## GENERAL INFORMATION

*Instructions: Please complete this form and include in your Proposal. On a separate page, list all subconsultants; include company name, address, phone number and type of service.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name | | | |  | | | |
| Street Address | | | |  | | | |
| City/State/Zip | | | |  | | | |
| Phone No. | | | |  | DIR No. |  | |
| DUNS No. | | | |  | CAGE No.\* |  | |
| Federal Taxpayer ID No. | | | |  | NAICS Codes |  | |
| \*Commercial and Government Entity ([www.sam.gov](http://www.sam.gov)) | | | | | | |
| POINT(S) OF CONTACT | | | | | | |
| **Primary** | | | | | | |
| Name/Title |  | | | | |  |
| Phone No. |  | | | | |  |
| Cell Phone No. |  | | | | |  |
| E-mail |  | | | | |  |
|  |  |  | | | |  |
|  |  | | | | | |
| **Alternate** | | | | | | |
| Name/Title |  | | | | |  |
| Phone No. |  | | | | |  |
| Cell Phone No. |  | | | | |  |
| E-mail |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | | |
| AUTHORIZED SIGNATORIES: | | | | | | |
| **Primary** | | | | | | |
| Name/Title |  | | | | |  |
| Signature |  | | | | |  |
| E-mail |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | | |
| **Alternate** | | | | | | |
| Name/Title |  | | | | |  |
| Signature |  | | | | |  |
| E-mail |  | | | | |  |
|  |  | | | | |  |

## LEVINE ACT STATEMENT

Prime Proposer and Subconsultants must submit a signed Levine Act Statement

California Government Code § 84308, commonly referred to as the "Levine Act," precludes an elected or appointed officer, or alternate, of a local government agency from participating in the award of a contract if he or she receives any contributions totaling more than $250 in the twelve (12) months preceding the pendency of the contract award, and for three (3) 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 elective office or on behalf of any committee in federal, state or local elections.

VTA’s [Board members](http://www.vta.org/Get-Involved/Board-of-Directors) and their alternates as of the date of this RFP are as follows:

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Represents** |
| Teresa O'Neill | Chairperson | City of Santa Clara |
| Cindy Chavez | Vice Chairperson | County of Santa Clara |
| Magdalena Carrasco | VTA Board Member | City of San Jose |
| Charles "Chappie" Jones | VTA Board Member | City of San Jose |
| Lan Diep | VTA Board Member | City of San Jose |
| Sam Liccardo | VTA Board Member | City of San Jose |
| Raul Peralez | VTA Board Member | City of San Jose |
| Devora "Dev" Davis | VTA Alternate Board Member | City of San Jose |
| John McAlister | VTA Board Member | City of Mountain View |
| Adrian Fine | VTA Alternate Board Member | City of Palo Alto |
| Rob Rennie | VTA Board Member | Town of Los Gatos |
| Howard Miller | VTA Alternate Board Member | City of Saratoga |
| Larry Carr | VTA Board Member | City of Morgan Hill |
| Marie Blankley | VTA Alternate Board Member | City of Gilroy |
| Rich Tran | VTA Board Member | City of Milpitas |
| Glenn Hendricks | VTA Alternate Board Member | City of Sunnyvale |
| Dave Cortese | VTA Board Member | County of Santa Clara |
| Susan Ellenberg | VTA Alternate Board Member | County of Santa Clara |
| Jeannie Bruins | Ex-Officio Member | Metropolitan Transportation Commission |

1. Have you or your company, or any agent on behalf of you or your company, made any contributions of more than $250 to any VTA Board member or alternate in the twelve (12) months preceding the date of the issuance of this RFP?

No \_\_\_ Yes \_\_\_ Please identify the Board member or alternate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you or your company, or any agency on behalf of you or your company, anticipate or plan to make any contributions of more than $250 to any VTA Board member or alternate in the three months following the award of the contract?

No \_\_\_ Yes \_\_\_ Please identify the Board member or alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answering yes to either of the two questions above does not preclude VTA from awarding a contract to your firm. It does, however, preclude the identified Board member or alternate from participating in the contract award process for this contract.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature: |  | Firm Name: |  | Date: |

## EXCEPTIONS TO THE CONTRACT

This form shall include any exceptions the Proposer takes to the Contract, which includes the “Compensation, Invoicing and Payment” and “Indemnity and Defense of Claims” and “Insurance Requirements.” If Proposer takes no exceptions, check the field “Proposer takes no exceptions” below.

All exceptions to the Contract terms and conditions must be stated on this form and submitted with the Proposal. Proposer’s failure to take timely exception to VTA’s terms and conditions expressly waives Proposer’s right to challenge or request modification of such terms and conditions and is conclusive evidence of Proposer’s assent thereto.



🞏 Proposer takes exception to the following:

|  |  |  |
| --- | --- | --- |
| Section Reference |  | Disposition **(For VTA Use Only)** |
| \*Insert proposed changes here | | |
| Section Reference |  | Disposition **(For VTA Use Only)** |
| \*Insert proposed changes here | | |

\*Make copies of this page if necessary

🞏 “Proposer takes no exceptions”

|  |  |
| --- | --- |
|  | |
| Firm Name: | |
|  | |
| Name | Title |
|  | |
| Signature | Date |

## COST PROPOSAL FORM

**(SUBMIT IN A SEPARATELY SEALED ENVELOPE)**

## LISTING OF MWBE PRIME AND SUBCONTRACTORS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm (Prime): |  | | Phone: |  |
| MWBE: | 🞏 Yes | 🞏 No | Age of Firm |  |
| Address: |  | | Name & Title: |  |
| City, State, Zip: |  | | Signature/ Date |  |

***Contract dollar value must exclude work performed by non-***MWBE ***except materials or equipment purchased and used in this contract.***

**CREDIT FOR MWBE** **VENDOR** of materials or supplies is **limited to 60%** of its expenditures for materials and supplies required under this Contract and obtained from a MWBE regular dealer. Credit for MWBE manufacturers is given at 100% toward the MWBE goal **only where the MWBE** **vendor manufactures or substantially alters the material prior to resale.**

**CREDIT FOR MWBE** **BROKERS** (Distributor or Representative) is limited to the fees and commissions of the amount paid. All other firms receive 100% credit, less work subcontracted by the MWBE to non-MWBE firms, towards the MWBE goal.

***A MWBE must be certified or accepted as Certified by*** VTA***.*** Refer to 49CFR Part 26.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of Certified DBE** | **Certification Number** | **Agency Certifying** | **Age of Firm** | **Dollar Value Of Contract** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

|  |
| --- |
| **Description of Work** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

MWBE GOALS ARE DETERMINED ON BASE PROPOSAL AMOUNT:

|  |  |  |  |
| --- | --- | --- | --- |
| Total Contract Amount |  | $ | |
| MWBE Contract Amount |  | $ | |
|  |  |  | |
| MWBE Contract Amount | MWBE Goal Achieved | | MWBE Contract Goal |

## LISTING OF DBE PRIME AND SUBCONTRACTORS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm (Prime): |  | | Phone: |  |
| DBE: | 🞏 Yes | 🞏 No | Age of Firm |  |
| Address: |  | | Name & Title: |  |
| City, State, Zip: |  | | Signature/ Date |  |

***Contract dollar value must exclude work performed by non-***DBE ***except materials or equipment purchased and used in this contract.***

**CREDIT FOR DBE VENDOR** of materials or supplies is **limited to 60%** of its expenditures for materials and supplies required under this Contract and obtained from a DBE regular dealer. Credit for DBE manufacturers is given at 100% toward the DBE goal **only where the DBE vendor manufactures or substantially alters the material prior to resale.**

**CREDIT FOR DBE BROKERS** (Distributor or Representative) is limited to the fees and commissions of the amount paid. All other firms receive 100% credit, less work subcontracted by the DBE to non-DBE firms, towards the DBE goal.

***A DBE must be certified or accepted as Certified by*** VTA***.*** Refer to 49CFR Part 26.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of Certified DBE** | **Certification Number** | **Agency Certifying** | **Age of Firm** | **Dollar Value Of Contract** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

|  |
| --- |
| **Description of Work** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

DBE GOALS ARE DETERMINED ON BASE PROPOSAL AMOUNT:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total Contract Amount |  | $ | | | |
| DBE Contract Amount |  | $ | | | |
|  |  |  | | | |
| DBE Contract Amount | DBE Goal Achieved | | | DBE Contract Goal | |
| X 100 = | Base Contract | | % |  | % |

## DESIGNATION OF SUBCONTRACTORS AND SUPPLIERS

**FOR**

**DATA COLLECTION REQUIREMENTS**

|  |  |
| --- | --- |
| Proposer: |  |

Proposer shall completely fill in the form below for each proposed subcontract for all subcontractors, suppliers of materials, subconsultants. Include all firms, regardless of ethnicity, gender or SBE or DBE status. Some information, such as ethnicity and gender is for information purposes only.

*This form is to be completed and submitted with your Proposal.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firm Name** | **City and State** | **Portion of Work or Proposed Item** | **Ethnicity\*** | **Gender+** | **Estimated Dollar Amount of Subcontract** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **\***A=Asian | **\***AI= Asian Indian | **\***B=Black | **\***C=Caucasian |
| **\***H=Hispanic | **\***NA=Native American | **\***O=Other |  |

|  |  |
| --- | --- |
| **+**F=Female | **+**M=Male |

|  |  |  |
| --- | --- | --- |
| Total Proposed Amount: |  | $ |
| Amount to be subcontracted: |  | $ |
| Percent to be subcontracted: |  | % |

## LOCAL FIRM CERTIFICATION

1. The Proposer hereby certifies that it is \_\_\_ / is not \_\_\_ a local firm. A local firm is a firm that currently has its main office or a branch office with meaningful production capability located within Santa Clara County, or a firm that, upon award of the contract by VTA, will establish such a local office.

|  |  |
| --- | --- |
| If a local firm, specify local address: |  |
|  |  |
|  |  |

1. The Proposer hereby certifies that \_\_\_\_\_\_\_% of the dollar value of services to be rendered will be performed by the following local firms (including Proposer, if applicable):

|  |  |  |
| --- | --- | --- |
| Name of Proposer or Subcontractor |  | % of Dollar Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. The above-listed subcontractors are local firms as defined in paragraph 1 above, and are located at the following local addresses:

|  |  |  |
| --- | --- | --- |
| Subcontractor Name |  | Address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
|  | |
| Firm Name: | |
|  | |
| Name | Title |
|  | |
| Signature | Date |