#### BID PROPOSAL CHECKLIST:

## Medina River Sewer Outfall - Segment 1 Project **SAWS Job No. 10-2501** Solicitation No. B-10-033-DD

Mandatory items to be submitted with the Bid Packet for the above-referenced project:

Bid proposal

**Proposal Certification** 

Conflict of Interest Questionnaire (Form CIQ)
Letter of Insurance Verification and/or sample Certoricate of Insurance verifying insurance coverage
Bidder's Certifications (WRD-255)
Vendor Compliance

Financial Statement prepared with the last twelve (12) months by an

independent Certified Public Accountant (Instructions to Bidders, page B-7)

Company Information Packet (Instructions to Bidders, page B-7)

Statement Regarding Cability to Complete Project (Instructions to Bidders, page

B-7)

Statement & Bidder's Experience (Attachment A)/Record of Performance on three

(3) sinct a projects in the last five (5) years (Instructions to Bidders, page B-7)

Attachment D – Geotechnical Data Report and Geotechnical

Baseline Report Acknowledgement Form

Attachment E – Escrow Bid Documents Acknowledgement Form

#### Items to be submitted with Awarded Contract:

- 1. Contractor's Act of Assurance (TWDB Form ED-103)
- 2. Contractor's Resolution (TWDB Form ED-104)

Job No. 10-2501 Medina River Sewer Outfall, Segment 1 Solicitation No. B-10-033-DD

Date:					

## **BID PROPOSAL**

PROPOSA	AL OF					
A corp	ooration					
A par	tnership consisting of					
An ind	dividual doing business as					
Pursuant materials a	ANTONIO WATER SYSTE to Instructions and Invitates specified and perform to the specified and perform the specifies to wit:	tions to Bidd he work requ	ired for the	e construction	on of pipelines ar	nd appurtenances,
ITEM NO.	DESCRIPTION & ESTIM QUANTITIES (Unit Price to be written in		UNIT	QTY	UNIT PRICE (Figures)	TOTAL PRICE (Figures)
1.	Erosion & Sedimentation	Control Dollars		OUTPOSE		
		<u>Cents</u>	LS	1	\$XXXXXXXX	\$
2.	Trench Excavation Safety	Protection  Dollars	otion	QTY POSE 1		
3.	Revegetation	Cents	LF	35,169	\$	. \$
4.	2 ~ 66" FRP (all desiths)	Dollars Cents	SY	282,930	\$	\$
	40, 56, 110,	Dollars Cents	LF	6,136	\$	\$
5.	96" FRP (all depths)	Dollars Cents	LF	25,156	\$	\$
6.	66" Tee Base MH	Dollars Dollars	Li	25,100	Ψ	- Ψ
		Cents	EA	4	\$	\$
7.	66" Tee Base MH, Miter	Dollars				
		Cents	EA	4	\$	\$

ITEM NO.	DESCRIPTION & ESTIMATED QUANTITIES (Unit Price to be written in words)	UNIT	QTY	UNIT PRICE (Figures)	TOTAL PRICE (Figures)
8.	96" Tee Base MH				
0.	Dollars				
	Cents	EA	2	\$	\$
9.	96" Tee Base MH, Miter				
	Dollars				
	Cents	EA	14	\$	. \$
10.	96" Tee Base MH (Drop)			\$Sidding	
	Dollars Cents	FA	7	* BIC	\$
		_,	.e	O <sub>4</sub>	· +
11.	96" Tee Base MH, Miter (Drop)		,00°		
		EΛ	8/11/	<b>c</b>	\$
	Cents	7/2	∂` <sup>14</sup>	Φ	Φ
12.	96" Tee Base MH (Drop x2)	, for			
	Dollars	70 <u>r</u>	_	•	•
	Cents C	EA	5	\$	\$
13.	96" Tee Base MH, Miter (Opp), W 60" FRP Stubout	<b>!</b> /			
		EA	1	\$	\$
	Dollars Cents		•	Ψ	Ψ
14.	Tee Base MH, 60" Riser Extra Depti (>15')	h			
	Dollars	\/ <b>_</b>	407	Φ	Φ.
	Cents	VF	437	\$	\$
15.	Fence Gate 16' (Type 1)				
	Dollars				
	Cents	EA	20	\$	\$
16.	Remove and Replace Fencing				
	Dollars				
	Cents	LF	2,315	\$	\$

ITEM NO.	DESCRIPTION & ESTIMATED QUANTITIES (Unit Price to be written in words)	UNIT	QTY	UNIT PRICE (Figures)	TOTAL PRICE (Figures)
17.	Boring or Tunneling (96" DIA. FRP)  Dollars				
	Cents	LF	961	\$	\$
18.	Carrier Pipe Installed in Steel Casing or Tunnel Liner Plate (96" DIA. FRP)  Dollars				
	Cents	LF	961	\$\$	\$
19.	Carrier Pipe and Steel Casing Installation, Open Cut (96" DIA. FRP)  Dollars  Cents  Transition Structure  Dollars  Cents  Dollars  Cents  Upstream Siphon Structure No. 1  Dollars  Dollars  Dollars  Dollars  Dollars  Dollars		(	of Biddli	
	Cents	LF	3750	\$	\$
20.	Transition Structure	~	PURP		
	Cents	ragil.	1	\$XXXXXXXX	\$
21.	Downstream Siphon Structure No. 1	<i>5</i> ~`			
		LS	1	\$XXXXXXXX	\$
22.	Upstream Siphon Structure No. 1  Dollars  Cents	LS	1	\$ <u>XXXXXXX</u>	\$
23.	30"(FRP, (N 72) for Siphon No. 1				
23.	Dollars  Cents	LF	230	\$	\$
24.	60" (FRP, SN 72) for Siphon No. 1  Dollars				
	Cents	LF	460	\$	\$
25.	36" HDPE (Air Bypass Pipe)  Dollars				
	Cents	LF	3,560	\$	\$

ITEM NO.	DESCRIPTION & ESTIMATED QUANTITIES (Unit Price to be written in word		UNIT	QTY	UNIT PRICE (Figures)	TOTAL PRICE (Figures)
26.	Air Bypass Manhole (FRP)	llars				, <u>, , , , , , , , , , , , , , , , , , </u>
		ents	EA	4	\$	\$
27.	Remove and Replace Co	oncrete				
		<u>llars</u> ents	SY	116	\$	\$
28.	Concrete Header Curb	Existing			f Biddill	
		<u>llars</u> ents	LF	2005	o` \$	\$
29.	Remove and Replace Existing A Pavement	Asphalt	e	MA		
	-	<u>llars</u> ents	166\	355	\$	\$
30.	Remove and Replace Existing and Dirt Roads	•	) <u>,</u>		\$ of Biddings \$	
		<u>llars</u> ents	SY	661	\$	\$
31.	Concrete Cap Do	llars				
	<b>₹0</b> / C	<u>ents</u>	LF	370	\$	\$
32.	Concrete Encasement	<u>llars</u>				
	C	<u>ents</u>	LF	675	\$	\$
33.	Tree Protection Do	<u>llars</u>				
	C	<u>ents</u>	LS	1	\$XXXXXXXX	\$
34.	Plug and Abandon Existing Wate	er Well <u>llars</u>				
	C	<u>ents</u>	LS	1	\$XXXXXXXX	\$

ITEM NO.	DESCRIPTION & ESTIMATED QUANTITIES (Unit Price to be written in words)	UNIT	QTY	UNIT PRICE (Figures)	TOTAL PRICE (Figures)
35.	Dos Rios Connection				
33.	Dollars				
	Cents	LS	1	\$XXXXXXX	\$
		_		*	
36.	Connection to MRSO Segment 2				
	Dollars				
	Cents	LS	1	\$XXXXXXXX	\$
				.,0	
37.	Gravity Sewer Outfall Testing			dilli	
	Dollars			Bill	
	Cents	LF	38,476	<u> </u>	\$
38.	Disputes Review Board		رجي		
50.	Dollars		1116		
	Cents	LS c	$Q_{1}$	\$XXXXXXX	\$30,000.00
		ille	9	*	+ = = 1 = = = = = = = = = = = = = = = =
LINE ITE	EM "A"	401			
SUB TO	TAL BASE BID	o <sup>x</sup>	<u>\$</u>	\$XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
39.	Mobilization	1.0	4	<b>Ф</b> VVVVVVV	¢.
	(Maximum of 5% of the the Item "A"	LS	1	\$XXXXXXXXX	\$
	Sub-total Base Bid amount)				
	Sub-total Base Bid amount)				
LINE ITE	EM "B"				
MOBILIZ	ZATION SUBJOTAL		<u>\$</u>		
	<b>X</b>				

Note: Mobilization lump sum bid amount shall be limited to a maximum of 5% of the Subtotal base bid amount. In the event of a discrepancy between the written percentage and dollar amount shown for the Mobilization bid item the written percentage will govern. If the percentage written exceeds the allowable maximum stated for mobilization, SAWS reserves the right to cap the amount at the percentage shown and adjust the extension of the bid item accordingly.

TOTAL BID AMOUNT	¢
(LINE ITEM "A" + LINE ITEM "B")	Ψ
	DOLLARS ANI
	CENTS

	BIDDER	'S SIGNATURE & TITLE	
	FIRM'S	NAME (TYPE OR PRINT)	
	FIRM'S	ADDRESS	
	FIRM'S	PHONE NO./FAX NO.	
	FIRM'S	EMAIL ADDRESS	
The Contractor herein acknowledges rec	ceipt of the following	Si <b>gnic</b> d:	
Addendum No	Dated	Si <b>oò</b> d:	
Addendum No	Dated	Signed:	
Addendum No	Dated	Signed:	
Addendum No	Dated V	Signed: Signed: Signed:	
OWNER RESERVES THE RIGHT TO A	CCEPT THE OVERALL	. MOST RESPONSIBLE BID.	
The bidder offers to construct the Proceed to the forth in the Authorization to Proceed contract Documents relating to liquid	roject in accordance vergiect with <u>540</u> calen the Bidder understanted damages of the P	vith the Contract Documents for the dar days after the start date, as so ads and accepts the provisions of the roject if not completed on time.	et ne
Complete the additional requirement pages.	its of the Proposal w	hich are included on the following	ng

# **PROPOSAL CERTIFICATION**

Accompanying this proposal is a Bid Bond or Certi of the San Antonio Water System for	fied or Cashier's Check on a State or National Bank payable to the Order dollars (\$ ),
which amount represents five percent $(5\%)$ of the the proposal is accepted and the bidder fails to exect of the Contract, in which case the check shall be considered as payment for damages due to delay an	total bid price. Said bond or check is to be returned to the bidder unless bute and file a contract within 10 calendar days after the award ecome the property of said San Antonio Water System, and shall be ad other inconveniences suffered by said San Antonio Water System due The San Antonio Water System reserves the right to reject any and all
acceptance and award of the contract to the undersite Water System Contract Documents and make Perform 20 calendar days after the award of the Contract to to insure and guarantee the work until final complete payment of all lawful claims for labor performed as	oposal within60 calendar days after the bid opening. Upon gned by the Owner, the undersigned shall execute standard San Antonio formance and Payment Bonds for the full amount of the contract within a secure proper compliance with the terms and provisions of the contract, tion and acceptance, and the guarantee period stipulated, and to guarantee and materials furnished in the fulfillment of the contract.
It is anticipated that the Owner will provide written	Authorization to Proceed within 30 days after the award of the Contract.
SAWS of the written Authorization to Proceed. Uncertainty of SAWS issued, written Authorization to P	under this Contract within seven (7) and ar days after issuance by the Jnder no circumstances shall the work commence prior to Contractor's roceed. Work shall be completed in full within consecutive calendar
correct and final	nined in the proposal have been carefully checked and are submitted as
In completing the work contained in this propose discriminate on the grounds of race, color, religion, the implementation of these policies and practices.  Signed:	al the undersigned certifies that bidder's practices and policies do not sex or national origin and that the bidder will affirmatively cooperate in
Signed	Company Representative
a eterence	Company Name
kar kar	Address
Please return bidder's check to:	Company Name
	Aller
	Address



# GOOD FAITH EFFORT PLAN FOR CONSTRUCTION SUB-CONTRACTS FOR

NAME OF PROJECT:

SECTION A - C Name of Firm:	ONTRA	CTOR INFORI	MATIO	ON:				
Address:								
City:				State:		٩	Zip: _	
Contact Perso	n:			Telephone:	· — ;	,ddii		
Email Address	s:							
Is your firm Ce	ertified:	Yes	No:	If certifi	ed, Certif	ication	Number:	
Type of Certific	cation:	AABE		State: State: If certifi DIBEO VBB	ME HU	BE _ JB _	WBE DBE	
1. List ALL SUB	CONTRA	ACTORS/SUPF	PLIER	رم) الانتخاصة (Shat will be ut	tilized on th	nis proje	ct/contract.	
Name & Address of Company	Scope of be Perfo	of Work/Supplie ormed/Provide	es to d.tv	Estimated Co Amount or Projec	ontract n this	If Firm i	s Certified, cation Num copy of Cer Affidavit	, Provide ber and
1.		Firm O					Amaavit	
2.	<i>₹</i> 0 <sup>7</sup>	ζ-°						
3.								
4.								
5.								
6.								

#### **SECTION B. – SMWB COMMITMENTS**

The SMWB goal on this project is 17%

1.	The undersigned contractor has satisfied the requirements of the BID specification in the manner (please check the appropriate space):	following
	The contractor is committed to a minimum of % SMWB utilization on this contra	ct.
2	The contractor (if unable to meet the SMWB goal of%) is committed to a minimum. SMWB utilization on this contract. (If contractor/consultant is unable to meet the please fill out Section C and submit documentation demonstrating good faith efforts).  Name and phone number of person appointed to coordinate and administer the SMWB requirements on this process.	e goal,
۷.	name and phone number of person appointed to coordinate and administer the Sixty requirements on this pr	roject.
	Name:	
	Title:	
	Title: Phone Number Purpose  P	
	$\mathcal{C}_{\mathbf{i}}$	

IF THE SMWB GOAL WAS MET, PROCEED TO AFFIRMATION AND SIGN THE GFEP. IF GOAL WAS NOT MET, PROCEED TO SECTION C.

During the term of the contract, the contract, must report the actual payments to all the SMWB subcontractors on a monthly basis, on the "Subcontractor Report Form" or in other specified time intervals and format prescribed by the SAWS. Any unjustified failure to comply with the levels of SMWB participation identified in the bid and affirmed in the Good Faith Effort Plan shall be considered a material breach of contract. The SAWS reserves the right, at any time during the term of the contract to request additional information, documentation or verification of payments made to subcontractors in connection with the contract. Verification of amounts being reported may take the form of requesting copies of canceled checks paid to SMWB participants and/or confirmation in whire directly to the SMWB participants. Proof of payments, such as copies of canceled checks must properly identify the project name or project number to substantiate SMWB payment for this project.

The completed Subcontractor Report Forms should be mailed to:

San Antonio Water System SMWB Program 2800 U. S. Hwy 281 N., Suite 171 San Antonio, TX 78212

## SECTION C - GOOD FAITH EFFORTS (Fill out only, if the SMWB goal was not achieved).

1. List all firms you contacted with subcontracting/supply opportunities for this project that will not be utilized for the contract by choice of the contractor, subcontractor, or supplier. Written notices to firms contacted by the contractor for specific scopes of work identified for subcontracting/supply opportunities must be provided to subcontractor/supplier not less than five (5) business days prior to bid/proposal due date. The following information is required for all firms that were contacted of subcontracting/supply opportunities.

Name & Address of Company	Scope of Work/Supplies to be Performed/Provided by Firm	Is Firm SMWB Certified?	Date Written Notice was Sent & Method (Fax, Letter, Mail, etc.)	Reason Agreement Was not reached?
1.			Section	
2.		OU	(Q	
3.		ine		
4.		401		
5.	17,			
6.	Ou			
7.	Reference (Use additional			
8.	Reference of the second			
40	(Use additional	sheets as ne	eeded)	

In order to verify a contractor's good faith efforts, please provide to SAWS copies of the written notices to all firms contacted by the contractor for specific scopes of work identified in relation to the subcontracting/supply opportunities in the above named project. Copies of said notices must be provided to the Business Development Liaison with five (5) business days after the bid is due. Such notices shall include information on the plans, specifications, and scope of work.

2.	Did you attend the pre-proposal conference scheduled for this project?	Yes	No

3.	List all SMWB listings or directories, contractor associations	s, and/or ar	ny other	associations
	utilized to solicit SMWB Subcontractors/suppliers.			

\_\_\_\_\_\_\_

Discuss efforts made to define a SMWBs in order to increase the like	dditional elements of the work proposed to be performed by elihood of achieving the goal:
5. Indicate advertisement mediums of the advertisement(s):	used for soliciting bids from SMWBs. (Please attach a copy
	AFFIRMATION
I hereby affirm that the above infor- further understand and agree that binding part of the contract.	mation is true and complete to the bast of my knowledge. It, this document shall be attached thereto and become a fal:  Date:  Department. For questions the SMWB Program Manager, Ruby A.Perez-Webb, at
Name and Title of Authorized Officia	al:
Name:	~
Title:	"the"
Signature:	Date:
NOTE:	T, W
(210) 233-3420. If the SMWB	ylewed by SAWS Contracting Department. For questions the SMWB Program Manager, Ruby A.Perez-Webb, at was not met, the SMWB Program Manager will evaluate he Good Faith Effort Plan must be approved prior to award of
Recommendation: Approval:	Denial:
Signature of Business Development	t Liaison:
Date:	

During the term of the contract, the contractor must report the actual payments to all the SMWB subcontractors on a monthly basis, on the "Subcontractor Report Form" or in other specified time intervals and format prescribed by the SAWS. Any unjustified failure to comply with the levels of SMWB participation identified in the bid and affirmed in the Good Faith Effort Plan shall be considered a material breach of contract. The SAWS reserves the right, at any time during the term of the contract to request additional information, documentation or verification of payments made to subcontractors in connection with the contract. Verification of amounts being reported may take the form of requesting copies of canceled checks paid to SMWB participants and/or confirmation inquiries directly to the SMWB participants. Proof of payments, such as copies of canceled checks must properly identify the project name or project

Jon is de da man and term of it defication of a Verification of and Anceled checks paid to State de SMWB participants. Properly identify the project dent for this project.

Leport Forms should be mailed to:

San Antonio Water System SMWB Program

2800 U. S. Hwy 281 N., Suite 1720 San Antonio, TX 7821200 San Antonio,

## SUBCONTRACTOR / CONSULTANT REPORT

San Antonio Water System 2800 U.S. Hwy. 281 North		1) Invoice No.	2) Job Name/Reporting Period	3) SAWS Job Number
San Antonio, Texas 78212				
			From: To:	
Instructions: All prime contractors questions, please contact the SMW			f contract. To complete this report, we detailed instru-	ctions on reverse side. If you have any
4) Type of Contract - Select from Down below: (Tab down)		5) Contractor's/Consultant's Business Name, Address, and Telephone Number	6) Date of Contract Award	7) Scheduled Date of Completion
8) Original Contract Amount	9) Current Contract Amount (Including Change Orders/Addit	tional Addendums)	10) Total Contract Amount Rec'd to Date	11) Total Contract Amount Owed
12) Proposed Participation SBE% MBE% WBE%	13) Instructions for calculation of Total dollar amount paid to SMV		14) Name, Address, & Phone Number of Subcontractor/Sub Consultant	15) Select from Drop-down Below:
WBE			<b>,                                    </b>	
16) Description of Subcontract Work	17) Subcontract Dollars Awarded  18) Subcontract Amount Paid to Date	, for the	SBE, MBE, WBE	
Company's Official	Signature and Title	Signed	Name & Title of Individual (	Completing Report
		M		
	Signature and Title	O'		

#### CONFLICT OF INTEREST QUESTIONNAIRE NOTE:

"Effective January 1, 2006, Chapter 176 of the Texas local Government Code requires that persons, or their agents, who seek to contract for the sale or purchase of property, goods, or services with SAWS shall file a completed conflict of interest questionnaire with the SAWS Director of Contracting no later than the 7<sup>th</sup> business day after the date that the person: (1) begins contract discussions or negotiations with SAWS; or (2) submits to SAWS an application, response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with SAWS. The Conflict of Business questionnaire is attached on the following page and is available from the Texas Ethics Commission at www.ethics.state.tx.us. Completed Conflict of Interest questionnaires should be included with your bid or may be delivered by hand, within 7 business days of the bid opening, to the Director of Contracting. If mailing a completed Conflict of Interest questionaire, mail to: David R. Gonzales, CPM, 2800 U.S. Hwy 281 North, San Antorio, TX 78212. If delivering a completed Conflict of Interest questionnaire convert to Contracting Department, Tower 2, 1st Floor, Room 171, 2800 U.S. Hwy 281 North, San Antonio, TX 78212. Please consult your own legal advisor if you have questions regarding the statute or form." be delivered by hand, within 7 business days of the bid opening, to the Director of

TWDB 06/10

# **CONFLICT OF INTEREST QUESTIONNAIRE**

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).	Date Received
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.	
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.	
Name of person who has a business relationship with local governmental entity.	n <sup>©</sup>
Check this box if you are filing an update to a previously filed questionnaire.	
(The law requires that you file an updated completed questionnaire with the application than the 7th business day after the date the originally filed question aire become	propriate filing authority not es incomplete or inaccurate.)
Name of local government officer with whom filer has employment or knowness relationship	p.
Name of Officer  This section (item 3 including subparts A, B, C & D), must be completed for each officer	
Name of Officer	
employment or other business relationship as defined Section 176.001(1-a), Local Govern pages to this Form CIQ as necessary.	ment Code. Attach additional
A. Is the local government officer named in the section receiving or likely to receive taxable in income, from the filer of the questionnaire?	ncome, other than investment
Yes	
B. Is the filer of the questionnabe eceiving or likely to receive taxable income, other than invedirection of the local government officer named in this section AND the taxable income is governmental entity?	stment income, from or at the not received from the local
Yes No	
C. Is the filer of this questionnaire employed by a corporation or other business entity wi government officer serves as an officer or director, or holds an ownership of 10 percent or more	
Yes No	
D. Describe each employment or business relationship with the local government officer nan	ned in this section.
4	
Signature of person doing business with the governmental entity	Date

# **BIDDER'S CERTIFICATIONS**

Pro	ject Name:
Pro	ject Number:
Coı	ntract For:
The	e following certifications must be completed by the bidder for each contract.
A.	EQUAL EMPLOYMENT OPPORTUNITY:
	( ) I have developed and have on file at my each establishment affirmative action programs pursuant to 41 CFR Part 60-2.
	( ) I have participated in previous contract(s) or subcontract(s) subject to the extent opportunity clause under <b>Executive Orders 11246 and 11375</b> . I have filed all reports due under the requirements contained in 41 CFR 60-1.7.
	( ) I have not participated in previous contracts(s) subject to the equal opportunity clause under Executive Orders 11246 and 11375.
	( ) I will obtain a similar certification from any proposed socontractor(s), when appropriate.
B.	NONSEGREGATED FACILITIES  ( ) I certify that I do not and will not maintain any facilities provided for my employees in a
	( ) I certify that I do not and will not maintain any facilities provided for my employees in a segregated manner, or permit my employees perform their services at any location under my control where segregated facilities are maintained; and that I will obtain a similar certification prior to the award of any federally assisted subcontract exceeding \$10,000 which is not exempt from the equal opportunity clause as required by 41 OFR 60-1.8.
I ur terr	nderstand that a false statement of this certification may be grounds for rejection of this bid proposal or mination of the contract award.
Тур	ped Name & Title of Bidder's Authorized Representative
Sig	nature of Bidder's Authorized Representative Date
— Naı	me & Address of Bidder

## VENDOR COMPLIANCE WITH RECIPROCITY ON NON-RESIDENT BIDDERS

Government Code 2252.002 provides that, in order to be awarded a contract as low bidder, a non-resident bidder must bid projects for construction, improvements, supplies or services in Texas at an amount lower than the lowest Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a non-resident bidder in order to obtain a comparable contract in the state in which the non-resident's principal place of business is located. A non-resident bidder is a contractor whose corporate offices or principal place of business is outside of the state of Texas. This requirement does not apply to a contract involving Federal funds. The appropriate blanks in Section A must be filled out by all out-of-state or non-resident bidders in order for your bid to meet specifications. The failure of out-of-state or non-resident contractors to do so will automatically disqualify that bidder. Resident bidders must check the blank in Section B.

A.	Non-resident vendors in	(give state), our orn	cipal place of
	A copy of the statute is attached.	percent lower than resident of dder	s by state law
	Non-resident vendors in business, are not required to under	(give state), our print	icipal place of
В.	Our principal place of business or of Texas:	corporate office are in the State of	
BIDI	Our principal place of business or of Texas:  DER:  Derivative of State  State  (please print)	Notion	
Comp	pany cince Only,		-
City	State	Zip	_
 Ву: (	(please print)		_
Signa	iture		_
Title:	(please print)		_

THIS FORM MUST BE RETURNED WITH THE BID