

Form A COVER LETTER FOR STEP

1 TO: Stefanie Pow
MTC SAFE
101 8th Street, Oakland, CA -94607-4700

DATE:

FROM:

BEAT(s):

In response to the Request for Qualifications Bid Invitation (RFQBI) for the Freeway Service Patrol (FSP), we the undersigned hereby declare that we have carefully read and examined the RFQBI documents and hereby propose to perform and complete the Work as required in the RFQBI and as indicated in these Proposal Documents.

By signing below, you are certifying that all information submitted to MTC SAFE in this RFQBI is accurate.

If awarded a Contract, the undersigned agrees to execute a Contract substantially similar in form to the Contract included in this RFQBI, Appendix C, and to deliver to MTC SAFE prior to execution of the Contract the necessary original Certificates of Insurance and endorsements, as required therein. If changes in the attached contract are desired, they are attached to this Proposal; if no changes are attached, the undersigned agrees to execute the contract substantially "as is."

The undersigned hereby certifies that it will not unlawfully discriminate against any employee or applicant for employment or any motorist intended to be a beneficiary of the FSP service with regard to race, color, religion, sex, national origin, physical or mental disability, marital status, sexual orientation or age.

The undersigned acknowledges receipt, understanding and full consideration of all Addenda to the RFQBI:
_____ (initial)

Bidder represents that the following person is authorized to negotiate on its behalf with the MTC SAFE in connection with this RFQBI:

_____	_____	_____
Name	Title	Phone
_____		_____
Bidder Company Name		Mailing Address/P.O. Box
_____		_____
Signature of Authorizing Official		City, State, Zip Code Title
_____		_____
Bidder Name	Telephone	Fax Number
_____		_____
Business License Number		Business License Classification

_____ Bidder is a:
Tax ID If corporation, state of incorporation:

Form B BUSINESS LICENSE

All Bidders must attach a copy of their current business license from the city in which their office(s) listed in Form E is located to this form.

Business License Number

City in which business license was obtained

Business License Classification

Bidder Company Name (include any DBA)

Form C EXPERIENCE

Experience since January 1, 2010	# of Years
Number of years on tow rotation with CHP or FSP	
Number of years of highway/freeway tow experience (law enforcement, auto clubs, etc.)	
Total number of years of tow service experience since January 1, 2010	

Form D DESIGNATED MANAGER/OFFICE STAFF

Name of Designated Manager: _____

Designated Manager is:

Office phone number of Designated Manager: _____

Mobile phone number of Designated Manager: _____

Email address of Designated Manager: _____

Number of years of experience in towing industry or similar field: _____

Location/company where experience in towing industry or similar field was obtained:

Please list additional office staff person(s) as appropriate:

1. Name of office staff person who has the authority to conduct business and make decisions on behalf of the Bidder or Designated Manager:

Title/Role: _____

Office phone number of Office Staff: _____

Mobile phone number of Office Staff: _____

Email address of Office Staff: _____

2. Name of office staff person who has the authority to conduct business and make decisions on behalf of the Bidder or Designated Manager:

Title/Role: _____

Office phone number of Office Staff: _____

Mobile phone number of Office Staff: _____

Email address of Office Staff: _____

Form E OFFICE LOCATION/BEATS FOR QUALIFICATION

Bidder Name: _____

Beat	Office Location (street address, city, state, zip code) <i>the permanent location where all trucks will be staged, maintained, and parked overnight and in between shifts.</i>	Minutes to Beat from Office
	Street Address: City, State, Zip Code: Office Phone Number: Office Fax Number:	
	Street Address: City, State, Zip Code: Office Phone Number: Office Fax Number:	

By signing below, you acknowledge and agree to stage, maintain, and park all FSP vehicles, including backup trucks, overnight or in between shifts at the beat assigned office listed in Form E.

Signature of Authorized Official

Type/Write Name of Authorized Official

Type or Write Name of Company

Form F FINANCIAL RESPONSIBILITY

All Bidders must submit evidence of financial responsibility. To meet this requirement, each Bidder must submit a Dunn and Bradstreet Report or credit report by a recognized credit reporting service, issued after August 31, 2015 and one of the following:

- (1) a reference letter from its bank;
- (2) Federal Income Tax Returns from the two most recent years available; or
- (3) Profit/Loss Statement for the two most recent quarters available.

Only one copy is necessary and should be packaged separately. The financial responsibility information will be received as confidential by MTC SAFE and will not become part of MTC SAFE's public record.

Form G INSURANCE

Contractor must have original insurance certificates and the required endorsements approved by MTC SAFE on file before contract performance begins. Insurance carriers shall be required to have an established place of business in California.

Contractor acknowledgement to obtain and maintain, at its own expense, in effect for the duration of the contract the following insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, or employees:

	Please certify by checking the boxes at left that required coverages will be provided before contract performance begins.
Yes (√)	A. <u>Minimum Limits of Insurance</u> : CONTRACTOR shall obtain the following types of coverage with limits no less than:
___	(1) Workers' Compensation insurance as required by the State of California with Statutory limits. Such policy shall contain a Waiver of Subrogation endorsement in favor of MTC SAFE;
___	(2) Employer's Liability of at least \$1,000,000 per accident for bodily injury or disease;
___	(3) Commercial General Liability of at least \$1,000,000 per occurrence for bodily injury, personal injury and property damage (if Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project location or the general aggregate limit shall be twice the required occurrence limit). Such policy shall contain a Waiver of Subrogation in favor of MTC SAFE;
___	(4) Owned, Non-Owned and Hired Automobile Liability of at least \$1,000,000 per accident for bodily injury and property damage;
___	(5) On-hook Insurance of at least \$80,000 per accident;
___	(6) Inland Marine Floater Insurance of at least \$10,000 or the replacement cost of the equipment supplied by MTC SAFE, whichever is higher; and
___	(7) Umbrella insurance in the amount of \$2,000,000 providing excess limits over Employers Liability, Automobile Liability, and Commercial General Liability Insurance.
	B. <u>Deductibles and Self-Insured Retentions</u> : CONTRACTOR shall be responsible for payment of any deductible or retention on CONTRACTOR's policies without right of contribution from MTC SAFE. Deductible and retention provisions shall not contain any restrictions as to how or by whom the deductible or retention is paid. Any deductible or retention provision limiting payment to the Named Insured is unacceptable.

C. Other Insurance Provisions: The general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions:

1. MTC SAFE, the California Highway Patrol (CHP), Caltrans, their Commissioners, directors, officers, employees and agents are to be covered as additional insured under the coverages specified herein Form G, as respects: general liability arising out of activities performed by or on behalf of CONTRACTOR; automobiles owned, leased, hired or borrowed by CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents.

2. For any claims related to this project, CONTRACTOR's insurance coverage shall be primary insurance as respects MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents. Any insurance or self-insurance maintained by MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents shall be excess of CONTRACTOR's insurance and shall not contribute with it.

3. Any failure to comply with reporting or other provisions of the policies including breaches of warranties shall not affect coverage provided to MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents.

4. CONTRACTOR's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

5. CONTRACTOR must notify MTC SAFE if any of the above required coverages are non-renewed or cancelled. The failure to procure or maintain required insurance and/or an adequately funded self-insurance program will constitute a material breach of this Agreement.

D. Acceptable Insurers: Insurance is to be placed with insurers Best's Rating of A or better with a Financial Size Category of VII or better.

By signing below, you acknowledge and agree to provide the required certificate of insurance providing verification of the minimum insurance requirements listed above before contract performance begins.

(Signature of Authorized Official)

(Type/Write Name of Authorized Official)

(Type or Write Name of Company)

NOTE: If you were unable to check "Yes" for any of the required minimum insurance coverages listed above, a request for exception to the appropriate insurance requirement(s) must be brought to MTC SAFE's attention no later than the closing date and time for requests for clarifications/exceptions. If such objections are not brought to MTC SAFE's attention consistent with the protest provisions of this RFQBI, compliance with the insurance requirements will be assumed.

Form H WAGES AND BENEFITS

MTC SAFE requires that selected Bidders pay FSP drivers a minimum starting wage of \$16.00 per hour. Selected Bidders must also adhere to the same wage requirement in compensating FSP drivers to attend the required trainings and meetings as specified in *Appendix A, Scope of Work*. MTC SAFE reserves the right, through the audit clause in its contract, to confirm a selected Bidder's compliance with this requirement. Bidders must also comply with all applicable federal, state, and local laws related to overtime pay and providing health insurance for employees. Failure to comply may result in termination of the contract.

By signing the below, you acknowledge and agree to adhere to the wages and benefits requirement for the duration of the contract term.

Signature of Authorized Official

Type/Write Name of Authorized Official

Type or Write Name of Company

Form I REFERENCES

Name of Bidder: _____

Representative Name & Title: _____

Phone Number and Email: _____

Bidders must provide three (3) references of which a minimum of two (2) references must respond to the MTC SAFE questionnaire in Form I. To be considered for Step 2, Bidders must receive an average of 3.5 on a scale of 1 to 5. References should be from companies, law enforcement agencies, service clubs, or public agencies, etc., who are knowledgeable of the Bidder's experience and capabilities with regard to towing services especially references from public agencies and/or other clients for whom they have performed services similar to those described in this RFQBI. References from relatives and/or current FSP Staff from CHP, Caltrans, or MTC SAFE will not be accepted.

References will be contacted during the week of December 14, 2015. It is the responsibility of the bidder to provide responsive references. The submitted reference information must be complete and current. Incomplete and/or inaccurate reference contact information to the point where the FSP Partners are unable to contact them may result in the Bidder not passing Step 1: Qualification.

1. Client's Name _____
Contact Person _____
Phone _____
Fax _____
E-mail _____
Address _____
Type of Work Performed _____
Best Way to Contact? phone email fax

2. Client's Name _____
Contact Person _____
Phone _____
Fax _____
E-mail _____
Address _____
Type of Work Performed _____
Best Way to Contact? phone email fax

3. Client's Name _____
Contact Person _____
Phone _____
Fax _____
E-mail _____
Address _____
Type of Work Performed _____
Best Way to Contact? phone email fax

The Sample Reference Form to be sent by MTC SAFE to Bidder's listed references is shown on the following page. This is for reference only and should not be completed by Bidder.



Bay Area Freeway Service Patrol Program FY 2016 Tow Procurement Reference Check Form

Tow Contractor:

Your Name/Title/Company:

A Tow Contractor has submitted a proposal with the Bay Area Freeway Service Patrol Program and you were listed as a reference. You have been authorized by the Tow Contractor to provide the following information related to their past experience and performance. Please complete this form and fax to the attention of Stefanie Pow at (510) 817-5848 or e-mail at: spow@mtc.ca.gov by Friday, December 18, 2015.

1.) Please describe your knowledge of Tow Contractor's experience and capabilities with regard to their tow services. Also, please describe the type of work they performed for you.

2.) How satisfied were you with the work the Tow Contractor performed for you, on a scale of 1-5, with 1 being "Completely Dissatisfied" and 5 being "Totally Satisfied"?

3.) On a scale of 1-5, with 1 being "Almost Always" and 5 being "Never", how often did you encounter problems with the Tow Contractor level of performance and/or customer service?

4.) On a scale of 1-5, with 1 being "Poor" and 5 being "Exceptional", how would you rate the Tow Contractor's overall quality of service?

5.) How strongly would you recommend the Tow Contractor for a contract with our program, on a scale of 1-5, with 1 being "Would NOT recommend" and 5 being "Would DEFINITELY recommend"?

6.) Is there anything else that you think the FSP Partners might find helpful in making a decision with respect to selecting the Tow Contractor for the Freeway Service Patrol Program?

Thank you for taking the time to complete this reference form!

Form J GOOD STANDING

All Bidders must check all of the following that apply:

_____ At some point in the past 12 months from the RFQBI release date, my company has **not** been in good standing with the CHP rotational tow program.

_____ At some point in the past 12 months from the RFQBI release date, my company has been on probationary status with the FSP program.

_____ My company has received a letter of reprimand from the FSP program partners.

_____ My company has been terminated from the FSP program in the past two (2) years.

Good standing determines the Bidder's procurement eligibility and the number of beats the Bidder qualifies for.

To be in good standing with the CHP rotational tow program, the Bidder has not been placed on probation, suspension, or under investigation in the past 12 months from RFQBI release date.

To be in good standing with the FSP Program, the Bidder has not been placed on probation in the past 12 months from RFQBI release date, received a letter of reprimand from the FSP Partners, and/or been terminated from the FSP program in the past two (2) years.

If the Bidder is not in good standing with the CHP rotational tow program or the FSP program, the Bidder may attach an explanation detailing their good standing status.

If a Bidder has been terminated from the FSP program for default in the past two years, the bidder is not eligible to submit a bid for this procurement.

Form K CERTIFICATION OF DEBARMENT

_____, certifies to the best of his/her
(NAME OF CONTRACTOR)

knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of the certification; and
4. Have not within a two-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

_____[NAME OF CONTRACTOR], is **unable** to certify to any of the statements in this certification, the participant shall attach an explanation to this certification).

_____[NAME OF CONTRACTOR], CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. §§ 3801 *et seq.* ARE APPLICABLE THERETO.

(Signature of Authorized Official)

(Type/Write Name of Authorized Official)

(Type or Write Name of Company)

Form L CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, _____ hereby certify on behalf of _____ that:
(name and title of grantee official) (name of grantee)

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this _____ day of _____, 2014.

(Signature of Authorized Official)

(Type/Write Name of Authorized Official)

(Type or Write Name of Company)

Form M-1 Exhibit 10-O1: Local Agency Consultant DBE Commitment (Inclusive of all DBEs at time of proposal)

1. Local Agency: MTC SAFE 2. Contract DBE Goal: 0%
 3. Project Description: Freeway Service Patrol - Beat 14
 4. Project Location: Alameda County
 5. Consultant's Name: _____ 6. Prime Certified DBE: ~

7. Description of Work, Service, or Materials Supplied	8. DBE Certification Number	9. DBE Contact Information	10. DBE %
N/A	N/A	N/A	0%
Local Agency to Complete this Section		11. TOTAL CLAIMED DBE PARTICIPATION	0%
17. Local Agency Contract Number:			
18. Federal-Aid Project Number:			
19. Proposed Contract Execution Date:			
Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate. 20. Local Agency Representative's Signature _____ 21. Date _____ 22. Local Agency Representative's Name _____ 23. Phone _____ 24. Local Agency Representative's Title _____		IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Written confirmation of each listed DBE is required. 12. Preparer's Signature _____ 13. Date _____ 14. Preparer's Name _____ 15. Phone _____ 16. Preparer's Title _____	

DISTRIBUTION: Original – Included with consultant’s proposal to local agency.

ADA Notice: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654- 3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

INSTRUCTIONS – CONSULTANT PROPOSAL DBE COMMITMENT

CONSULTANT SECTION

1. **Local Agency** - Enter the name of the local or regional agency that is funding the contract.
2. **Contract DBE Goal** - Enter the contract DBE goal percentage as it appears on the project advertisement.
3. **Project Location** - Enter the project location as it appears on the project advertisement.
4. **Project Description** - Enter the project description as it appears on the project advertisement (Bridge Rehab, Seismic Rehab, Overlay, Widening, etc.).
5. **Consultant's Name** - Enter the consultant's firm name.
6. **Prime Certified DBE** - Check box if prime contractor is a certified DBE.
7. **Description of Work, Services, or Materials Supplied** - Enter description of work, services, or materials to be provided. Indicate all work to be performed by DBEs including work performed by the prime consultant's own forces, if the prime is a DBE. If 100% of the item is not to be performed or furnished by the DBE, describe the exact portion to be performed or furnished by the DBE. See LAPM Chapter 9 to determine how to count the participation of DBE firms.
8. **DBE Certification Number** - Enter the DBE's Certification Identification Number. All DBEs must be certified on the date bids are opened.
9. **DBE Contact Information** - Enter the name, address, and phone number of all DBE subcontracted consultants. Also, enter the prime consultant's name and phone number, if the prime is a DBE.
10. **DBE %** - Percent participation of work to be performed or service provided by a DBE. Include the prime consultant if the prime is a DBE. See LAPM Chapter 9 for how to count full/partial participation.
11. **Total Claimed DBE Participation %** - Enter the total DBE participation claimed. If the total % claimed is less than item "Contract DBE Goal," an adequately documented Good Faith Effort (GFE) is required (see Exhibit 15-H DBE Information - Good Faith Efforts of the LAPM).
12. **Preparer's Signature** - The person completing the DBE commitment form on behalf of the consultant's firm must sign their name.
13. **Date** - Enter the date the DBE commitment form is signed by the consultant's preparer.
14. **Preparer's Name** - Enter the name of the person preparing and signing the consultant's DBE commitment form.
15. **Phone** - Enter the area code and phone number of the person signing the consultant's DBE commitment form.
16. **Preparer's Title** - Enter the position/title of the person signing the consultant's DBE commitment form.

LOCAL AGENCY SECTION

17. **Local Agency Contract Number** - Enter the Local Agency contract number or identifier.
 18. **Federal-Aid Project Number** - Enter the Federal-Aid Project Number.
 19. **Proposed Contract Execution Date** - Enter the proposed contract execution date.
 20. **Local Agency Representative's Signature** - The person completing this section of the form for the Local Agency must sign their name to certify that the information in this and the Consultant Section of this form is complete and accurate.
 21. **Date** - Enter the date the DBE commitment form is signed by the Local Agency Representative.
 22. **Local Agency Representative's Name** - Enter the name of the Local Agency Representative certifying the consultant's DBE commitment form.
 23. **Phone** - Enter the area code and phone number of the person signing the consultant's DBE commitment form.
 24. **Local Agency Representative Title** - Enter the position/title of the Local Agency Representative certifying the consultant's DBE commitment form.
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INSTRUCTIONS – CONSULTANT CONTRACT DBE COMMITMENT

CONSULTANT SECTION

- 1. Local Agency** - Enter the name of the local or regional agency that is funding the contract.
- 2. Contract DBE Goal** - Enter the contract DBE goal percentage as it appears on the project advertisement.
- 3. Project Location** - Enter the project location as it appears on the project advertisement.
- 4. Project Description** - Enter the project description as it appears on the project advertisement (Bridge Rehab, Seismic Rehab, Overlay, Widening, etc).
- 5. Consultant's Name** - Enter the consultant's firm name.
- 6. Prime Certified DBE** - Check box if prime contractor is a certified DBE.
- 7. Total Contract Award Amount** - Enter the total contract award dollar amount for the prime consultant.
- 8. Total Dollar Amount for ALL Subconsultants** – Enter the total dollar amount for all subcontracted consultants. SUM = (DBEs + all Non-DBEs). Do not include the prime consultant information in this count.
- 9. Total number of ALL subconsultants** – Enter the total number of all subcontracted consultants. SUM = (DBEs + all Non-DBEs). Do not include the prime consultant information in this count.
- 10. Description of Work, Services, or Materials Supplied** - Enter description of work, services, or materials to be provided. Indicate all work to be performed by DBEs including work performed by the prime consultant's own forces, if the prime is a DBE. If 100% of the item is not to be performed or furnished by the DBE, describe the exact portion to be performed or furnished by the DBE. See LAPM Chapter 9 to determine how to count the participation of DBE firms.
- 11. DBE Certification Number** - Enter the DBE's Certification Identification Number. All DBEs must be certified on the date bids are opened.
- 12. DBE Contact Information** - Enter the name, address, and phone number of all DBE subcontracted consultants. Also, enter the prime consultant's name and phone number, if the prime is a DBE.
- 13. DBE Dollar Amount** - Enter the subcontracted dollar amount of the work to be performed or service to be provided. Include the prime consultant if the prime is a DBE. See LAPM Chapter 9 for how to count full/partial participation.
- 14. Total Claimed DBE Participation - \$:** Enter the total dollar amounts entered in the "DBE Dollar Amount" column. **%:** Enter the total DBE participation claimed ("Total Participation Dollars Claimed" divided by item "Total Contract Award Amount"). If the total % claimed is less than item "Contract DBE Goal," an adequately documented Good Faith Effort (GFE) is required (see Exhibit 15-H DBE Information - Good Faith Efforts of the LAPM).
- 15. Preparer's Signature** - The person completing the DBE commitment form on behalf of the consultant's firm must sign their name.
- 16. Date** - Enter the date the DBE commitment form is signed by the consultant's preparer.
- 17. Preparer's Name** - Enter the name of the person preparing and signing the consultant's DBE commitment form.
- 18. Phone** - Enter the area code and phone number of the person signing the consultant's DBE commitment form.
- 19. Preparer's Title** - Enter the position/title of the person signing the consultant's DBE commitment form.

LOCAL AGENCY SECTION

- 20. Local Agency Contract Number** - Enter the Local Agency contract number or identifier.
- 21. Federal-Aid Project Number** - Enter the Federal-Aid Project Number.
- 22. Contract Execution Date** - Enter the date the contract was executed.
- 23. Local Agency Representative's Signature** - The person completing this section of the form for the Local Agency must sign their name to certify that the information in this and the Consultant Section of this form is complete and accurate.
- 24. Date** - Enter the date the DBE commitment form is signed by the Local Agency Representative.
- 25. Local Agency Representative's Name** - Enter the name of the Local Agency Representative certifying the consultant's DBE commitment form.
- 26. Phone** - Enter the area code and phone number of the person signing the consultant's DBE commitment form.
- 27. Local Agency Representative Title** - Enter the position/title of the Local Agency Representative certifying the consultant's DBE commitment form.

Form N CALIFORNIA LEVINE ACT STATEMENT

California Government Code § 84308, commonly referred to as the “Levine Act,” precludes an officer of a local government agency from participating in the award of a contract if he or she receives any political contributions totaling more than \$250 in the 12 months preceding the pendency of the contract award, and for three months following the final decision, from the person or company awarded the contract. This prohibition applies to contributions to the officer, or received by the officer on behalf of any other officer, or on behalf of any candidate for office or on behalf of any committee.

MTC’s commissioners include:

- | | | |
|---------------------|-------------------|---------------------|
| Alicia C. Aguirre | Federal D. Glover | Julie Pierce |
| Tom Azumbrado | Scott Haggerty | Libby Schaaf |
| Tom Bates | Anne W. Halsted | Bijan Sartipi |
| Jason Baker | Steve Kinsey Sam | James P. Spering |
| David Campos | Liccardo Mark | Adrienne J. Tissier |
| Dave Cortese | Luce | Scott Wiener |
| Bill Dodd | Jake Mackenzie | Amy Rein Worth |
| Dorene M. Giacomini | | |

1. Have you or your company, or any agent on behalf of you or your company, made any political contributions of more than \$250 to any MTC SAFE commissioner in the 12 months preceding the date of the issuance of this request for qualifications?

YES NO

If yes, please identify the commissioner: _____

2. Do you or your company, or any agency on behalf of you or your company, anticipate or plan to make any political contributions of more than \$250 to any MTC SAFE commissioners in the three months following the award of the contract?

YES NO

If yes, please identify the commissioner: _____

Answering yes to either of the two questions above does not preclude MTC SAFE from awarding a contract to your firm. It does, however, preclude the identified commissioner(s) from participating in the contract award process for this contract.

DATE

(SIGNATURE OF AUTHORIZED OFFICIAL)

(TYPE OR WRITE APPROPRIATE NAME, TITLE)

(TYPE OR WRITE NAME OF COMPANY)

Form O VEHICLE INSPECTION

The California Highway Patrol (CHP) will conduct a vehicle inspection which will consist of a mechanical and condition inspection. The inspection sheet CHP shall use to conduct the vehicle inspection is included for reference. Bidders must identify three (3) vehicles for inspection by the CHP.

The vehicles for inspection do not need to be FSP fleet vehicles; however, they must be light duty tow trucks (not flatbed or pickup trucks). If Bidders have less than three tow trucks, then they will pick two or one vehicles accordingly. The three vehicles must be available during the site visit, at which time the California Highway Patrol (CHP) will randomly select one of the three for inspection.

Not having all three vehicles available or on time for the inspection will result in an automatic fail of Step 2.

Vehicles for Inspection

	Truck 1	Truck 2
Manufacturer		
Model		
Year		
Current Mileage		
License Plate No.		
Vehicle Identification No.		
	Truck 3	Truck 4
Manufacturer		
Model		
Year		
Current Mileage		
License Plate No.		
Vehicle Identification No.		

TABLE 1: VEHICLE INSPECTION

The Inspection will be evaluated based on categories classified as **Major** and **Minor** infractions under the CHP 234B Inspection Form, referenced below. A tow vehicle with three (3) or more “Minor Infractions” will receive a “fail”. A tow vehicle in violation of one (1) or more under the “Major Infraction” category will receive a “fail”. If the truck fails this inspection, the Bidder will not be eligible for contract award.

Major Infraction: Classified as any missing equipment or failed operations of items under the categories labeled California Vehicle Code Requirements, Towing Equipment, Wheel Lift, Conventional, Car Carrier, and Tow Truck Specifications including Class A, Class A Car Carrier, and Class A Car Carrier Two Vehicle.

Minor Infraction: Classified as any missing equipment or failed operations of items under Service and Other Equipment per CHP 234B

Items under Class B, Class B Car Carrier, Class C, and Class D are not applicable to the FSP program and will not be inspected.

Table 1 is for reference only and does not need to be completed by Bidder.

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TOW TRUCK INSPECTION GUIDE
 CHP 234B (Rev. 4-14) OPI 061

AREA NUMBER	COMPANY			CA NUMBER	DOT NUMBER	LEGEND P = Pass F = Fail
YEAR	MAKE	MODEL	LICENSE NUMBER	VIN		
GVMR	EQUIPMENT TYPE (CHECK APPROPRIATE BOX) <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> UNDERLIFT <input type="checkbox"/> TRUCK HITCH <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> CAR CARRIER					

REQUIREMENTS FOR ALL CLASSES
CALIFORNIA VEHICLE CODE REQUIREMENTS

P	F		P	F	
		Current Registration			4000 CVC
		Headlights			24400 CVC
		Beam Indicator			24408 CVC
		Tail Lamps			24600 CVC
		License Plate Lamp			24601 CVC
		Stop Lamps			24603 CVC
		Extension Lights			24605 CVC
		Backup Lamps (1969+)			24606 CVC
		Reflectors, Rear			24607 CVC
		Reflectors, Front and Side (1968+)			24608 CVC
		Turn Signals			24951 CVC
		Clearance Lamps (>80" Wide)			25100 CVC
		Amber Warning Lights			25253 CVC
		Warning Devices (Reflectors)			25300 CVC
		Service Brakes			26311 CVC
		Parking Brake			26451 CVC
		Windshield			26700 CVC
		Windshield Wipers			26706 CVC
		Mirrors			26709 CVC
		Horn			27000 CVC
		Exhaust System			27150 CVC
		Fuel Cap			27155 CVC
		Tire Tread			27465 CVC
		Fenders/Mud Guards			27600 CVC
		Broom			27700 CVC
		Shovel			27700 CVC
		Fire Extinguisher 4B, C Rating			27700 CVC
		Safety Chains			29004 CVC
		Signs			27907 CVC

SERVICE AND OTHER EQUIPMENT

	Flashlight		Hydraulic Jack
	Wrecking Bar (Large Pry Bar)		Tire Changing Equipment
	Six (6) 30-Minute Flares or 6 ReflectORIZED Cones, Min. 12" Ht.		Rubber Mallet / Hub Cap Tool (Classes A and B)
	Trash Cans & Absorbent		Lockout Tools (Classes A and B)
	Shop Rags or Paper Towels		Motorcycle Straps (Class A)
	Shop to Truck Communications (Cell phones / 2-way radio)		Sledge Hammer
	Fuel in Approved Containers (Classes A and B)		Tool Kit
	Booster Battery or Hot Box		Reflective Safety Attire

TOWING EQUIPMENT

	Manufacturer Rating Plates		Wrecker Controls
	Controls Labeled		Throttle Control
	Wrecker Boom Assembly		Hydraulic Rams, Hoses, Valves
	Wheel Lift Assembly		Cable Sheaves
	Body and Towing Equipment Mounting Bolts		Recovery Chain
	Winch Rating: Boom Capacity:		

WHEEL LIFT

	Pivot Pin		"L" Arms
	Wheel Lift Tie Down Safety Straps or Chains		Claw

CONVENTIONAL

	Tow Sling Assembly (Check for bent inner tubes)		Sling Pads
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CAR CARRIER

	Carrier Bed Frame		Bed Safety Lock
	Bed Hinges		Slide Pads
	Loading Bridle		

COMMENTS

INSPECTED BY (NAME & I.D. NUMBER)	DATE	TOW OPERATOR'S SIGNATURE
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TOW TRUCK EQUIPMENT SPECIFICATIONS (By Class)

CLASS A			
P	F	P	F
	Minimum 14,000 Pound GVWR Chassis		Tow Sling "Minimum" 3,000 Pounds (if equipped)
	4-Ton Boom Rating		Tow Chains "Minimum" 5/16" Grade 70 with J/T Hooks
	One 4-Ton Snatch Block		Two (2) Safety Chains 5/16" Alloy or OEM Specifications
	Tow Dolly (with wheel tie down straps)		Wheel Lift Rating - Extended 3,000 Pounds
	Steering Wheel Securement Device		Two (2) Crossbeams, (1) 4"x4"x60" and (1) 4"x4"x48"(Minimum)
	100' 3/8" 6 x 19 Wire Rope or OEM Specifications		
CLASS A CAR CARRIER			
	Minimum 19,000 Pound GVWR Chassis		4 Safety Chains 5/16" Grade 70 or Rated Nylon Straps w/Ratchets
	50' 3/8" 6 x 19 Wire Rope or OEM Specifications		Adequate Crossbeams or Ramping Material
	Loading Bridle with J/T Hooks		
CLASS A CAR CARRIER TWO VEHICLE			
	Minimum 23,500 Pound GVWR Chassis		4 Safety Chains 5/16" Grade 70 or Rated Nylon Straps w/Ratchets
	Loading Bridle with J/T Hooks		2 Safety Chains 5/16" Alloy/OEM Spec & Wheel Straps - Towed Veh
	50' 3/8" 6 x 19 Wire Rope or OEM Specifications		Adequate Crossbeams or Ramping Material
	Alloy/OEM Spec & Wheel Straps - Towed Vehicle		
CLASS B			
	Minimum 33,000 Pound GVWR Chassis		Axle Covers/Caps
	16-Ton Boom Rating		Truck Hitch/Tow Bar with 7,000 Pound Rating (if equipped)
	150' 7/16" 6 x 19 Wire Rope or OEM Specifications		Two (2) - 4"x6"x48" Crossbeams (minimum)
	Safety Chains 1/2" Alloy or OEM Specifications		Tow Chains "Minimum" 1/2" Grade 70 with JT Hooks
	Two 8-Ton Snatch Blocks		Wheel Lift Rating - 10,000 Pounds Retracted / 8,000 Pounds Extended
	Air Brakes or Hydraulic W/Air Hookup Package		Under Lift/Fork Adapters w/Tie-Down Straps or Chains
	Air Hoses and Fittings		Safety Tie-Down Chains and Binders
	Steering Wheel Securement Device		Aluminum Tow Angles (Minimum 2)
CLASS B CAR CARRIER			
	Minimum 33,000 Pound GVWR Chassis		4 Safety Chains 5/16" Grade 70 or OEM Specifications
	50' 3/8" 6 x 19 Wire Rope or OEM Specifications		2 Safety Chains = 5/16" Alloy/OEM Spec & Wheel Straps for Towed Vehicle
	Loading Bridle with J/T Hooks		Adequate Cross Beams or Ramping Material
	Steering Wheel Securement Device		
CLASS C			
	Minimum 52,000 Pound GVWR Chassis		Tow Chains 5/8" Grade 70 or OEM Specifications
	25-Ton Boom Rating		Two (2) 4"x6"x48" Crossbeams (Minimum)
	200' 5/8" 6x19 Wire Rope or OEM Specifications		Pintle Hook
	Two (2) Safety Chains 5/8" Alloy or OEM Specifications		Under Lift Rating - 25,000 Pounds / 12,000 Pounds Extended
	Two 12-Ton Snatch Blocks		Under Lift/Fork Adapters w/Tie-Down Straps or Chains
	Air Brakes W/Air Hookup Package		Aluminum Tow Angles (Minimum 2)
	Air Hoses and Fittings		Safety Tie-Down Chains and Binders
	Steering Wheel Securement Device		Truck Hitch/Tow Bar 12,000 Pound Rating (if equipped)
	Axle Covers/Caps		Tow Sling 12,000 Pound Rating (if equipped)
CLASS D			
	Minimum 54,000 Pound GVWR Chassis		Tow Chains 5/8" Grade 70 or OEM Specifications
	35-Ton Boom Rating		Two (2) 4"x6"x48" Crossbeams (Minimum)
	250' 3/4" 6x19 Wire Rope or OEM Specifications		Pintle Hook
	Two (2) Safety Chains 5/8" Alloy or OEM Specifications		Under Lift Rating - 32,000 Pounds / 16,000 Pounds Extended
	Two 12-Ton Snatch Blocks		Truck Hitch/Tow Bar 20,000 Pound Rating (if equipped)
	Air Brakes W/Air Hookup Package		Aluminum Tow Angles (Minimum 2)
	Air Hoses and Fittings		Safety Tie-Down Chains and Binders
	Steering Wheel Securement Device		Tow Sling with 20,000 Pound Rating (if equipped)
	Axle Cover/Caps		Under Lift / Fork Adapters w/Tie-Down Straps or Chains

Not Applicable

MAXIMUM LIFTING CAPACITY (MLC) CALCULATIONS (Refer to HPM 81.2, Chapter 7, Annex B)

FRONT AXLE WEIGHT (FAW), UNLADEN	WHEEL BASE (WB), IN INCHES	OVER HANG (OH), IN INCHES
FORMULA		
1/2 FAW:	x WB:	÷ BY OH:
CLASS OF VEHICLE BASED ON THE MLC		= MLC:

Form P FACILITY INSPECTION

The Facility Inspection consists of a site inspection of the office location(s) listed in Form E and validation of all items defined in Table 1 for all Bidders that pass Step 1: Qualification. The Facility Inspection shall be performed by the FSP Partners. Office locations not listed in Form E will not be inspected.

Facility Items Required at Time of Inspection

The following list of items must be in place and operational at the time of Step 2: Inspections, otherwise the Bidder shall be found non-compliant and will not be eligible for contract award.

1. Communication Tools:

- Telephone - A dedicated business telephone is required. A single business telephone that is used for day-to-day business as well as any FSP activity is acceptable. During non-business hours, an answering machine provided at the Contractor's expense, shall be available to log calls, take complaints, etc.
- Fax Machine - A fax machine at the facility at which the Freeway Service Patrol vehicles are to be parked/maintained, must be operational twenty-four (24) hours per day, seven (7) days per week.

2. Accounting records/bookkeeping system:

Bidders must have adequate storage and a backup system for computer files that provides assurance that they meet the MTC SAFE bookkeeping requirements. The FSP Partners may ask to visually inspect physical filing systems and hardcopy of existing business files.

Sample excerpt from Contract:

CONTRACTOR shall maintain full and adequate books, records, and accounts relevant to its performance under the Agreement for a minimum of four (4) years following the fiscal year of the last expenditure under this Agreement. CONTRACTOR shall permit the authorized representatives of MTC SAFE, and any other government agency designated by MTC SAFE (including the United States Department of Transportation, the Comptroller General of the United States, and the State of California) to inspect and audit all such records of CONTRACTOR during the term of this Agreement and for the retention period specified above. CONTRACTOR shall in no event dispose of, destroy, alter, or mutilate said books, records, accounts, work products, materials and data for that period of time.

3. Safety Policies:

Bidders must have written safety policies displayed or readily accessible by employees in hardcopy format for tow/vehicle operations and work place safety.

4. Facility Security:

The Bidder shall be responsible for the security of vehicles and property at their facility. At a minimum, Bidders must have a secure area to store vehicles at facility, including contractor controlled access to facility where vehicles are stored such as a fenced or enclosed area. The

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Contractor is responsible for the reasonable care, custody, and control of any property contained in its facility.

5. Professional Workplace Environment:
Bidders must maintain a non-offensive and harassment-free workplace in accordance with federal and state regulations.

6. Computer Equipment:
A computer, modem, and an Internet/e-mail account to receive e-mail messages from FSP Partners are required. A test email may be sent by the FSP partners during inspection to confirm the email account. All computer equipment must be operable during the duration of the FSP Contract. Computer software must be compatible for Microsoft Office and Acrobat Reader use.

7. Drug Policy:
The Bidder shall have in place a written substance abuse policy requiring alcohol and drug testing for all drivers, consistent with Federal Highway Administration (FHA), Department of Transportation (DOT) CFR 49 part 382, Regulations on Controlled Substance and Alcohol Use and Testing. For details, refer to the SOP.

Table 1 is for reference only and does not need to be completed by Bidder.

TABLE 1: FACILITY INSPECTION

Towing Company: _____

Site Address: _____

Beats: _____

Contractor’s facility must pass inspection. The company will not be eligible for contract award if **any** items required at time of inspection fail (“No” Answers from the following inspection list).

Inspection Items Required at Time of Inspection		Yes	No
Phone Operational			
Confirm Telephone Number			
Fax Machine Operational			
Confirm Fax Number			
Accounting records/bookkeeping: Adequate storage and a backup system for computer files that provides assurance that bookkeeping requirements are met.			

Safety Policies: Written safety policies on display or readily accessible by employees in hardcopy format for tow/vehicle operations and work place safety.			
Facility Security: Secure area to store vehicles at facility, including contractor controlled access to facility where vehicles are stored such as a fenced or enclosed area.			
Professional Workplace Environment: Workplace is non-offensive and harassment-free.			
Computer Operational With E-Mail/Internet Access: Computer software must be compatible for Microsoft Office and Acrobat Reader use.			
Confirm E-Mail Address:			
Drug Policy Program in Place (see SOP for details)			
Motor Carrier Permit Current			

Observations:

Site Inspection Result (Circle)

Pass Fail

Form P FACILITY INSPECTION (Continued)

I have today completed an evaluation of both the facility and working environment of the above listed towing company. I have attempted to remain both fair and reasonable in recording these answers.

Date: _____

Time: _____

FSP Inspector: _____

Signature: _____

The FSP representative listed above has reviewed the facility inspection with me and indicated clearly why particular items were marked “No.”

Towing Company Representative: _____

Signature: _____