

**APPENDIX B, STEP 1: QUALIFICATION REQUIREMENTS (FORMS A-J) AND STANDARD PROPOSAL DOCUMENTATION (FORMS K-N)**

One original and two hard copies due no later than 2:00 p.m., Monday, September 22, 2014 to MTC 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**
  - Completed and Signed Form K
- Certification of Restrictions on Lobbying**
  - Completed and Signed Form L
- Local Agency Proposer DBE Commitment (Consultant Contract), and Local Agency Proposer DBE Information (Consultant Contract)**
  - Completed and Signed Forms M-1 and M-2
- California Levine Act Statement**
  - Completed and Signed Form N

**Form A COVER LETTER FOR STEP 1**

TO: Anika Jesi  
MTC SAFE  
101 8<sup>th</sup> 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)

How many total beats are you bidding on? \_\_\_\_\_

What are the maximum number of beats you will accept? \_\_\_\_\_

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**

<b>Experience since January 1, 2009</b>	<b># of Years</b>
Number of years on tow rotation with CHP or FSP	
Number of years of highway/freeway tow experience (law enforcement, auto clubs, etc.)	
<b>Total number of years of tow service experience since January 1, 2009</b>	

**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:** \_\_\_\_\_

<b>Beat</b>	<b>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></b>	<b>Minutes to Beat from Office</b>
	Street Address:  City, State, Zip Code:  Office Phone Number: Office Fax Number:	
	Street Address:  City, State, Zip Code:  Office Phone Number: Office Fax Number:	
	Street Address:  City, State, Zip Code:  Office Phone Number: Office Fax Number:	
	Street Address:  City, State, Zip Code:  Office Phone Number: Office Fax Number:	
	Street Address:  City, State, Zip Code:  Office Phone Number: Office Fax Number:	

**Form E OFFICE LOCATION/BEATS FOR QUALIFICATION  
(Continued)**

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.

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Signature of Authorized Official

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Type/Write Name of Authorized Official

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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, 2014 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 (√)	<p><b>Please certify by checking the boxes at left that required coverages will be provided before contract performance begins.</b></p>
	(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.
	<p>(8) 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.</p> <p>Other Insurance Provisions: The general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions:</p> <p style="padding-left: 40px;">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;</p>

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.

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.

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Signature of Authorized Official

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Type/Write Name of Authorized Official

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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 \$14.00 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.

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Signature of Authorized Official

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Type/Write Name of Authorized Official

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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 during the week of September 22, 2014. 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

4. 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 Anika Jesi at (510) 817-5848 or e-mail at: [ajesi@mtc.ca.gov](mailto:ajesi@mtc.ca.gov) by Thursday, September 25, 2014.

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?

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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)



## INSTRUCTIONS - LOCAL AGENCY CONSULTANT DBE COMMITMENT

### Consultant Section

*The Consultant shall:*

1. **Local Agency Name** – Enter the name of the local or regional agency that is funding the contract.
2. **Project Location** - Enter the project location 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. **Consultant Name** - Enter the consultant's firm name.
5. **Contract DBE Goal %** - Enter the contract DBE goal percentage, as it was reported on the Exhibit 10-I form. See LAPM Chapter 10.
6. **Description of Services to be Provided** - Enter item of work description of services 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.
7. **DBE Firm Contact Information** - Enter the name and telephone number of all DBE subcontracted consultants. Also, enter the prime consultant's name and telephone number, if the prime is a DBE.
8. **DBE Cert. Number** - Enter the DBEs Certification Identification Number. All DBEs must be certified on the date bids are opened. (DBE subcontracted consultants should notify the prime consultant in writing with the date of the decertification if their status should change during the course of the contract.)
9. **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.
10. **Total % Claimed** – Enter the total participation claimed. If the Total % Claimed is less than item “6. Contract DBE Goal”, a Good Faith Effort (GFE) is required.
11. **Preparer's Signature** – The person completing this section of the form for the consultant's firm must sign their name.
12. **Preparer's Name (Print)** – Clearly enter the name of the person signing this section of the form for the consultant.
13. **Preparer's Title** - Enter the position/title of the person signing this section of the form for the consultant.
14. **Date** - Enter the date this section of the form is signed by the preparer.
15. **(Area Code) Tel. No.** - Enter the area code and telephone number of the person signing this section of the form for the consultant.

### Local Agency Section:

*The Local Agency representative shall:*

16. **Local Agency Contract Number** - Enter the Local Agency Contract Number.
17. **Federal-Aid Project Number** - Enter the Federal-Aid Project Number.
18. **Contract Execution Date** - Enter the date the contract was executed and Notice to Proceed issued. See LAPM Chapter 10, page 23.
19. **Local Agency Representative Name (Print)** - Clearly enter the name of the person completing this section.
20. **Local Agency Representative 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 Local Agency Representative signs the form.
22. **Local Agency Representative Title** - Enter the position/title of the person signing this section of the form.
23. **(Area Code) Tel. No.** - Enter the area code and telephone number of the Local Agency representative signing this section of the 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.

<b>Consultant to Complete this Section</b>			
1. Local Agency Name: <u>Metropolitan Transportation Commission Service Authority for Freeways and Expressways</u>			
2. Project Location: <u>Beat(s)</u>			
3. Project Description: <u>Freeway Service Patrol</u>			
4. Total Contract Award Amount: \$ <u>0</u>			
5. Consultant Name: _____			
6. Contract DBE Goal %: <u>0</u>			
7. Total Dollar Amount for <u>all</u> Subcontractors: \$ <u>N/A</u>			
8. Total Number of <u>all</u> Subcontractors: <u>N/A</u>			
<b>Award DBE Information</b>			
9. Description of Services to be Provided	10. DBE Firm Contact Information	11. DBE Cert. Number	12. DBE Dollar Amount
N/A	N/A		\$0
<b>Local Agency to Complete this Section</b>		13. Total Dollars Claimed	\$ <u>0</u>
20. Local Agency Contract Number: _____		14. Total % Claimed	_____ 0%
21. Federal-aid Project Number: _____		Local Agency certifies that all DBE certifications are valid and the information on this form is complete and accurate:	
22. Contract Execution Date: _____			
23. Local Agency Representative Name (Print) _____		15. Preparer's Signature _____	
24. Local Agency Representative Signature _____	25. Date _____	16. Preparer's Name (Print) _____	
26. Local Agency Representative Title _____	27. (Area Code) Tel. No. _____	17. Preparer's Title _____	
<b>Caltrans to Complete this Section</b>		18. Date _____	19. (Area Code) Tel. No. _____
Caltrans District Local Assistance Engineer (DLAE) certifies that this form has been reviewed for completeness:			
28. DLAE Name (Print) _____	29. DLAE Signature _____	30. Date _____	

## **INSTRUCTIONS - LOCAL AGENCY CONSULTANT DBE INFORMATION**

### **Consultant Section:**

*The Consultant shall:*

1. **Local Agency Name** – Enter the name of the local or regional agency that is funding the contract.
2. **Project Location** - Enter the project location 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. **Total Contract Award Amount** - Enter the total contract award dollar amount for the prime consultant.
5. **Consultant Name** - Enter the consultant's firm name.
6. **Contract DBE Goal %** - Enter the contract DBE goal percentage, as it was reported on the Exhibit 10-I form. See LAPM Chapter 10.
7. **Total Dollar Amount for all Subcontractors** – Enter the total dollar amount for all subcontracted consultants. SUM = (DBE's + all Non-DBE's). Do **not** include the prime consultant information in this count.
8. **Total number of all subcontractors** – Enter the total number of all subcontracted consultants. SUM = (DBE's + all Non-DBE's). Do **not** include the prime consultant information in this count.
9. **Description of Services to be Provided** - Enter item of work description of services 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.
10. **DBE Firm Contact Information** - Enter the name and telephone number of all DBE subcontracted consultants. Also, enter the prime consultant's name and telephone number, if the prime is a DBE.
11. **DBE Cert. Number** - Enter the DBE's Certification Identification Number. All DBEs must be certified on the date bids are opened. (DBE subcontracted consultants should notify the prime consultant in writing with the date of the decertification if their status should change during the course of the contract.)
12. **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, and include DBEs that are not identified as subcontractors on the Exhibit 10-O1 form. See LAPM Chapter 9 for how to count full/partial participation.
13. **Total Dollars Claimed** – Enter the total dollar amounts for columns 12 and 13.
14. **Total % Claimed** – Enter the total participation claimed for columns 12 and 13. SUM = (item "14. Total Participation Dollars Claimed" divided by item "4. Total Contract Award Amount"). If the Total % Claimed is less than item "6. Contract DBE Goal", a Good Faith Effort (GFE) is required.
15. **Preparer's Signature** – The person completing this section of the form for the consultant's firm must sign their name.
16. **Preparer's Name (Print)** – Clearly enter the name of the person signing this section of the form for the consultant.
17. **Preparer's Title** - Enter the position/title of the person signing this section of the form for the consultant.
18. **Date** - Enter the date this section of the form is signed by the preparer.
19. **(Area Code) Tel. No.** - Enter the area code and telephone number of the person signing this section of the form for the consultant.

### **Local Agency Section:**

*The Local Agency representative shall:*

20. **Local Agency Contract Number** - Enter the Local Agency Contract Number.
21. **Federal-Aid Project Number** - Enter the Federal-Aid Project Number.
22. **Contract Execution Date** - Enter the date the contract was executed and Notice to Proceed issued. See LAPM Chapter 10, page 23.
23. **Local Agency Representative Name (Print)** - Clearly enter the name of the person completing this section.
24. **Local Agency Representative 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.
25. **Date** - Enter the date the Local Agency Representative signs the form.
26. **Local Agency Representative Title** - Enter the position/title of the person signing this section of the form.
27. **(Area Code) Tel. No.** - Enter the area code and telephone number of the Local Agency representative signing this section of the form.

### **Caltrans Section:**

*Caltrans District Local Assistance Engineer (DLAE) shall:*

28. **DLAE Name (Print)** – Clearly enter the name of the DLAE.
29. **DLAE Signature** – DLAE must sign this section of the form to certify that it has been reviewed for completeness.
30. **Date** - Enter the date that the DLAE signs this section the 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	Joe Pirzynski
Tom Azumbrado	Scott Haggerty	Jean Quan
Tom Bates	Anne W. Halsted	Bijan Sartipi
David Campos	Steve Kinsey	James P. Spering
Dave Cortese	Sam Liccardo	Adrienne J. Tissier
Bill Dodd	Mark Luce	Scott Wiener
Dorene M. Giacomini	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)