

Annual 2009 Open-Cut Work Order Construction Contract
Job No. 09-4512
Solicitation No. B-09-040-CM

PROPOSAL

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

TO THE SAN ANTONIO WATER SYSTEM:

Pursuant to Instruction and Invitations to Bidders, the undersigned proposes to furnish all labor and materials as specified and perform the work required for the construction of concrete placement and required appurtenances for San Antonio Water System (SAWS) in accordance with the Plans and Specifications for the Annual 2009 Open-Cut Work Order Construction Contract, Job No. 09-4512. The undersigned acknowledges and understands that all projects are unspecified at the time of bidding, all quantities are estimated, and it is the intent of this proposal and quantities herein to establish a unit price for various line items to be paid the Contractor by SAWS on an annual basis. No change in the unit price will be made, regardless of the actual quantity of the item of work performed. The work will be performed for the following prices to wit:

Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
103.1	50 LF – Remove Concrete Curb; per Linear Foot (Approx.)		
		Dollars	\$ _____ \$ _____
		Cents	_____
103.3	500 SF – Remove Sidewalks and Driveways; per Square Foot (Approx.)		
		Dollars	\$ _____ \$ _____
		Cents	_____
200.1	140 SY – Flexible Base (6" Compacted Depth); per Square Yard (Approx.)		
		Dollars	\$ _____ \$ _____
		Cents	_____

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202.1	35 GAL – Prime Coat; per Gallon (Approx.)		
	Dollars	\$ _____	\$ _____

_____ Cents

203.1	15 GAL – Tack Coat; per Gallon (Approx.)		
	Dollars	\$ _____	\$ _____

_____ Cents

205.4	2,000 SY – Hot Mix Asphalt Pavement Type “D” (2” Compacted Depth) per Square Yard (Approx.)		
	Dollars	\$ _____	\$ _____

_____ Cents

208.1	2,000 SY – Salvage, Haul, Stockpile Asphalt Reclaimable Pavement (2” Depth) per Square Yard (Approx.)		
	Dollars	\$ _____	\$ _____

_____ Cents

500.4	50 LF – Concrete Curb and Gutter; per Linear Foot (Approx.)		
	Dollars	\$ _____	\$ _____

_____ Cents

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Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
502.1	12 SY – Concrete Sidewalks; per Square Yard (Approx.)		
	Dollars	\$	\$
	Cents		
503.1	25 SY – Concrete Driveways; per Square Yard (Approx.)		
	Dollars	\$	\$
	Cents		
503.2	25 SY – Concrete Driveways; Commercial per Square Yard (Approx.)		
	Dollars	\$	\$
	Cents		
503.3	25 SY – Asphaltic Concrete Driveways; per Square Yard (Approx.)		
	Dollars	\$	\$
	Cents		
504.1	30 SY – Concrete Median; per Square Yard (Approx.)		
	Dollars	\$	\$
	Cents		
504.2	30 SY – Concrete Directional Island; per Square Yard (Approx.)		
	Dollars	\$	\$
	Cents		

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Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
505.1	30 SY – Concrete Riprap (5” thick); per Square Yard (Approx.)	Dollars	\$ _____ \$ _____
		Cents	
506.1	30 CY – Concrete Retaining Walls-Combination Type; per Cubic Yard (Approx.)	Dollars	\$ _____ \$ _____
		Cents	
511.3	50 SY – Cutting and replacing pavements (10” ATB & 3” HMA); per Square Yard (Approx.)	Dollars	\$ _____ \$ _____
		Cents	
511.3	50 SY – Cutting and replacing pavements (6” ATB & 2” HMA); per Square Yard (Approx.)	Dollars	\$ _____ \$ _____
		Cents	
515.1	20 CY – Top Soil; per Cubic Yard (Approx.)	Dollars	\$ _____ \$ _____
		Cents	
516.1	45 SY – Bermuda Sodding; per Square Yard (Approx.)	Dollars	\$ _____ \$ _____
		Cents	

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Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
516.2	45 SY – St. Augustine Sodding; per Square Yard (Approx.)		
	<u>Dollars</u>	\$	\$
	<u>Cents</u>		
520.1	50 SY – Hydromulch (Residential or Commercial); per Square Yard (Approx.)		
	<u>Dollars</u>	\$	\$
	<u>Cents</u>		
530.1	10 EA – Barricades, Signs and Traffic Handling; per Each, 1 per Work Order (Approx.)		
	<u>Dollars</u>	\$	\$
	<u>Cents</u>		
550.1	1,000 LF – Trench Excavation Safety Protection; per Linear Foot (Approx.)		
	<u>Dollars</u>	\$	\$
	<u>Cents</u>		
553	10 EA – Storm Water Pollution Prevention Plan; per Each (SW3P), 1 per Work Order (Approx.)		
	<u>Dollars</u>	\$	\$
	<u>Cents</u>		
805	10 EA - Traffic Control Plan; per Each, 1 per Work Order (Approx.)		
	<u>Dollars</u>	\$	\$
	<u>Cents</u>		

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Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
805.1	40 HRS-Police Officer; per Hour (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
848	2,500 LF-8" PVC Gravity Sanitary Sewer Pipe per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
848	1,200 LF-10" PVC Gravity Sanitary Sewer Pipe per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
848	1,200 LF-12" PVC Gravity Sanitary Sewer Pipe per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
848	800 LF-15" PVC Gravity Sanitary Sewer Pipe per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
848	800 LF-18" PVC Gravity Sanitary Sewer Pipe per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		

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Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
848	500 LF-21" PVC Gravity Sanitary Sewer Pipe per Linear Foot (Approx.)	\$	\$
	Dollars		
	Cents		
848	500 LF-24" PVC Gravity Sanitary Sewer Pipe per Linear Foot (Approx.)	\$	\$
	Dollars		
	Cents		
852	12 EA – Sanitary Sewer Manholes (0'-6'); per Each (Approx.)	\$	\$
	Dollars		
	Cents		
852	2 EA – Sanitary Sewer Drop Manholes (0'-6'); per Each (Approx.)	\$	\$
	Dollars		
	Cents		
852	30 VF – Extra Depth Manholes (>6'); per Vertical Foot (Approx.)	\$	\$
	Dollars		
	Cents		
854	2,000 LF – Sanitary Sewer Laterals; per Linear Foot (Approx.)	\$	\$
	Dollars		
	Cents		

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Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
854	100 EA – One-Way Sanitary Sewer Clean-Out; per Each (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
855	10 EA – Reconstruction of Existing Manholes; per Each (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
858	30 CY – Concrete Encasement, Cradles, Saddles and Collars; per Cubic Yard (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
862	500 LF – Abandonment of Sanitary Sewer Main and Manholes; per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
866	6,000 LF - Television Inspection (8" - 15"); per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		
866	2,000 LF - Television Inspection (18" - 24"); per Linear Foot (Approx.)		
	<u>Dollars</u>	\$ _____	\$ _____
	<u>Cents</u>		

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Item No.	Description & Estimated Quantities (Unit Price to be written in words)	Unit Price (Figures)	Total Price (Figures)
1001	1 EA- Flow Management 1 per Work Order (Approx.)		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
1010	200 CY – Flowable Fill per Cubic Yard (Approx.)		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
<u>A.</u>	SUB-TOTAL (BASE BID)	\$ _____	
* 100.1	10 EA – Mobilization; per Each, 1 per work order (Approx.)		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
** 100.2	2 EA - Mobilization (48-hour Response); per Each, 1 per work order (Approx.)		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		

* Bid Item 100.1 Mobilization lump sum bid shall be limited to a maximum (5%) of the Sub-total Based Bid Amount. The Sub-total Based Bid Amount is the amount in Line Item **A.** and is defined as all bid items excluding Item 100.1 Mobilization and Item 100.2 Mobilization (48-Hour Response).

** Bid Item 100.2 Mobilization (48-Hour Response) lump bid shall be limited to a maximum (3%) of the Sub-total Base Bid Amount. The Sub-total Based Bid Amount is the amount in Line Item **A.** and is defined as all bid items excluding Item 100.1 Mobilization and Item 100.2 Mobilization (48-Hour Response).

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TOTAL BID (SUB-TOTAL + ITEM 100.1 thru 101.2) \$ _____

BIDDER'S SIGNATURE & TITLE

FIRM'S NAME(TYPE OR PRINT)

FIRM'S ADDRESS

FIRM'S PHONE NO./FAX NO.

The contractor herein acknowledges 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 notice 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.

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

For Reference Only Not Acceptable 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.

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).

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, 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.

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.

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:

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 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: _____

Date: _____

For Reference Only Not Acceptable For Bidding

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 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 <input type="checkbox"/> Construction Service <input type="checkbox"/> Professional	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/Additional Addendums)	
10) Total Contract Amount Rec'd to Date	11) Total Contract Amount Owed	12) Proposed Participation SBE _____% WBE _____% MBE _____%		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	20) Subcontract Amount Paid WBE to Date	15) SBE/ 21) Subcontract MBE/ % Paid Work to Date	18) Description of Subcontract Subcontractor/Sub	
Company's Official Signature and Title		Date Signed	Name & Title of Individual 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. 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).
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.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship 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 the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 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 with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. 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, other than investment income, from the filer of the questionnaire?

Yes No

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

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local 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 named in this section.

4

Signature of person doing business with the governmental entity

Date