

### **Section 3 – Bid Form (REVISED)**

Failure to complete this form in its entirety may result in your Bid being deemed non-responsive.

**BIDDER:**

Legal Business Name \_\_\_\_\_

Other Entity Name(s) (if applicable) \_\_\_\_\_

CSLB License Number \_\_\_\_\_

DIR Public Works Contractor Number \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Primary Contact Position \_\_\_\_\_

Primary Contact Phone Number \_\_\_\_\_

Primary Contact E-mail \_\_\_\_\_

**BID:**

Please fill in the highlighted sections below: Cost is inclusive of all materials, equipment, prevailing wage labor, taxes, parking, and trip charges.

QUARTERLY MAINTENANCE SERVICES	*COST PER VISIT	NUMBER OF VISITS ANNUALLY	TOTAL ANNUAL COST
<b>Initial Term - Year 1</b> <i>(July 1, 2024 – June 30, 2025)</i>	\$	4	\$
<b>Initial Term - Year 2</b> <i>(July 1, 2025 – June 30, 2026)</i>	\$	4	\$
<b>Initial Term - Year 3</b> <i>(July 1, 2026 – June 30, 2027)</i>	\$	4	\$
<b>Extension Term – Year 1 (if extended)</b> <i>(July 1, 2027 – June 30, 2028)</i>	\$	4	\$
<b>Extension Term – Year 2 (if extended)</b> <i>(July 1, 2028 – June 30, 2029)</i>	\$	4	\$

**\*Quarterly Maintenance Cost is inclusive of all sound systems included in Exhibit B - Sound System Equipment Inventory List, and consultations regarding upgrades or replacement of equipment as specified in Section 2 – Scope of Work (Revised), Subsection 2.1 (#1-5).**

**ADD ALTERNATE (LABELING & INVENTORY LIST) COST:** \_\_\_\_\_

Labeling of all equipment and circuits connected to the audio system. This shall include:

- Labeling of all AV racks and associated rack equipment such as amplifiers, switches, routers, filters, combiners, UPS battery backups, etc.
- Labeling of all input related components such as microphones, speakers, etc.
- Labeling of all circuits that are used in the AV system.
- Create an inventory list of all equipment related to the AV system. The inventory list shall include the following details:
  - Description of equipment and location.
  - Manufacturer.
  - Approximate installation date.
  - Lifespan.
  - Current condition.
  - Operational status (active or non-active).

**PROMPT PAYMENT DISCOUNT:**

The price(s) proposed herein can be discounted by \_\_\_\_\_%, if payment is made within \_\_\_\_\_ days.

Note: Unless Prompt Payment Discount is specified above, a Net 30 will be considered.

**OUT-OF-SCOPE – TIME AND MATERIALS RATES SHEET: (attach with Bid Form)**

Submit a time and materials rate sheet that includes the following:

- Initial Term – Year 1 standard time hourly rates.
- Initial Term – Year 1 overtime hourly rates.
- Initial Term – Year 1 emergency, overnight, weekend, and holiday hourly rates.
- Materials markup/discount %.
- Not-to-exceed annual escalation of hourly prevailing wage labor rates.

**MAINTENANCE WORK PLAN: (attach with Bid Form)**

Submit a proposed work plan that identifies tasks and deliverables to be performed, and durations for each task. Include a detailed summary on how your company plans to accomplish the scope of work.

**COMPANY RESUME: (attach with Bid Form)**

Submit a company resume that includes:

- Statement of Experience – Briefly describe the background and capabilities of your company.
- Key Personnel Resumes – Provide resumes of the key personnel who will be assigned to the project and onsite.

**SAMPLE REPORT: (attach with Bid Form)**

- Submit at least one (1) sample report (additional reports submitted if desired).

This report shall be comparable to what Contractor will be submitting to Corporation during the contract term.

**SAFETY RECORD: (attach with Bid Form)**

Submit company OSHA Form 300A and Experience Modification Rate (EMR) from 2021, 2022, and 2023.

**TERMS AND CONDITIONS: (attach with Bid Form)**

The awarded Bidder shall be subject to the terms and conditions outlined in Exhibit A – Sample Contract. Submit any proposed redlines from Exhibit A – Sample Contract.

**EXCLUSIONS AND CLARIFICATIONS:**

List any exclusions and/or clarifications (use additional sheets of paper as needed): \_\_\_\_\_

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**COMPARABLE ACCOUNTS:** Provide four (4) comparable accounts similar in size and complexity:

*(use additional sheets of paper as needed)*

**1. Project Name:** \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

Client Contact Information: \_\_\_\_\_

Contract Award Value: \$ \_\_\_\_\_

Contract Completion Value: \$ \_\_\_\_\_

If Contract Award / Completion Are Different Values, Please Explain Why: \_\_\_\_\_

Contract Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Brief Description of Agreement/Contract or Services Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Project Name:** \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

Client Contact Information: \_\_\_\_\_

Contract Award Value: \$ \_\_\_\_\_

Contract Completion Value: \$ \_\_\_\_\_

If Contract Award / Completion Values Are Different, Please Explain Why: \_\_\_\_\_

Contract Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Brief Description of Agreement/Contract or Services Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Project Name:** \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

Client Contact Information: \_\_\_\_\_

\_\_\_\_\_

Contract Award Value: \$ \_\_\_\_\_

Contract Completion Value: \$ \_\_\_\_\_

If Contract Award / Completion Values Are Different, Please Explain Why: \_\_\_\_\_

\_\_\_\_\_

Contract Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Brief Description of Agreement/Contract or Services Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Project Name:** \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

Client Contact Information: \_\_\_\_\_

\_\_\_\_\_

Contract Award Value: \$ \_\_\_\_\_

Contract Completion Value: \$ \_\_\_\_\_

If Contract Award / Completion Values Are Different, Please Explain Why: \_\_\_\_\_

\_\_\_\_\_

Contract Completion Date: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Brief Description of Agreement/Contract or Services Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO: CORPORATION**

The Undersigned hereby offers and agrees to furnish the goods and/or services in compliance with all terms, scope of work, conditions, specifications, and addenda in the Request for Proposal.

**BIDDER QUALIFICATION STATEMENT:**

The following statements of experience, personnel, and general qualifications of the Bidder are submitted with the assurance that the Corporation can rely on its accuracy and truthfulness.

**ADDENDA:**

The undersigned has read, understands and is fully cognizant of the Instruction, Scope of Work, Bid Form, all Exhibits thereto, and all contents of this document, together with any written addenda issued in connection with any of the above. The undersigned hereby acknowledges receipt of the following addenda: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (write "none" if none). In addition, the undersigned has completely and appropriately filled out all required forms.

**COMPLIANCE:**

The undersigned hereby accepts all administrative requirements of the RFP and will be in compliance with such requirements. By submitting this Bid Form, the Bidder represents that: 1) the Bidder is in compliance with any applicable ethics provisions of the Corporation's RFP, and 2) if awarded a contract to provide the goods or services required in the RFP, the Bidder will comply with the Corporation's standards outlined in this RFP.

**NON-COLLUSION:**

The undersigned, by submission of this Bid Form, hereby declares that this Bid is made without collusion with any other person, firm, or corporation.

**INSURANCES:**

The undersigned further agrees that if awarded the Contract, it will submit to the Corporation any required evidence of required insurance coverage within 14 business days after acceptance of this bid.

**FROM:**

Respondent's Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

# Business Ownership Declaration

For Statistical Purpose Only. Required by the City of San Diego.

## Company Information

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

## Ownership Classification

\*Includes Individuals, Sole Proprietorships, Partnerships, LLC's and Corporations

Women owned Business (WBE – SWBE) – 51% ownership and active management

Minority Owned Business (MBE – SMBE) – 51% ownership and active management

Disadvantaged Business (DBE): a for-profit small business that is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged as defined in Code of Federal Regulations Title 49 part 26. In the case of a corporation, 51 percent of the stock is owned by one or more such individuals; and, whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.

Disabled Veteran Business Enterprise (DVBE)

Small Business Enterprise (SBE)

Small Local Business Enterprise (SLBE)

None Apply

## Certifications

Yes  No Ownership Classification has been certified by a city, federal, state or private agency.

Certifying Agency: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Certifying Agency: \_\_\_\_\_ Certification Date: \_\_\_\_\_

## Ethnicity

\*Required – select one.

African American

Asian

Caucasian

Hispanic

Filipino

Native American

Pacific Islander

Other: \_\_\_\_\_

**DESIGNATION OF SUBCONTRACTORS FORM**

A contractor or subcontractor shall not be qualified to quote, bid, propose on, be listed in a quote, bid, proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5 of the Labor Code.

Contractor acknowledges that this project is a public works project as set forth in Labor Code § 1720, et seq. and certifies that all workers employed in the execution of the contract will be paid the correct prevailing wages. The San Diego Convention Center Corporation has obtained from the Director of the Department of Industrial Relations, general prevailing wage determinations for the locality in which the work is to be performed. Copies of such wages are on file at SDCCC and available for inspection to any interested party upon request. The determinations are also available from the Department of Industrial Relations on the internet at <http://www.dir.ca.gov/DLSR/PWD/index.htm>.

Contractor acknowledges that certain stipulations are required to be included in the Contract by Labor Code §1720, et seq., certifies that it is knowledgeable of these requirements, and agrees to be bound by the required provisions. These include, but are not limited to, maintaining accurate payroll records, verifying and certifying payroll records, and making them available to SDCCC for inspection. Contractor shall require its subcontractors to comply with section 1776 of the Labor Code and is responsible for ensuring its subcontractors submit certified payroll records to SDCCC, weekly. Lien Releases from the Contractor and subcontractors will be required for payment of invoices.

If a worker is paid less than the prevailing wage rate owed for a calendar day or portion of a day, Contractor agrees in accordance with Labor Code § 1775 to pay the worker the difference between the prevailing wage rate and the amount actually paid. If apprentices are employed on the project, the contractor shall be responsible for ensuring compliance with Labor Code § 1777.5. The Contractor shall be responsible for any penalties levied in accordance with Labor Code § 1812 for failing to pay required overtime wages.

DESIGNATION OF SUBCONTRACTORS				
DESCRIPTION OF WORK <small>(Indicate if work includes only a portion of the quote, bid, or proposed item. If subcontractor(s) will not be used then indicate "no subcontractor".</small>	BUSINESS NAME AND ADDRESS	% OF TOTAL CONTRACT	LICENSE #	DIR #

Solicitation/RFP Title or PO # \_\_\_\_\_

Contractor Name \_\_\_\_\_ DIR# \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_