membrane care, controlled chemical use, and accurate treatment calculations will be incorporated into student instruction to maximize equipment life while minimizing unnecessary chemical and product waste.

Does the new equipment replace older equipment?

If yes, will you retire/surplus the old equipment? If not, where will it be stored and what are the storage costs?

No. The VA Filtration system establishes a new advanced wine treatment capability for the VWT Program. It does not replace an equivalent existing system. Rather, it adds membrane processing, column based adjustment, and resin regeneration capabilities that are not currently available as part of the teaching winery's instructional equipment. The system will be housed within existing VWT winery space.

SECTION 7 – Total Cost of Ownership & Sustainability (continued)

Operator		Maintenance & Repair	
Primary Operator	Brianna Lopez	Who will perform maintenance & repairs?	Brianna Lopez
Does the work align with current position duties?	Yes	Does the work align with current position duties?	Yes
Cost to train primary operator:	0.00	Cost to train for maintenance and repairs:	0.00
Estimated hours equipment will be used per month:	8+	Estimated hours per month:	1-2

Comments:

The quoted packaged provides more than the central SS4-3/1-SA1 unit. It includes dedicated treatment columns, regeneration equipment, membrane media, chemicals, and replacement sealing components needed to establish a functioning instructional system.

FOAP (Budget) for Recurring Costs:	<u>103001</u>	-	<u>34900</u>	-	<u>5220</u>	-	<u>601000</u>
	Fund		Org		Account		Program

Estimated Lifespan of Equipment: 15+ years

Part A: Initial Start-Up Costs	Cost (\$)	Notes
Equipment / Materials	\$52,950.00	
Shipping & Delivery	\$0.00	
Installation	\$0.00	
Operator Training	\$0.00	
Facilities Modification	\$0.00	
Other	\$5,427.38	10.25% Sales tax
Discounts (enter as positive)	\$0.00	
Subtotal	\$58,377.38	
Part B: Annual Operating Costs	Cost (\$)	Notes
Service / Maintenance	\$0.00	Specialized service obtained as needed
Part Replacement	\$500.00	O-rings, seals, and other normal wear components
Software Licensing	\$0.00	
Supplies	\$500.00	Regeneration materials and minor consumables
Vendor Calibration / Standardization	\$0.00	
Storage	\$0.00	
Other	\$0.00	
Subtotal	\$1,000.00	

Overall Cost (Start-Up + Annual)	\$59,377.38
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APPROVALS & SIGNATURE ROUTING

Before signing below, please confirm all fields are completed, the information is correct, and the request is for allowable items. A vendor quote must be attached **before** the form is submitted.

3  Quote (Preferred Vendor)

Title	Signature	Date
Requestor:	<i>Brianna R Lopez</i>	10/07/2026
Division Dean:	<i>Paula Checchi</i>	10/12/2026
Vice President:	<i>Nan Ho</i>	10/13/2026
College Technology Services Manager:	<i>Stephen Gunderson</i>	10/14/2026
M&O Director:	<i>JOHN SEYBERT</i>	10/17/2026
Vice President, Administrative Services:	<i>Sean Brooks</i>	10/23/2026

REFERENCE: IER Process Flow

1	Requestor submits completed packet to Division Dean
2	Dean reviews and forwards to Vice President
3	Vice President reviews and forwards to Executive Assistant of Administrative Services
4	Executive Assistant logs request; forwards to M&O and IT for technical review
5	RAC reviews and scores requests
6	Executive Assistant compiles final rankings for RAC review
7	RAC Co-Chairs meet with College President to discuss ranked requests
8	President issues approval memo to RAC
9	RAC notifies requestors of approved requests and any additional steps (e.g., additional quotes, board packet)
	<i>For requests that meet the board threshold, Purchasing will initiate the RFP (bid) process in collaboration with the requestor. Purchasing will notify the requestor of the winning bid/vendor. Bid process takes approximately 6 weeks.</i>
10	Requestor submits Requisition with updated quote(s) (itemization not required on Reqs for IERs) see example
11	Business Office reviews and enters requisitions into Banner; forwards requests to Purchasing*
	<i>*For board requests, bid process must be completed first, then requisition submitted to Business Office for entry into Banner, then Division submits board packet with copy of req entered into Banner (note Banner Doc # on packet).</i>

Questions? Contact the [RAC Co-Chairs](#) or the [Executive Assistant, Administrative Services](#).

**Request for Taxpayer
Identification Number and Certification**

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

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) VA FILTRATION USA LLC	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) C Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 125 Gateway Rd. E, Suite D	Requester's name and address (optional)
	6 City, state, and ZIP code NAPA, CA 94558	
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
6	8	-	0	4	7	1	6	3	2

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>acastro</i>	Date 02/27/2026
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



125 Gateway Rd. East, Ste. D
Napa, CA 94558

Estimate

Date	Estimate #
10/7/2026	2031

Phone # 707 552 2616 Website: www.vafiltraton.com

Name / Address		Ship To		
Las Positas College 3000 Campus Hill Drive Livermore, CA 94551		Las Positas College 3000 Campus Hill Drive Livermore, CA 94551		
		P.O. No.	Terms	Rep
Item	Description	Qty	Unit Price	Total
SS4-3/1-SA1	SS4-3/1-SA1	1	42,850.00	42,850.00T
VA Column 60L- Assembly	VA60-M - 1447 Column with resin and bleeder assembly	1	4,350.00	4,350.00T
pHC Column 25L Assembly	pHC25-M 844 column with pHC resin and bleeder assembly	1	2,400.00	2,400.00T
PAC Column 25L Assembly	PAC25-M - 844 column with resin and bleeder assembly	1	720.00	720.00T
TSP - Tech Grade	Tri Sodium Phosphate,nonchlorinated Crystal;55.12lbs	1	160.00	160.00T
Muriatic Acid 20 Deg	Hydrochloric Acid Tech Grade 20 Degrees	1	130.00	130.00T
Eductor Assembly -1/2th	Eductor Assembly	1	450.00	450.00T
Regen Pump Box Assembly	Regen Pump Assembly with Hoses	1	650.00	650.00T
STC-4040	UP5-4040 membrane element ;31mil female ends **O-ring Kit	1	1,200.00	1,200.00T
E70-210	O'rings for inside of 4" PV heads/ Female end connectors	16	0.50	8.00T
E70-341	O'rings for 4" PV heads	8	2.00	16.00T
V75-M2X12B	O'rings for male end connector for 4" Pressure Vessels	16	1.00	16.00T
Note: A 3.5% processing fee applies to credit card payments, which reflects our cost of acceptance. This fee does not apply to debit card or ACH payments. Thank you for your business.		Subtotal		
		Sales Tax (10.25%)		
		Total		

\$52,950.00

\$5,427.38

\$58,377.38



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>Coravin</u> DBA (if any): <u>Coravin</u> Check payable to <u>CC only</u>
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>46</u> - <u>4588491</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>MA</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date ____/____/2013
3. Addresses A. <u>Primary/Mailing</u> Street <u>34 Crosby Dr</u> City <u>Bedford</u> Zip Code <u>01730</u> Primary Contact Name <u>Amanda Joffee</u> Phone (<u>781</u>) <u>226</u> - <u>1838</u> Ext. _____ Fax (_____) _____ - _____ Email _____ B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email _____ C. <u>Remittance (for checks if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email _____
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☐ Small Business ☐ Women Owned
5. Type of Business: Check the one which best describe your company: ☐ Broker ☐ Manufacturer ☐ Manufacturer's Rep ☐ Wholesaler ☐ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☐ Other
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes ____% ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number _____ Do you supply recycled products? ☐ Yes ☒ No
7. Type of commodities or services that your business provides <u>by the glass systems</u>
8. Name of person completing the form Name <u>Amanda Joffee</u> Title <u>Sales Manager</u> Phone No. <u>781-226-1838</u> Signature <u><i>asp</i></u> Date <u>06/23/2026</u> Email Address: <u>insidesales@coravin.com</u>

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>Pellenc America, Inc</u> DBA (if any): _____ Check payable to <u>Pellenc America, Inc</u>	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>88</u> - <u>0355034</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>California</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date <u>07</u> / <u>19</u> / 1999	
3. Addresses A. <u>Primary/Mailing</u> Street <u>3171 Guerneville Road</u> City <u>Santa Rosa</u> Zip Code <u>95401</u> Primary Contact Name <u>Lance Van De Hoef</u> Phone (<u>805</u>) <u>239</u> - <u>7343</u> Ext. _____ Fax (_____) _____ - _____ Email <u>lance.vandehoef@pellencus.com</u> B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email _____ C. <u>Remittance (for checks if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name <u>Julie Abert</u> Phone (<u>707</u>) <u>568</u> - <u>7286</u> Ext. <u>1000</u> Fax (_____) _____ - _____ Email <u>bookkeeping@pellencus.com</u>	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☐ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☐ Manufacturer ☐ Manufacturer's Rep ☒ Wholesaler ☒ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☒ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes _____ % ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number <u>97- 486865</u> Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides <u>Winery and Vineyard Equipment and Parts</u>	
8. Name of person completing the form Name <u>Julie Abert</u> Title <u>Bookkeeper</u> Phone No. <u>(707) 568-7286</u> Signature <u>Julie Abert</u> Date <u>10/07/2026</u> Email Address: <u>bookkeeping@pellencus.com</u> Digitally signed by Julie Abert Date: 2025.10.07 09:32:32 -0700	

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor/disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) PELLENC AMERICA, INC	
	2 Business name/disregarded entity name, if different from above. 	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 3171 GUERNEVILLE RD 6 City, state, and ZIP code SANTA ROSA, CA 95401	Requester's name and address (optional)
	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.

Social security number

				-			-				
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or

Employer identification number

8	8	-	0	3	5	5	0	3	4
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here	Signature of U.S. person	Date
		10/06/26

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



ESTIMATE Pellenc America, Inc



3171 Guerneville Rd, Santa Rosa - CA 95401 - (707) 568-7286
1650 Ramada Dr, Paso Robles, CA 93446 - (805) 239-7343
www.pellencus.com

CUSTOMER: Las Positas College (Campus Hill Winery)

DRAFT

Address: 3000 Campus Hill Drive
Livermore, CA 94551

Phone / Fax: 925.424.1200

Date: 10/07/2026

E-mail: brlopez@laspositascollege.edu

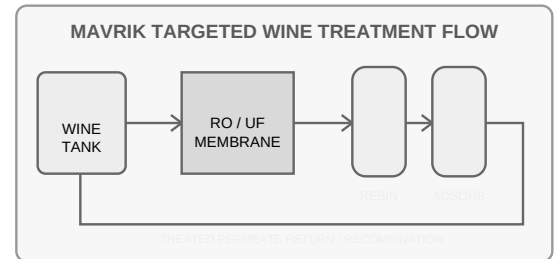
Estimate #: DRAFT-MAVRIK-LPC-100726

Contact: Brianna Lopez

REF.	DESCRIPTION	UNIT PRICE	QTY	DISC.	AMOUNT
MAVRIK	ECLIPSE 2.0 / SPECIALTY RO-UF WINE TREATMENT SYSTEM	\$49,500	1		\$49,500

Standard equipment / publicly documented capabilities:

Specialty reverse-osmosis / ultrafiltration wine-treatment platform
Published Eclipse 2.0 family: approx. 40-160 GPH permeate flow
Second-generation intelligent control architecture
Low-pressure targeted volatile-acidity (VA) reduction
Ethyl acetate (EA) reduction capability
Smoke-taint and Brett/Dekkera 4EP/4EG treatment capability
Pyrazine and sulfide-related taint reduction capability
Alcohol adjustment and legal wine concentration capability
Selective permeate treatment while preserving the primary wine stream
Final membrane count, utilities, and electrical configuration: vendor to confirm



TOTAL MAVRIK ECLIPSE 2.0 SPECIALTY PLATFORM \$49,500

IMPLEMENT / TREATMENT OPTIONS - MAVRIK SPECIALTY PLATFORM

VA-EA	LOW-PRESSURE VA / ETHYL ACETATE TREATMENT PACKAGE	\$9,500	1	\$9,500
TAINT	SMOKE / BRETT 4EP-4EG / PYRAZINE / SULFIDE ADSORPTION	\$8,500	1	\$8,500
UFCONC	ULTRAFILTRATION / CONCENTRATION PACKAGE	\$7,500	1	\$7,500
ALC	ALCOHOL-ADJUSTMENT TREATMENT MODULE	\$6,500	1	\$6,500
PHTAR	pH / TARTRATE-STABILIZATION TREATMENT PACKAGE	\$5,500	1	\$5,500
CIP	ENHANCED CIP / MEMBRANE CLEANING / MEDIA REGENERATION	\$4,500	1	\$4,500
N2	NITROGEN PURGE / INERT-GAS ACCESSORY PACKAGE	\$1,250	1	\$1,250
SAN	SANITARY HOSE / TC FITTING / VALVE / ADAPTER PACKAGE	\$3,500	1	\$3,500
SPARES	INITIAL SPARE MEMBRANE / SEAL / MEDIA ALLOWANCE	\$6,000	1	\$6,000
TOTAL IMPLEMENT / TREATMENT OPTIONS				\$52,750

Additional Items

INSTALLATION, COMMISSIONING & ON-SITE FACULTY/STAFF TRAINING	\$4,500	1	\$4,500
ONE-YEAR PREVENTIVE-MAINTENANCE / SERVICE COVERAGE ALLOWANCE	\$2,500	1	\$2,500

Comments	<i>20% planning discount applied to retail price for budget comparison.</i>	TOTAL RETAIL PRICE	\$109,250
	<i>P&L Specialties joined Pellenc America in July 2026; public contact/location remained unchanged.</i>	Discount 20.00%	(\$21,850)
	<i>Mavrik capabilities are based on public product information.</i>	Freight / Delivery	\$4,500
	<i>Planning estimate only - vendor must confirm configuration, pricing, tax, freight, warranty and terms.</i>	Estimated Sales Tax	\$8,384.50
TOTAL			\$100,284.50

Prices in U.S. \$ - PROCUREMENT PLANNING DRAFT - NOT VENDOR ISSUED - PRICES SUBJECT TO VENDOR CONFIRMATION

Conditions of Warranty:

Vendor to confirm current Pellenc / P&L / Mavrik warranty and service terms.

TERMS:

To Be Determined



Ms. Brianna Lopez
Chair, Viticulture and Winery Technology Program
Las Positas College
3000 Campus Hill Drive
Livermore, California 94551

October 7, 2026

Re: Purchase of a Targeted Filtration System

Ms. Lopez:

American Winesecrets LLC (**Winesecrets**) thanks you for the opportunity to provide this proposal to supply **Las Positas College (Customer)** with a multi-functional Reverse Osmosis System (**RO**). The **RO**, known as the **WS 4610H Targeted Filtration System (WS 4610H)** utilizes **Winesecrets'** operational experience to provide cutting edge capabilities to our customers. This proposal is intended to answer your request on behalf of the Viniculture and Winery Technology program for pricing on a **WS VEOLIA 4110 Targeted Filtration System** configured with the complete VA Removal Application Package transmitted on July 7, 2026. Our subsequent discussions suggested that the 4110 may lack the capacity you require as your program scales. As such, we are offering a larger system which will meet the requirements set forth in the request. The **RO** that we are proposing will process a 50-gallon lot of VA impacted wine in 2-4 hours, and a 200 gallon lot in a day or so.

Winesecrets offers a variety of functional application packages (APPs) used to remove specific aspects (targets) from wine or juice. Uses of targeted filtration for wine production include:

- Reduction of acetic acid or ethyl acetate concentration
- Water removal for must concentration
- Removal of higher molecular weight contaminants (smoke/brett taint) with optional APP package.

The **WS 4610H** is able to perform operations consistent with those performed by **Winesecrets** for wineries throughout the country during the last few years.

A growing number of wineries are adding these cutting-edge machines to their facilities. We continue to explore new functionality APPs for this versatile platform, and will offer you updates to your **RO** as we develop them.

Winesecrets is of the opinion that your current and future needs would be well-served with a **WS 4610H RO**. Thank you for your interest in our technology. If you have any further questions, please contact me at (707) 738-5083 or by email at eric@winesecrets.com.

PART ONE – SCOPE, PERFORMANCE AND SPECIFICATIONS

Winesecrets' Model **WS 4610H** filtration system will:

- Concentrate 750 gallons of clarified juice from 19° B to 23° B in an 8 hour shift.
- Reduce acetic acid by 50% in 50 gallons of dry wine per hour @ 65° F when used in conjunction with the VA Removal APP provided by Winesecrets.
- Remove 50% of higher molecular weight taint molecules (Brett, smoke) in 65 gallons of dry wine per hour @ 65° F when used in conjunction with the Taint Removal APP provided by Winesecrets.

The Model **WS 4610H** has a juice concentration design limit ≤ 26 brix.

Please note that circumstances specific to your own commercial condition, physical plant and equipment and/or application might prevent the **RO** from performing at your location as described above.



WS 4610 System

PART TWO – DESCRIPTION

Model **WS 4610H** RO consists of one (1) CAT Pump Model 5K121WT3 self-priming centrifugal pump capable of 60 psi and one (1) Danfoss Model APP 2.2 stainless steel positive displacement pump capable of 1100 psi, plumbed to six (6) - 4" x 40" Veolia RO 07 Vиноcon Reverse Osmosis membranes of 7.5 square meters each in six (6) Fiber Reinforced Plastic (FRP) housings. All wet-able stainless steel will be type 304 or 316.

The Feed section of the RO is capable of withstanding hot water cleaning of up to 150 degrees F.

Electrical service required will be 3-phase 460V, 60 Hz, 15 Amps.

Controls included on the system are:

- Inlet shutoff protection switch,
- Analog flow metering, concentrate and permeate,
- Pressure gauging, concentrate and permeate,
- Low-pressure switch/alarm,
- Hi temperature shut-off, and
- Motor overload alarm.

The system is designed for simplicity and manual operation, and does not include a Programmable Logic Controller. As such, it is not equipped to record processing data. There is no reason to install remote monitoring on this system.

The RO frame will measure a maximum of 44" W x 64" L x 80" H and be constructed of welded steel with four full-swivel casters with brakes. A panel on the frame holds electrical components, flow gauges for retentate and permeate, 1.5" tri-clover ports for wine feed and retentate return, and a 1.5" permeate exit.

The VA App consists of two (2) 3 cubic foot fiberglass ion exchange canisters. The canisters are packed with a proprietary weak anion exchange resin. The system is contained on a custom designed stainless steel stand that is configured for forklift mobility. The system includes a Dosatron pump mounted on the stand which is used to recharge the resin. Resin depletion may be tracked by monitoring the pH of outgoing permeate.

The water quality requirements for cleaning are: < 17ppm hardness, no chlorine, and silt density index (SDI) < 3. The dead volume with RO membranes installed is approximately 10 gallons. It is estimated that a routine membrane cleaning will require 100 gallons of water, whereas an exhaustive cleaning will require approximately 200 gallons.

System includes connections required to transport wine and wine components between its constituents. Sample collection ports will be installed on the wine inflow and wine outfall lines. Ports for delivery and removal of wine and components from the system may be fitted with connections of Customer's selection. Transport hose intended to connect the **4610H** and its components to and from the product tank are not included.

Full documentation is included with the unit, including applications descriptions, equipment design and terminology, system architecture, procedures for setting up, operating, cleaning and maintaining the system, records forms and checklists, component specifications, parts list and a troubleshooting guide.

Training and commissioning to include theory of Juice Concentration, VA Removal, Alcohol Adjustment and Taint Removal will be presented during 2 days of hands on practical application. Our filtration Technical Trainer will walk designated personnel through the operation and care of the machine. Individual training material will be provided for up to 4 individuals. The price stated in this Proposal includes 90 and 180-day check ins to ensure optimal utility of your **WS 4610H**, and retention of practical application training provided.

PART THREE – PRICE TABLE

Item	Price
WS 4610H Reverse Osmosis System 1,000 psi RO system, includes eight (8) GE/Suez Venocon RO7 4040C35 100MWC membranes.	\$ 56,400
Ion Exchange Canister System Consists of two (2) ion-exchange resin canisters, canister rack and ion-exchange recharge kit.	14,900
Delivery, estimated Equipment to be delivered by WineSecrets Fleet	500
Commissioning Commissioning, assumes 2 days at Customer's facility.	2,500
Training Training and commissioning, assumes 4 days at Customer's facility.	4,200
Applicable Sales Tax, Base Package	<u>7,308</u>
Subtotal, Base Package tax included	85,808
Accessories: Optional APPS	
Taint Removal APP Used for removal of smoke residue, brett and other taint. Includes six (6) Vinopro NF 200 MW membranes, 4 removal module housings and two (2) removal modules.	9,500
Color Management APP Used to concentrate color and flavor of red wines, to remove unwanted color from white wines and for suppression of green/pyrazine taint expression. Includes six (6) 15,000 MWC ultrafilter membrane and system engineering.	7,500
Bypass for Small Lot Processing Plumbing modification enabling isolation of 2 housings. Increases processing time for small lots and reduces product volume retained in filter.	2,500
CIP Pump and Tank Tank, tank stand, and pump for semi-automated CIP operation.	9,500
Heat Exchanger RO operation will require the use of a heat exchanger to prevent heat pickup during processing (Sized for 10 GPM glycol at 45°F. If requirement is different, price may vary.).	4,500

Membranes and Spare Parts package	6,500
Includes 6 x Vinocon RO 07 membranes, O-rings, head-puller tool, and related spares.	
Applicable Sales Tax, Accessories	4,100
Total including tax	\$ 129,908

All prices are in \$US.

Additional training is available at a rate of \$ 1,250.00 per day.

Replacement membranes, carbon canisters, parts, and supplies are provided by Winesecrets at market prices as required.

All prices are F.O.B. Sebastopol, California.

PART FOUR – TERMS

Winesecrets will require up to 120 days from receipt of contract deposit to complete construction and deliver the **WS 4610H**. Please be aware that a global resin shortage may result in longer lead times for systems with FRP housings. **Customer** must initiate shipment of the **WS 4610H** within 15 business days of completion or construction, or storage charges may apply.

Customer shall pay for the **WS 4610H** as follows:

- 50% of System Value at time of order, assessed as deposit
- 40% of System Value due prior to shipment, invoiced, and
- Balance of Delivered Value due within 30 days of system acceptance at completion of training.

The **WS 4610H** is sold with a 12-month limited warranty.

Phase I applies to the commissioning date plus 6 months: Winesecrets will provide a full warranty on materials, components and function. In the event of a technical failure, there is no charge to the purchaser. In the event of a prolonged repair, Winesecrets will provide limited coverage from our service fleet. Should the failure be the result of actions or conditions outside of the system's operating parameters, the Winesecrets warranty is void and repair charges will apply. In all cases, component manufacturer's warranty terms will apply.

Phase II, 6 months-12 months: Winesecrets will provide a limited warranty on materials, components and function. In the event of a technical failure of a mechanical component, the component manufacturer's warranty will apply. Winesecrets will charge for the initial technician's assessment and may charge for removal and replacement of failed components. In the event of a prolonged repair, Winesecrets will provide limited coverage from our service fleet

October 7, 2026

at normal equipment rental rates. Should the failure be the result of actions or conditions outside of the system's operating parameters that would cause the component manufacturer's warranty to be voided, component replacement charges may apply. The Wine secrets warranty is also void under these conditions.

Membranes come with a 3 month full warranty, prorated for the subsequent 180 days.

Wine secrets offers an extended warranty, available 12 months after commissioning. The warranty covers troubleshooting, membrane functionality evaluation, retraining, preventative maintenance and system repair. Wine secrets will manage remaining manufacturer's warranty on components.

Customer agrees that this proposal is to be considered confidential and proprietary to **Wine secrets** and **Customer** shall hold the same in confidence, shall not use the information contained within other than for the purposes of its business with **Wine secrets**, and shall disclose it only to investors, lenders, or professional advisors with a specific need to know. **Customer** will not disclose, publish or otherwise reveal any of the confidential information received from **Wine secrets** to any other party whatsoever except with the specific prior written authorization of **Wine secrets**.

The prices included are valid for thirty (30) days from the date of this offer, and this offer is no longer valid if not accepted by **Customer** within said thirty (30) days.

Sincerely,

Eric T. Dahlberg
President
American Wine secrets LLC

I, _____, of **Las Positas College**, its, _____, hereby approve and agree to the terms of the above quotation dated October 7, 2026. The undersigned has the authority to sign on behalf of **Las Positas College**.

SIGNATURE and DATE REQUIRED



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>American Wine Secrets LLC</u> DBA (if any): <u>Wine Secrets</u> Check payable to <u>Wine Secrets</u>	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>20</u> - <u>2928566</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☒ Partnership ☐ Single-Member LLC ☐ Corporation (C), State where incorporated _____ B. Is it a Non-Profit Organization? ☐ Yes ☒ No, If yes provide Tax-Exempt Form C. Business Start/Incorporation Date <u>05</u> / <u>31</u> / <u>2005</u>	
3. Addresses A. <u>Primary/Mailing</u> Street <u>1446 Industrial Ave</u> City <u>Sebastopol</u> Zip Code <u>95472</u> Primary Contact Name <u>David Chernus</u> Phone (<u>707</u>) <u>824</u> - <u>2022</u> Ext. _____ Fax (_____) _____ - _____ Email <u>david@winesecrets.com</u> B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email _____ C. <u>Remittance (for checks if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email _____	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☒ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☒ Manufacturer ☐ Manufacturer's Rep ☐ Wholesaler ☐ Retailer <u>Service</u> ☒ Architect, Engineer, Construction ☐ Professional ☐ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes _____ % ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number <u>101-227028</u> Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides <u>Filtration services and equipment</u>	
8. Name of person completing the form Name <u>David Chernus</u> Title <u>Technical Sales Associate</u> Phone No. <u>707-824-2022</u> Signature <u>David Chernus</u> Digitally signed by David Chernus Date: 2026.07.09 11:35:41 -0700 Date <u>7/9/2026</u> Email Address: <u>david@winesecrets.com</u>	

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____

**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) American Winesecrets LLC	
2 Business name/disregarded entity name, if different from above. Winesecrets; Engineered Filtration Solutions; Recovered Water Solutions	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
5 Address (number, street, and apt. or suite no.). See instructions. 1446 Industrial Ave	Requester's name and address (optional)
6 City, state, and ZIP code Sebastopol, CA 95472	
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

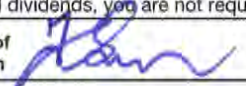
Social security number								
			-					
or								
Employer identification number								
2	0	-	2	9	2	8	5	6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 7/1/24
------------------	--	--------------------

General Instructions

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

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What's New

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Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they