## **BID PROPOSAL**

PROPOSA	AL OF			a
corporatio	n, a partnership, consisting of			, an
individual	doing business as			<u>.</u>
Pursuant t and mater appurtena	I ANTONIO WATER SYSTEM: to Instructions and Invitations to Bidd rials as specified and perform the wo nces, San Antonio Water System Se Specifications for the following prices	ork required f wer Job Num	or the construction	n <b>oi b</b> ipelines and
SEWER (	<u>08-4515):</u>		\$OF	
Item No.	Description & Estimated Quality (Unit Price to be Written in		Unit Price (Figures)	Total Price (Figures)
103.4	Remove Miscellaneous Concrete 1,100 square feet (S.F.)	~ CCED	9	
	and	Dollars	\$	. \$
105.1	Channel Excavation 10 cubic yards (C.Y.)			
		Dollars		
	and	Cents	\$	\$
107.1	Embankment (Type C) 7 <b>50 cubic vards (C.Y.)</b>			
	_29	Dollars		
<b>₹</b>	Ond	Cents	\$	\$
507.2A	Temporary Wire Fence (4' High) 460 linear feet (L.F.)			
		Dollars		
	and	Conte	¢	¢

Item No.	Description & Estimated Quant (Unit Price to be Written in Wo		Unit Price (Figures)	Total Price (Figures)	
521	Hydromulching (Flexterra™ FGM®) 1,150 square yards (S.Y.)				
		Dollars			
	and	Cents	\$	\$	
540	TPDES Permits 1 lump sum (L.S.)		<i>5.</i> :	Sins	
		_Dollars			
	and	Cents	×××××	\$	
540.1	Rock Filter Dams (Install/Remove) (Type 3)  100 linear feet (L.F.)		2 xxxxxxx		
		_Dol@ns			
	and	Cents	\$	\$	
540.6	Construction Exits (Install/Remove) 560 square yards (S.Y.)	,			
		_Dollars			
	and O'C'	_Cents	\$	\$	
541.1	Storm Water Flow Wanagement System  1 lump sum (L.S.)				
	<u> </u>	_Dollars			
	and C	Cents	XXXXXXXX	\$	
5160.1	iparian/Aquatic Seeding 410 square yards (S.Y.)				
		Dollars			
	and	Cents	\$	\$	
0459-2010	Gabion Mattress (Galv) (9 in.) 456 square yards (S.Y.)				
		Dollars			
	and	_ _Cents	\$	\$	

SAWS Job No.: 08-4515 Helotes Creek Erosion Repairs Solicitation No. B-10-043-CM

## **Bid Summary**

SUBTOTA	L SAWS JOB NO. 08-4515 (SEWER)	\$		
LINE ITEM	<u>1 "A"</u>			
SUBTOTA	L BASE BID (SEWER)	\$		•
			•	diffe
Item No.	Description & Estimated Quant (Unit Price to be Written in Wo	rdo)	Unit Price (Figures)	Total Price (Figures)
100	MOBILIZATION 1 LUMP SUM – Percent of the Line Item "A" Sub total Base Bid written in words	Percent do	etot	
	(Maximum of 10% of the Line Item "A" Subtotal Base Bid amount)	Percential	xxxxxxxxxx	\$
101	PREPARING R.O.W.  1 LUMP SUM – Percent of the Line Item A" Sub total Base Bid written in work	Ş		
	(Maximum of 5% of the Lize Item "A" Subtotal Base Bid amount	_Percent	xxxxxxxxxx	\$
MOBILIZA	TION AND PREPARING ROW SUB-TOT	AL \$		
amount. P Subtotal Ba Item 100, N the written the written stated for	lump subtained shall be limited to a maximine reparing Right-of-Way lump sum bid shall be use Britanount. The Line Item "A" Sub-total Mobilization and Item 101, Preparing Right-of-centage and dollar amount shown for percentage will govern. If the percentage mobilization and or preparation of ROW, tages shown and adjust the extensions of	e limited to a ma base bid is def f-Way. In the e Mobilization an tage written ex SAWS reserves	eximum of 5% of the control of a discontrol of a discontrol of a discontrol of the control of th	of the Line Item "A" items EXCLUDING crepancy between of ROW bid items owable maximum
TOTAL B	SID AMOUNT ( <u>Line Item "A",</u> Mobilizatio Preparing Right of Way)	on & \$		
				ollars and
			_Cents	

SAWS Job No.: 08-4515 **Helotes Creek Erosion Repairs** Solicitation No. B-10-043-CM

	BIDDER'S SIGNATURE & TITLE
	FIRM'S NAME (TYPE OR PRINT)
	FIRM'S ADDRESS
	FIRM'S PHONE NO./FAX NO.
	FIRM'S EMAIL ADDRESS
den	dum No.'s

The Bidder herein acknowledge receipt of Add

OWNER RESERVES THE RIGHT TO ACCEPT THE OVERALL MOST RESPONSIBLE BID.

The bidder offers to construct the Project in accordance with the Contract Documents for the contract price, and to complete the Project within 120 calendar days after the start date, as set forth in the Authorization to Proceed. The Bidder understands and accepts the provisions of the Contract Documents relating to liquidated damages of the Project if not completed on time. to liquidated damages of the Project if not completed on time

cluded on the following pages.

to liquidated damages of the Project if not completed on time Complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the additional requirements of the Proposal which are the complete the c

# **PROPOSAL CERTIFICATION**

Accompanying this proposal is a Bid Bond or Certific of the San Antonio Water System for	d or Cashier's Check on a State or National Bank payable to the Order dollars (\$ ),
which amount represents five percent $(5\%)$ of the total the proposal is accepted and the bidder fails to execute of the Contract, in which case the check shall be considered as payment for damages due to delay and considered as payment for damages due to dela	al bid price. Said bond or check is to be returned to the bidder unless
acceptance and award of the contract to the undersign. Water System Contract Documents and make Perfort 10 calendar days after the award of the Contract to se	osal within 60 calendar days after the bid opening. Upon ed by the Owner, the undersigned shall execute standard San Antonio mance and Payment Bonds for the full amount of the contract within cure proper compliance with the terms and provisions of the contract, and acceptance, and the guarantee period stipulated and to guarantee materials furnished in the fulfillment of the contract.
It is anticipated that the Owner will provide written Au	uthorization to Proceed within 30 days aren he award of the Contract.
SAWS of the written Authorization to Proceed. Unc	der this Contract within seven (X calendar days after issuance by the der no circumstances shall the work commence prior to Contractor's need. Work shall be complete the full within consecutive calendar
The undersigned certifies that the bid prices contains correct and final.	ed in the proposal have been carefully checked and are submitted as
discriminate on the grounds of race, color, religion, se the implementation of these policies and practices.	he undersigned certifies that bidder's practices and policies do not x or national origin and that the bidder will affirmatively cooperate in
Signed	Company Representative
cestestice -	Company Name
Please return bidder's check to:	Address
Please return bidder's check to:	Company Name
	Address



# GOOD FAITH EFFORT PLAN FOR CONSTRUCTION SUB-CONTRACTS FOR

NAME OF PROJECT:

SECTION A - C Name of Firm:		CTOR INFOR	RMATIC	DN:			
Address:						1100	
City:				State:		Zip:	_
Contact Perso	n:			_ Telephone:	<del>- KO</del> Z	<b>Y</b>	_
Email Address	»:						_
Is your firm Ce	ertified:	Yes	_ No: _	If certified	, Certificat	ion Number:	_
Type of Certifi	cation:	AABE		_ DIBECOY	MBE HUB	WBE DBE	
1. List ALL SUB	CONTRA	CTORS/SUF	PPLIERS	That will be utiliz	zed on this p	oroject/contract.	
Name & Address of Company	Scope of be Perfo	of Work/Suppl ormed/Provide Firm	ies to	Estimated Cont Amount on th Project	tract If F	irm is Certified, Providentification Number and ach copy of Certification Affidavit	ł
1.		gence o				7 WHIGHT	
2.	200	35					
3.	31						
4.							
5.							
6.							

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

The SMWB goal on this project is 17%

	d contractor has satisfied the requirements of the BID specification in the following check the appropriate space):
The cont	ractor is committed to a minimum of % SMWB utilization on this contract.
% SMV please fill out Se	ractor (if unable to meet the SMWB goal of%) is committed a minimum of VB utilization on this contract. (If contractor/consultant is unable to meet the goal, ection C and submit documentation demonstrating good fetto efforts).
Name and phone nu	mber of person appointed to coordinate and administer the SMAP requirements on this project.
Name:	FOT
Title:	
Phone Number	
	manner (please of the context of the

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 contracts 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 inquities 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,	Reason Agreement Was not reached?
1.			300	
2.				
3.		700°		
4.	۸,0	X		
5.	17			
6.	Our,			
7.	rence			
8.	ser			
	(Use additional	sheets as ne	eded)	

In order to verify a contractor's good faith efforts, please provide to SAWS copies of the written notices to all fito's 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 f	for this p	project?		Yes	No
----	----------------	------------------	------------	-------------	------------	----------	--	-----	----

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

4. Discuss efforts made to define additional elements of the work proposed to be performed to SMWBs in order to increase the likelihood of achieving the goal:
5. Indicate advertisement mediums used for soliciting bids from SMWBs. (Please attach a coof the advertisement(s):
AFFIRMATION
I hereby affirm that the above information is true and complete to the best of my knowledge further understand and agree that, this document shall be attached thereto and become binding part of the contract.
Name and Title of Authorized Official:  Title:
Name:
Title:
Signature: Date:
NOTE:
This Good Faith Effort Plan is reviewed by SAWS Contracting Department. For question and/or clarifications, please contact the SMWB Program Manager, at (210) 233-3420. If the SMWB goal was not met, the Business Development Liaison will evaluate the "good faith efforts" of a firm the Good Faith Effort Plan must be approved prior to award of the contract.
Recommendation: Approval: Denial:  Signature of Business Development Liaison:
Signature of Business Development Liaison:
Date:

#### SUBCONTRACTOR / CONSULTANT REPORT

San Antonio Water System 2800 U.S. Hwy. 281 North San Antonio, Texas 78212			1) Invoice No.	2) Job Name/Reporting Period		3) SAWS Job Number
5411 Tillonio, 10140 70212				From:	To:	
Instructions: All prime contractors	are required to com	nlete and submi	t this report until final payment o	•		ons on reverse side. If you have any
questions, please contact the SMWI				reconstant to complete uns report,	we detailed instructi	ons on reverse stae. If you have any
			5) Contractor's/Consultant's Business Name, Address, and Telephone Number	6) Date of Contract Award		7) Scheduled Date of Completion
	_					<b>\$</b>
8) Original Contract Amount	9) Current Contra ( Including Chang		onal Addendums)	10) Total Contract Amount	Rec'd to Date	7 Total Contract Amount Owed
12) Proposed Participation SBE% MBE% WBE%			SMWB Percentage: B divided by total dollar am	14) Name, Address, & Phone Subcontractor/Sub Consultant	Substell of	15) Select from Drop-down Below:
16) Description of Subcontract Work	17) Subcontract A Dollars Awarded	·	19) Subcontract % Paid to Date	SBE, MBE, V	WBE	-
				MBE		-
				WBE		
Company's Official	Signature and Title		Dan Signed		itle of Individual Co	mpleting Report
			14	- 1		
Company's Official	zeletet	ace C				

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 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 of object 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 13 C.

San Antonio, TX 78212 and/or confirmation inquiries directly to the SMWB participants. Proof of payments,

06/10

#### 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 Manager of Contract Administration 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 questionnaire should be included with your bid or may be delivered by hand, within 7 business tays of the bid opening, to the Manager of Contract Administration. If mailing a completed Conflict of Interest questionnaire, mail to: David Gonzales, Manager, Contract of Interest questionnaire, mail to: David Gonzales, Manager, Contract Administration, 2800 U.S. Hwy 281 North, San Antonio, TX (2021). If delivering a completed Conflict of Interest questionnaire, deliver to Contract Administration, 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 augmented the statute or form."

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.	00
Name of person who has a business relationship with local governmental entity.	3idding
Check this box if you are filing an update to a previously filed questionnaire.	· ·
(The law requires that you file an updated completed questionnaire the applater than the 7th business day after the date the originally filed question after become	
Name of local government officer with whom filer has employment or business relationship	o.
Name of Office	
This section (item 3 including subparts A, B, C & D) this be completed for each officer employment or other business relationship as defined by section 176.001(1-a), Local Govern pages to this Form CIQ as necessary.	r with whom the filer has an ment Code. Attach additional
A. Is the local government officer named in this 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 questionnaire ceiving or likely to receive taxable income, other than invedirection of the local government of 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 file of this questionnaire employed by a corporation or other business entity wire 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
5	• • •