

**TO ALL INFORMAL BIDDERS**

**CHECKLIST OF FORMS TO BE RETURNED TO CMWD**

**FILTER MEDIA REMOVAL & CLEANING FILTER #5**

**Documents to be Returned to Casitas with Bid:**

- Informal Bid
- Proposal

**Documents to be Provided to Casitas After Bid Awarded**

- Certificate of Liability Insurance and copy of endorsement, if applicable, (See Part B-General Conditions & Summary of Insurance and Example of Certificate attached hereto).
- Evidence of Worker's Compensation Insurance
- W-9 – Request for Taxpayer Identification Number & Certification attached hereto.

**Documents to be Provided to Casitas Prior to Final Payment to Contractor**

- Labor and Material Releases

*Bids will be received at the District office  
Casitas Municipal Water District 1055 Ventura Ave, Oak View CA 93022  
**Until 4:00 p.m. on Tuesday February 28<sup>th</sup>, 2017***

**BIDDING SHEET  
 FILTER MEDIA REMOVAL AND CLEANING (FILTER #5)**

Schedule of prices for all work, materials, labor and site cleanup for the above-mentioned project in accordance with this proposal. Any item not specifically mentioned shall be considered incidental to the item to which it pertains. The bidder shall list prices for all bid items. Bids received which do not list prices in succession may be rejected.

<b>Bid Item #</b>	<b>Quantity &amp; Unit</b>	<b>Description &amp; Price in Words</b>	<b>Amount \$</b>
1	LS	Remove, store, and re-install the filter media for the lump sum of _____ Dollars	
2	81 CF	Provide and install supplemental garnet filter media (30-40 mesh) for a unit cost of _____ dollars per cubic foot	
3	180 CF	Provide and install supplemental anthracite filter media (1.0 – 1.1mm) for a unit cost of _____ dollars per cubic foot	

**TOTAL BASE BID AMOUNT** (Items 1-3)      \$ \_\_\_\_\_

The above quantities are based on a lump sum or unit price; measurement and payment for each bid item per the specifications. Bidder will not be released on account of errors. When a discrepancy occurs between the written price and the number listed, the written price shall govern. Bid amounts will be determined by the total for base bid items 1-2. The Bidder understands that the District reserves the right to reject any or all bids and to waive any formalities in the bidding.

Date: \_\_\_\_\_ **BIDDER:** \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

License # \_\_\_\_\_ Date License Expires: \_\_\_\_\_

DIR License # \_\_\_\_\_ Date License Expires: \_\_\_\_\_

**(CORPORATE SEAL)**

License Classifications: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



## BIDDER'S STATEMENT OF SUBCONTRACTORS

The bidder is required to state the name and address of each subcontractor who will perform work in an amount in excess of one-half (2) of one percent (1%) of the total bid price and the portion of the work which each subcontractor will do.

The undersigned submits herewith a list of subcontractors whom they propose to employ on the work, with the proper firm name and business address of each and a statement of the work or bid item which will be done by each subcontractor.

Subcontractor		Portion of Work
Location and Place of Business		
License No.	Expiration Date: / /	Phone ( )

Subcontractor		Portion of Work
Location and Place of Business		
License No.	Expiration Date: / /	Phone ( )

Subcontractor		Portion of Work
Location and Place of Business		
License No.	Expiration Date: / /	Phone ( )

Subcontractor		Portion of Work
Location and Place of Business		
License No.	Expiration Date: / /	Phone ( )

Subcontractor		Portion of Work
Location and Place of Business		
License No.	Expiration Date: / /	Phone ( )

Signed:

## **BIDDER'S QUESTIONNAIRE**

### **INSTRUCTIONS**

Pending award of a contract to the lowest bidder, Casitas requires bidders to submit a statement of their technical ability and experience. Casitas reserves the right to require a statement of the lowest bidder's current financial condition (Part IV attached) prior to award of the contract.

Each bidder shall be required to complete the attached Bidder's Questionnaire with the exception of Part IV.

Bidder's Questionnaire (Continued)

**PART I - BIDDER'S STATEMENT OF TECHNICAL ABILITY AND EXPERIENCE**

A. History of Bidder

1. Total years of organization doing business. \_\_\_\_\_

2. Has your organization done business under another name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name and address of organization(s) and/or names and addresses of owners or principals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List all principals, owners, partners and stockholders owning more than 10 percent of a corporation.

Name

Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. State the name of your organization's Responsible Managing Employee or Officer.

Name	State Contractor's License No.	Classification



Bidder's Questionnaire (Continued)

B. Experience

List all of the jobs in which your organization has been involved during the last five years where the predominant type of construction is similar to this job.

1. Project Completion Date<sup>(1)</sup> \_\_\_\_\_

Value of Contract<sup>(2)</sup> \_\_\_\_\_

General Description of Work<sup>(3)</sup> \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

\_\_\_\_\_

Party to Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

State whether organization was prime, joint venture, sub or other: \_\_\_\_\_

\_\_\_\_\_

2. Project Completion Date \_\_\_\_\_

Value of Contract \_\_\_\_\_

General Description of Work \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

\_\_\_\_\_

Party to Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

State whether organization was prime, joint venture, sub or other: \_\_\_\_\_

\_\_\_\_\_

- (1) Project Completion Date - If current, state current; if incomplete, state incomplete.
- (2) Value of Contract is the total amount of money paid for your work, including all settlements or judgements.
- (3) General Description of Work should indicate the predominant type of construction; i.e., water pipeline, paving, earthwork, and sewer, pump plant, etc.

Bidder's Questionnaire (Continued)

3. Date of Project \_\_\_\_\_

Value of Contract \_\_\_\_\_

General Description of Work \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

\_\_\_\_\_

Party to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

State whether organization was prime, joint venture, sub or other: \_\_\_\_\_

\_\_\_\_\_

4. Date of Project \_\_\_\_\_

Value of Contract \_\_\_\_\_

General Description of Work \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

Party to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

State whether organization was prime, joint venture, sub or other: \_\_\_\_\_

\_\_\_\_\_

5. Date of Project \_\_\_\_\_

Value of Contract \_\_\_\_\_

General Description of Work \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

Party to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

State whether organization was prime, joint venture, sub or other \_\_\_\_\_



Bidder's Questionnaire (Continued)

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Bidder's Questionnaire (Continued)

**PART III – CONTRACTOR'S SAFETY RECORD**

1. List your firm's experience modification rate (EMR) for the last 3 years. The EMR is available from your Worker's Compensation Insurance firm. This is only required from Firms with Worker's Compensation Insurance premiums in excess of \$50,000.

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Year	EMR	Year	EMR	Year	EMR
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2. List your firm's Recordable Incident Rate (RIR) for the last 3 years. Incident Rate information is available from your OSHA 200/300 Log and from your insurance carrier.

$$\frac{\text{Total number of recordable incidents} \times 200,000}{\text{Total employee hours worked}} = \text{RIR}$$

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Year	RIR	Year	RIR	Year	RIR
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3. List your firm's Lost Time Incident Rate (LTIR) for the last 3 years. Incident Rate information is available on your OSHA 200/300 Log and from your insurance carrier.

$$\frac{\text{Total number of lost time incidents} \times 200,000}{\text{Total employee hours worked}} = \text{LTIR}$$

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Year	LTIR	Year	LTIR	Year	LTIR
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Casitas has established the following requirements for this project:

EMR – None greater than 1.2 over the last 3 years

RIR - None greater than 9 over the last 3 years

LTIR – None greater than 4 .5 over the last 3 years

4. Do you have a written safety program that includes hazardous communications? YES / NO

5. Do you have a substance abuse policy? YES / NO

Bidder's Questionnaire (Continued)

6. Do all new employees complete safety orientation before performing any work activities? YES / NO

7. Do you conduct jobsite safety inspections? YES / NO

8. Do you conduct and document post accident investigations? YES / NO

**PART IV - FINANCIAL RESPONSIBILITY (To be Completed only if Requested by Casitas)**

1. Submit your most recent audited financial statement or financial data or other information and references sufficiently comprehensive to permit an appraisal of your current financial condition.

2. Submit your most recent balance sheet and profit and loss statement.

I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Name of Organization

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_