

Scorpio ¼ Life Refurbishment

18-023

Request for Proposals
and Proposal Notices

Part D – Proposal and Contract Forms

3 May 2019

SAN FRANCISCO BAY AREA

**WATER EMERGENCY
TRANSPORTATION AUTHORITY**

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY (WETA)
Scorpio ¼ Life Refurbishment 18-023**

SCHEDULE OF VALUES

Name and Address of Contractor:

Contract No. _____ Date

Prepared By: _____ Date

All prices stated below must include all applicable taxes and fees, including California State sales or use taxes.

A Pay Item	B Description	C Shipyard Material Cost	D Shipyard Labor Hours	E Shipyard Direct Labor Cost	F Subcontractor Cost	G Total Direct Cost	H Total Direct Cost w/O&P	I % of Contract
1	073 <i>Noise and Vibration</i>							
2	080 <i>Temporary Services</i>							
3	091 <i>Ship-Inspections</i>							
4	096 <i>Weight Control Program</i>							
5	100 <i>Structure</i>							
6	110 <i>Pad Eyes</i>							
7	114 <i>Fendering</i>							
8	126 <i>Tanks</i>							
9	163 <i>Seachests</i>							

10	200	<i>Machinery – Propulsion</i>							
11	233	<i>Main Engines</i>							
12	243	<i>Shafting</i>							
13	244	<i>Propulsion Shaft Bearings</i>							
14	244.1	<i>Propulsion Shaft Seals</i>							
15	245	<i>Propellers</i>							
16	256	<i>Seawater Cooling</i>							
17	256.1	<i>Sea Valves</i>							
18	256.2	<i>Reduction Gear Cooling Pipe</i>							
19	256.3	<i>Shaft Seal Cooling and piping</i>							
20	259	<i>Engine Exhaust Lagging</i>							
21	259.1	<i>DEF System</i>							
22	261	<i>Fuel Oil System</i>							
23	261.1	<i>Remote Emergency Pull Stations</i>							
24	261.2	<i>Generator Fuel Filter Assembly</i>							
25	290	<i>Selective Catalytic Reduction System</i>							
26	298	<i>Operating Fluids</i>							
27	313	<i>Battery Systems</i>							
28	321	<i>Cables & Cable Installation</i>							
29	324	<i>Switchboard and Panels</i>							

30	332	<i>Lighting</i>							
31	333	<i>Electrical Distribution – Receptacles</i>							
32	390	<i>Program Logic Control (PLC) Systems</i>							
33	410	<i>Pilothouse</i>							
34	422	<i>Navigation Lights</i>							
35	433	<i>Public Address & Messaging Systems</i>							
36	439	<i>CCTV Surveillance System</i>							
37	443	<i>Video System</i>							
38	512	<i>Heating, Ventilation, & Air Conditioning (HVAC)</i>							
39	513	<i>Machinery Space Ventilation</i>							
40	551	<i>Compressed Air Systems</i>							
41	555	<i>Fire Extinguishing Systems</i>							
42	561	<i>Steering Systems</i>							
43	562	<i>Rudders</i>							
44	582	<i>Mooring</i>							
45	583	<i>Life Saving Equipment</i>							
46	583.1	<i>Inflatable Buoyant Apparatus</i>							
47	583.2	<i>Personal Flootation Device Storage Cabinet</i>							
48	583.3	<i>Safety Equipment and Evacuation Plans</i>							

49	601	<i>General Arrangement</i>								
50	610	<i>Overheads</i>								
51	631	<i>Paint & Coatings</i>								
52	633	<i>Cathodic Monitoring System</i>								
53	634	<i>Deck Covering</i>								
54	635	<i>Insulation</i>								
55	645	<i>Interior Outfitting</i>								
56	645.1	<i>Seats</i>								
57	645.1a	<i>Optional Exterior Seats</i>								
58	645.2	<i>Tables</i>								
59	651	<i>Commissary Spaces</i>								
60	810	<i>Design & Engineering</i>								
61	820	<i>Technical Documents</i>								
62	860	<i>Warranty</i>								
63	982	<i>Trials</i>								
64	983	<i>Delivery & Redelivery</i>								
65	984	<i>Open & Inspect</i>								
66	997	<i>Dry Docking</i>								
		Total Bid Price								100%

STEP-2: PRICE PROPOSAL

Name _____

Address _____

To the MANAGER, OPERATIONS, SAN FRANCISCO BAY AREA WATER EMERGENCY TRANSPORTATION AUTHORITY:

In compliance with your Request for Proposals dated _____, the undersigned offers the attached response to the RFP for the design-build and delivery of the Project:

Scorpio ¼ Life Refurbishment – RFP 18-023

Offerers Please Note: Before preparing the Price Proposal, carefully read the Contract Documents. Offerer agrees that it is responsible for and that WETA will not be responsible for any errors, omissions, inaccuracies or incomplete statements in this Price Proposal.

The Offerer shall insert a lump sum price in figures opposite each pay item for which an estimated quantity appears in the Price Proposal.

Wherever a contingent amount is shown for any item in this Price Proposal, such amount shall govern and be included in the total price. The estimated quantity of work for payment on a lump sum basis will be “all required.”

Any changes shall be initiated by the person signing the Proposal.

The undersigned hereby agrees that WETA may rely on the information provided in this Price Proposal as being factual and correct. The undersigned acknowledges that providing incorrect or misleading information in this response may be considered a breach of the Agreement.

The undersigned hereby acknowledges that this Price Proposal will be incorporated into the final Contract Documents. This Price Proposal shall be governed by and construed in all respects according to the laws of the State of California.

BASIC CONTRACT ITEMS				
Pay Item (1)	Pay Item Description (2)	Pay Unit (3)	Quantity (4)	Total Price Amount (5)
1	Total Schedule of Values	LS	1	
2	Total of Optional Work Items	LS	1	
3	TOTAL PRICE			
Item #	Optional Work Items	Reference		Lump Sum Option Price
243.1	Shaft Log Replacement	Per Section 243.1 of the Technical Specifications		
313.1	Main Engine 24VDC Charging Circuit	Per Section 313.1 of the Technical Specifications		
512	(HVAC) Air Louvers	Per Section 512 of the Technical Specifications		
610	Replacement of Overhead Panels	Per Section 610 of the Technical Specifications		
631.6	Vinyl Removal & Painting	Per Section 631.6 of the Technical Specifications		
645.1	Exterior Seating	Per Section 645.1 of the Technical Specifications		
Total of Optional Work Items (including all applicable taxes and fees)				

Shipyard Rate Schedule			
Pay Item (1)	Description (Fully burdened rates for change order work) (2)	Pay Unit (3)	Unit Price (4)
i	Shipyard Craft Labor Rate	HR	
ii	Shipyard Craft Labor Overtime Rate	HR	
iii	Shipyard Engineering & Management Labor Rate	HR	
iv	Shipyard Engineering & Management Overtime Rate	HR	
v	Equipment/Material Markup	%	
vi	Vendor/Subcontractor Markup	%	

All pricing shown above includes all applicable fees and taxes, including California State sales or use tax. Any and all applicable sales or use taxes shall be included in the Total Price, but listed separately on invoices when issued. The undersigned has read the foregoing Price Proposal and has full authority to enter into the Contract on behalf of the Offerer and to bind the Offerer to the terms and conditions and other requirements of the Contract, and hereby agrees to the conditions stated therein by affixing his signature below:

Full legal name of entity making Price Proposal: _____

Signature/Date Name and Title of Person Signing

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY (WETA)
Scorpio ¼ Life Refurbishment – RFP 18-023**

PERFORMANCE BOND

KNOW ALL PERSONS BY THESE PRESENTS, that

WHEREAS THE SAN FRANCISCO BAY AREA WATER EMERGENCY TRANSPORTATION AUTHORITY, (hereinafter referred to as "WETA") has entered into a Contract with _____ (hereinafter referred to as "Principal") for Contract 18-023 (hereinafter referred to the Contract) ; and

WHEREAS, said Principal is required under the terms of said Contract to furnish a bond of faithful performance of said Contract;

NOW, THEREFORE, we, the Principal, and _____, as Surety are held and firmly bound unto WETA, in the penal sum of _____ Dollars (\$ _____) lawful money of the United States, being a sum equal twenty five percent (25%) of the total amount payable under the Contract for work on the Scorpio ¼ Life Refurbishment, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above-bound Principal, or its heirs, executors, administrators, successors, or assigns approved by WETA, shall promptly and faithfully perform the covenants, conditions and agreements in the Contract until the completion, delivery and acceptance of said work, and shall also promptly and faithfully perform all the covenants, conditions, and agreements of any alteration of the Contract made as therein provided, notice of which alterations to Surety being hereby waived, on Principal's part to be kept and performed at the time and in the manner therein specified, and in all respects according to their true intent and meaning, and shall indemnify, defend, protect, and hold harmless WETA as stipulated in the Contract, then this obligation shall be reduced as described below; otherwise it shall be and remain in full force and effect.

No extension of time, change, alteration, modification, or addition to the Contract, or of the work required thereunder, shall release or exonerate Surety on this bond or in any way affect the obligation of this bond; and Surety does hereby waive notice of any such extension of time, change, alteration, modification, or addition.

As a condition precedent to satisfactory completion of the said contract, the above obligations will be reduced, upon Final Acceptance of the work on the Scorpio ¼ Life Refurbishment to the amount of (\$ _____), being not less than ten percent (10%) of the total amount payable under the Contract, and shall hold for a period of the later of 365 days after the Final Acceptance of the Scorpio ¼ Life Refurbishment, or until satisfaction of all warranty claims submitted pursuant to the Contract.

Whenever Principal shall be declared by WETA to be in default under the Contract, Surety shall promptly remedy the default, or shall promptly do one of the following at WETA's election:

1. Undertake through its agents or independent Contractors, reasonably acceptable to WETA, to complete the Contract in accordance with its terms and conditions and to pay and perform all obligations of Principal under the Contract, including without limitation, all obligations with respect to warranties, guarantees, and the payment of liquidated damages.
2. Reimburse WETA for all costs WETA incurs in completing the Contract, and in correcting, repairing or replacing any defects in materials or workmanship and/or materials and workmanship which do not conform to the specifications in the Contract.

Surety's obligations hereunder are independent of the obligations of any other surety for the performance of the Contract, and suit may be brought against Surety and such other sureties, jointly and severally, or against any one or more of them, or against less than all of them without impairing WETA's rights against the others.

No right of action shall accrue on this bond to or for the use of any person or corporation other than WETA or its successors or assigns.

In the event suit is brought upon this bond by WETA, Surety shall pay reasonable attorney's fees and costs incurred by WETA in such suit.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their seals this _____ day of _____, 20____, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

(Principal)

By: _____

By: _____

(Surety)

(Address)

By: _____

By: _____

NOTE:
To be signed by Principal
and Surety and acknowledgement
and notarial seal attached.

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY (WETA)
Scorpio ¼ Life Refurbishment**

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

The Contractor acknowledges the Contract Price includes full compensation for the insurance requirements set forth contained in the Contract Documents, including:

1. Worker's Compensation Insurance. The Contractor shall provide and maintain, for all employees of the Contractor engaged in Work under this contract, Worker's Compensation Insurance required by the law of the state where an employee engages in Work and Longshoreman Harbor Workers' Compensation Insurance (U.S. L&H). The Contractor shall be responsible for Worker's Compensation Insurance and U.S. L&H for any Subcontractor who directly or indirectly provides services under this contract. This coverage must include statutory coverage for states in which employees are engaging in Work and employer's/maritime employer's liability protection of not less than \$1,000,000 per occurrence. An endorsement providing a waiver of subrogation in favor of WETA is required.
2. Marine General Liability Insurance/Ship Repairer's Legal Liability Insurance. The Contractor shall provide and maintain coverage limits not less than \$10,000,000 limit per occurrence and annual aggregates where generally applicable and shall include premises-operations, independent contractors, products/completed operations, broad form property damage, blanket contractual, personal injury and sudden & accidental pollution endorsements. The Marine General Liability Insurance Policy shall not contain a contractual liability exclusion provision.
3. Design Professional Liability Insurance. The Contractor shall provide Design Professional Insurance (Errors and Omissions Insurance) with limits of liability not less than \$1,000,000 per claim and in the aggregate. This insurance coverage may be provided by a subcontractor to the Contractor. However, evidence of such insurance for the design of the vessel shall be provided to Owner prior to the commencement of work. Such insurance shall remain in place throughout the term of this contract until the vessel has been accepted by the Owner and for 12 months after acceptance.
4. Comprehensive Automobile Liability Insurance; covering all owned, hired and non-owned vehicles with coverage limits not less than \$1,000,000 combined single limit.
5. Ship Repairer's Legal Liability Insurance. This coverage shall be included with the Marine General Liability policy.
6. All Risk Marine Builders Risk Insurance with coverage limits by the terms of the policy equal to the Contract Price plus the value of WETA furnished equipment or materials. Coverage to include Protection & Indemnity and vessel pollution while vessels are undergoing Builder's Trials, Acceptance Trials through Delivery Acceptance of each of the Vessels by WETA. Applicable policy deductibles shall be the responsibility of the contractor. Loss shall be payable to Contractor and WETA as their interests may appear.

7. WETA shall be named as an Additional insured on all policies of insurance except Worker's Compensation. Subcontractors policies will be primary to any other liability or property insurance carried by WETA through self-insurance or otherwise, and shall contain a 'Cross Liability' or 'Severability of Interest' clause or endorsement.

Signature of Offeror/Title

Date

END OF ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

BUY AMERICA CERTIFICATE
(Steel, Iron or Manufactured Products)

SELECT AND COMPLETE ONLY ONE OF THE FOLLOWING CERTIFICATIONS:

Certificate of Compliance with 49 U.S.C. 5323(j)(1)

The bidder or offeror hereby certifies that it will meet the requirements of 49 U.S.C. 5323(j)(1), and the applicable regulations in 49 CFR Part 661.

Date _____

Signature _____

Company _____

Name _____

Title _____

Certificate of Non-Compliance with 49 U.S.C. 5323(j)(1)

The bidder or offeror hereby certifies that it cannot comply with the requirements of 49 U.S.C. 5323(j)(1) and 49 CFR Part 661.5, but it may qualify for an exception pursuant to 49 U.S.C. 5323(j)(2)(A), 5323(j)(2)(B), or 5325(j)(2)(D), and 49 CFR 661.7.

Date _____

Signature _____

Company _____

Name _____

Title _____

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY (WETA)**

**LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS AND COOPERATIVE AGREEMENTS
(PURSUANT TO 49 CFR PART 20, APPENDIX A)**

The undersigned certifies, to the best of his or her knowledge and belief, that:

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 an 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 making lobbying contacts to 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 and as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96).
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 was 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 31 U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). 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.

The Offerer, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Offerer understands and agrees that the provisions of 31 U.S.C. A 3801, et. seq. apply to this certification and disclosure, if any.

Name and Title of Authorized Official

Signature of Authorized Official

Date

INSTRUCTIONS FOR COMPLETION OF STANDARD FORM-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered federal action. Use the Standard Form-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional authority, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime federal recipient. Include Congressional authority, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance ("CFDA") number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number, the application/bid control number assigned by the Federal agency). Include prefixes (e.g., "IFB-DE-90-001")

9. For a covered federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

Standard Form LLL	
DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352	
1. Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: a. bid/offer/application b. initial award c. post-award
3. Report Type: a. initial filing b. material change For Material Change Only: Year _____ Quarter _____ Date of last report: _____	
4. Name and Address of Reporting Entity: Prime _____ Subawardee _____ _____ Tier, if known: _____ Congressional District, if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: _____ _____ Congressional District, if known: _____
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable:
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):	10. b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):
(Attach Continuation Sheet(s), if necessary)	
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): a. retainer b. one-time fee c. commission d. contingent fee e. deferred f. other; specify
12. Form of Payment (check all that apply): a. cash b. in-kind; specify: nature _____ value _____	Signature: _____ Print Name: _____ Title: _____ Date: _____ Telephone No.: _____

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY (WETA)
Scorpio ¼ Life Refurbishment**

**PRIME CONTRACTOR/CONSULTANT AND
SUBCONTRACTOR/SUBCONSULTANT/SUPPLIER REPORT**

Section A: Prime Consultant/Contractor (Offerer) Information:

1. RFQ # and Name: _____
2. Offerer's Name: _____
3. Address: _____
4. Phone: _____ Email: _____
5. Owner or Contact Person: _____
6. Title: _____
7. Offerer NAICS Codes: _____
8. Is your firm a Small Business Enterprise (SBE)?: Yes No
9. If your firm is a DBE or SBE please list certification type or No. and Certifying Agency:

10. If your firm is an SBE, please read and fill out, if applicable, the SBE Affidavit of Size form and attach a copy of your firm's certification.
11. Age of your firm: _____
12. Annual Gross Receipts (please check one):
Below \$500K: _____ \$500K-\$1M: _____ \$1M-\$4M: _____ \$6M-\$13M: _____ Above \$13M: _____

Section B: Subcontractor/Subconsultant/Suppliers Information

Offerors MUST provide the following information on ALL subcontractors/subconsultants/suppliers that provided Offeror a bid, quote, or proposal for work, services or supplies associated with this RFQ pursuant to Authority's sub-proposal reporting requirements. Include all sub-proposal acceptance(s) AND rejection(s). You must include the DBE/SBE certification number in column 7 for each DBE/SBE subcontractor listed, and if applicable fill out SBE Affidavit of Size form included in proposal document. Attach "Intent to Perform" letter signed by each subcontractor who will perform work should this contract be awarded to the Prime listed above. Please carefully read all instructions on page 5.

DBE/SBE PARTICIPATION									
1. Subcontractor/ Subconsultant/ Supplier	2. Annual Gross Receipts (check one)	3. Contractor's License No. (if applicable)	4. Certified DBE (Yes/No)	5. Certified SBE (Yes/No)	6. DBE/SBE Certifying Agency	7. DBE Certification No. &/or SBE Type	8. Describe Work or Type of Materials/Supplies <u>and list NAICS Codes</u>	9. Proposal Accepted (Yes/No)	10. Percentage of Contract Participation
Name:	Below \$500K								
Address:	\$500K-\$1M								
	\$1M-\$4M								
Contact Person:	\$4M-\$6M						NAICS Codes:		
Phone:	\$6M-\$13M								
Email:	Above \$13M								
Age of Firm:									
Name:	Below \$500K								
Address:	\$500K-\$1M								
	\$1M-\$4M								
Contact Person:	\$4M-\$6M						NAICS Codes:		
Phone:	\$6M-\$13M								
Email:	Above \$13M								
Age of Firm:									
Name:	Below \$500K								
Address:	\$500K-\$1M								
	\$1M-\$4M								
Contact Person:	\$4M-\$6M						NAICS Codes:		
Phone:	\$6M-\$13M								
Email:	Above \$13M								
Age of Firm:									

DBE/SBE PARTICIPATION										
1. Subcontractor/ Subconsultant/ Supplier	2. Annual Gross Receipts (check one)		3. Contractor's License No. (if applicable)	4. Certified DBE (Yes/No)	5. Certified SBE (Yes/No)	6. DBE/SBE Certifying Agency	7. DBE Certification No. &/or SBE Type	8. Describe Work or Type of Materials/Supplies and list NAICS Codes	9. Proposal Accepted (Yes/No)	10. Percentage of Contract Participation
Name:	Below \$500K									
Address:	\$500K-\$1M									
	\$1M-\$4M									
Contact Person:	\$4M-\$6M						NAICS Codes:			
Phone:	\$6M-\$13M									
Email:	Above \$13M									
Age of Firm:										
Name:	Below \$500K									
Address:	\$500K-\$1M									
	\$1M-\$4M									
Contact Person:	\$4M-\$6M						NAICS Codes:			
Phone:	\$6M-\$13M									
Email:	Above \$13M									
Age of Firm:										
Name:	Below \$500K									
Address:	\$500K-\$1M									
	\$1M-\$4M									
Contact Person:	\$4M-\$6M						NAICS Codes:			
Phone:	\$6M-\$13M									
Email:	Above \$13M									
Age of Firm:										

ATTACH ADDITIONAL SHEETS AS NECESSARY.

11. DBE Participation: _____ = % Bidder's DBE Participation

12. SBE Participation: _____ = % Bidder's SBE Participation

The undersigned will enter into a formal agreement with the subcontractor(s), subconsultant(s) and/or supplier(s) whose sub-proposal was accepted conditioned upon execution of a Contract with the San Francisco Bay Area Water Emergency Transportation Authority. I certify under penalty of perjury that the information included on this form is accurate and true.

Signature

Date

Name (Print)

Title

HOW TO FILL OUT PRIME CONTRACTOR/CONSULTANT AND SUBCONTRACTOR/SUBCONSULTANT/SUPPLIER REPORT FORM

Section A: Prime Consultant/Contractor Information:

1. RFQ/RFP # and Name: Insert name of WETA Request for Proposals/Qualifications (RFP/RFQ) or Invitation for Bids (IFB)
2. Offerer's Name: Insert company name.
3. Address: Insert address of company.
4. Phone & Email: Insert phone number and email address of person responsible for filling out information contained in this form.
5. Owner or Contact Person: Insert contact name for the prime contractor.
6. Title: Insert title of person listed in #5.
7. Prime Consultant/Contractor NAICS Codes: List the North American Industry Classification System Code(s) for work performed by the Prime. Codes can be found at www.census.gov/naics.
8. Is your firm a Small Business Enterprise (SBE)?: Indicate, by checkmark, if your firm is a Small Business Enterprise as defined in the attached description of WETA's SBE Program Eligibility. Please see instructions for Section B #7, below, for SBE Certifications accepted by WETA.
9. If your firm is a DBE or SBE list certification type or No. and Certifying Agency: For DBE firms list the certification number provided by the California Unified Certification Program and the certifying agency. For SBE firms please list the type of certification (e.g. SMBE, SWBE, SB, MB, SBA, SBE/MBE/WBE) and the certifying agency. Please see the description of WETA's Small Business Enterprise Program Eligibility on the following pages for SBE Certifications accepted by WETA.
10. If your firm is an SBE, read and fill out, if applicable, the SBE Affidavit of Size form included in this RFQ/RFP and attach a copy of your firm's certification.
11. Age of your firm: Provide the number of years your firm has been in business.
12. Annual Gross Receipts: Indicate, by checkmark, the range of annual gross receipt your firm receives.

Section B: Subcontractor/Subconsultant/Suppliers Information

PLEASE NOTE THE IMPORTANT REQUIREMENTS BELOW:

Offerers MUST provide the following information on ALL subcontractors/subconsultants/suppliers that provided Offerer a bid, quote, or proposal for work, services or supplies associated with this RFQ pursuant to WETA's sub-proposal reporting requirements. This information shall be provided for all sub-proposers regardless of tier for DBEs, SBEs, non-DBEs and non-SBEs. Include all sub-proposal acceptance(s) AND rejection(s).

Attach "Intent to Perform" letter signed by each subcontractor who will perform work should this contract be awarded to the Prime listed above.

1. Insert the name, address, contact person, phone number, email address and age of firm for each subcontractor, subconsultant, or supplier.
2. Annual Gross Receipts: Indicate, by checkmark, the range of the firm's annual gross receipts.
3. Contractor's License No.: If applicable, insert the contractor's license number.
4. Certified DBE (Yes/No): Indicate if the firm is a certified DBE firm accepted by WETA. WETA accepts DBE participation only from firms currently certified in the California Unified Certification Program (CUCP), go to www.californiaucp.org for further information. Do not indicate more than one "Yes" for alternative subcontractors/subconsultants for the same work.
5. Certified SBE (Yes/No): Indicate if the firm is a certified SBE accepted by WETA. Please see WETA's SBE Program Eligibility description on the following pages for more information on certification types accepted and other requirements. A copy of SBE certification and, if applicable, SBE Affidavit of Size must be attached to your submittal.
6. DBE/SBE Certifying Agency: If you marked yes as a Certified DBE or SBE, note which agency your certification letter is from—BART, SFMTA, SamTrans etc.
7. DBE Certification No. & Type / SBE Type: If you marked yes as a Certified DBE, please provide the CUCP Certification Number AND the number corresponding to the type of DBE as follows: 1. African-American, 2. Hispanic, 3. Native American, 4. Asian-Pacific, 5. Asian-Indian, 6. Female-Woman, 7. Other. If you marked yes as a Certified SBE please list the type of certification (e.g. SMBE, SWBE, SB, MB, SBA, SBE/MBE/WBE). Please see the description of WETA's Small Business Enterprise Program Eligibility on the following pages for SBE Certifications accepted by WETA.
8. Describe Work or Type of Materials/Supplies and list NAICS Codes: DBE/SBE participation includes that portion of the work actually performed by a certified DBE/SBE with its own forces. For example, for DBE supplier, count 60% of the costs of materials and supplies. List the North American Industry Classification System Code(s) for the work to be performed by the Subcontractor/Subconsultant/Supplier. Codes can be found at www.census.gov/naics.

9. Proposal Accepted (Yes/No): Indicate if the subcontractor/subconsultant/supplier's proposal has been accepted. If yes, please attach "Intent to Perform" letter signed by each subcontractor who will perform work should this contract be awarded to the Prime listed above.
10. Percentage of Contract Participation: Insert the percentage of the prime contract participation for each subcontract. Prime consultant/contractor understands that the percentage of contract participation from DBE or SBE firms listed on this form is a firm commitment and will become a condition of the contract should it be awarded.
11. DBE Participation: Insert the sum of column 10 for each DBE listed.
12. SBE Participation: Insert the sum of column 10 for each SBE listed.

Use additional sheets if necessary. If there are no subcontractors proposed, Section B will remain blank.

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY (WETA)**

**DESCRIPTION OF THE SELECTION PROCESS OF
SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS**

Offerer's Name: _____

RFP# and Name: _____

Address: _____

Is your firm a Disadvantaged Business Enterprise? Yes No

Owner of Contact Person: _____

Phone: () _____ Fax: () _____

Instructions:

Offerer **MUST** provide the following information on ALL subcontractors/subconsultants/suppliers that provided Offerer a bid, quote, or proposal for Work, services or supplies associated with this RFP pursuant to the Authority's sub-proposal reporting requirements. This information shall be provided for all sub-proposers regardless of tier for both DBEs and non-DBEs alike. Include all sub-proposal acceptance(s) AND rejection(s). Signature is required on page two of this form.

Offerer: Provide a narrative description of how the Offerer selected its subcontractors/subconsultants/suppliers, including the following elements: (Please attach additional sheets as necessary.)

1. Soliciting small businesses, including DBEs, to participate through all reasonable and available means.

Example: Include attendance at pre-bid meeting, advertisements, written notices and agencies, organizations or groups contacted to provide assistance in contacting, recruiting and using small business concerns.

2. Selecting portions of the Work that are economically feasible for small businesses, including DBEs.

Example: List items of Work which the Offerer made available to small business concerns, including, where appropriate, any breaking down of the Contract Work items (including those items normally performed by the Offerer with its own forces) into economically feasible units to facilitate small business participation.

3. Providing adequate information about plans, specifications and requirements in a timely manner to small businesses, including DBEs.

Example: List dates of written notices soliciting bids from small businesses and the dates and methods used for following up initial solicitations to determine with certainty whether the small businesses were interested.

4. Negotiating in good faith with small business concerns, including DBEs.

5. Not rejecting small business concerns, including DBEs, as unqualified without sound business reasons.

Example: Explain reasons for rejecting bids from small business concerns and accepting sub-proposals from selected firms.

6. Making efforts to assist small business concerns, including DBEs, in obtaining required bonding, lines of credit, or insurance.

7. Making efforts to assist small business concerns, including DBEs, in obtaining necessary equipment, supplies or materials.

8. Describe any other steps that the Offerer used to select its subcontractors/subconsultants/suppliers.

The undersigned certifies that the above narrative description is true and accurate, and may be relied upon by WETA in evaluating the Offerer's compliance with the RFP requirements.

Signature of Owner or Authorized Representative

Title

Date

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY (WETA)**

SMALL BUSINESS ENTERPRISE AFFIDAVIT OF SIZE

- SMBE/SWBE Certification by a state other than California, provided that your firm’s average annual gross receipts fall below the SBA industry-specific size cap and in no case exceed \$23.98 million.
- SB Certification by the California Department of General Services (DGS), provided that your firm’s average annual gross receipts fall below the SBA industry-specific size cap and in no case exceed \$23.98 million.
- SBA 8(a) Certification by the Small Business Administration provided that your firm’s average annual gross receipts fall below the SBA industry-specific size cap and in no case exceed \$23.98 million.
- SBE/MBE/WBE Certification by any California county or local government-certifying agency or out-of-state government-certifying agency, provided that your firm’s average annual gross receipts fall below the SBA industry-specific size cap and in no case exceed \$23.98 million.

I HEREBY DECLARE AND AFFIRM that I am the _____(Title)

and duly authorized representative of _____
(Name of Firm)

whose address is _____

and whose phone number is _____

I HEREBY DECLARE AND AFFIRM that the firm is a Small Business Enterprise (SBE) in accordance with the San Francisco Bay Area Water Emergency Transportation Authority (WETA) standards as defined in its Diversity Program for Contracts. The firm is certified as of the date that the WETA receives the bid/proposal for:

_____(RFP/RFQ Name)

and I will provide the certification to document this fact with this enclosure.

Affiant’s Signature _____

State of California, County of _____

Subscribed and sworn to (or affirmed) before me on _____, by _____

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ Notary Public