PROPOSAL

PROPOS	SAL OF	<u>,</u> a	corporation a
partnersh	nip consisting of		
and an in	ndividual doing business as		4
ТО ТНЕ	SAN ANTONIO WATER SYSTEM:		31118
and mate placement with the Contract that all pintent of paid the regardles	to Instruction and Invitations to Bidders, the underserials as specified and perform the work required nt and required appurtenances for San Antonio Wat Plans and Specifications for the 2010 Concrete Plater – Package No. 4, Job No. 10-0107. The undersign projects are unspecified at the time of bidding, all quantities proposal and quantities herein to establish a unit Contractor by SAWS on an annual basis. No changes of the actual quantity of the item of work performed	for the construer System (SAW) cement Work O ed acknowledges antities are estimat price for various ge in the unit pr	ction of concrete (7S) in accordance rder Construction is and understands tated, and it is the is line items to be ice will be made.
the follow	wing prices to wit:	Unit	Total
Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Price (Figures)	Price (Figures)
100	95 EA – Mobilization; per Each Dollars	\$	\$
101	1 EA – Mobilization (24-Hour Response); per Each		
103.10	Dollars Cents	\$. \$
103.10	360 LF – Remove Concrete Curb; per Linear Foot		
	Dollars	\$	\$
	Cents		

Item No.	Description & Estimated Quanti (Unit Price to be written in words)		Unit Price (Figures)	Total Price (Figures)
103.2	320 SY – Remove Sidewalks an per Square Yard	d Driveways;		
		Dollars	\$	\$
	_	Cents		Ó.
104	560 CY – Excavation; per Cubic Yard			oidding
		Dollars	\$	\$
		Cents	COS	· *
200.6	60 CY – Flexible Base (Compac per Cubic Yard	eted in place);	ssable from	
		<u>Dollars</u>	\$	\$
	_	Cents	Y	
300.1	30 CY – Concrete Class "A"; per Cubic Yard			
		Dollars	\$	\$
		Cents		
301	6,800 LB – Reinforcing Steel per Pound			
		Dollars	\$	\$
	per Pound	Cents		
500.1	1,000 LF – Concrete Curbing; per Linear Foot			
•		Dollars	\$	\$
		Cents		

Item No.	Description & Estimated Quantitie (Unit Price to be written in words)	es	Unit Price (Figures)	Total Price (Figures)
500.2	90 LF – Miscellaneous Curbing; per Linear Foot			
	I	<u>Dollars</u>	\$	\$
		Cents		Ó
502.1	500 SY – Concrete Sidewalks; per Square Yard			Sidding S
	I	<u>Dollars</u>	\$	\$
		Cents	CO3	
502.2	550 SY – Concrete Driveway; per Square Yard		\$ cos	
	I	<u>Dollars</u>	\$	\$
		Cents	>	
502.3	370 SY – Commercial Driveway; per Square Yard			
		<u>Dollars</u>	\$	\$
		Cents		
502.4	40 SY – Exposed Aggregate Sidev per Square Yard	valks/Drive	ways;	
	I	<u>Dollars</u>	\$	\$
	60 SV. Rin Ran 5 inches Thick:	Cents		
505	60 SY –Rip Rap 5-inches Thick; per Square Yard			
•	I	<u>Dollars</u>	\$	\$
		Cents		

Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
506	1 CY – Concrete Retaining Walls – Combine per Cubic Yard	nation Type;	
	Dollars	\$	\$
	Cents		Ó
513.1	2 EA – Removing and Relocating Mail Box per Each	xes;	odding
	Dollars	\$	\$
	Cents	\$ FON	Y
513.2	1 EA – Removing and Replacing Masonry per Each	Mail Boxes;	
	Dollars	\$	\$
	Cents		
515	80 CY – Top Soil; per 0.5 Cubic Yards		
	Dollars	\$	\$\$
	Cents		
516.1	Dollars Cents 10 SY – Bermuda Sodding; per Square Yard Dollars Cents		
	Dollars	\$	\$\$
	Cents		
516.2	30 SY –St. Augustine Sodding; per Square Yard		
*	Dollars	\$	\$
	Cents		

		Unit	Total
Item	Description & Estimated Quantities	Price	Price
No.	(Unit Price to be written in words)	(Figures)	(Figures)
524	5 CY – Concrete Steps; per Cubic Yards		
	Dollars	\$	\$
	Cents		60
530.1	120 EA – Barricades, Signs and Traffic Haper Each	andling;	oidding
-	Dollars	\$	
	Cents		
530.2	10 HR – Police Officer (Maximum Bid \$4 per Hour	(00.00);	
	Dollars	\$	\$
	Cents		
542	25 LF –Temporary Sediment Control Fence		
	Dollars	\$	\$
	Cents		
553	Dollars Cents 1 EA – Storm Water Pollution Prevention per Each Dollars Cents	Plan;	
	Dollars	\$	\$
	Cents		
1000.1	20 EA – Remove and Replace Pavement u 2-inches of Type D HMAC and Tack Coat (0-25 SF Area); per Each	p to	
	Dollars	\$	\$
	Cents		

Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
1000.2	5 EA – Remove and Replace Pavement up to 2-inches of Type D HMAC and Tack Coat (25-50 SF Area); per Each	o	
	Dollars	\$	\$\$
	Cents		dille
1000.3	1 EA – Remove and Replace Pavement up t 2-inches of Type D HMAC and Tack Coat (50-75 SF Area); per Each	s s s s	Bilde
			¢
	<u>Dollars</u> Cents	2010	⊅
1001	5 EA – Detectable Warning Area (for wheelchair ramps) per Each	· O	
	Dollars	\$	\$
	TOTAL BID	\$	
	Reference	BIDDER'S SIGNA	TURE & TITLE
	C. C. C.	FIRM'S NAME (T	YPE OR PRINT)
		FIRM'S ADDRESS	
		FIRM'S PHONE N	O./FAX NO.
		EMAIL ADDRESS	;

Solicitation No. B-09-073-RA 2010 Concrete Placement Work Order Construction Contract – Package No. 4

		Unit	Total
Item	Description & Estimated Quantities	Price	Price
No.	(Unit Price to be written in words)	(Figures)	(Figures)

Contractor herein acknowledges receipt of the following: Addendum Nos.

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 365 calendar days from the Authorization to Proceed date or until funds are exhausted from the Contract. The bidder understands and accepts the provisions of the contract Documents relating to liquidated damages of the project if not completed on time.

Special items are included in the SPECIAL CONDITIONS.

The bidder will make available no less than two (2) independent crews to be actively working on concurrent work orders as issued. The bidders shall submit resources (equipment, employees, etc.) indicating the ability to have a minimum of two (2) crews available to this contract with their bid. Any bid package that does not include this information in their submittal may be determined to be non-responsive.

Complete the additional requirements of the Proposal, which are included on the following pages.



NAME OF PROJECT:

GOOD FAITH EFFORT PLAN FOR CONSTRUCTION SUB-CONTRACTS

FOR

SECTION A - CONTRACTOR INFORMATION:				
Name of Firm:	Name of Firm:			
Address:				8
City:		State:		Zip:
Contact Person:		Tele- phone:	10	
Email Address:			Fax:	
Is your firm Certified: Y	′es	No: If certified	L.Certification Nu	mber:
Type of Certification:	AABE SBE	DIBE VBE	MBE HUB	WBE DBE
List ALL SUBCONTRAC	CTORS/SUPPL	IERS that will be utilized o	on this project/contra	act.
Name & Address of C	Company	Scope of Work/Supplie to be Performed/Provid by Firm		If Firm is Certified, Provide Certification Number and attach copy of Certification Affidavit
1.	CE			
2.	·			
3.				
4.				
5.				
6.				

SECTION B. - SMWB COMMITMENTS

The SMWB goal on this project is 17%

١.	•	appropriate space):
	The contra	ctor is committed to a minimum of % SMWB utilization on this contract.
	SMWB utilization of	actor (if unable to meet the SMWB goal of%) is committed to a minimum of% on this contract. (If contractor/consultant is unable to meet the goal, please fill out Section umentation demonstrating good faith efforts).
2.		umber of person appointed to coordinate and administer the SMWB requirements on this
	project.	
	Name:	
	Title:	
	Phone Number:	

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 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 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).

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 Per- formed/Provided by Firm	Is Firm SMWB Certified?	Date Written Notice was Sent & Method (Fax, Letter, E- Mail, etc.)	Reason Agreement was not reached?
1.				**
2.			\$	0,
3.			10	
4.			20,	
5.			2	
6.		60	,	
7.				
8.	16			

(Use additional sheets as needed)

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, and/or any other associations utilized to
	solicit SMWB Subcontractors/suppliers.
	<u> </u>
4.	Discuss efforts made to define additional elements of the work proposed to be performed by SMWBs
	in order to increase the likelihood of achieving the goal:

advertisement(s):	
AFFIRMA	TION
I hereby affirm that the above information is true and understand and agree that, this document shall be att contract.	
Name and Title of Authorized Official:	300
Name:	
Title:	
Signature:	Date:
NOTE:	x201
This Good Faith Effort Plan is reviewed by SAWS SM clarifications, please contact the SMWB Program Man Business Development Liaison will evaluate the "good to must be approved prior to award of the contract.	ager at (210) 233-3420. If the SMWB goal was not met, th
Recommendation: Approval:	Denial:
Signature of Business Development Liaison:	
Date:	
Ce The second se	

SUBCONTRACTOR/CONSULTANT REPORT

San Antonio Water System 2800 U. S. Hwy. 281 North San Antonio, Texas, 78212		1) Invoice No.		2) Job From: To:				
Instructions: All prime contractors are required to complete and submit this report until final payment of the contract. To complete this report, see detailed instructions on reverse side. If you have any questions, please contact the SMWB Program Manager at 210-233-3420.								
3) SAWS Job Number	4) Type of Contract 5) Contractor's/Consultant's Business Name, Address, and T phone Number Service Professional							
6) Date of Contract Award	Comple			8) Original Co Amount	A	9) Current Contract Amount (Including Change Orders/Additional Adden- dums)		
10) Total Contract Amount Rec'd to Date	11) tra	Total Con- ct Amount Owed	SBI WBI	/	ation	13) Instructions for calculation of SMWB Percentage: Total dollar amount paid to SMWB divided by total dollar amount received by Contractor from SAWS.		
14) Name, Address, 19) Subcontract & Phone Number of Dollars consultant Awarded		Subcontract Amount Paid WBE to Date			o Date	18) Description of Subcontract Subcontractor/Sub		
Company's Official Signature and Title			Date Signed	ľ	Name & Title of Individual Completing Report			
						Completing Report		

Revised 3/3/09

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 7th 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 Manager of Contract Administration. If mailing a completed Conflict of Interest questionnaire, mail to: David Gonzales, Manager, Contract Administration, 2800 U.S. Hwy 281 North, San Antonio, TX 78212. 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 questions regarding the statute or form."

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.							
Check this box if you are filing an update to a previously filed questionnaire.	propriate filing authority not						
(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)							
Name of local government officer with whom filer has employment or business relationship.							
Name of Officer							
This section (item 3 including subparts A, B, C & D) must 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.							
A. Is the local government officer named in this section receiving or likely to receive taxable income, from the filer of the questionnaire?	ncome, other than investment						
Yes No							
B. Is the filer of the questionnaire receiving 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?							
Yes No							
C. Is the filer 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						