BID BOND				
KNOW ALL MEN BY THESE PRESENTS, that I/We Sierra View Equipment, Inc.				
as Principal, hereinafter called Contractor, and The Ohio Casualty Insurance Company				
a corporation duly organized under the laws of the State of New Hampshire and Licensed to do business in the State of New Hampshire				
(state sum in words) Five Percent of Total A				
for the payment whereof Contractor and Sur assigns, jointly and severally, firmly by these pro	ety bind themselves, their heirs, executors, administrators, successors and esents.			
WHEREAS, the Principal has submitted a bid, in Improvements".	dentified as BID # 1415-063 and titled "JohnD Winters Centennial Park ADA			
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 Decuments 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 void, otherwise to remain in full force and effect.				
	Executed on this 23rd day of September 2014			
	Signature of Principal: (Va ( ) O U )			
(Seal)	Title: Secretary / Treasare Firm: Sierra View Equipment, Inc.			
90				
SHEARI L. DLANCH				
Notary Public, State of Appointment No. 00-6	4611-3			
My Appt. Expires Nov	ATTEST NAME			
Subscribed and sworn before me this	Signature of Notary: Surfreson College 2014			
(printed name of notary) HEAR LEGAL Claims Under this Bond May be Addressed to	Notary Public for the State of			
Name of Surety The Ohio Casualty Insurance C				
Address 62 Maple Avenue	Address 2603 W. Charleston Blvd.			
City Keene	City Las Vegas			
State/Zip Code New Hampshire 03431	State/Zip Code Nevada 89102			
Name	Agent's Name Rena Casprowiz			
Title Ryan Tash, Attorney-In-Fact	Agent's Title Attorney-In-Fact			
Phone (916) 737-5723	Agents Phone 702-877-1111			
Surety's Acknowledgement SEE ATTACHED NOTARY ACKNOWLE	DGMENT ;			
NOTICE: No substitution or revision to this be	and form will be accented. Sureties must be authorized to de			
business in and have an agent for services of process in the State of Nevada. Certified copy of Power of Attorney must be attached.				

## **ACKNOWLEDGMENT**

State of California County ofSacramento)		
On Signatur, 23, 2014 before me,		Notary Public nd title of the officer)
personally appeared Ryan Tash who proved to me on the basis of satisfactory e subscribed to the within instrument and acknow his/her/their authorized capacity(ies), and that b person(s), or the entity upon behalf of which the	ledged to me that he y his/her/their signa	e/she/they executed the same in ture(s) on the instrument the
I certify under PENALTY OF PERJURY under the paragraph is true and correct.	ne laws of the State	of California that the foregoing
WITNESS my hand and official seal.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Signature	(Seal)	SUSAN FOURNIER COMM. # 1995967 NOTARY PUBLIC-CALIFORNIA SACRAMENTO COUNTY MY COMM. EXP. NOV. 11, 2016

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

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 6616160

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 Insurance Company.	e & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute ash; Susan Fournier
nd deliver, for and on its behalf as surely and as its act and deed, as	individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seat, acknowledge my and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall by the president and attested by the secretary of the Companies in their own proper persons.
WITNESS WHEREOF, this Power of Attorney has been subscribe ereto this 17th day of Jurie 2014	ed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed
TATE OF PENNSYLVANIA SS	American Fire and Casualty Company The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company West American Insurance Company West American Insurance Company West American Insurance Company By:  David M. Carey, Assistant Secretary  and Under Company, and West American Insurance Company, and that he, as such, being authorized so to do by signing on behalf of the corporations by himself as a duly authorized officer.  By:  By:  By:  By:  By:  By:  By:  By
isually Company, Liberty Mutual Insurance Company, The Ohio Cas	maily appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and sualty insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, by signing on behalf of the corporations by himself as a duly authorized officer.
	Affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.  By: Lives Pastella, Notary Public
is Power of Attorney is made and executed pursuant to and by author mpany, Liberty Mutual Insurance Company, and West American Ins	ority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance surance Company which resolutions are now in full force and effect reading as follows:
RTICLE IV - OFFICERS - Section 12. Power of Attorney, Any officer such limitation as the Chairman or the President may prescribe, si knowledge and deliver as surety any and all undertakings, bonds, rejuvers of attorney, shall have full power to bind the Corporation by tecuted, such instruments shall be as binding as if signed by the President of the Corporation of the Corporation by the President of the Corporation of the Corporation by the President of the Corporation of the Corporation by the President of the Corporation of the Corporati	or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject hall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seat, cognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so sident and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the Chairman, the President or by the officer or officers granting such power or authority.
RTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and subject to such limitations as the chairman or the president may proal, acknowledge and deliver as surety any and all undertakings, bo	and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, rescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, ands, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their may be their signature and execution of any such instruments and to attach thereto the seal of the Company. When so sident and attested by the secretary.
elificate of Decignation . The Descript of the Company auton-	A STATE OF THE STA

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.

1. Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casuatty Company, The Ohio Casuatty 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.

ESTIMONY WHEREOF, I have hereunto set my hand and affixed the seets of said Companies th

Gregory W. Davenport, Assistant Secretary

LMS\_12873\_122013

BID # 1415-063

BID TITLE: "JohnD Winters Centennial Park ADA Improvements"

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

O O I WI I WI		7,550 NW N	1		
	Description	Scheduled Value	Unit	Unit Price	Total Price
	Schedule A:				
BP. 1	Mobilization, Demobilization and Clean-Up (SC 5.1.2)	1	LS		7,000-
BP.2	Erosion Control (SC 5.1.3)	1	LS		500 -
BP.3	Site Grading (SC 5.1.4)	1	LS		15,000
BP.4	PCC Type 1 Curb and Gutter on 6" Agg. Base (SC 5.1.5)	170	LF	25	4254
BP.5	PCC Retaining Curb (SC 5.1.6)	175	LF	18	3150
BP.6	PCC Valley Gutter on 6" Agg. Base (SC 5.1.7)	190	SF	<u>5</u>	950
BP.7	PCC Flatwork (6" Concrete on 6" Agg. Base) (SC 5.1.8)	2515	SF	lo	15090-
BP.8	3" Plantmix Bituminous Pavement Type 2 Agg., NV 64-28 W/ 6" Type 2 Ag. Base (SC 5.1.9)	5600	SF	3 <u>35</u>	18.766
BP.9	4" Plantmix Bituminous Pavement Type 2 Agg., NV 64-28 W/ 8" Type 2 Ag. Base (SC 5.1.10)	4005	SF	4/20	18,766
BP.10	Permanent AC Pavement Patch (4" AC on 6" Agg. Base) (SC 5.1.11)	565	SF	420	2373
BP.11	Drainage Swale (6" Minus Drain Rock) (SC 5.1.12)	215	SF	7	1505
BP.12	4" PVC Irrigation Sleeve (SC 5.1.13)	110	LF	9	1990
BP.13	Relocate Existing Sign (SC 5.1.14)	7	EA	425	2975
BP.14	Install New Sign (SC 5.1.15)	5	EA	325	1.625.
BP.15	Concrete Wheel Stop (SC 5.1.16)	7	EA	300	2100
BP.16	Adjust Existing Utility/Irrigation Box to Grade (SC 5.1.17)	8	EA	406	3200.
BP.17	All Striping (SC 5.1.18)	1	LS	3.000	3000
BP.18	Subtotal Schedule A:			<u> </u>	99,289

	Additive Alternates: Schedule B:				
BP.19	Alternate 1: 8' Chainlink Fence Including Gates (No Barb Wire) (SC 5.1.19)	320	LF	3500	11.200
BP.20	Alternate 2: PCC Flatwork (4" Concrete on 4" Agg. Base) (SC 5.1.20)	2400	SF	5 56	13,200 -
BP.21	Alternate 3: PCC Flatwork (4" Concrete on 4" Agg. Base) (SC 5.1.21)	1090	SF	5 50	5,995
BP.22	Alternate 4: 4" Plantmix Bituminous Pavement Type 2 Agg., NV 64-28 W/ 8" Type 2 Ag. Base (SC 5.1.22)	3880	SF	425	, , , , , , , , , , , , ,
	Subtotal Schedule B:				16,490,-
BP.23	Total Base Bid Price (Schedule A)		,		99,289.
BP.24	Total Bid (Schedule A + Schedule B	)		9146	174. —

BP.25 Total Base (Schedule A) Bid Price Written in Words:

One hundred forty-six thousand, Bre hundred Seventy-four dollars + nolisons.

BP.26	BIDDER	<b>INFORMATION</b>	ŀ
-------	--------	--------------------	---

company Name: Sierra View Equipment, Inc
Federal ID No.: 88-0455861
Mailing Address: PO BOX 1486
City, State, Zip Code: Minden nv 89423
Complete Telephone Number: 775-783-3586
Complete Fax Number: 775 - 783 - 3586
Fax Number including area code: 775 - 783 - 3580
E-mail: Rayat SVE@ gmail.com
Contact Person / Title: Raymond Van Winkle Jr Sec/Treasure
Mailing Address: PO BOY 148L
City, State, Zip Code: Minden, nv 89423
Complete Telephone Number: 775-783-3586
Complete Fax Number: 775 - 783 - 3586
E-mail Address: Ray at SVE @ gmail. Com
BP.27 LICENSING INFORMATION:
Nevada State Contractor's License Number: 007/479/
License Classification(s): A7, A9, A12, A15, A14, A19A
Limitation(s) of License: # 350,000 %
Date Issued: 2-29-12
Date of Expiration: 2-29-16
Name of Licensee: Sierra View Equipment Inc
Carson City Business License Number: Will get if we get 10h
Date Issued:
Date of Expiration:
Name of Licensee:

#### **BP.28 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: \tag{Vada}
State in which Company is Incorporated:  Date Incorporated:  March 2006  Name of Corporation:  Sierra View Equipment, Inc
Name of Corporation: Sierra View Equipment, Inc
Mailing Address PO Box 1486
City, State, Zip Code: Minder NV 89423
Telephone Number: 775 - 783 -3580
President's Name: Toni Van Winkle
Vice-President's Name:
Other 1) Name & Title: Raymon & Van Win Kle Si Sef Treasure
L '

## BP.29 MANAGEMENT AND SUPERVISORY PERSONNEL:

Persons and Positions	Years With Firm
Name 1) Raymond Van Winkle Sr	14 years
Name 1) Raymond Van Winkle Sr Title 1) Owner - Manager	7
Name 2) Kyle Eldridge Title 2) Forcman	loyears
Title 2) Foreman	
Name 3) Tim king	1 year
Title 3) Forc man	
Name 4)	
Title 4)	
Name 5)	
Title 5)	
Name 6)	
Title 6)	- Lander of the Control of the Contr

Title 6)

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

#### **BP.30 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): Qualcon Contractors (We were their sub)
	Contract Person: Gerry Jensen
	Mailing Address: 1645 Esmeralla Allenue
	City, State, Zip Code: Minder, N 89423
	Complete Telephone Number: 775-782-2006
	E-Mail Address:
	Project Title: Cera Coso - Mammoth Community ( bless
Ļ	Amount of Contract: $207.972\%$
	Scope of Work: Mark- Curb auters handican ramps
	Company Name 2): Douglas County Public works
	Contract Person: John Erb
	Mailing Address: PD Box 218
	City, State, Zip Code: Minden W 89423
	Complete Telephone Number:
	E-Mail Address:
	Project Title: Tillman Sidewalk Emproperat Project
	Amount of Contract: # 74 995 %
	Scope of Work: R+R Sidewalk + handicap ramps

Company Name 3): C.R.I.B.
Contract Person: Bob Spelbena
Mailing Address: 931 Mitch Drive.
City, State, Zip Code: Gardner ville nv 89460
Complete Telephone Number: 775- 265-2048
E-Mail Address:
Project Title: Misc. Concrete 2+2
Amount of Contract # 29, 904 50
Scope of Work: RXR Mise Concrete, Side Walk, handing
Mang + curb
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:

# BP. 31 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

- 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.
- 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.

Signature of Authorized Certifying Official	President Title
10-16-19 Toni Van Winkle Printed Name	10-6-14 Date
I am unable to certify to the above statement. My expla	nation is attached.
Signature	Date

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

BIDDER'S SAFETY INFORMATION

Year	"E-Mod" Factor <sup>1</sup>	OSHA Incident Rate <sup>2</sup>
2013	. 88	0
2012	185	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.32 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	
Sierra liew Equipment	PO BOX 1486 M	inden nu 89423
Phone 778-783-3586	Nevada Contractor License #	Limit of License
Description of work  All work	not Ziskel	below
Name of Subcontractory	Address 1645 Esmera	Ida Avenue Minden NV 89433
Phone 775-782-2006	Nevada Contractor License #	Limit of License Un Limited
Description of work		45
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.33 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 Siecra View Education	Address POBON 1484 7	ninder ni 89423
Phone 783-3580	Nevada Contractor License #	Limit of License #350, 000. —
Description of work	except paving	
Name of Subcontractor	Address 1445 Esmeralda	Avenue Minden NV 89423
Phone 782-2002	Nevada Contractor License # 0024534	Limit of License  Un Umit <
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. 34 INSTRUCTIONS: for all Subcontractors not previously listed 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.

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		
Name of Subcontractor	Address	
Phone	Nevada Contractor License#	Limit of License
Description of work		

**BP. 35** 

# WORKERS EMPLOYED REPORTING 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**

105 8 Frieda Lac	Contract Number:	9423
Contact Person and Phone N	lumber: Tani Van Wink	<u>, 783-358</u> 0
Employee Name	Driver License Number or ID Card Number	Issuing State or Jurisdiction

#### **Local Preference Affidavit**

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

I, Joy an Windle J, on behalf of the Contractor, Secrated 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-2614-325 Project Name John B Winder Centrally 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 Secretary Equation 1. 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: Ray Van Winkle Jr Title: Secretary Treasure  Signature: 10-6-14
Signed and sworn to (or affirmed) before me on this day of day of, 20 /4, by (name of person making statement).  State of (NEVADA)
County of OCIOCAS) Sss.  Notary Signature  Signature  Signature
SHERRI L. BLANCHARD Notary Public, State of Navada

Appointment No. 00-64611-3 . My Appt. Expires Nov 5, 2016

Date

Laie		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	D IN CASH
I, (Name of Signatory Party)	(Тта)	<ul> <li>Each laborer or mechan as indicated on the payr</li> </ul>	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
do hereby state:		basic hourly wage rate p	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract except as noted in section 4(x) below.
(1) That I pay or supervise the payment of the persons employed by	s employed by	(c) EXCEPTIONS	
(Contractor or Subcontractor)	on the	EXCEPTION (CRAFT)	NOITENE IDXE
(Building or Work)	; that during the payroll period commencing on the		**************************************
of profile free	4+ 50 204		
oyed on said project have be ade either directly or indirectly	full weekly wages eamed, that no rebates have naif of said		
	from the full		- Browning
(Confractor or Subcontractor)	actor)		
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 329 C.F.R. Subritle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 25 Stat. 190 Stat.	ons have been made either directly or indirectly ssible deductions as defined in Regulations, Part inder the Copeland Act, as amended (48 Stat. 948,		
50 Clair, 100, 12 Clair, 901, 10 Clair, 501, 40 C.C.C. & 5149)	, and described below.		
			ļ
			pagasistan pagaganasis.
		No. of the control of	All professional and the second secon
		BEWABKS	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and 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 classifications set forth therein for each laborer or mechanic conform with the work he performed.	quired to be submitted for the above period are echanics contained therein are not less than the ation incorporated into the contract; that the 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.	period are duly registered in a bona fide ticeship agency recognized by the Bureau of abor, or if no such recognized agency exists in a Training, United States Department of Labor.		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	PPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE	SIGNATURE
<ul> <li>in addition to the basic hourly wage rates paid to each laborer or</li> </ul>	rates paid to each laborer or mechanic listed in		-
the above referenced payroll, payments of fringe benefits as lists have been or will be made to appropriate programs for the employees except as proted in section 4(x) below.	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 amployaes except as noted in sortion 4(x) below.	THE WILLFUL FALSHFICATION OF ANY OF THE A SUBCONTRACTOR TO CIVIL OR CHIMINAL PROSECUTION OF THE LINITED STATES CODE.	THE WILLFUL FALSHICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CHIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
dipoyees, except as noted in section	ri 4(c) Delow.		

. .

BP.36 ACKNOWLEDGMENT AND EXECUTION:
STATE OF <u>Jouglas</u> )  COUNTY OF <u>Jouglas</u> )
I Raymond Van Minkle (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 "JohnD Winters Centennial Park ADA Improvements", contract number 1415-063, 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: Daymond Van Winkle Jr
TITLE: Secretary / Treasure
FIRM: Sierra View Equipment Une
Address: PO BOX 1486
City, State, Zip: Minden NV 89423
Telephone: 775 - 783 - 3580
Fax: 775 - 783-3580
E-mail Address: RVWATSVE@ gmail. Com
(Signature of Bidder)
DATED: 10-0-14
Signed and sworn (or affirmed) before me on this day of OCTOBER, 2014, by
(Signature of Notary)
SHERRI L. BLANCHARD Notary Public, State of Nevada Appointment No. 00-64611-3 My Appt. Expires Nov 5, 2016