must be attached.

# **BID PROPOSAL**

BID BOND				
KNOW ALL MEN BY THESE PRESENTS, that I/We Cruz Construction Company Inc				
as Principal, hereinafter called Contractor, and Merchants Bonding Company (Mutual)				
a corporation duly organized under the laws of the State of Nevada, as Surety, hereinafter called the Surety, are held and firmly bound unto Carson City, Nevada a consolidated municipality of the State of Nevada, hereinafter called City, for the sum of \$ 5% of bid amount				
(state sum in words) five percent of amount of bid for the payment whereof Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.				
WHEREAS, the Principal has submitted a bid, identified as BID # 1314-155 and titled "Fairgrounds Arena Picnic Shelter Project".				
NOW, THEREFORE if the City shall accept the bid of the Principal and the Principal shall enter into a contract with the City in Accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Bid Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the City the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the City may in good faith contract with another party to perform work covered by said bid or an appropriate liquidated amount as specified in the Invitation for Bids then this obligation shall be null and vold, otherwise to remain in full force and effect.				
	Executed on this 17th day of February 2014			
	Signature of Principal:			
	Title: General Manager			
(Seal)	Firm: Cruz Construction Company Inc			
LINDA BRYSON 8 NOTARY PUBLIC 8	Address: 19 Cygnet Dr			
STATE OF NEVADA No.06-103297-3 My Appt. Exp. Feb. 10, 2014	City/State/Zip Code: Moundhouse, NV 89706			
	Written Name of Principal: _Ke/e Peeky			
	ATTEST NAME			
	Signature of Notary:			
Subscribed and sworn before me this 7 th day of February 2014  (printed name of notary) 1001 Bry 50N Notary Public for the State of Nevada Resident Agent Information  Complete for out of state bonding companies				
Name of Surety Merchants Bonding Company (Mutual)	Name of Local Agent HUB International Insurance Services In			
Address 2100 Fleur Ft	Address 11149 Brockway Rd Ste 101			
City Des Moines	City Truckee			
State/Zip Code IA 50321	State/Zip Code CA 96161			
Name Nina D Dedeker	Agent's Name Nina D Dedeker			
Title Attorney-in-Fact	Agent's Title Non-Resident Agent			
Phone 530-414-7980 Surety's Acknowledgement	Agents Phone 530-414-7980			
NOTICE: No substitution or revision to this bond form will be accepted. Sureties must be authorized to do business in and have an agent for services of process in the State of Nevada. Certified copy of Power of Attorney				



Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANT'S NATIONAL BONDING, INC., both being corporations duly organized under the laws of the State of Iowa (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint, individually,

### Nina D Dedeker; Randell House

Truckee of and State of CA their true and lawful Attorney-in-Fact, with full power and authority hereby conferred in their name, place and stead, to sign, execute, acknowledge and deliver in their behalf as surety any and all bonds, undertakings, recognizances or other written obligations in the nature thereof, subject to the limitation that any such instrument shall not exceed the amount of:

#### TEN MILLION (\$10,000,000.00) DOLLARS

and to bind the Companies thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the Companies, and all the acts of said Attorney-in-Fact, pursuant to the authority herein given, are hereby ratified and confirmed.

This Power-of-Attorney is made and executed pursuant to and by authority of the following By-Laws adopted by the Board of Directors of the Merchants Bonding Company (Mutual) on April 23, 2011 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 24, 2011.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in

The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 27thday of February , 2012 .



MERCHANTS BONDING COMPANY (MUTUAL) MERCHANTS NATIONAL BONDING, INC.

STATE OF IOWA COUNTY OF POLK ss.

On this 27th day of February . 2012, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument is the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal at the City of Des Moines, lowa, the day and year first above written.



Notary Public, Polk County, Iowa

STATE OF IOWA COUNTY OF POLK ss.

I, William Warner, Jr., Secretary of the MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on

\* Constituted Hotel

this 😾 day of

William Warner J.

POA 0014 (11/11)

NINA DEDEKER PO BOX 576 TAHOMA CA 96142



Scott Kipper, Commissioner of Insurance

#### **NINA DEDEKER**

#### License Number 694889

is licensed to engage in the business of insurance in the State of Nevada in the capacity stated below, subject to applicable laws and regulations.

License Type:

Non-Resident Producer

Qualifications:

Casualty, Property, Surety

Effective Date: 04-15-2010

**Expiration Date:** 

05-01-2016

Licensees must notify the Division of any change of address within 30 days of the change. You are subject to revocation for noncompliance. Individuals – If you are affiliated to a business entity it will not print on the license. Individuals must be properly affiliated to the business entity's license prior to transacting insurance on the entity's behalf. The individual and the business entity are responsible for

maintaining the affiliation.

A producer of insurance acting as an agent of the insurer must be appointed by the insurer prior to transacting insurance.

This license must be conspicuously displayed in your place of business that is open to the public.

#### NINA DEDEKER

#### License Number 694889 National Producer ID 2730496

is licensed to engage in the business of insurance in the State of Nevada in the capacity stated below, subject to applicable laws and regulations.

LICENSE TYPE

**EFFECTIVE DATE** 

Non-Resident Producer

04-15-2010

**QUALIFICATIONS** 

**EXPIRATION DATE** 

Casualty, Property, Surety

05-01-2016

Southern Nevada Office 2310 Corporate Circle, Suite 200 Henderson, Nevada 89074 (702) 486-1100

### STATE CONTRACTORS BOARD

Northern Nevada Office 9670 Gateway Drive, Suite 100 Reno, Nevada 89521 (775) 688-1141

The Nevada State Contractors Board certifies that

### CRUZ CONSTRUCTION CO INC

Licensed since December 02, 1997

License No. 0041648A

Is duly licensed as a contractor in the following classification(s):

PRINCIPALS:

A-GENERAL ENGINEERING

LIMIT: \$950,000

EXPIRES: 12/31/2014

VASSILIKI CRUZ, Vice President

STEVEN BELMIRO CRUZ President Qualit

Chairman, Nevada State Contractors Board



BID # 1314-155

BID TITLE: "Fairgrounds Arena Picnic Shelter Project"

NOTICE:

No substitution or revision to this Bid Proposal form will be accepted. Carson City will reject any Bid that is received that has changes or alterations to this document. Although the Prevailing Wages are provided in this bid document, the bidder is responsible to verify with the Labor Commissioner if any addendums have been issued. The successful bidder will be required to provide the current Prevailing Wages used in preparation of their bid within 24 hours of bid submission.

<u>PRICES</u> will be valid for sixty (60) calendar days after the bid opening which is indicated in the Notice to Contractors.

A COPY OF CONTRACTOR'S "CERTIFICATE" of eligibility issued by the State of Nevada Contractors' Board as proof of Bidder's compliance with the provisions of N.R.S. 338,147 must be submitted with his/her bid for the preference to be considered. This Statute does not apply to projects expected to cost less than \$250,000.

**COMPLETION** of this project is expected **PURSUANT TO THE BID DOCUMENTS**.

BIDDER acknowledges receipt of	Addendums
--------------------------------	-----------

#### SUMMARY

	Description	Scheduled Value	Unit	Unit Price	Total Price
8.5	Schedule A: Base bid Items				
BP. 1	Mobilization, Demobilization and Clean-up (SC 4.3.2)	1	LS	3800.00	3800.5
BP. 2	Picnic Shelter (SC 4.3.3)	1	LS		48,000.
BP. 3	Access Ramp (SC 4.3.4)	1	LS	· · · · · · · · · · · · · · · · · · ·	11,200.00
BP. 4	Concrete Flatwork (SC 4.3.5)	2,782	SF		22,000.5
BP. 5	Electrical Conduits, Irrigation Sleeves, and Electrical Pull-boxes (SC 4.3.6)	1	LS		
	Subtotal: Schedule A				89,500.00
BP. 6	Total Base Bid Price (Schedule A)			89,50	0.

BP.7 Total Base (Schedule A) Bid Price Written in Words:

Eighty nine thousand hive hundred dollars

#### BP.8 BIDDER INFORMATION:

Company Name: Cruz Construction Co Tre
Federal ID No.: 860869896
Mailing Address: 19 ugnet Dr
City, State, Zip Code: Mandhouse NV 89706
Complete Telephone Number: 775 - 883 - 6/6/
Complete Fax Number: 775 - 246 - 5556
Fax Number including area code: Same.
E-mail: Kale. Ocruz Construction. com

Contact Person / Title:	Kale Peery - General Manager	
Mailing Address:	19 cygnet Or	
City, State, Zip Code:	Moundhouse NV 89706	
Complete Telephone Number:	775-883-6161 Ex12	
Complete Fax Number:	775-246-5556	i
E-mail Address:	Kale Ocruz construction. Com	

#### **BP.9 LICENSING INFORMATION:**

Nevada State Contractor's Licens	se Number: 4/648A
License Classification(s):	A - General
Limitation(s) of License:	\$ 950,000
Date Issued:	12-2-1997
Date of Expiration:	12-31-2014
Name of Licensee:	Steven Cruz
Carson City Business License No	umber: 14 - 000 to 102
Date Issued:	January 10, 2014
Date of Expiration:	Dec. 318 2014
Name of Licensee:	Cruz Construction Company INC

### **BP.10 DISCLOSURE OF PRINCIPALS:**

Individual and/or Partnership:
Owner 1) Name: Does NOT Apply.
Address:
City, State, Zip Code:
Telephone Number:
Owner 2) Name:
Address:
City, State, Zip Code:
Telephone Number:
Other 1) Title:
Name
Other 2) Title:
Name:
Corporation:
State in which Company is Incorporated: We vada
Date Incorporated: 4-30-1997
State in which Company is Incorporated: We vada  Date Incorporated: 4-30-1997  Name of Corporation: Cruz Construction Co Truc
Mailing Address 19 Cygnet Dr
City, State, Zip Code: Mondhouse NU 89706
Telephone Number: 775 - 883 - 616/
President's Name: Steven & Cruz  Vice-President's Name: Vq 55ili Ki Cruz
Other 1) Name & Title:

### BP.11 MANAGEMENT AND SUPERVISORY PERSONNEL:

Persons and Positions	Years With Firm
Name 1) Kale Peery	5
Name 1) Kale Peery.  Title 1) General Manager	
Name 2) Steven Brenler	5
Name 2) Steven Brenler Title 2) Operation's Manager	
Name 3) Lynda Bryson  Title 3) OFFice Manager	8
Title 3) OFFice Manager	
Name 4) Steven Cruz  Title 4) President	18
Title 4) President	
Name 5)	
Title 5)	
Name 6)	

Title 6)

(If additional space is needed, attach a separate page)

### BP.12 REFERENCES:

#### Instructions:

List at least three (3) contracts of a similar nature performed by your firm in the last three (3) years. If **NONE**, use your Company's letterhead (and submit with your bid proposal) to list what your qualifications are for this contract. Carson City reserves the right to contact and verify, with any and all references listed, the quality of and the degree of satisfaction for such performance.

Clients: (if additional space is needed attach a separate page)

_			
Company Name 1):			
Contract Person:			
Mailing Address:	Please S	SEE A Hach	ed
City, State, Zip Code:			
Complete Telephone Number:			· · · · · · · · · · · · · · · · · · ·
E-Mail Address:			
Project Title:			
Amount of Contract:			
Scope of Work:			
Company Name 2):			-
Contract Person:			
Mailing Address:			
City, State, Zip Code:			
Complete Telephone Number:			
E-Mail Address:			
Project Title:			
Amount of Contract:			
Scope of Work:			

Company Name 3):
Contract Person:
Mailing Address:
City, State, Zip Code:
Complete Telephone Number:
E-Mail Address:
Project Title:
Amount of Contract
Scope of Work:
Company Name 4):
Contract Person:
Mailing Address:
City, State, Zip Code:
Complete Telephone Number:
E-Mail Address:
Project Title:
Amount of Contract:
Scope of Work:

# SUCCESSFUL PROJECTS

successfully completed during the 5 years cost of the project is within the cost cat	immediately preceding the date of the application for which the applicant seeks qualification to submit	nich the bids; and
• For each project, please duplicate this sl	t and provide the information required below.	
Applicant Project Manager on project: St	en B. Cruz Phone No.:	
Project No.: 2484 Project Na	e: Carson City Utilities – Fulstone Wetlands Project	
Street Address: 3	City/State/Zip:	
Customer Project Manager: Tom Grundy	Phone No.: 775 283-7	137
Customer Name: City of Carson, Carson	ilities	
Street Address: 3505 Butti Way	City/State/Zip: Carson City, NV 89701	
Principal Design Professional: None	Phone No.:	
Street Address:	City/State/Zip:	
Scope of Work:		
Earthwork, re-veg, landscaping, irrigation,	ncrete side walk, DG trail, mob, clear and grub, curb an	d gutter,
Fence modification, boulder re-location, b	h, table, trash recept., wall, ped. Ramp, striping, maint.	
Type of Construction:		
Earthwork, landscaping		
		,
Type of Systems:		
Please list the final contract amount: \$1,18	558.95	
		······································
Date of substantial completion: Decembe	7, 2010	

• List 10 public works or private construction projects, or any combination thereof, that the applicant has

successfully completed during	ig the 5 years immed	liately preceding t	nation thereof, that the applicant has the date of the application for which the int seeks qualification to submit bids; and
• For each project, please dupli	cate this sheet and p	rovide the inform	ation required below.
Applicant Project Manager on p	project: Steven B. (	Cruz	Phone No.: 775 883-6161
Project No.: 2353	Project Name T-7	BMP Project	
Street Address:	<u></u>	City/State/Zi	p:
Customer Project Manager: P	ete Woglom		Phone No.: peterwoglom@ymail.com
Customer Name: T-7 Property	y Owners		
Street Address: PO Box 495		City/State/Zi	p: Incline Village, NV 89450
Principal Design Professional:			Phone No.:
Street Address:		City/State/Zi	p:
Type of Construction: BMP's			
Type of Systems:  Please list the final contract am	ount: \$207,838.25		
Date of substantial completion:	9/23/10		

	or any combination thereof, that the applicant has ely preceding the date of the application for which the ich the applicant seeks qualification to submit bids; and
• For each project, please duplicate this sheet and prov	ride the information required below.
Applicant Project Manager on project: Kale Peery	Phone No.: 775 883-6161
Project No.: 3096 Project Name: 2012 S	Street Maintenance Project
Street Address: Zephyr Heights General Impr. Dist.	City/State/Zip: Zephyr Heights, NV
Owner Project Manager: Joe Cacioppo, Project Engi	neer Email: joe@rci-nv.com
Owner Name: Zephyr Heights General Improvemen	at District
Street Address: PO Box 50940	City/State/Zip: Sparks NV 89434
Principal Design Professional:	Phone No.:
Street Address:	City/State/Zip:
Scope of Work: Asphalt sealcoating, patching and cra	ackfill
Type of Construction: Asphalt paving and repairs	
Type of Systems:	
Please list the final contract amount: \$169,736.45	
Date of substantial completion: 10/09/2012	

• List 10 public works or private construction projects successfully completed during the 5 years immediat cost of the project is within the cost category for wh	ely preceding the date of the application for which the ich the applicant seeks qualification to submit bids; and
• For each project, please duplicate this sheet and prov	vide the information required below.
Applicant Project Manager on project: Kale Peery	Phone No.: 775 883-6161
Project No.: 2896 Project Name: Comst	tock Mine
Street Address: 1200 American Flats Road	City/State/Zip: Virginia City, NV
Owner Project Manager: Scott Jolcover	Email: sjolcover@aol.com
Owner Name: Comstock Mining, Inc.	
Street Address: 1200 American Flats Road	City/State/Zip: Virginia City, NV 89440
Principal Design Professional:	Phone No.:
Street Address:	City/State/Zip:
Scope of Work: Creation of pond for mine, excavation	n, pipe, grading and paving
Type of Construction: Asphalt Paving	
Type of Systems:	
00.046.060.40	
Please list the final contract amount: \$2,346,268.42	
D	
Date of substantial completion: 10/20/2012	
·	

successfully completed during the 5 years immediately project is within the cost category for which the	receding the date of the application for	which the
• For each project, please duplicate this sheet and provide	he information required below.	
Applicant Project Manager on project: Steven B. Cruz	Phone No.: 775 883	-6161
Project No.: 2319 Project Name: Bear Ridge	e BMP retrofit	
Street Address: 923 Incline Way Cit	y/State/Zip: Incline Village, NV	
Customer Project Manager: Scott Dutcher	Phone No.: 775 83	1-4700
Customer Name: Bear Ridge Developers		****
Street Address: PO Box 4953 Ci	y/State/Zip Incline Village, NV 8945	0 .
Principal Design Professional:	Phone No.:	
Street Address: Cit	y/State/Zip:	
Scope of Work: temp. BMP's, paving, pulverize, regrade	drain, reveg	
Type of Construction: temp. BMP's, paving, pulverize, re	grade, drain, reveg	
Type of Systems:		
Please list the final contract amount: \$163,008.60		
Date of substantial completion 10/27/10		

#### CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER BP. 13 RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

- The prospective primary participant certifies to the best of its knowledge and belief, that it and its 1. principals:
- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily a) excluded by any Federal, State or Local department or agency.
- Have not within a three-year period preceding this bid been convicted of or had a civil judgment rendered b) against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, c) State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification;
- Have not within a three-year period preceding this bid had one or more public transactions (Federal, State d) or Local) terminated for cause or default.
- Where the prospective primary participant is unable to certify to any of the statements in this certification, 2. such prospective participant shall attach an explanation to this bid.

Signature of Authorized Certifying Official	General Munager Title
Printed Name	2-18-2014 Date
am unable to certify to the above statement. My exp	planation is attached.
Signature	Date
BIDDER'S SAFETY INFORMATION	

### В

#### Bidder's Safety Factors:

Year	"E-Mod" Factor <sup>1</sup>	OSHA Incident Rate <sup>2</sup>
2011	82	Ø
2010	79	<u> </u>

E-Mod (Experience Modification) Factors are issued by the Employer's Insurance Company of Nevada.

OSHA Incident Rate is the number of OSHA Recordable Accidents per 100 employees and is calculated as the number of accidents divided by 208,000.

#### SUBCONTRACTORS

BP.14 INSTRUCTIONS: for Subcontractors and General Contractors who self-perform in amounts exceeding five (5) percent of bid amount. This information must be submitted with your bid proposal. The bidder shall enter NONE under Name of Subcontractor if not utilizing subcontractors exceeding this amount and per revised NRS 338.141 (as amended by SB268), the prime contractor shall list itself on the subcontractor's list if it will be providing any of the work on the project. (This form must be complete in all respects. If, additional space is needed, attach a separate page).

Name of Subcontractor	Address Cruz Construction Co Inc	
Phone 775	Nevada Contractor License #	Limit of License
883-6/6/	416484	950,000
Description of work All demo, grading, Concrete, Structure Firstall  Clean up est.		
Name of Subcontractor	Address	<u> </u>
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		

# **SUBCONTRACTORS**

BP.15 INSTRUCTIONS: for Subcontractors exceeding one (1) percent of bid amount or \$50,000 whichever is greater. This information must be submitted by the three lowest bidders within two (2) hours after the completion of the opening of the bids. The bidder may elect to submit this information with the bid proposal and, in that case, the bidder will be considered as having submitted this information within the above two hours.

Name of Subcontractor	Address Cruz Construction Co Inc.		
	19 Cyanet Dr	19 Cygnet Dr Moundhouse NV 89706	
Phone 775 883-6161	Nevada Contractor License #	Limit of License	
Description of work	All Demo, Grading, Con Clean up.	Limit of License El 950, 000 Exceto, Structure Install, pipe	
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			
Name of Subcontractor	Address		
Phone	Nevada Contractor License #	Limit of License	
Description of work			

### **SUBCONTRACTORS**

BP. 16 <u>INSTRUCTIONS</u>: for <u>all Subcontractors not previously listed</u> on the 5% and 1% pages. This information must be submitted by the three lowest bidders within twenty four (24) hours after the completion of the opening of the bids. The bidder may elect to submit this information with the bid proposal and, in that case, the bidder will be considered as having submitted this information within the above twenty four hours.

Address Cruz, Constructions Co DNC	
Nevada Contractor License #	Limit of License
Address	
Nevada Contractor License #	Limit of License
Address	
Nevada Contractor License #	Limit of License
Address	
Nevada Contractor License #	Limit of License
Address	
Nevada Contractor License #	Limit of License
	Nevada Contractor License #  Address  Address



### **WORKERS EMPLOYED REPORT**

General Contractor	Contract Number :	PWP #
Subcontractor:	contractor: Date:	
	ll records are maintained:	
Contact Person and Pho	one Number:	
Employee Name	Driver License Number or ID Card Number	Issuing State or Jurisdiction
	See A Hached	

# **Local Preference Affidavit**

(This form is required to receive a preference in bidding)

	I, <u>Kale Peery</u> , on behalf of the Contractor, <u>Ruz Construction Coy</u> , swear and affirm that in order to be in compliance with NRS 338.XXX* and be eligible to receive a preference in bidding on Project No, Project Name, certify that the following requirement will be adhered to, documented and attained on completion of the contract. Upon submission of this affidavit on behalf of, I recognize and accept that failure to comply with any requirements is a material breach of the contract and entitles the City to damages. In addition, the Contractor may lose their preference designation and/or lose their ability to bid on public works for one year, pursuant to NRS 338. XXX*:
	1. The Contractor shall ensure that 50 percent of the workers employed on the job possess a Nevada driver's license or identification card;
	2. The Contractor shall ensure all vehicles used primarily for the public work will be registered and (where applicable) partially apportioned to Nevada;
	3. The Contractor shall ensure at least 50 percent of the design professionals who work on the project (including sub-contractors) have a Nevada driver's license or identification card.
	4. The Contractor shall ensure payroll records related to this project are maintained and available within the State of Nevada.
	*Note that specific sections of NRS 338 detailing the continued procedures associated with the use of the "bidder's preference" have been amended by the passage of Assembly Bill 172 effective 7/1/13, requiring this affidavit and subsequent record keeping and reporting by the General Contractor using the preference program and awarded this project. These requirements are not applicable to Contractors who do not use the "Bidder's Preference" eligibility certificate in their bid.
	By: Kale Peary Title: General Manager Signature: Value Date: 2/9/2014
	Signature: Date: 2/9/2014
	Signed and sworn to (or affirmed) before me on this 9th day of February, 2014, by Kale Peerey (name of person making statement).
	State of Neyada ) Ss. County of Lyon ) Ss. No.06.403297-3 My Appt. Exp. Feb. 10, 2014
(	Notary Signature

accurate statement

of worker s earnings employed on this Public Works contract by the undersigned contractor for the following payroll period: TROPOSAL

Altered to include State of NV

h workman employed by him in connection with the	the actual per diem, wages and benefits paid to each workman employed	public work.  to  The record must be open at all reasonable hours to the inspection of the public work.
STATEMENTS MAY SUBJECT THE CONTRACTOR OR EE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE	— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such subcontractor shall been or contractor and each subcontractor shall been or contractor and each subcontractor shall been or contractor and each subcontractor shall been or contractor.
SIGNATURE	NAME AND TITLE	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
		(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
	REMARKS:	
		63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:
		weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act as amended (19 State 1).
		(Contractor or Subcontractor) from the full
		been or will be made either directly or indirectly to or on behalf of said
		all persons employed on said project have been paid the full mockday of
EXPLANATION	EXCEPTION (CRAFT)	(Building or Work)
	(c) EXCEPTIONS	(Contractor or Subcontractor) on the
Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	<ul> <li>Each laborer or mechanic listed in the above reference as indicated on the payroll, an amount not less than the basic hourly wage rate plus the amount of the require in the contract, except as noted in section 4(c) below.</li> </ul>	(Name or Signatory Party)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by
IN CASH	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
ons	kegulations	Date

5. The record must be open at all reasonable hours to the inspection of the public body awarding the contract, and its officers and agents. The contractor or subcontractor shall ensure that a copy of the record for seach calendar month is received by the public body awarding the contract mo later than 15 days after the end of the month. The copy must be open to public inspection as provided in NRS 239.010. The record in the possession of the public body awarding the contract may be discarded by the public body 2 years after final payment is made by the public body for the public work.

6. Any contractor or subcontractor, or agent or representative thereof, performing work for a public work who neglects to comply with the provisions of this section is guilty of a misdemeanor.

BP.19 ACKNOWLEDGMENT AND EXECUTION:
STATE OF Nevada )
COUNTY OF Lyon
I water Peery (Name of party signing this Bid Proposal), do depose and say: That I am the Bidder or authorized agent of the Bidder; and that I have read and agree to abide by this Bid which includes, but is not limited to the following documents: Notice to Contractors, Table of Contents, Project Coordination, Instructions to Bidders, Bid Bond, Proposal Summary, Contract Award Instructions and Information, Sample Contract, Sample Performance Bond, Sample Labor and Material Payment Bond, General Conditions, Special Conditions, Standard Specifications, Prevailing Wage Rates, Technical Specifications, Geotechnical Report (if any), Contract Drawings, Permits (if any), and any addenda issued and understands the terms, conditions, and requirements thereof; that if his/her bid is accepted that he/she agrees to furnish and deliver all materials except those specified to be furnished by the City (Owner) and to do and perform all work for the "Fairgrounds Arena Picnic Shelter Project", contract number 1314-155, together with incidental items necessary to complete the work to be constructed in accordance with the Contract Documents, Contract Drawings, and Specifications annexed hereto.
BIDDER:
PRINTED NAME OF BIDDER: Kale Teeny
TITLE: Geneval Manager
FIRM: CRUZ CONSTRUCTION CO. TNC.
Address: 19 Cygnet Drive
City, State, Zip: Mound House, NV 89706
Telephone: 775 883-6/6/
Fax: <u>775 246.5556 x 12</u>
E-mail Address: Kale @ Cryzcons TRUCTION. COM
(Signature of Bidder)
DATED: February 9, 2014
Signed and sworn (or affirmed) before me on this 9th day of February , 2014, by Kale Peersy , 2014, by
& J Burner
(Signature of Notary)  LINDA BRYSON  NOTARY PUBLIC  STATE OF NEVADA  No.08-103297-3 My Appt. Exp. Feb. 10, 2014

**END OF BID PROPOSAL**