



KING AND PIERCE COUNTIES,
WASHINGTON

PROPOSAL FORMS & PROPOSAL/BID BOND FORM

for

2016 JOB ORDER CONTRACTING

Contract Nos. JOC16-(A/B)

Bid Proposal Due Date: Thursday, May 19th, 2016, 11:00AM PDT

City of Auburn
Engineering Division
Community Development and Public Works Department

25 West Main St.
Auburn, WA 98001-4998
(253) 931-3010
FAX (253) 931-3053

PROPOSER'S CHECKLIST

Proposer must execute and return with submittal:

1. PROPOSAL FORM A – PROPOSER'S QUALIFICATION SHEET (RESPONSIBLE PROPOSER INFORMATION)
2. PROPOSAL FORM B – COMPARABLE CONSTRUCTION EXPERIENCE, PROJECTS \$50,000 TO \$150,000
3. PROPOSAL FORM C – COMPARABLE CONSTRUCTION EXPERIENCE, PROJECTS \$150,000 TO \$350,000
4. PROPOSAL FORM D – KEY PERSONNEL, PROJECT MANAGER
5. PROPOSAL FORM E – ABILITY TO MANAGE MULTIPLE SUBCONTRACTORS
6. PROPOSAL FORM F – LOCAL AND DISADVANTAGED BUSINESS UTILIZATION PLAN
7. PROPOSAL FORM G – KEY PERSONNEL, GENERAL FIELD SUPERINTENDENT
8. PROPOSAL FORM H – RECEIPT OF ADDENDA
9. PROPOSAL FORM I – CERTIFICATION
10. PROPOSAL FORM J – ADJUSTMENT FACTOR PROPOSAL FORM (**Submit in individual sealed envelop within sealed Proposal Package**)
11. BID BOND
This form is to be executed by the proposer and the Surety Company unless cash, cashier's check or a certified check in the amount of \$25,000 accompanies proposal.

After the Contract is awarded, execute:

1. CONTRACT
To be executed by the successful proposer in duplicate.
2. CONTRACT BOND
To be executed by the successful proposer and his surety company in duplicate.
3. POWER OF ATTORNEY
To be submitted in duplicate.
4. EVIDENCE OF INSURANCE
To be submitted in duplicate.

PROPOSAL FORM A: PROPOSER'S QUALIFICATION SHEET -
(RESPONSIBLE PROPOSER INFORMATION)

PAGE 1 OF 3

Proposer has been in business continuously from _____
 (year).

Bank Reference: _____
 Bank Name Account Officer
 Phone No.

Number of regular full-time employees: _____

Number of projects in the past 5 years completed:
 _____ ahead of schedule _____ on schedule _____ behind schedule

Proposer has had experience in work comparable to that required for this Project:
 As a prime contractor for _____ years. As a subcontractor for _____ years.

List the supervisory personnel to be employed by the Proposer and available for
 work on this project (Project manager, Foreman, Site Superintendent, Engineer,
 etc.):

Name	Title	Years
with firm		

List below, non City of Auburn construction work successfully completed by the
 proposer within the past five years which was similar in size, scope, and difficulty
 to the work herein being proposed upon.

Project Name Name & Phone	Year Completed	Contract Amount	Owner/Reference

COMPANY NAME _____

PROPOSAL FORM A: PROPOSER'S QUALIFICATION SHEET -
(RESPONSIBLE PROPOSER INFORMATION)

PAGE 2 OF 3

List all projects undertaken in the last 5 years which have resulted in partial or final settlement of the contract by arbitration or litigation in the courts:

Name of Client & Project	Contract Amount	Total Claims Arbitrated or Litigated	Amount of Settlement of Claims

Has Proposer, or any representative or partner, ever failed to complete a contract?

No Yes If yes, give details: _____

Has Proposer ever had any Payment/Performance Bonds called as a result of its work?

No Yes If yes, please state: _____

Project Name	Contracting Party	Bond Amount

Has Proposer changed bonding companies in the last 3 years?

No Yes If yes, give details: _____

Has Proposer ever been found guilty of violating any State or Federal employment laws?

No Yes If yes, give details: _____

Has Proposer ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws?

No Yes If yes, give details: _____

COMPANY NAME _____

PROPOSAL FORM A: PROPOSER'S QUALIFICATION SHEET –
(RESPONSIBLE PROPOSER INFORMATION)
PAGE 3 OF 3

Has Proposer or any of its employees filed any claims with Washington State Workman's Compensation or other insurance company for accidents resulting in fatal injury or dismemberment in the past 5 years? No Yes

If yes, please state:

Date	Type of Injury	Agency Receiving Claim

Will you, upon request from the City, fill out a detailed financial statement and furnish any other information that may be required by the City? No Yes

The Proposal signature warrants under **penalty of perjury** that the foregoing information is true and accurate to the best of his/her knowledge. The Proposal signature authorizes the City of Auburn to verify all information contained herein.

COMPANY NAME _____

PROPOSAL FORM B: COMPARABLE CONSTRUCTION EXPERIENCE
FOR PROJECTS \$50,000 TO \$150,000
PAGE 1 OF 2

1. Proposer's Name: _____
2. Agency/Client Name: _____
3. Project Name: _____
4. Achieved or Anticipated Final Acceptance after January 1, 2010 Yes No
5. Project Number: _____ 6. Initial Project Value: _____
7. Estimated % of Self Performance: _____ 8. Estimated % Subcontract Work: _____
9. Number of Subcontractors Used: _____
10. Amount of Increases: _____ *(If greater than 10% increase over the initial project value, attach an additional sheet describing the circumstances of the changes)*
11. Agency: Public Private Other
12. Location: City of Auburn State of Washington Other
13. Project Type: (Check ALL boxes that apply to the Scope of Work)
 Interior Renovation Mechanical Upgrades Electrical Upgrades Concrete Floor
 Medical Center Exterior / Interior painting Roofing Replacement/Repair Boiler Replacement
 Bituminous Paving Concrete Masonry Exterior Facade Security Camera Installation
 Canopy Replacement/Repair Elevator Repair/Replacement Escalator Repair/Replacement
 Duct bank repair / installation Outdoor light installation Fire Suppression System Installation
 Steel Erection Landscaping Fencing Earthwork / Site Work
14. ATTACH a description of the Project Summarizing the Scope of Work. Yes

COMPANY NAME _____

PROPOSAL FORM B: COMPARABLE CONSTRUCTION EXPERIENCE
FOR PROJECTS \$50,000 TO \$150,000
PAGE 2 OF 2

15. Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Reference's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

16. Description of any problems or major issues encountered during the project (if any) and what was done to resolve: *(Attach additional information as necessary)*

COMPANY NAME _____

PROPOSAL FORM C: COMPARABLE CONSTRUCTION EXPERIENCE
FOR PROJECTS \$150,000 TO \$350,000
PAGE 1 OF 2

1. Proposer's Name: _____

2. Agency/Client Name: _____

3. Project Name: _____

4. Achieved or Anticipated Final Acceptance after January 1, 2009 Yes No

5. Project Number: _____ 6. Initial Project Value: _____

7. Estimated % of Self Performance: _____ 8. Estimated % Subcontract Work: _____

9. Number of Subcontractors Used: _____

10. Amount of Increases: _____ *(If greater than 10% increase over the initial project value, attach an additional sheet describing the circumstances of the changes)*

11. Agency: Public Private Other

12. Location: City of Auburn State of Washington Other

13. Project Type: (Check ALL boxes that apply to the Scope of Work)

Interior Renovation Mechanical Upgrades Electrical Upgrades Concrete Floor

Medical Center Exterior / Interior painting Roofing Replacement/Repair Boiler Replacement

Bituminous Paving Concrete Masonry Exterior Facade Security Camera Installation

Canopy Replacement/Repair Elevator Repair/Replacement Escalator Repair/Replacement

Duct bank repair / installation Outdoor light installation Fire Suppression System Installation

Steel Erection Landscaping Fencing Earthwork / Site Work

14. ATTACH a description of the Project Summarizing the Scope of Work. Yes

15. Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Reference's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

COMPANY NAME _____

PROPOSAL FORM D: KEY PERSONNEL

Project Manager

PAGE 1 OF 1

1. Proposer's Name: _____
2. Project Manager's Name _____
3. # of Years with the Firm: _____
4. # of Years Experience with General Contracting: _____

5. Experience: (Check ALL boxes that apply)

- Interior Renovation Mechanical Upgrades Electrical Upgrades Concrete Floor
- Medical Center Exterior / Interior painting Roofing Replacement/Repair Boiler Replacement
- Bituminous Paving Concrete Masonry Exterior Facade Security Camera Installation
- Canopy Replacement/Repair Elevator Repair/Replacement Escalator Repair/Replacement
- Duct bank repair / installation Outdoor light installation Fire Suppression System Installation
- Steel Erection Landscaping Fencing Earthwork / Site Work

6. ATTACH RESUME Yes

7. Client Reference #1 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Reference's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

8. Client Reference #2 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Reference's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

COMPANY NAME _____

PROPOSAL FORM D: KEY PERSONNEL
GENERAL FIELD SUPERINTENDENT
PAGE 1 OF 1

1. Proposer's Name: _____

2. General Field Superintendent's Name : _____

3. # of Years with the Firm: _____

4. # of Years Experience with General Contracting: _____

5. Experience: (Check ALL boxes that apply)

- Interior Renovation Mechanical Upgrades Electrical Upgrades Concrete Floor
- Medical Center Exterior / Interior painting Roofing Replacement/Repair Boiler Replacement
- Bituminous Paving Concrete Masonry Exterior Facade Security Camera Installation
- Canopy Replacement/Repair Elevator Repair/Replacement Escalator Repair/Replacement
- Duct bank repair / installation Outdoor light installation Fire Suppression System Installation
- Steel Erection Landscaping Fencing Earthwork / Site Work

6. ATTACH RESUME Yes

7. Client Reference #1 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Reference's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

8. Client Reference #2 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Reference's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

COMPANY NAME _____

PROPOSAL FORM H: RECEIPT OF ADDENDA

Page 1 of 1

RECEIPT OF ADDENDA. I certify and acknowledge receipt of the following Addenda to the Proposal Documents and that due consideration thereof has been used in preparing and submitting this Proposal.

Addendum No.	Date of Receipt of Addendum	Signed Acknowledgment
1		
2		
3		
4		

(NOTE: Failure to herein acknowledge receipt of the addenda may be considered an irregularity in this proposal.)

COMPANY NAME _____

PROPOSAL FORM I: CERTIFICATION

Page 1 of 2

2016 Job Order Contracting

Contract Nos. JOC16-(A/B) Proposal Due Date Opening: May 19, 2016

The undersigned hereby certifies that:

1. The Proposal Documents governing the work have been read and are thoroughly understood.
2. The proposer is willing and able to execute the Contract, provide a Contract Bond and Evidence of Insurance within 7 calendar days following the receipt of the dated "Notice of Award".
3. All addendums have been acknowledged in the space provided in this Proposal.
4. The proposer will promptly undertake the work upon receipt of the dated "Notice to Proceed" for each individual Job Order and complete the work in accordance with the Contract Documents utilizing the following Adjustment Factors, and it is understood that failure to complete the work within the time stated in Section 1-08.5 (Time for Completion) of the Specifications will be cause for assessment of liquidated damages in accordance with Section 1-08.9 (Liquidated Damages) of the Specifications.

I certify under penalty of perjury under the laws of the State of Washington that I am the official authorized to submit this Proposal on behalf of:

COMPANY NAME: _____

Address: _____

Phone #: _____ FAX #: _____ Email: _____

Authorized Official: _____ Title: _____

(Please print name)

Date: _____

(Signature)

Authorized Official: _____ Title: _____

(Please print name)

Date: _____

(Signature)

Place of Execution: _____

City and State

PROPOSAL FORM I: CERTIFICATION

Page 2 of 2

NOTE: 1. Proposer is a(n): Corporation Individual
 Partnership

Joint Venture Other _____

2. If the proposer is a corporation, its duly authorized officials must execute this proposal. Incorporated in the State of _____

State Contractor
License #: _____

State Contractor
License Expiration Date: _____

State Unified Business
Identifier (UBI) #: _____

Employment Security
Department #: _____

State Excise
Tax Registration #: _____

Federal Tax ID #: _____

Construction Contractors: Please use the following City of Auburn Tax Code Numbers on retail sales where the labor and services are primarily performed in Auburn;

1. Number 1702 when the work is performed in King County
2. Number 2724 when the work is performed in Pierce County

Submit Proposal to: Office of City Clerk
City of Auburn
25 West Main Street
Auburn, WA. 98001-4998

COMPANY NAME _____

PROPOSAL FORM J: ADJUSTMENT FACTOR PROPOSAL FORM

All pages of this Adjustment Factor Proposal Form are required to be completed and submitted in an individual sealed envelope within the sealed Proposal Package.

The Proposer shall set forth Adjustment Factors in legible figures in the respective space provided. Failure to submit all Adjustment Factors will result in the Proposal being deemed non-responsive. The Contractor shall perform the Tasks required by each individual Job Order using the following Adjustment Factors:

	Adjustment Factor Name	Proposed Adjustment Factor	X Multiplier	= Total
1.	Adjustment Factor for Normal Working Hours	__ . ____	X 0.50	= __ . ____
2.	Adjustment Factor for Other Than Normal Working Hours	__ . ____	X 0.20	= __ . ____
3.	Adjustment Factor for 24-Hour to 72-Hour Response	__ . ____	X 0.10	= __ . ____
4.	Adjustment Factor for Less Than 24-Hour Response	__ . ____	X 0.10	= __ . ____
5.	Adjustment Factor for Non Pre-priced Tasks	__ . ____	X 0.10	= __ . ____
6.	Add all the Total amounts in the right column. The Sum of these Total amounts will be used to determine the lowest proposed price.			= __ . ____

Specify lines 1 through 6 to four (4) decimal places. Use conventional rounding methodology (i.e., if the number in the 5th decimal place is 0-4, the number in the 4th decimal remains unchanged; if the number in the 5th decimal place is 5-9, the number in the 4th decimal is rounded upward). The Non Pre-priced Adjustment Factor must be greater than or equal to 1.0000.

COMPANY NAME _____

PROPOSAL FORM J: ADJUSTMENT FACTOR PROPOSAL FORM

Page 2 of 2

The weighted multipliers above are for the purpose of calculating the lowest proposed price only. No assurances are made by the City that Work will be ordered under the Contract in a distribution consistent with the weighted percentages above. The proposed price is only used for the purpose of determining the proposal amount.

When submitting Job Order Price Proposals related to specific Job Orders, the Proposer shall utilize one or more of the Adjustment Factors applicable to the Work being performed.

COMPANY NAME _____

PROPOSAL/BID BOND
BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, as Principal, (hereinafter called the "Principal"), and _____, a corporation duly organized under the laws of the _____ as Surety, (hereinafter called the "Surety"), are held and firmly bound unto the **CITY OF AUBURN**, Washington, as Oblige, (hereinafter called the "Obligee"), in the sum of **\$25,000.00**, for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a proposal for 2016 Job Order Contracting, JOC16-(A/B). **Contract Nos. JOC16-(A/B).**

NOW THEREFORE, if the Oblige shall accept the proposal of the Principal and the Principal shall enter into a contract with the Oblige in accordance with the terms of such proposal and give such bond or bonds as may be specified in the bidding or contract documents with good and sufficient surety for the faithful performance of such contract and for the proper payment of labor and material in the prosecution thereof, or in the event of the failure of the Principal to enter into such contract and give such bond or bonds, if the Principal shall pay to the Oblige the difference not to exceed the penalty hereof between the amount specified in said proposal and such larger amount for which the Oblige may in good faith contract with another party to perform the work covered by said proposal, then this obligation shall be null and void, otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED THIS _____ DAY OF _____, 20____.

Name of Contractor

Signed by Principal

Surety Name

Signed by Surety