BID	BOND		
KNOW ALL MEN BY THESE PRESENTS, that I/We MKD (Construction, Inc.		
as Principal, hereinafter called Contractor, and Employers Mutual Casualty Company			
a corporation duly organized under the laws of the State of Nevada, as Surety, hereinafter called the Surety, are held a firmly bound unto Carson City, Nevada a consolidated municipality of the State of Nevada, hereinafter called City, for the su of \$Five Percent of Bid Amount			
(state sum in words) 5% of Bid Amount for the payment whereof Contractor and Surety bind them assigns, jointly and severally, firmly by these presents.	selves, their heirs, executors, administrators, successors and		
WHEREAS, the Principal has submitted a bid, identified a improvements".	as BID # 1516-029 and titled "South Division Street Road		
NOW, THEREFORE if the City shall accept the bid of the Principal and the Principal shall enter into a contract with the City is 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 bonds, if the Principal shall pay to the City the difference not to exceed the penalty hereof between the amount specified is said bid and such larger amount for which the City may in good faith contract with another party to perform work covered be said bid or an appropriate liquidated amount as specified in the Invitation for Bids then this obligation shall be null and voice otherwise to remain in full force and effect.			
	Executed on this 10th day of September 2015		
	Signature of Principal:		
	Title: President		
(Seal)	Firm: MKD Construction, Inc.		
2222222222	Address: 20 Stokes Drive		
CHARON SCOTT	City/State/Zip Code: Mound House, NV 89706		
CONTROL OF NEVADA	Written Name of Principal: Michael J. Grock		
Gorillente No: 00-88099-12	ATTEST NAME		
	Signature of Notary: Maron Scott		
Subscribed and sworn before me this day of (printed name of notary) Sharon Scott Claims Under this Bond May be Addressed to:	of September 2015 Notary Public for the State of Nevado Nevada Resident Agent Information Complete for out of state bonding companies		
Name of Surety Employers Mutual Casuatly Company	Name of Local Agent Kevin W. Andrews		
Address P.O. Box 712	Address P.O. Box 709210		
City Des Moines	City Sandy		
State/Zip Code Iowa, 50306-0712	State/Zip Code Utah 84070		
Name Kewa	Agent's Name		
Title Attorney-in-FAct	Agent's Title Attorney-in-Fact		
Phone 800-360-8844 Surety's Acknowledgement Attached	Agents Phone 800-360-8844		

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 must be attached.

Acknowledgment of Surety

STATE OF <u>Utah</u>	
}	
COUNTY OF Salt Lake	
O the doth	
On this 10 th day of September, 20	15 before me personally
appeared Kevin W. Andrews known to be	the Attorney-In-Fact of
Employers Mutual Casualty Company, the co	orporation that executed
the within instrument, and acknowledged to m	e that such corporation
executed the same.	•
TAI WITCHESC WITCHESC TV	
IN WITNESS WHEREOF, I have hereunto set i	ny hand and affixed my
official seal, at my office in the aforesaid Coun	ty, the day and year in
this certificate first above written.	
Oct shared	1 2 2 4
Notory Dublicant Con	Mara
Notary Public in the Stat	te of Utah
County of Salt Lake	
(Seal)	
(Sear)	
	STEPHANIE GARAHANA
	COMMISSION# 674679
	COMM. EXP. 03-23-2018



P.O. Box 712 • Des Moines, IA 50306-0712

No. B24565

CERTIFICATE OF AUTHORITY INDIVIDUAL ATTORNEY-IN-FACT

KNOW ALL MEN BY THESE PRESENTS, that:

- 1. Employers Mutual Casualty Company, an Iowa Corporation
- 2. EMCASCO Insurance Company, an Iowa Corporation
- 3. Union Insurance Company of Providence, an Iowa Corporation
- 4. Illinois EMCASCO Insurance Company, an Iowa Corporation
- 5. Dakota Fire Insurance Company, a North Dakota Corporation
- 6. EMC Property & Casualty Company, an Iowa Corporation
- 7. Hamilton Mutual Insurance Company, an Iowa Corporation

hereinafter referred to severally as "Company" and collectively as "Companies", each does, by these presents, make, constitute and appoint: SARA SHOTWELL, KEVIN W. ANDREWS, LUKE W. JACKSON, STEPHANIE GARAHANA, JEFFREY G. SHIELDS, WM SCOTT SHIELDS, CRAIG B. HURST, GAYLE WOOD, BARRY BUNDY, BRETT MAYER, STACIE HANSON

its true and lawful attorney-in-fact, with full power and authority conferred to sign, seal, and execute its lawful bonds, undertakings, and other obligatory instruments of a similar nature as follows:

ANY AND ALL BONDS

and to bind each Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of each such Company, and all of the acts of said attorney pursuant to the authority hereby given are hereby ratified and confirmed.

The authority hereby granted shall expire APRIL 1, 2016

unless sooner revoked.

AUTHORITY FOR POWER OF ATTORNEY

This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at a regularly scheduled meeting of each company duly called and held in 1999:

RESOLVED: The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have power and authority to (1) appoint attorneys-in-fact and authorize them to execute on behalf of each Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof; and (2) to remove any such attorney-in-fact at any time and revoke the power and authority given to him or her. Attorneys-in-fact shall have power and authority, subject to the terms and limitations of the power-of-attorney issued to them, to execute and deliver on behalf of the Company, and to attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and any such instrument executed by any such attorney-in-fact shall be fully and in all respects binding upon the Company. Certification as to the validity of any power-of-attorney authorized herein made by an officer of Employers Mutual Casualty Company shall be fully and in all respects binding upon this Company. The facsimile or mechanically reproduced signature of such officer, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power-of-attorney of the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS THEREOF, the Companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this

Seals

Seals

Seals

SEAL

SEA

Bruce G. Kelley, Chairman of Companies 2, 3, 4, 5 & 6; President of Company 1; Vice Chairman and CEO of Company 7

Michael Freel Assistant Vice President

On this 26th day of SEPTEMBER AD 2013 before me a Notary Public in and for the State of Iowa, personally appeared Bruce G. Kelley and Michael Freel, who, being by me duly sworn, did say that they are, and are known to me to be the Chairman, President, Vice Chairman and CEO, and/or Assistant Vice President/Assistant Secretary, respectively, of each of The Companies above; that the seals affixed to this instrument are the seals of said corporations; that said instrument was signed and sealed on behalf of each of the Companies by authority of their respective Boards of Directors; and that the said Bruce G. Kelley and Michael Freel, as such officers, acknowledged the execution of said instrument to be the voluntary act and deed of each of the Companies.

My Commission Expires October 10, 2016.

Notary Public in and for the State of Iowa

CERTIFICATE

I, James D. Clough, Vice President of the Companies, do hereby certify that the foregoing resolution of the Boards of Directors by each of the Companies, and this Power of Attorney issued pursuant thereto on SEPTEMBER 26, 2013 on behalf of:

SARA SHOTWELL, KEVIN W. ANDREWS, LUKE W. JACKSON, STEPHANIE GARAHANA, JEFFREY G. SHIELDS, WM SCOTT SHIELDS, CRAIG B. HURST, GAYLE WOOD, BARRY BUNDY, BRETT MAYER, STACIE HANSON

are true and correct and are still in full force and effect.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this day of Section 4.201

4 0 lls/

Vice President

BID # 1516-029

BID TITLE: "South Division Street Road 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

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.

BP.1 SUMMARY

	Description	Scheduled Value	Unit	Unit Price	Total
4	Schedule A:	13-14-13-15-1	-	r (lige)	Price
1	Mobilization, Demobilization and Clean-Up	1	LS	0// 500	4
2	Traffic Control	1	LS	16,500	16,500-
3	Surveying	1	LS	20,500	20,500-
4	Over Excavation of Unsuitable Materials	100		\$ 10,000	10,000 9
5	Pulvarize Bituminous Surface Blend and	100	CY	35-00	3,5000
c	Remove Exess for an 8" Base Section	35,100	SF	\$ 175	61,4250
6	4" Plantmix Pavement Type 2 Agg., NV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 01	011	61, 100
7	54-28 With Lime, 75 Blow	35,100	SF	284	99,6840
8	Adjust Existing Valve Can to Grade	7	EA	1,00000	
0	Adjust Existing Manhole Frame and Cover to Grade			1	7,000 2
9		11	EΑ	210000	2100 0
10	Remove Existing PCC Sidewalk Type A PCC Sidewalk (4" concrete on 4"	1,550	SF	1 5-00	7,750 00
	aggregate base)	4		10 25	
11	Remove Existing PCC Curb and Gutter	1,400	SF	100	14,350 9
12	Type 1 PCC Curb and Gutter on 6" of	430	LF	1420	\$,02000
	Aggregate Base	430	LF	3375	14 51250
13	PCC Retaining Curb	180	LF	30	14,51250
14	Remove Existing PCC Driveway Apron	220	SF	26	4,680
5	Remove Existing AC Driveway	120	SF SF	285	
6	AC Driveway (3" AC on 6" Agg Base)	120		300	360
7	PCC Driveway Apron Type 1 (6" Conc. On	120	SF	5.50	660
0	b"Base)	410	SF	1450	-94-99
8	PCC Driveway Apron Type 2 (6" Conc. On			11-	3/10
9	o Base)	_ 110	SF	1450	159500
0	Remove Existing PCC Pedestrian Ramp	375	SF	7 355- 1	1257 75
₩	PCC Pedestrian Ramp with Detectable			25	4,000
1	Warning Plate (4" Conc. On 4" Base)	1,400	SF	2025	28 3500
	Removal and Restoration of Existing Site Improvements			00	- 0,00
2	Striping		LS	14,0000	14 000
3	Reinstall Existing Traffic Sign "STOP"	1	LS	4,650	4,65000
	Existing Trailly Sign STUP	4	EA	35000	1,4000

	<i>y</i>) —
25 Type 4R Strom Drain Inlet 26 15" Class IV RCP Storm Drain Pipe 27 Relocate Existing Water Meter 3 FA 1200 3150	2000

BP.3 Total Base (Schedule (A) Bid Price Written in Words:

BP.4	Three hundred forty BIDDER INFORMATION:	Two thousand four hundred sixty four dollars and seventy five
	. •	

Company Name: MKD Construction, Inc.
Federal ID No.: 88-0420385
Mailing Address: 20 Stokes Dove
City, State, Zip Code: Mound House, NV 89706
Complete Telephone Number: (775) 246-1900
Complete Fax Number: (775) 246 -1986
Fax Number including area code: (775) 246 - 1986
E-mail: mKd2@ att.net

Contact Person / Title: Dee Westmoreland / Estimator
Mailing Address: 20 Stokes Drove
City, State, Zip Code: Mound House, NV 89706
Complete Telephone Number: (775) 246 - 1900
Complete Fax Number: (775) 246 - 1986
E-mail Address: mKd2@ att.net

BP.5 LICENSING INFORMATION:

Nevada State Contracto	r's License	Number: 005006	, /
icense Classification(s):	A		
Limitation(s) of License: Date Issued: うない	#8 wary	700,000° 18,2000	

Date of Expiration: January 31, 2017
Name of Licensee: MKD Construction, Inc. Carson City Business License Number: Will reactivate if awarded
Carson City Business License Number: Will reactivate if auguste
Date Issued:
Date of Expiration:
Name of Licensee:
BP.6 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: February 9 1999
Name of Corporation: MKD Construction Inc.
Mailing Address 20 Stokes Drive
City, State, Zip Code: Mound House NV 89706

BP - 4

Persons and Positions Name 1) Michael J. Grock Title 1) Supervisor Name 2) Michael Yhompson Name 3) Der Westmoreland Title 3) Estimator / Project manager Name 4) Title 4) Name 5) Title 5)	Telephone Number: (775) 246 - 1900 President's Name: Michael J. Grock Vice-President's Name: Other 1) Name & Title:	
Name 1) Michael J. Grock Title 1) Supervisor Name 2) Michael Yhompson Stitle 2) Foreman Name 3) Dee Westmoreland Title 3) Estimator Project manager Name 4) Title 4) Name 5) Title 5)	BP.7 MANAGEMENT AND SUPERVISORY PERSONNEL:	
Name 2) Michael Yhompson Title 2) Foreman Name 3) Dee Westmoreland Title 3) Estimator / Project manager Name 4) Title 4) Name 5) Title 5)	Persons and Positions	Years With Firm
Name 2) Michael Yhompson Title 2) Foreman Name 3) Dee Westmoreland Title 3) Estimator / Project manager Name 4) Title 4) Name 5) Title 5)	Name 1) Michael J. Grock	16
Name 3) Der Westmoreland Title 3) Estimator / Project manager Name 4) Title 4) Name 5) Title 5)	Title 1) Supervisor	, , , , ,
Name 3) Der Westmoreland Title 3) Estimator / Project manager Name 4) Title 4) Name 5) Title 5)	Name 2) Michael Thomason	8
Name 4) Title 4) Name 5) Title 5)	Title 2) Foreman	
Name 4) Title 4) Name 5) Title 5)	Name 3) Der Westmoreland	/
Title 4) Name 5) Title 5)	Title 3) Estimator/Project manager	
Name 5) Title 5)	Name 4)	
Title 5)	Title 4)	-
	Name 5)	
Name 6)	Title 5)	
	Name 6)	

Title 6)

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

BP.42 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): Alvada Department of Transportation
Contract Person: John Angel
Mailing Address: 123 West Nue #102
City, State, Zip Code: Carson Cfu NV 89706
Complete Telephone Number: (775) 187-3376
E-Mail Address: Jangeledot. State.nv, us
Project Title: Resident Engineer
Amount of Contract: 4/160000
Scope of Work: Underground Utilities
Company Name 2): City of Wast Wendover
Contract Person: Robert Rousselle / Agua Engreering
Mailing Address: 533 W. 2600 5, Suite 275
City, State, Zip Code: Bountiful UT 84010
Complete Telephone Number: (801) 683 - 3733
E-Mail Address: robert re gaucena, com
Project Title: Project Engineer
Amount of Contract: \$64 836 00
Scope of Work: Underground Water Man

- 1	
	Company Name 3): Desert Rosearch Institute
	contract Person: Mark Cendagorta/Wood Rogers
	Mailing Address: 5440 Reno Corporate Drive
	City, State, Zip Code: Reno NV 89511
	Complete Telephone Number: (775) 823- 4068
	E-Mail Address: mcendagorta@woodragers.com
	Project Title: Protect Enancer
	Amount of Contract \$ 705,000 000
	Scope of Work: Earth Work, Underground Utilities and
	Concrete Work
-	company Name 4): Nevada Department of Transportation
	Contract Person: John Ange
-	Mailing Address: 123 West Nye # 102
-	City, State, Zip Code: COUSON CTTY NV 89706
-	Complete Telephone Number: (7)5) 687-3376
	E-Mail Address: Joingel@ dot. state.nv. us
	Project Title: Resident Engineer
	Amount of Contract: # 446 1980 / NDOT Contract # 3467
	Scope of Work: Modity Drop Inlets & Underground Utilities
	1 V

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER **BP.9** RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

- The prospective primary participant certifies to the best of its knowledge and belief, that it and its 1. principals:
- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily 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.
- 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;
- 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
Michael J. brock Printed Name	9/10/2015 Date
I am unable to certify to the above statement. My ex	planation is attached.
Signature RIDDER'S SAFETY INFORMATION	Date

Bidder's Safety Factors:

Year	"E-Mod" Factor ¹	OSHA Incident Rate ²
2014	.85	0-
2013	.86	0

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

² 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.10 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).

and and and all		
Name of Subcontractor MKD Construction I	Address 20 Stokes Drive	Mound House, NV 89706
Phone (775) 246-1900	Nevada Contractor License #	Limit of License
Description of work	items of work ex	cept concrete + asshalt mung
Name of Subcontractor	Address P.D. Box 34210 Res	cept concrete + asphalt paving 10, NV 89533
Phone (775) 829-2200	Nevada Contractor License # 408/0	Limit of License 9
Description of work		1 1
Name of Subcontractor West Coast Paying	Address P.O. Box 19102 (euo, NV 89511
Phone 852-3101	Nevada Contractor License # 0050397 A	Limit of License
Description of work ASOLOT Par	lma	
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.11 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 MKD CMStruction	Address 20 Stokes 7.	ove, Mound House, NV 89706
Phone (775) 246-1900	Nevada Contractor License #	Limit of License 20 700,000
Description of work All Thems of	Work except strip	
Name of Subcontractor Ne vada Famicade	Address Stan 975 Indus	ng, smage + pulverizing trial Way, Sparks, NV 89431
Phone (775) 355-6755	Nevada Contractor License # 0052315	Limit of License
Description of work Stripma + S	mag-l	
Name of Subcontractor	Address	varne Way, Turupa Valley, CA 91752
Phone 948-5599	Nevada Contractor License #	Limit of License
Description of work Pulverizms		100 100 1 CONT DWG
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 N/A

BP. 12 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. 13

WORKERS EMPLOYED REPORT INSTRUCTIONS FOR COMPLETION

Effective July 1, 2013, centractors 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.
- Submit Identification log monthly listing all employees that worked for that month. The Identification log should correspond with the certified payroll reports. If employees are not working in a given month then they should not be listed on said report.

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

South Division Street

Project Name: Road Employments Contract Number: 15/6-029

General Contractor: MKD Construction and Phone Number: 15/6-029

Date: 15/6-029

PWP#CC-20/5-26

Date: 17/0/30/5

PWP#CC-20/5-26

PWP#CC-20/5-26

Date: 17/0/30/5

Contact Person and Phone Number: Sharon Scott (775) 246-1900

		50
Employee Name	Driver License Number or ID Card Number	Issuing State or Jurisdiction
1171 1		
VVIII provide	upon awara	
	1	
,		

Local Preference Affidavit

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

	, on behalf of the Contractor,	, swear
and affirm that in order to be in o	compliance with NRS 338.XXX* and be el	igible to receive a preference in
bidding on Project No.	Project Name	, certify that the
following requirement will be ad	thered to documented and attained on com-	pletion of the contract. Upon
submission of this affidavit on b	ehalf of, I r	ecognize and accept that failure to
comply with any requirements is	a material breach of the contract and entitle	es the City to damages. In addition,
the Contractor may lose their pre	eference designation and/or lose their ability	y to bid on public works for one year,
pursuant to NRS 338. XXX*:		•
1. The Contractor shall ensure th	nat 50 percent of the workers employed on t	he job possess a Nevada driver's
license or identification card;	1	
ilouiso di ladisilouidi dula,		
2. The Contractor shall ensure al	ll vehicles used primarily for the public wo	rk will be registered and (where
applicable) partially apportioned		3
approadic) partially appositioned	101101000	
3 The Contractor shall ensure at	t least-50 percent of the design professional	s who work on the project (including
	driver's license or identification card.	s who were our our project (
sub-contractors) have a recyada	driver a needlac or identification out.	
4. The Contractor shall ensure n	ayroll records related to this project are mai	intained and available within the State
of Nevada.	aylon records related to this project are man	minumod und avanable within the batter
Or Nevada.		
this affidavit and subsequent r program and awarded this pro the "Bidder's Preference" elig	record keeping and reporting by the Genoject. These requirements are not applicability certificate in their bid.	eral Contractor using the preference cable to Contractors who do not use
By:	Title:	
Signature:	Date:	
Signature:	Date:	
Signature:	Date:	
Signature: Signed and sworn to (or affirme		, 20
Signed and sworn to (or affirme	od) before me on this day of	
Signed and sworn to (or affirme		
Signed and sworn to (or affirme by	od) before me on this day of	
Signed and sworn to (or affirme by)	od) before me on this day of (name of person making staten	
Signed and sworn to (or affirme by	od) before me on this day of (name of person making staten	
Signed and sworn to (or affirme by	od) before me on this day of (name of person making staten	
Signed and sworn to (or affirme by	ed) before me on thisday of (name of person making staten	
Signed and sworn to (or affirme by) State of)	od) before me on this day of (name of person making staten	

BP.14 ACKNOWLEDGMENT AND EXECUTION:
COUNTY OF LYON) SS
I More 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 "South Division Street Road Improvements", contract number 1516-029, 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: Michael J. Grock
TITLE: President
FIRM: MKD Construction
Address: 20 Stokes Drive
111 5020/
(D) () 21/ -1000
Telephone: $(//5) J 90^{-1} 900$
Fax: (1/5) 496-17.86
E-mail Address: MKO2 @ att, net
(Signature of Bidder)
DATED: 9/10/2015
Signed and sworn (or affirmed) before me on this 10th day of September, 2015, by
Sharon Scott
(Signature of Notary)



Office Use Only: Contract #:	
- mee and only! Contiduct w.	

FTA Disadvantaged Business Enterprise (DBE) Race Neutral Goal Form

To be filled out by contractor:
Title of Project: South Division Street Road Improvement Advertised Bid #: 1516-029
Base Bid/Proposal Amount: \$ 5,000@_
Contractor's Signature Date 9/10/2015
DBE Firm Name: Nevada Barricade + Sign % of Base Bid: % Approximate Amount of DBE's Portion: \$
% of Base Bid: % Approximate Amount of DBE's Portion: \$
Firm Address: 975 Industrial Way Sparks NV 89431
DBE Certification # & Expiration: AV 014 08 UCPN = Expiration - N/A Contact Person: Take Newman Phone #: (775) 355 - 6744
Description of work: Striping
Site Monitor: Site Visit Date (s):
DBE Certification Verified: Yes or No
Does it appear the DBE firm is performing the work specified?
YesNo
2. Does it appear the DBE contractor is managing their portion of the project & using their employees?
Yes No
3. Does it appear the DBE contractor is providing the equipment for their items of work?
Does it appear the DBE contractor is providing the equipment for their items of work? Yes No
3. Does it appear the DBE contractor is providing the equipment for their items of work? Yes No
YesNo
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: \$
DBE Firm Name: % of Base Bid: Firm Address: DBE Signature: Approximate Amount of DBE's Portion: \$
DBE Firm Name: % of Base Bid: Mathematical
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Phone #:
DBE Firm Name: % of Base Bid: Mathematical
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Phone #:
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DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Phone #: Description of work:
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Description of work: Office Use Only Site Monitor: Site Visit Date (s):
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Description of work: Office Use Only Site Monitor: DBE Signature: Marcon Signature: Office Use Only Site Visit Date (s): DBE Certification Verified: Yes or No
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Description of work: Office Use Only Site Monitor: Site Visit Date (s):
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Phone #: Description of work: Office Use Only Site Visit Date (s): DBE Certification Verified: Yes or No 1. Does it appear the DBE firm is performing the work specified? YesNo
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Description of work: Office Use Only Site Monitor: Site Monitor: DBE Certification Verified: Yes or No 1. Does it appear the DBE firm is performing the work specified?
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Description of work: Office Use Only Site Monitor: DBE Certification Verified: Yes or No 1. Does it appear the DBE firm is performing the work specified? Yes No 2. Does it appear the DBE contractor is managing their portion of the project & using their employees? Yes No
DBE Firm Name: % of Base Bid: % Approximate Amount of DBE's Portion: Firm Address: DBE Certification # & Expiration: Contact Person: Description of work: Office Use Only Site Monitor: Site Visit Date (s): DBE Certification Verified; Yes or No 1. Does it appear the DBE firm is performing the work specified? YesNo 2. Does it appear the DBE contractor is managing their portion of the project & using their employees?