

**24-INCH TRANSMISSION MAIN  
FROM LOOP 410 TO FM 1937 PHASE 2  
PROPOSAL  
WATER IMPROVEMENTS**

**SAWS WATER JOB NO. 07-7001  
SOLICITATION NO. B09-024CM  
DESCRIPTION: WATER IMPROVEMENTS**

**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 construction of pipelines and appurtenances, San Antonio Water System Job. No. 07-7001 in accordance with the Plans and Specifications for the following prices to wit:

THIS PROJECT REQUIRES THE INSTALLATION OF APPROXIMATELY 9,460 LINEAR FEET OF 24-INCH DIAMETER WATER MAIN AND APPURTENANCES. BID PRICES SHALL BE IN FULL COMPENSATION FOR FURNISHING ALL MATERIALS, INCLUDING TRENCHING, SHORING AND BRACING, TOOLS, EQUIPMENT, AND OTHER INCIDENTALS NECESSARY TO COMPLETE SAID WORK.

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Item No.	Description & Estimated Quantities (Price to be Written in Words)	Unit Price (Figures)	Total Price (Figures)
<u>WATER BID 07-7001</u>			
1	Trench Excavation Safety Protection 8,960 Linear Feet		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
2	24" PVC C-905 Water Main (Open Trench Unrestrained) 4,142 Linear Feet		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
3	24" PVC C-905 Water Main (Open Trench Restrained) 4,778 Linear Feet		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
4	12" Gate Valve 15 Each		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
5	24" Butterfly Valve 14 Each		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
6	24"x24" Tee Cut-in 2 Each		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		

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Item No.	Description & Estimated Quantities (Price to be Written in Words)	Unit Price (Figures)	Total Price (Figures)
7	Fire Hydrant 13 Each		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
8	Flush Hydrant 1 Each		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
9	24" Tie-In 2 Each		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
10	24" PVC C-905 Water Main (Restrained) Installed in Casing Pipe 540 Linear Feet		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
11	Jacking, Boring, or Tunneling 42" Casing for 24" Water Main 500 Linear Feet		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		
12	42" Steel Casing in Bore for 24" Water Main 500 Linear Feet		
	_____ Dollars	\$ _____	\$ _____
	_____ Cents		





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**TOTAL BID \$ \_\_\_\_\_**

\_\_\_\_\_  
BIDDER'S SIGNATURE & TITLE

\_\_\_\_\_  
FIRM'S NAME (TYPE OR PRINT)

\_\_\_\_\_  
FIRM'S ADDRESS

\_\_\_\_\_  
FIRM'S PHONE NO. / FAX NO.

The Contractor herein acknowledges Addendums No's. \_\_\_\_\_

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 with 180 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.**

# PROPOSAL (Continued)

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



**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.

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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:

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

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**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 Contracting Department. For questions and/or clarifications, please contact Ruben M. Saenz 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: \_\_\_\_\_

## 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: _____	3) SAWS Job Number
Instructions: All prime contractors are required to complete and submit this report until final payment of contract. To complete this report, we detailed instructions on reverse side. If you have any questions, please contact Ruben M. Saenz, SMWB Develo				
4) Type of Contract - Select from Drop 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/Additional 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 SMWB Percentage: Total dollar amount paid to SMWB divided by total dollar am		14) Name, Address, & Phone Number of Subcontractor/Sub Consultant	15) Select from Drop-down Below:
16) Description of Subcontract Work	17) Subcontract Dollars Awarded	18) Subcontract Amount Paid to Date	19) Subcontract % Paid to Date	
			SBE, MBE, WBE	
			SBE	
			MBE	
			WBE	
Company's Official Signature and Title		Date Signed	Name & Title of Individual Completing Report	

## 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](http://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, 1<sup>st</sup> 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 7<sup>th</sup> 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 7<sup>th</sup> 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