APPENDIX B, STEP 1: QUALIFICATIONS (FORMS A- N) AND INSPECTIONS (FORMS O-Q)

One original and two hard copies due no later than 2:00 p.m., Wednesday, August 17, 2016 to MTC SAFE offices.

- ☐ **Cover Letter for Step 1**
  - Completed and Signed Form A
- ☐ **Business License**
  - Completed Form B
  - Copy of business license
- ☐ **Experience**
  - Completed Form C
- ☐ **Designated Manager/Office Staff**
  - Completed Form D
- ☐ **Local Office/Beats for Qualification**
  - Completed Form E
- ☐ **Financial Responsibility***
  - Signed Form F

  **Provide only one copy of financial documentation and package it separately.*
- ☐ **Insurance**
  - Completed and Signed Form G
- ☐ **Wages and Benefits**
  - Completed and Signed Form H
- ☐ **References**
  - Completed Form I
- ☐ **Good Standing**
  - Completed Form J
- ☐ **Certification of Debarment and Verification of SAM Registration**
  - Completed and Signed Form K-1
  - Proof of SAM registration Form K-2
- ☐ **Certification of Restrictions on Lobbying**
  - Completed and Signed Form L
- ☐ **Local Agency Proposer DBE Commitment (Contractor Contract), and Local Agency Proposer DBE Information (Contractor Contract)**
  - Completed and Signed Forms M-1 and M-2
- ☐ **California Levine Act Statement**
  - Completed and Signed Form N
- ☐ **Vehicle Inspection**
  - Completed Form O
- ☐ **Facility Inspection**
  - Refer to Form P (does not need to be submitted with Proposal)
- ☐ **Beat Determination**
  - Completed Form Q

Form A COVER LETTER FOR STEP 1

TO: Stefanie Pow
MTC SAFE
375 Beale St., Suite 800 San Francisco, CA 94105

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.

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

Name Title Email

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

Tax ID

Bidder is a: Select One

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, 2011	# 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.)	

Form D DESIGNATED MANAGER/OFFICE STAFF

Name of Designated Manager: _____

Designated Manager is Select One

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)** *The permanent location where all dedicated rucks will be staged, maintained, and parked overnight and in between shifts.*	**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 dedicated vehicles, 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 January 1, 2016 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

Each selected 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:

Yes (√)	**Please certify by checking the boxes at left that required coverages will be provided before contract performance begins.** A. Minimum Limits of Insurance: 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 or 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. Deductibles and Self-Insured Retentions: 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 with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to MTC SAFE.

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.

Should the FSP driver minimum wage increase over the duration of the contract, MTC SAFE shall make adjustments to the selected Bidder's contracted hourly rate and the Bidder must adhere to this new driver minimum wage.

By signing the below, the Bidder agrees to adhere to the FSP driver minimum wage 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 four (4) references of which a minimum of three (3) 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 August 17 through August 22, 2016. 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 Qualifications in Step 1.

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

2. Client's Name _____
   Contact Person _____
   Phone _____
   Email _____
   Address _____
   Type of Work Performed _____
   Best Way to Contact? ☐ phone ☐ email

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

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

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 2018 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 (415) 536-9800 or e-mail at: spow@mtc.ca.gov by Monday, August 22, 2016.

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"?

Select One

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?

Select One

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?

Select One

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"?

Select One

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.

By signing below, you confirm the truthfulness of the above statements.

_____ _____

Signature of Authorized Official Type/Write Name of Authorized Official

_____

Type or Write Name of Company

Form K-1 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 K-2 SYSTEM FOR AWARD MANAGEMENT

All Bidders must attach a copy of their System for Award Management (SAM) registration. SAM is the Official U.S. Government system that consolidated the capabilities of Central Contractor Registration / Federal Agency Registration (CCR/FedReg), Online Representations and Certifications Application (ORCA), and Excluded Parties List System (EPLS).

Bidders submitting a bid proposal must register on the SAM website at https://www.sam.gov/portal/SAM/##11 prior to bid submission.

DUNS Number	Name of Company
Activation Date	
Expiration Date	

For Reference Only – Sample Verification of SAM Registration

SAM Search Results **List of records matching your search for :** **Search Term : metropolitan* transportation* commission* Record Status: Active**
ENTITY METROPOLITAN TRANSPORTATION COMMISSION Status:Active
DUNS: 074644501 +4: CAGE Code: 4QEQ6 DoDAAC
Expiration Date: Feb 28, 2017 Has Active Exclusion?: No Delinquent Federal Debt?: No
Address: 101 8TH ST 3RD FL City: OAKLAND State/Province: CALIFORNIA ZIP Code: 94607-4707 Country: UNITED STATES

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_____, 2016.

_____
(Signature of Authorized Official)

_____
(Type/Write Name of Authorized Official)

_____
(Type or Write Name of Company)

Form M-1 EXHIBIT 10-O1: LOCAL AGENCY CONTRACTOR DBE COMMITMENT

(Inclusive of all DBEs at time of proposal)

NOTE: Please refer to instructions on the reverse side of this form.

1. Local Agency: Metropolitan Transportation Commission Service Authority for Freeways and Expressways
2. Contract DBE Goal: 0%
3. Project Description: Beat(s)
4. Project Location: Freeway Service Patrol – Towing Service
5. Contractor'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

17. Local Agency Contract Number: _____
18. Federal-Aid Project Number: _____
19. Proposed Contract Execution Date: _____

11. TOTAL CLAIMED DBE PARTICIPATION **0%**

Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.

IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Written confirmation of each listed DBE is required.

20. Local Agency Representative's Signature _____ 21. Date _____
22. Local Agency Representative's Name _____ 23. Phone _____
24. Local Agency Representative's Title _____

12. Preparer's Signature _____ 13. Date _____
14. Preparer's Name _____ 15. Phone _____
16. Preparer's Title _____

DISTRIBUTION: Original – Included with Contractor'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 – CONTRACTOR PROPOSAL DBE COMMITMENT

CONTRACTOR 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 Description - Enter the project description as it appears on the project advertisement (Bridge Rehab, Seismic Rehab, Overlay, Widening, etc.).
4. Project Location - Enter the project location as it appears on the project advertisement.
5. Contractor's Name - Enter the Contractor'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 Contractor'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 Contractors. Also, enter the prime Contractor'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 Contractor 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 Contractor's firm must sign their name.
13. Date - Enter the date the DBE commitment form is signed by the Contractor's preparer.
14. Preparer's Name - Enter the name of the person preparing and signing the Contractor's DBE commitment form.
15. Phone - Enter the area code and phone number of the person signing the Contractor's DBE commitment form.
16. Preparer's Title - Enter the position/title of the person signing the Contractor'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 Contractor 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 Contractor's DBE commitment form.
23. Phone - Enter the area code and phone number of the person signing the Contractor's DBE commitment form.
24. Local Agency Representative Title - Enter the position/title of the Local Agency Representative certifying the Contractor's DBE commitment form.

Form M-2 **EXHIBIT 10-O2: LOCAL AGENCY CONSULTANT DBE INFORMATION**

(Inclusive of all DBEs listed at bid proposal)

NOTE: Please refer to instructions on the reverse side of this form.

1. Local Agency: Metropolitan Transportation Commission Service Authority for Freeways and Expressways
2. Contract DBE Goal: 0%
3. Project Description: Beat(s)
4. Project Location: Freeway Service Patrol – Towing Service
5. Consultant's Name: _____
6. Prime Certified DBE: ☐
7. Total Contract Award Amount: $0
8. Total Dollar Amount for **ALL** Subconsultants: $0
9. Total Number of **ALL** Subconsultants: _____

10. Description of Work, Service, or Materials Supplied	11. DBE Certification Number	12. DBE Contact Information	13. DBE Dollar Amount
N/A	N/A	N/A	0%

Local Agency to Complete this Section

20. Local Agency Contract Number: _____
21. Federal-Aid Project Number: _____
22. Contract Execution Date: _____

14. TOTAL CLAIMED DBE PARTICIPATION _____ **$0** **0%**

Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.

23. Local Agency Representative's _____ 24. Date _____
25. Local Agency Representative's Name _____ 26. Phone _____
27. 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.

15. Preparer's Signature _____ 16. Date _____
17. Preparer's _____ 18. Phone _____
19. Preparer's Title _____

DISTRIBUTION: 1. Original – Local Agency
2. Copy – Caltrans District Local Assistance Engineer (DLAE). Failure to submit to DLAE within 30 days of contract execution may result in de-obligation of federal funds on contract.

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 – CONTRACTOR CONTRACT DBE COMMITMENT

CONTRACTOR 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 Description - Enter the project description as it appears on the project advertisement (Bridge Rehab, Seismic Rehab, Overlay, Widening, etc).
4. Project Location - Enter the project location as it appears on the project advertisement.
5. Contractor's Name - Enter the Contractor'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 Contractor.
8. Total Dollar Amount for ALL Subcontractors – Enter the total dollar amount for all subcontracted Contractors. SUM = (DBEs + all Non-DBEs). Do not include the prime Contractor information in this count.
9. Total number of ALL Subcontractors – Enter the total number of all subcontracted Contractors. SUM = (DBEs + all Non-DBEs). Do not include the prime Contractor 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 Contractor'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 Contractors. Also, enter the prime Contractor'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 Contractor 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 Contractor's firm must sign their name.
16. Date - Enter the date the DBE commitment form is signed by the Contractor's preparer.
17. Preparer's Name - Enter the name of the person preparing and signing the Contractor's DBE commitment form.
18. Phone - Enter the area code and phone number of the person signing the Contractor's DBE commitment form.
19. Preparer's Title - Enter the position/title of the person signing the Contractor'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 Contractor 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 Contractor's DBE commitment form.
26. Phone - Enter the area code and phone number of the person signing the Contractor's DBE commitment form.
27. Local Agency Representative Title - Enter the position/title of the Local Agency Representative certifying the Contractor'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 SAFE's commissioners include:

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

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		
GVWR	EQUIPMENT TYPE *(CHECK APPROPRIATE BOX)* ☐ CONVENTIONAL ☐ UNDERLIFT ☐ TRUCK HITCH ☐ WHEEL LIFT ☐ CAR CARRIER					

REQUIREMENTS FOR ALL CLASSES

CALIFORNIA VEHICLE CODE REQUIREMENTS

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

TOW TRUCK INSPECTION GUIDE

CHP 234B (Rev. 4-14) OPI 061

CHP 234B (Rev. 0414) OPI 061 (Page 2)

TOW TRUCK EQUIPMENT SPECIFICATIONS *(By Class)*

P	F		P	F	
		CLASS A			
		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: = MLC:

CLASS OF VEHICLE BASED ON THE 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 days per week.
   - Document scanner or similar equipment – if applicable at the inspection, the FSP partners will confirm that the bidder has equipment to convert documents into a portable data format (PDF) which is required at the start of the contract. Not having this equipment at the time of inspection will **not** disqualify the Bidder.

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

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			

<u>Observations:</u>

Site Inspection Result (Circle) **Pass** **Fail**

Record of Facility and Working Environment Inspection

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:

Form Q BEAT DETERMINATION

Bidders shall complete Table 1 and submit Form R to facilitate the FSP Partners in determining the ability of the Bidder to operate one (1) or more beats based on the Bidder's good standing status as detailed in Form J and on the following criteria:

- Whether the bidder is in good standing with the CHP rotational tow program and the FSP program.
- First time Bidders or those that have been away from the program for more than two (2) years, are eligible for a maximum of two (2) beats.
- Current contractors with one (1) beat may be awarded a maximum of two (2) additional beats from this procurement, for a total of three (3) beats.
- All other current contractors are eligible to be awarded one (1) additional beat than the total number of beats they currently hold (as of July 2016), up to a maximum total of five (5) beats.

These criteria were developed to ensure companies are able to keep up with the demands of the program. MTC SAFE reserves the right to alter the criteria for specific Bidders if we do not receive enough bids for specific beats or if we believe that a contractor is at its operational limit. MTC SAFE will utilize FSP statistics, letters of performance, and good standing status to determine the operational limit of existing Contractors.

Table 1

Number of Beats Awarded in FY 2014:	
Number of Beats Awarded in FY 2016:	

Number of Beats Bidding on in FY 2018:	
Number of Beats Willing to Accept in FY 2018:	