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BID PROPOSAL

PROPOSAL OF _____, a corporation
 a partnership consisting of _____
 an individual doing business as _____

TO THE SAN ANTONIO WATER SYSTEM:

Pursuant to Instructions and Invitations to Bidders, the undersigned proposes to furnish all labor and materials as specified and perform the work required for the rehabilitation of 3.0 MG standpipe, water storage tank at the Indian Springs Tank station, San Antonio Water System Job No. 08-0102, in accordance with the Plans and Specifications for the following prices to wit:

BASE UNIT PRICES FOR:

ITEM NO.	ITEM DESCRIPTION (PRICE TO BE WRITTEN IN WORDS)	UNIT	QTY.	UNIT PRICE IN FIGURES	TOTAL IN FIGURES
1.	Indian Springs Tank Rehabilitation and Containment - Furnish all materials, labor, equipment and superintendence for the rehabilitation of a 3.0 million-gallon standpipe water storage tank, electrical upgrades and site improvements in accordance with the contract plans and specifications; complete in place. _____ Dollars and _____ Cents	L.S.	1	XXXXXXXX	\$ _____

SUB-TOTAL BASE ITEMS	\$ _____
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EXTRA UNIT PRICES FOR:

ITEM NO.	ITEM DESCRIPTION (UNIT PRICE TO BE WRITTEN IN WORDS)	UNIT	QTY.	UNIT PRICE IN FIGURES	TOTAL IN FIGURES
2.	Furnish all materials, labor, equipment and appurtenances for "interior grinding", complete in place. _____ Dollars and _____ Cents	MH.	100	\$ _____	\$ _____
3.	Furnish all material, labor, equipment and appurtenances for "seam welding", complete in place. _____ Dollars and _____ Cents	LF.	75	\$ _____	\$ _____
4.	Furnish all material, labor, equipment and appurtenances for "pit welding", complete in place. _____ Dollars and _____ Cents	IN ² .	50	\$ _____	\$ _____
5.	Furnish all material, labor, equipment and appurtenances for "pit filling", complete in place. _____ Dollars and _____ Cents	Gal.	5	\$ _____	\$ _____
6.	Furnish all material, labor, equipment and appurtenances for "additional work". _____ Dollars and _____ Cents	MH.	100	\$ _____	\$ _____
7.	Furnish all material, labor, equipment, and appurtenances for supplemental "tank ventilation/dehumidification", complete in place. _____ Dollars and _____ Cents	Week	2	\$ _____	\$ _____

8.	Furnish all material, labor, equipment, and appurtenances to apply Sika-Flex 1A to the Lapped and Un-Welded Interior Roof Plates of the Entire Tanks – complete in place _____ Dollars and _____ Cents	L.S.	1	\$XXXXXXXX	\$ _____
9.	Furnish all material, labor, equipment, and appurtenances to apply Slurry Seal coat to the existing roadway – complete in place _____ Dollars and _____ Cents	S.Y.	4,000	\$ _____	\$ _____

SUB-TOTAL EXTRA ITEMS	\$ _____
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TOTAL BID ITEMS 1-9 \$ _____

BIDDER'S SIGNATURE: _____

The Contractor herein acknowledges Addendum Nos. _____.

1. Bidder acknowledges that estimated quantities are not guaranteed, and are solely for the purpose of comparison of Bids. Final payment for all Unit Price Bid items will be based on actual quantities provided, determined as provided in the contract documents.

Note: Complete the additional requirements of the proposal which are included on the following pages.

2. Bidder must return pages P-1 through P-4.

3. The Work included in this bid shall be Substantially Complete, as defined in the General Conditions, by **April 1, 2009.**

4. The Bidder understands that the Owner will award the Contract based on the **total bid amount for bid items 1-9.** Any and all addenda which acknowledged receipt shall be attached to and made part of this bid.

PROPOSAL

Accompanying this proposal is a Bid Bond or Certified or Cashier's Check on a State or National Bank payable to the Order of the San Antonio Water System for _____ dollars (\$ _____), which amount represents five percent (5%) of the total bid price. Said bond or check is to be returned to the bidder unless the proposal is accepted and the bidder fails to execute and file a contract within 10 calendar days after the award of the Contract, in which case the check shall become the property of said San Antonio Water System, and shall be considered as payment for damages due to delay and other inconveniences suffered by said San Antonio Water System due to the failure of the bidder to execute the contract. The San Antonio Water System reserves the right to reject any and all bids.

It is anticipated that the Owner will act on this proposal within 60 calendar days after the bid opening. Upon acceptance and award of the contract to the undersigned by the Owner, the undersigned shall execute standard San Antonio Water System Contract Documents and make Performance and Payment Bonds for the full amount of the contract within 10 calendar days after the award of the Contract to secure proper compliance with the terms and provisions of the contract, to insure and guarantee the work until final completion and acceptance, and the guarantee period stipulated, and to guarantee payment of all lawful claims for labor performed 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.

The Contractor hereby agrees to commence work under this Contract within seven (7) calendar days after issuance by the SAWS of the written Authorization to Proceed. Under no circumstances shall the work commence prior to Contractor's receipt of SAWS issued, written Authorization to Proceed.

The undersigned certifies that the bid prices contained in the proposal have been carefully checked and are submitted as correct and final.

In completing the work contained in this proposal the undersigned certifies that bidder's practices and policies do not discriminate on the grounds of race, color, religion, sex or national origin and that the bidder will affirmatively cooperate in the implementation of these policies and practices.

Signed:

Company Representative

Company Name

Address

Please return bidder's check to:

Company Name

Address

SAN ANTONIO WATER SYSTEM'S PAINTER QUESTIONNAIRE

Contractor Name: _____

Address: _____

Phone: _____

Contact: _____

INSTRUCTIONS TO CONTRACTOR: LIST EQUIPMENT AND PERSONNEL TO BE ASSIGNED TO THIS PROJECT IF YOU ARE THE SUCCESSFUL BIDDER.

1. COMPRESSED AIR

A. Air Compressors

1. Manufacturer _____
Type: Screw _____ Piston _____ Rotary _____
Flow Rate _____ CFM _____ Pressure _____ PSI
How Many _____
2. Manufacturer _____
Type: Screw _____ Piston _____ Rotary _____
Flow Rate _____ CFM _____ Pressure _____ PSI
How Many _____

B. COMPRESSED AIR SURGE TANKS

1. Size _____ Cu. Ft. (7.48 Gal. = 1.0 Cu. Ft.)
2. Size _____ Cu. Ft.

C. COMPRESSED AIR OIL FILTERS/MOISTURE SEPARATORS

1. Size _____ Sq. Ft. of Filter Area
2. Size _____ Sq. Ft. of Filter Area
3. Size _____ Sq. Ft. of Filter Area
4. Size _____ Sq. Ft. of Filter Area

D. COMPRESSED AIR DRYERS

1. Refrigeration Type – How Many _____
Size _____ CFM Design Flow Rate
_____ BTU/Hr. (12,000 BTU/hr. = 1.0 Ton)
2. Desiccant Type – How Many _____
Size _____ Cubic Feet

E. COMPRESSED AIR HOSE

1. Length _____ Ft. Dia. _____ Inches
2. Length _____ Ft. Dia. _____ Inches
3. Length _____ Ft. Dia. _____ Inches
4. Length _____ Ft. Dia. _____ Inches
5. Length _____ Ft. Dia. _____ Inches

II. SANDBLAST EQUIPMENT

A. SANDBLAST HOSE

1. Length _____ Ft. Dia. _____ Inches
2. Length _____ Ft. Dia. _____ Inches
3. Length _____ Ft. Dia. _____ Inches

B. SANDBLAST NOZZLES

1. Size _____ Inside Dia. Type-venturi or straight: NO. UNITS _____
2. Size _____ Inside Dia. Type-venturi or straight: NO. UNITS _____
3. Size _____ Inside Dia. Type-venturi or straight: NO. UNITS _____
4. Size _____ Inside Dia. Type-venturi or straight: NO. UNITS _____

C. SANDBLAST POTS

1. Size _____ Cu. Ft. No. UNITS _____
2. Size _____ Cu. Ft. No. UNITS _____
3. Size _____ Cu. Ft. No. UNITS _____

- D. DEADMAN CONTROLS – NO. UNITS _____
- E. AIR FED SANDBLAST HOODS – NO. UNITS _____

III. COATING OR PAINT APPLICATION EQUIPMENT

A. AIRLESS PAINT PUMPS

- 1. MFG. _____ Ratio _____ Flow _____ GPM _____
- 2. MFG. _____ Ratio _____ Flow _____ GPM _____
- 3. MFG. _____ Ratio _____ Flow _____ GPM _____

B. AIRLESS SPRAY GUNS

- 1. MFG. _____ Ratio _____ Flow _____ GPM _____
- 2. MFG. _____ Ratio _____ Flow _____ GPM _____

C. POWER PAINT MIXERS

- 1. Air Driven Propeller Type – NO. UNITS _____
- 2. Paint Can Shaker Type – NO. UNITS _____

D. AIR SPRAY PAINT POTS

- 1. Size _____ Gal. With Powermiser? YES OR NO NO. UNITS _____
- 2. Size _____ Gal. With Powermiser? YES OR NO NO. UNITS _____

E. AIR SPRAY PAINT GUNS

- 1. MFG. _____ NO. UNITS _____
- 2. MFG. _____ NO. UNITS _____

F. SOLVENT VAPOR RESPIRATORS – NO. OF UNITS _____

IV. VENTILATORS

- A. Type _____ FAN or AIR HORN CFM _____
- B. Type _____ FAN or AIR HORN CFM _____
- C. Type _____ FAN or AIR HORN CFM _____

V. DEHUMIDIFICATION EQUIPMENT

- 1. MFG _____ NO. UNITS _____ UNIT Capacity _____
- 2. MFG _____ NO. UNITS _____ UNIT Capacity _____
- 3. MFG _____ NO. UNITS _____ UNIT Capacity _____

VI. VACUUM RECOVERY EQUIPMENT

- 4. MFG _____ NO. UNITS _____ Amt. Of Recovery/Hr. _____
- 5. MFG _____ NO. UNITS _____ Amt. Of Recovery/Hr. _____
- 6. MFG _____ NO. UNITS _____ Amt. Of Recovery/Hr. _____

VII. PERSONAL

- A. Foreman – Name _____ (Attach Resume)
- B. Leadman – Name _____ (Attach Resume)
- C. Number of Sandblasters _____
- D. Number of Coaters _____
- E. Numbers of Helpers _____

VIII. EXPERIENCE I PAINT AND COATING FOR OTHER MUNICIPAL WATER DISTRICTS. LIST PREVIOUS PAINT AND COATING JOBS. SHOW MUNICIPAL CONTACT NUMBER, NAME OF MUNICIPAL'S INSPECTORS(S) ON JOB AND BRIEF DESCRIPTION OF ITEMS COATED.

IX. Electrical Subcontractor _____
Experience with tank rehabilitation for water systems.

X. Hazardous Material Disposal Subcontractor _____
Experience with tank rehabilitation for water systems.

LISTING OF SUPPLIERS

The undersigned, plans to use the material suppliers and materials as follows:

Paint Manufacturer: _____

Address: _____

Local Representative: _____

Exterior Surfaces: Epoxy/Polyurethane System

First Coat: _____

Second Coat: _____

Third Coat: _____

Interior Surfaces: Epoxy System

First Coat: _____

Second Coat: _____

Third Coat: _____

Solventless Epoxy Seam Sealer Manufacturer: _____

Address: _____

Local Representative: _____

Solventless Epoxy Seam Sealer Material: _____

Containment Enclosure Supplier: _____

Address: _____

Local Representative: _____

Qualification Statement for Contractors

Date

Name of Company/Organization:

Address:

Submitted by:

Project Name:

Type of Work:

1. Years in business as a contractor?
2. Years in business under current name?
3. Other operating names?
4. If a corporation:
 - a. State and Date of Incorporation:
 - b. Officers names:
 - President
 - Secretary
 - Treasurer

5. If a partnership:
 - a. Type of partnership and date formed;
 - b. Names of Partners:
6. If an individual:
 - a. Date company formed:
 - b. Name of Owner
7. If other type of organization, please describe:
8. List licenses and/or registrations
9. List work normally performed by the organization's work force:
10. Have you or your organization ever failed to complete a contract?
11. Are there any judgments, lawsuits, claims or other proceedings outstanding against the organization or any of its principals or officers? If answer is yes, attach details.
12. Has your organization, principals or officers filed any lawsuits or other proceedings, in the last five years in connection with any construction contract? If answer is yes, attach details.
13. Have any principals or officers in your organization filed to complete a construction contract while with another organization or company within the last seven years? If answer is yes, attach details.
14. Please provide a list of all major construction projects in progress showing the name of the owner, engineer, name of the project, scheduled completion date, contract amount, percentage of work completed.

15. Please state contract value of all work in progress:
16. Please provide a list of major projects completed in the last five years showing the name of the owner, engineer, name of the project, completion date, contract amount, and percentage of the work completed by your organization (not subcontracted).
17. Please provide the average annual amount of work performed in the past five years.
18. Please list the experience and commitments of key personnel:
19. Please provide references:
- a. Trade
 - b. Bank
 - c. Agent (please include addresses)
 - d. Bonding Company
20. Please attach your latest financial statement including balance sheet and income statement (an audited financial state is preferable).
21. Please provide the name and address of firm preparing the financial statement.
22. If the financial statement is not for the named organization, explain the relationship and responsibility of the entity for which the financial statement is provided (parent, etc.).

23. Will the entity named in the financial statement act as guarantor of the contractor?

24. I hereby certify under oath that the information provided herein is true and complete. I further certify that no attempt has been made to mislead the reader as to the contents herein.

Signature _____

Not for Bidding



GOOD FAITH EFFORT PLAN FOR CONSTRUCTION SUB-CONTRACTS

FOR

NAME OF PROJECT: _____

SECTION A - CONTRACTOR INFORMATION:

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

Email Address: _____ Fax: _____

Is your firm Certified: Yes _____ No: _____ If certified, Certification Number: _____

Type of Certification: _____ AABE _____ DIBE _____ MBE _____ WBE
 _____ SBE _____ VBE _____ HUB _____ DBE

1. List ALL SUBCONTRACTORS/SUPPLIERS that will be utilized on this project/contract.

Name & Address of Company	Scope of Work/Supplies to be Performed/Provided by Firm	Estimated Contract Amount on this Project	If Firm is Certified, Provide Certification Number and attach copy of Certification Affidavit
1.			
2.			
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 following manner (please check the appropriate space):

_____ The contractor is committed to a minimum of ____ % SMWB utilization on this contract.

_____ The contractor (if unable to meet the SMWB goal of ____%) is committed to a minimum of _____% SMWB utilization on this contract. *(If contractor/consultant is unable to meet the goal, please fill out Section C and submit documentation demonstrating good faith efforts).*

2. Name and phone number 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.

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 Performed/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.				
3.				
4.				
5.				
6.				
7.				
8.				

(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.

- Did you attend the pre-proposal conference scheduled for this project? Yes No
- List all SMWB listings or directories, contractor associations, and/or any other associations utilized to solicit SMWB Subcontractors/suppliers.

- 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:

5. Indicate advertisement mediums used for soliciting bids from SMWBs. (Please attach a copy of the advertisement(s):

AFFIRMATION

I hereby affirm that the above information is true and complete to the best of my knowledge. I further understand and agree that, this document shall be attached thereto and become a binding part of the contract.

Name and Title of Authorized Official:

Name: _____

Title: _____

Signature: _____ Date: _____

NOTE:

This Good Faith Effort Plan is reviewed by SAWS SMWB Development Officer. For questions and/or clarifications, please contact Ruben M. Saenz at (210) 233-3420. If the SMWB goal was not met, the Business Development Officer 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 Officer: _____

Date: _____

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 is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government 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 violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1. **Name of person doing business with local governmental entity.**

2

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 appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. **Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.**

4. **Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.**

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

Page 2

5. Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional 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?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each affiliation or business relationship.

6. Describe any other affiliation or business relationship that might cause a conflict of interest.

7.

Signature of person doing business with the governmental entity

Date