	BI	D BOND	İ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
KNOW ALL MEN	BY THESE PRESENTS, that I/We	Sierra View Equipment, Inc.		
as Principal, here	inafter called Contractor, and	The Ohio Casualty Insurance Col	mpany Hampshire and Licensed to do business in the	State of Navaria
irmly bound unto	y organized under the laws of the State Carson City, Nevada a consolidated mur nount Bid	of/Nevatta, as Surety, hen nicipality of the State of New	einafter called the Surefy, rada, hereinafter called City	are held and r, for the sun
	S) Five Percent of Total Amount Bid			
for the payment assigns, jointly an	whereof Contractor and Surety bind th d severally, firmly by these presents.	emselves, their heirs, exe	cutors, administrators, suc	ccessors and
WHEREAS, the P Project".	Principal has submitted a bid, identified a	s BID #1415-028 and titled	"5 <sup>th</sup> Street Pedestrian Im	provement
Accordance with the property of and sufficient or sufficie	RE if the City shall accept the bid of the the terms of such bid, and give such bond int surety for the faithful performance of osecution thereof, or in the event of the fisipal shall pay to the City the difference larger amount for which the City may in propriate liquidated amount as specified in in full force and effect.	or bonds as may be specificated to contract and for the ailure of the Principal to entend to exceed the penalty is good faith contract with an	ed in the bidding or Bid Do- prompt payment of labo- er such Contract and give a pereof between the amount other party to perform work	cuments with and materia such bond o t specified in
	,	Executed on this 22nd	d day of August	2014
		Signature of Principa	al: Key want	
		Title: Secretary		
Seal)		Firm:	Sierra View Equipment, Inc.	
SHERRI L. BLANCHARD Notary Public, State of Nevada		Address:	P.O. Box 1486	
4	Appointment No. 00-64611-3	City/State/Zip Code:		
	My Appt. Expires Nov 5, 2016	Written Name of Drin	icipal: Raymond	1, 1,1 1.
		ATTEST NAME	Char May Mera	<i>الاند \ال</i> ازار إلا
			Vin Alland	boid
ب لم حد المحملة معالم المارية	204	Signature of Notary.	7000 Alon	rece
		y of HUOUST Public for the S	tate of 18414	2014
laims Under this	s Bond May be Addressed to:	Nevada Resident Ag		
		Complete for out of s	state bonding companies	
ame of Surety	The Ohio Casualty Insurance Company	Name of Local Agent	Cragin & Pike	
ddress	62 Maple Avenue	Address	2603 W. Charleston Blvd.	
ity	Keene	City	Las Vegas	
7	New Hampshire 03431	State/Zip Code	Nevada 89102	
-		4		
ate/Zip Code	169/4	_ Agent's Name	Rena Casprowiz	
tate/Zip Code ame tle	Ryan Tash, Attorney-In-Fact	•	Rena Casprowiz  Attorney-In-Fact	
tate/Zip Code ame tle	(916) 737-5723	Agent's Name Agent's Title	·	
tate/Zip Code ame tle	(916) 737-5723	Agent's Name Agent's Title Agents Phone	Attorney-in-Fact	

# **ACKNOWLEDGMENT**

State of California County of Sacramento				
On <u>August 1270//</u> before me,	Susan Fournier, Notary Public (insert name and title of the officer)			
personally appearedRyan Tash				
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.				
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.				
WITNESS my hand and official seal.				
Signature	SUSAN FOURNIER COMM. # 1995967 ()  SACAMBERTO COUNTY MY COMM. EXP. NOV. 11, 2016 7			

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

Certificate No. 5616151

American Fire and Casualty Company The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

### POWER OF ATTORNEY

the State of New Hampshire, that Liberty Mutual Insuran	American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company e of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute e; Ryan Tash; Sùsan Fournier
all of the city of Rancho Condova, state of CA and deliver, for and on its behalf as surety and as its act be as binding upon the Companies as if they have been	each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deed, any and all undertakings, bonds, recognizances and other surety obligations; in pursuance of these presents and shall duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 17th day of June American Fire and Casualty Company The Ohio Casualty Insurance Company

STATE OF PENNSYLVANIA

COUNTY OF MONTGOMERY

interest rate or residual value guarantees.

Not valid for mortgage, note, loan, letter of credit,

On this 17th day of June 2014, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written

Teresa Pastella , Notary Public

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Liberty Mutual Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

This Power of Altomey is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Attorney, Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertailings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed,

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this,







V. Davenport, Assistant Secretary

BOND
Nevada, as Surety, hereinafter called the Surety, are held and pality of the State of Nevada, hereinafter called City, for the sum  Dollars
selves, their heirs, executors, administrators, successors and
ID #1415-028 and titled "5 <sup>th</sup> Street Pedestrian Improvements
ncipal and the Principal shall enter into a contract with the City in bonds as may be specified in the bidding or Bid Documents with the Contract and for the prompt payment of labor and material are of the Principal to enter such Contract and give such bond or to exceed the penalty hereof between the amount specified in od faith contract with another party to perform work covered by the Invitation for Bids then this obligation shall be null and void,
Executed on this day of 2014
Signature of Principal:
Title:
Firm:
Address:
City/State/Zip Code:
Written Name of Principal:
ATTEST NAME
Signature of Notary:
•
Notary Public for the State of  Nevada Resident Agent Information  Complete for out of state bonding companies
Name of Local Agent
Address
City
State/Zip Code
Agent's Name
Agent's Title
Agents Phone

must be attached.

BID # 1415-028

BID TITLE: "5<sup>th</sup> Street Pedestrian Improvements 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.

PRICES 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
	Schedule A:				
BP. 1	Mobilization, Demobilization and Clean-Up (SC 6.1.2)	1	LS	25,000	\$35,000
BP. 2	Stormwater Protection (SC 6.1.3)	1	LS	12,000	
BP. 3	Traffic Control (SC 6.1.4)	1	LS	35,000	12,000
BP. 4	Removal of Existing Improvements (SC 6.1.5)	1	LS	\$30,000	M30'000
BP. 5	Construct PCC Type A Sidewalk on 4" Ag. Base (SC 6.1.6)	4665	SF	600	27,990
BP. 6	Construct PCC Type 1 Curb and Gutter on 6" Ag. Base (SC 6.1.7)	784	LF	35 <sup>w</sup>	19,600
BP. 7	Construct PCC Spandrel / Valley Gutter on 6" Ag Base (SC 6.1.8)	523	SF	100	52309
BP. 8	Construct PCC Curb Ramp w/ Detectable Warning Plate on 4" Ag. Base (SC 6.1.9)	2467	SF	1100	27.1378
BP. 9	Construct Residential Type 1 Driveway Apron on 6" Ag. Base (SC 6.1.10)	3701	SF	-750	27.75750
BP.10	Construct PCC Driveway on 6" of Ag. Base (SC 6.1.11)	1805	SF	800	14.440
BP.11	Construct Permanent AC Pavement Patch (4" AC on 6" Agg. Base) (SC 6.1.12)	5365	SF	5*	26 8250
BP.12	Relocate Existing Street Sign (SC 6.1.13)	5	ΕA	350	17509
BP.13	Adjust Utility Boxes to Grade (SC 6.1.14)	5	EA	40094	3000 =
BP.14	Removal and Restoration of Existing Landscaping (SC 6.1.15)	1	LS	5000=	5,000
BP.15	Total Base Bid Price (Schedule A				239.729 30

BP.16 Total Base (Schedule A) Bid Price Written in Words:

Two handred thinty-nine thousand seven bushed twenty minedal 25% w

### **BP.17 BIDDER INFORMATION:**

Company Name: Sierra View Equipment, Crx
Federal ID No.: 88-045586/
Mailing Address: PO Box 1486
City, State, Zip Code: Minden nv 89423
Complete Telephone Number: 775 - 783-3586
Complete Fax Number: 775-783-3580
Fax Number including area code:
E-mail: toni C Sierra Vie Weguipment : Com
Contact Person / Title: Ray Van Winkle Jr
Mailing Address: Pa Box 1484
City, State, Zip Code: Minder NV 89423
Complete Telephone Number: 775 - 721-3138
Complete Fax Number: 775 - 783-3588
E-mail Address: RVWATSUE @ gmail. Com
BP.18 LICENSING INFORMATION:
Nevada State Contractor's License Number: 0676796
License Classification(s): A7, A9, A12, A15, A16, A19A
Limitation(s) of License: \$\mathref{9} 350,000\vec{v}\$
Date Issued: 2-29-12
Date of Expiration: 2-28 - 16
Name of Licensee: Sierra View Equipment, 2nc.
Carson City Business License Number:
Date Issued: will get if awarded tob
Date of Expiration:
Name of Licensee:

### **BP.19 DISCLOSURE OF PRINCIPALS:**

Individual and/or Partnership: Owner 1) Name: 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: nevada Date Incorporated: Name of Corporation: Mailing Address City, State, Zip Code: Telephone Number: President's Name: Vice-President's Name: Raymond Van Winkle Sr- Sef Treasure Other 1) Name & Title:

# BP.20 MANAGEMENT AND SUPERVISORY PERSONNEL:

Persons and Positions	Years With Firm
Name 1) Lay mand Van Winkle So	14/ years
Name 1) Laymond Van Winkle Sr Title 1) Owner - Manager	
Name 2) Ly/e Eldridge	6 Hars
Title 2) Foremen	
Name 3) Tin King	1 year
Title 3) Foreman U	
Name 4)	
Title 4)	
Name 5)	
Title 5)	
Name 6)	
TH- O	

Title 6)

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

### **BP.21 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): Qualen Contractors (They were the General)
Contract Person: Gerry Jensen
Mailing Address: 1645 Esmeralda Avenue
City, State, Zip Code: Minden NV 89423
Complete Telephone Number: 782-200 (
E-Mail Address:
Project Title: Cera Coso - Mammoth Community College Project
Amount of Contract: #207, 972. —
Scope of Work: Concrete work - Curb, gute, handicas ramps
Company Name 2): Douglas County Public Work
Contract Person: John Erb
Mailing Address: POBOX 218
City, State, Zip Code: Minden NV 89423
Complete Telephone Number:
E-Mail Address:
Project Title: Till man Sidewalk Emprovement Project
Amount of Contract: #74, 995. —
Scope of Work: R+R Siderock handicapramps

Contract Person: Bob Sollberg  Mailing Address: 93/ Miles Drive  City, State, Zip Code: Commence of the Contract Person:  Mailing Address:  Project Title: Misc. Concrete Blawalk, Mandicap  Campany Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:  Scope of Work:	Company Name 3): G.R.L.D.
City, State, Zip Code: Cymhenville, TV F94168  Complete Telephone Number: 775-365-304F  E-Mail Address:  Project Title: Misc. Concrete R+R.  Amount of Contract 2996450  Scope of Work: R+R misc Concrete Sidewalk, handicap  Camps - Curb  Company Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Contract Person: Bob Spellbeng
City, State, Zip Code: Cymhenville, TV F9468  Complete Telephone Number: 775-365-304F  E-Mail Address:  Project Title: Misc. Concrete R+R.  Amount of Contract 29 96450  Scope of Work: R+R misc Concrete Sidewalk, handicap  Camps-Curb  Company Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Mailing Address: 931 Mitel Brive
E-Mail Address:  Project Title: M. &C. (bncretc R+R.)  Amount of Contract 29 964 \$P.  Scope of Work: R+R misc Concretc Sidewalk, Mandicap  Camps - Clarb  Company Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	City, State, Zip Code: Cyardnerville, NV 89468
Project Title: M.SC. (bnerete R+R.)  Amount of Contract 29 96450  Scope of Work: R+R misc Concrete Sudewalk, Mandicap  Camps - Carb  Company Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Complete Telephone Number: 775-365-204F
Amount of Contract  29 964 \$0  Scope of Work: R + R misc Concrete, Sidewalk, Mandicap  Cam ps - Curb  Company Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	E-Mail Address:
Scope of Work: R+R misc Concrete, Sidewalk, handicap  Camps - Curb  Company Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Project Title: Misc. Concrete R+R.
Company Name 4):  Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Amount of Contract 29 964 50
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: R+R misc Concrete Sidewalk handicap
Contract Person:  Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	
Mailing Address:  City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Company Name 4):
City, State, Zip Code:  Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Contract Person:
Complete Telephone Number:  E-Mail Address:  Project Title:  Amount of Contract:	Mailing Address:
E-Mail Address:  Project Title:  Amount of Contract:	City, State, Zip Code:
Project Title:  Amount of Contract:	Complete Telephone Number:
Amount of Contract:	E-Mail Address:
	Project Title:
Scope of Work:	Amount of Contract:
	Scope of Work:

# BP. 22 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

- 1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal, State or Local department or agency.
- b) Have not within a three-year period preceding this bid been convicted of or had a civil judgment rendered 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.
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- d) Have not within a three-year period preceding this bid had one or more public transactions (Federal, State or Local) terminated for cause or default.
- 2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid.

Sone Mar salah	President
Signature of Authorized Certifying Official	Title
Printed Name	8/23/14 Date
am unable to certify to the above statement. My e	xplanation is attached.
Signature	Date
RIDDED'S SAFETY INFORMATION	

### DIDDER O OM ETT HAT ORDINA

### **Bidder's Safety Factors:**

Year	"E-Mod" Factor <sup>1</sup>	OSHA Incident Rate <sup>2</sup>
2013	.88	Ð
2012	. 85	8

<sup>&</sup>lt;sup>1</sup> E-Mod (Experience Modification) Factors are issued by the Employer's Insurance Company of Nevada.

<sup>&</sup>lt;sup>2</sup> 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.23 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 NRS 338.141 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	00 / 50 / 20110
Siercalliew Equipment	POBOX 1486 7.	Minden MV 89422
Phone	Nevada Contractor License #	Minden 71 89/22 Limit of License # 350,000 -
775-783-3580	0076796	# 350,000 -
Description of work		
HLL		
Name of Subcontractor	Address	
Name of Gascontractor		
Phone	Nevada Contractor License #	Limit of License
Description of work		
Description of Work		
Name of Subcontractor	Address	
	Nevada Contractor License #	Limit of License
Phone	Nevada Contractor Electise #	Little of License
Description of work		
	Address	
Name of Subcontractor	Addiess	
Phone	Nevada Contractor License #	Limit of License
Description of work		
Name of Subcontractor	Address	
14dillo of odboorts dotor		
Phone	Nevada Contractor License #	Limit of License
	<u> </u>	
Description of work		
Parent at train		

# **SUBCONTRACTORS**

BP.24 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 1.0 Box 1486 1	Minden 77V
Phone 775-783-3586	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		
Name of Subcontractor	Address	
Phone	Nevada Contractor License #	Limit of License
Description of work		

**BP. 26** 

# WORKERS EMPLOYED REPORT INSTRUCTIONS FOR COMPLETION

Effective July 1, 2013, contractors who receive a preference in bidding on a public work must submit an affidavit to the public body certifying that 50 percent of all workers employed on the public work, including any employees of the contractor and of any subcontractor, will hold a valid driver's license or identification card issued by the Nevada Department of Motor Vehicles. Pursuant to NRS 338.070(4), a contractor and each subcontractor engaged on a public work shall keep an accurate record showing, for each worker employed by the contractor or subcontractor in connection with the public work who has a driver's license or identification card, the name of the worker, the driver's license number or identification card number of the worker, and the state or other jurisdiction that issued the license or card. A copy of this record must be received by the public body no later than 15 days after the end of the month. Additionally, the contractor and any subcontractor will maintain and make available for inspection within Nevada his or her records concerning payroll relating to the public work.

- EACH contractor and subcontractor must complete the Workers Employed Report.
- You may make additional copies of the report as necessary.
- A copy of this report must be submitted with the monthly certified payroll report.
- For the first report submitted, each contractor and subcontractor should list every worker employed in connection with the public work. The workers listed should be the same as those reported on the certified payroll report.
- For each subsequent month, add only those workers not previously reported to the Workers Employed Report and submit the newly-revised report. If no additional workers have been added, you may submit the previous month's report.
- If a worker has been reported on a previous month's report, but does not work during a subsequent month or is no longer employed by the contractor, his or her name should remain on the report. DO NOT DELETE ANY NAMES. This report is intended to serve as a cumulative list of all workers employed by the contractor and subcontractor over the duration of the project to verify compliance with the minimum requirements of the affidavit.



# **WORKERS EMPLOYED REPORT**

Project Name: 5 "Street I	<u> </u>	CC-2014-30L
General Contractor: Serral	Liew Egupa ent, (a	PWP # CC-2014-30 F
Subcontractor		Doto:
Address at which payroll reco	rds are maintained:	
1058 Friede Lane	rds are maintained: Minden NV 89	123
	umber: Ton, Varwink!	
Employee Name	Driver License Number or ID Card Number	Issuing State or Jurisdiction
THE TRANSPORT OF THE TR		
		***************************************

# **Local Preference Affidavit**

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

I, Raymond Van Winkley, on behalf of the Contractor, Sizra View Contract 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. CC-2014 -368, Project Name 5 Street Rd. Improve 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 Sizra View Equipment 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: Ruymond Van Winkle S. Title: Secretary Treasur  Signature: 104Va.W= Date: Que 28 2014
Signed and sworn to (or affirmed) before me on this day of day of day of 20/4, by Rname of person making statement).
State of NEUAUA )  Scrunty of MUCOAS )  State of NEUAUA )  Scrupty of MUCOAS )  Notary Signature
SHERRI L. BLANCHARD  Notary Public, State of Nevada  Appointment No. 00-64611-3  My Appt. Expires Nov 5, 2016

\$ 15 m

worker s earnings employed on this Public Works contract by the undersigned contractor for the

NV Altered to include State of Regulations

(Name of Signatory Party)  (Title)  (In hereby state:  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of the persons employed by  (I) That I pay or supervise the payment of	
(c) EXCEPTIONS  EXCEPT	e referenced payroll has been paid, ass than the sum of the applicable he required fringe benefits as listed
	(c) below.
iding or Work)  , and ending the day of ee either directly or on behalf of said  (Contractor or Subcontractor)  ed by any person and that no deductions have been made either directly or indirectly earned by any person, other than permissible deductions as defined in Regulations, Part at. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	EXPLANATION
ed on said project have been paid the full weekly wages earned, that no rebates have either directly or indirectly to or on behalf of said  (Contractor or Subcontractor)  ab by any person and that no deductions have been made either directly or indirectly and person and that no deductions as defined in Regulations, Part Ah, issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, at 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(Contractor or Subcontractor)  d by any person and that no deductions have been made either directly or indirectly armed by any person, other than permissible deductions as defined in Regulations, Part A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, it. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	77773644
aby any person and that no deductions have been made either directly or indirectly annual by any person, other than permissible deductions as defined in Regulations, Part A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, at. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, at. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	And in the second secon
REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the alassifications set forth therein for each laborer or mechanic conform with the work he performed.	
(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.	
nat:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  NAME AND TITLE  SIGNATURE	
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of finige benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such	MAY SUBJECT THE CONTRACTOR OF CENTRE

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 h calendar month is received by the public body awarding the contract no 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 session 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.

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.27 ACKNOWLEDGMENT AND EXECUTION:** 

STATE OF Devada
COUNTY OF Douglas ) SS
(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 "5 <sup>th</sup> Street Pedestrian Improvements Project", contract number 1415-028 Contract Documents, Contract Drawings, and Specifications annexed hereto.
PRINTED NAME OF BIDDER: Sierra View Calupment, Com
PRINTED NAME OF BIDDER: Sierra View Egypment, Com
TITLE: Secretary / Treasure
FIRM: Sierra View Equipment 2nc
Address: Po Box 1482
City, State, Zip: Minden nd 89423
Telephone: 775-783-3588
Fax: 775-783-3580
E-mail Address: RAVATSUS & gmail. Com  (Signature of Bidder)
DATED: Que 28 2014
Signed and sworn (or affirmed) before me on this as day of August 12014, by
(Signature of Notary)
(Notary Stamp)
SHERRI L. BLANCHARD Notery Public, State of Nevada Appointment No. 00-64611-3 My Appt. Expires Nov 5, 2016

# BID PROPOSAL CARSON CITY BIDDER – DBE/MBE/WBE INFORMATION

CONTRACT NO. CC-2014-368	CONTRACTOR	Sierra 11	iew Equipment Inc
PROJECT NO. (S): (2-2011/-308	ADDRESS	PO Box	73/1
		Minden	my 89423

This information must be submitted at the time of bid. BID AMOUNT 8 239,73 950

Name of DBE/WBE/WBE	Contract	Dollar Amount of	% of Contract	Certification	Description of work or services to be
	Item no.				contracted or supplies to be supplied
Plane	<u>공</u>		100%	WBE	4/1
Swine Dear Common 5;					
A.					

CONTRACTOR'S SIGNATURE

DATE

BP - 17