

APPENDIX C

BIDDER'S FORMS FOR ADMINISTRATIVE REQUIREMENTS

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Form I-A: Letter of Intent to Bid

Department of General Services – Procurement
Attn: Debbie Dykes
707 3rd St., 2nd Floor
West Sacramento, CA 95605
Phone: 916.375.4392
Email: debra.dykes@dgs.ca.gov

Reference: RFP RDS-2660-421

This is to notify you that it is our present intent to do the following regarding the above referenced RFP (Bidder shall specify):

- We intend to submit a proposal, and we have no problems with the RFP requirements.
- We intend to submit a proposal, but we have one or more problems with the RFP requirements for reasons stated in an attachment to this letter.
- We do not intend to submit a proposal for reasons stated in an attachment to this letter, and we have no problems with the RFP requirements.
- We do not intend to submit a proposal because of one or more problems with the RFP requirements for reasons stated in an attachment to this letter.

The following is the contact person for our company:

Name and Title:

Address:

City, State, and Zip:

Phone Number:

Fax Number:

E-mail Address:

We are enclosing with this letter, as requested, the following completed documents:

- o Signed Confidentiality Statement (Form I-C)

Sincerely,

Name (Signature)

Typed Name and Title:

Company:

Phone Number:

Fax Number:

Form I-B: Bidder's Final Proposal Checklist

BIDDER'S FINAL PROPOSAL CHECKLIST

- DOES YOUR FINAL PROPOSAL SUBMITTAL DOCUMENTATION FOLLOW THE FORMAT SPECIFIED IN SECTION VIII OF THE RFP?
 - ⇒ COVER LETTER WITH ORIGINAL SIGNATURE INCLUDED
 - ⇒ EXECUTIVE SUMMARY OF PROPOSAL
 - ⇒ LABELED VOLUMES AS IDENTIFIED AND IN THE SPECIFIED NUMBER OF COPIES
 - ⇒ NO COST DATA PROVIDED IN ANY VOLUMES EXCEPT VOLUME 3

- IS THE CONTRACT IN YOUR FINAL PROPOSAL AND IN ORDER?
 - ⇒ CONTRACT SIGNED BY AN INDIVIDUAL AUTHORIZED TO BIND THE FIRM
 - ⇒ HAVE THE CALCULATIONS FOR THE COSTS BEEN CHECKED FOR ACCURACY
 - ⇒ DO THE COSTS ENTERED ON THE COST SHEETS IN VOLUME III OF THE FINAL PROPOSAL SUBMITTAL CORRESPOND WITH THOSE COSTS IDENTIFIED IN THE CONTRACT EXHIBIT(S)

- BONDS AND OTHER SECURITY DOCUMENTS REQUIREMENT SATISFIED?

- IN THE STATE'S "DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PARTICIPATION REQUIREMENT" (RFP SECTION V), IS THE REQUIRED DOCUMENTATION INCLUDED?

BIDDERS: THE STATE MAKES NO WARRANTY THAT THE CHECKLIST IS A FULL COMPREHENSIVE LISTING OF EVERY REQUIREMENT SPECIFIED IN THE SOLICITATION. CHECKING OFF THE ITEMS ON THE CHECKLIST DOES NOT ESTABLISH YOUR FIRM'S INTENT NOR DOES IT CONSTITUTE RESPONSIVENESS TO THE REQUIREMENT(S). THE CHECKLIST IS ONLY A TOOL TO ASSIST PARTICIPATING BIDDERS IN COMPILING THEIR FINAL PROPOSAL RESPONSE. BIDDERS ARE ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION. THE NEED TO VERIFY ALL DOCUMENTATION AND RESPONSES PRIOR TO THE SUBMISSION OF FINAL PROPOSALS CANNOT BE OVER EMPHASIZED.

Form V-A: Customer Reference Questionnaire

General Information

[VENDOR]=_____

[SOFTWARE]=_____

Please complete the survey, taking care to answer each question as accurately as possible. **To ensure proper consideration, ALL questions should be answered, unless denoted as optional.**

Reference Information

Company Name:_____

Office Location:_____

Your Name:_____

Your Title:_____

Telephone Number:_____

E-mail addresses:_____

Signature/Date:_____

Please place an "X" in the proper column for each question.

1. How long has your company been using [SOFTWARE]?

Less than six months	Six months-3 years	3-4 years	4-5 years	5+ years

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2. Approximately how many surveyors in your company use [SOFTWARE]?

0	1-25	26-100	101-999	1000+

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3. Approximately how many engineers use [SOFTWARE]?

0	1-25	26-100	101-999	1000+

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Please rate [SOFTWARE] related to:

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	Poor	Below Average	Average	Above Average	Excellent
4. Functionality (ability to do complex designs)					
5. Ease of use/user friendliness					
6. Ability to meet your requirements					
7. Value for the money spent					
8. Compatibility with other design software					
9. Overall satisfaction					

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Appendix C –Bidder’s Forms for Administrative Requirements
Form V-A: Customer Reference Questionnaire (Continued)

Please rate [VENDOR] related to:

	Poor	Below Average	Average	Above Average	Excellent
10. Technical support					
11. Availability of resources/support					
12. Quality of support					
13. Overall satisfaction					

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TRAINING

Did [VENDOR] provide training for [SOFTWARE]?

YES	NO

If yes, continue to question 14.
If no, skip to question 18.

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	Poor	Below Average	Average	Above Average	Excellent
14. Quality of training materials					
15. Availability of trainers					
16. Quality of trainers					
17. Overall satisfaction with training					

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IMPLEMENTATION

18. Did [VENDOR] assist in your implementation of [SOFTWARE]?

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YES	NO

If yes, how would you rate the [VENDOR]’s involvement?

Poor	Below Average	Average	Above Average	Excellent

Form V-B: Workers' Compensation Certification

The undersigned in submitting this document hereby certifies the following:

I am aware of the provision of Section 3700 of the California Labor Code, which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with such provision before commencing the performance of the work of this contract.

Signature

Date

Name (Print or Type)

Title (Print or Type)

Firm Name

Street Address

City, State, and ZIP

Form V-C: Bidder Information and Background

Bidder's Name:	
Contact Person's Name:	Title:
Contact Person's Phone Number:	Contact Person's Fax Number:
Contractor's Firm Name (if different from Bidder's Name above):	
Firm Address:	
Length of Time in Business:	Length of Time Offering RDS Systems
Brief Company History and Background (Provide specific information on relevant projects: term of the project (from-to dates), description, number of users, and customer type (other state Department of Transportation or California-based consultant))	

Form V-C: Bidder Information and Background (continued)

Bidder’s Name:
Bidder Office Locations
Contract Performance Has your firm been terminated for cause on any contracts with the State of California? If so, provide the following information: Date: Contract # and Title: Contracting agency, address, and phone number: Reason for termination: If the Bidder has had any other contracts terminated for default, convenience, nonperformance, non-allocation of funds, or any other reason, which termination occurred before completion of the contract, during the past five (5) years, all such incidents must be described. Termination for default is defined as notice to stop performance due to the Bidder’s nonperformance or poor performance, and the issue was either (a) not litigated; or (b) litigated and such litigation determined the contractor/subcontractor to be in default. Briefly provide full details of all terminations for default experienced by the Bidder during the past five (5) years, including the other party’s name, address, and telephone number.

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Form V-D: Key Personnel Qualifications Certification

POSITION TITLE – Project Manager

Proposed Staff: _____
Name

SUMMARY OF QUALIFICATIONS:

Minimum Qualifications: I have five (5) years of project management experience on implementing RDS projects, and at least one project where the proposed software was implemented at a state Department of Transportation.

Attached is a professional resume that supports the above summary of qualifications.

By signing this form, I certify that I meet the minimum qualifications requirement for Project Manager for RFP RDS 2660-421.

Typed Name

Date

Signature

Form V-D: Key Personnel Qualification Certification (continued)

POSITION TITLE – Training Manager

Proposed Staff: _____
Name

SUMMARY OF QUALIFICATIONS:

Minimum Qualifications: I have two (2) years of software training experience, and at least one (1) year managing training staff.

Attached is a professional resume that supports the above summary of qualifications.

By signing this form, I certify that I meet the minimum qualifications requirement for Training Manager for RFP RDS 2660-421.

Typed Name

Date

Signature

Form V-E: Disabled Veterans Business Enterprise Program

ALL BIDDERS PLEASE CHECK THE APPROPRIATE LINE AND FILL IN (WHERE APPLICABLE) THE ESTIMATED PERCENTAGE(S) CONCERNING DVBE PARTICIPATION RATES AND INCENTIVES:

_____ I am a certified Disabled Veteran Business Enterprise (DVBE) and will be meeting the DVBE participation requirement based on a _____% DVBE participation rate in this project. I will be performing a “Commercially Useful Function,” which I have described in the proposal. A copy of my DVBE certification from the OSDS is attached along with the completed required forms (GSPD-05-105, STD. 840, and STD.843).

_____ I am not a certified DVBE and have not yet established a certified DVBE participation in this project. I will therefore be completing a “Good Faith Effort” (GFE) to solicit DVBE subcontractor participation, in the event I am unable to garner at least 5% participation from certified DVBEs. In the event that I am able to obtain certified DVBE participation via a GFE, I will provide the DVBE certifications and required forms (GSPD-05-105, STD. 840, and STD. 843) with my Final Proposal.

_____ I am not a certified DVBE but I am using certified DVBE subcontractors as listed on the GSPD-05-105 form. A copy of the participating DVBE certification(s) from the OSDS is attached along with the completed required forms (GSPD-05-105, STD. 840, and STD.843).

Form V-F: Small Business Certification

PLEASE CHECK THE APPROPRIATE LINE:

_____ I am a certified Small Business and/or Micro-Business and will be claiming the Small Business Preference. A copy of my certification from the OSDS is provided along with a completed GSPD-05-105 form.

_____ I have recently filed for the Small Business and/or Micro-Business preference but have not yet received certification. A copy of my filing and a completed GSPD-05-105 is provided. I understand I must be certified by OSDS prior to 5:00 PM on the scheduled Letter of Intent to Award date, to receive this preference.

_____ I am not a Small Business but will be subcontracting at least 25% of the total contract dollar value to a certified Small Business. A copy of the Small Business certification from the OSDS is provided along with a completed GSPD-05-105 form

Form V-G: Subcontractor Information

Each subcontractor included in the contract must complete a Form V-G.

A – Subcontractor Information		
Company Name:		
Primary Contact Name	Primary Contact Title	Phone
Address	City, State	Zip
B - Description of Commercially Useful Function the subcontractor will provide:		
As described in Military & Veterans Code § 999(b)(5)(B)(i):		
Is this subcontractor responsible for the execution of a distinct element of the work of the contract? ___ Yes ___ No		
Does this subcontractor carry out the obligation by actually performing, managing, or supervising the work involved? ___ Yes ___ No		
Is this subcontractor being proposed to perform work that is normal for its business services and functions? ___ Yes ___ No		
Is this subcontractor NOT further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices? ___ Yes ___ No		
Description of the commercially useful function to be performed by this subcontractor:		
(attach additional pages if necessary)		
C – Proposal Amount (Yes response required for one of C1, C2, or C3)		
C1	This subcontractor will represent 25% or more of the proposal amount: ___ YES ___ NO	
	If yes to above, this subcontractor must respond to the following RFP administrative requirements in addition to the Prime contractor’s response:	
	<ul style="list-style-type: none"> ▪ V.D – Confidentiality Statement (Appendix C - Form I-C) (Req. A10) ▪ V.H – Qualification to do Business in the State of California (Req. A16) ▪ V.I.1 – Bidder Declaration Form (Req. A17) ▪ V.I.2 – Payee Data Record (Req. A18) 	
	This subcontractor satisfies the Small Business Preference Requirements: ___ YES ___ NO	

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Deleted: V.2.3.1 – Certification to do Business in the State of California¶
 <#>V.2.3.2 – California Contractor Certification (Appendix C - Form C.12)¶
 <#>V.2.4 – Payee Data Record¶
 V.3 – Confidentiality of Information (Appendix C - Form C.3)

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Form V-G: Subcontractor Information (Continued)

C2	This subcontractor will represent between 10% and 25% of the proposal amount: ___ YES ___ NO
	If yes to above, this subcontractor must respond to the following RFP administrative requirements in addition to the Prime contractor’s response: <ul style="list-style-type: none"> ▪ V.D – Confidentiality Statement (Appendix C - Form I-C) (Req. A10) ▪ V.H – Qualification to do Business in the State of California (Req. A16) ▪ V.I.1 – Bidder Declaration Form (Req. A17) ▪ V.I.2 – Payee Data Record (Req. A18)
C3	This subcontractor will represent less than 10% of the proposal amount: ___ YES ___ NO
D – Subcontractor Signature:	
I, the official named above, as an authorized representative of the company named above, warrant my company has been advised of, and agrees to, its participation in the contract, if awarded.	
Signature:	Date:

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Deleted: V.2.3.1 – Certification to do Business in the State of California¶
 <#>V.2.3.2 – California Contractor Certification (Appendix C - Form C.12)¶
 <#>V.2.4 – Payee Data Record¶
 V.3 – Confidentiality of Information (Appendix C - Form C.3)

Form V-H: Administrative Requirements Response Matrix

Requirement #	Name of Requirement	Meets Requirement? Yes/No	Response Section/Page #
A1	Cover Letter		
A2	Executive Summary		
A3	Seller’s Permit		
A4	Customer-In-Use Requirement		
A5	Customer References (6)		
A6.a	Proof of Workers Compensation and Employers Liability		
A6.b	Bidder affirms that proof of Commercial General Liability and Professional Liability Insurance will be provided within five business days after contract award.		
A7	Bonds		
A8	Company Experience		
A9	Staff Capability		
A10	Confidentiality Statement		
A11	Bidder affirms all software support and maintenance requirements as described in Section V.E		Statement of Work
A12	Bidder affirms that software maintenance, updates, and upgrades to the software will be provided to Caltrans at no additional cost		
A13	DVBE Participation Requirements		

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Form V-H: Administrative Requirements Response Matrix (Continued)

Requirement #	Name of Requirement	Meets Requirement? Yes/No	Response Section/Page #
A14.a	TACPA, Preference (if applicable)		
A14.b	EZA Preference (if applicable)		
A14.c	LAMBRA Act Preference (if applicable)		
A15	Small Business Preference (if applicable)		
A16	Qualification to do Business in the State of California		
A17	Subcontractor Requirements and Bidder Declaration Form		
A18	Payee Data Record (STD 204)		
A19	Bidder affirms all testing and acceptance requirements as described in Section V.J.		

Form V-I: Performance Bond

PERFORMANCE BOND TO ACCOMPANY CONTRACT
(Pursuant to Government Code Section 11380.1)

BOND NO. _____

KNOW ALL MEN TO THESE PRESENTS:

THAT WHEREAS, The State of California, acting by and through the [DEPT NAME],
has awarded to _____ as
Principal, and hereinafter designated as the "Contractor", a contract for the work
described as follows:

AND WHEREAS, The Contractor is required to furnish a bond in connection with said
contract guaranteeing the faithful performance thereof:

NOW THEREFORE, We the undersigned Contractor and surety are held and firmly
bound unto the State of California, in the sum of _____ dollars
(\$ _____), to be paid to the said State or its certain attorney, its successors and
assigns; for which payment, well and truly to be made, we bind ourselves, our heirs,
executors and administrators, successors or assigns, jointly and severally, firmly by
these presents.

THE CONDITION of this obligation is such that:

If the above bounden Contractor, his or its heirs, executors, administrators, successors
or assigns, shall in all things stand to and abide by, and well and truly keep and perform
the covenants, conditions and agreements in the foregoing contract and any alteration
thereof made as therein provided, on his or their part to be kept and performed at the
time and in the manner therein specified, and in all respects according to their true
intent and meaning, and shall indemnify and save harmless the State of California, its
officers and agents, as therein stipulated, then this obligation shall become and be null
and void; otherwise it shall be and remain in full force and virtue.

IN WITNESS WHEREOF, We have hereunto set our hands and seals on this
_____ day of _____, 20_____.

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Form V-I: Performance Bond (Continued)

Correspondence or claims relating to this bond should be sent to the surety at the following address:

_____ Contractor

_____ (SEAL)
_____ Name of Surety

By _____
_____ Attorney-in-fact

NOTE: Signatures of those executing for the surety must be properly acknowledged.

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF CALIFORNIA
COUNTY OF _____

On this _____ day of _____ in the year 20____ before me, a notary public in and for the county and state aforesaid, personally appeared, _____ and known to me to be the attorney-in-fact of _____

_____ and acknowledged to me that he subscribed the name of the said company there to as surety, and his own name as attorney-in-fact.

_____ (SEAL)
_____ Notary Public

1. Approximately how many land surveyors in your company do drafting and design related work?

0	1-25	26-100	101-999	1000+

2. Approximately how many of the engineers in your company do roadway design related work?

0	1-25	26-100	101-999	1000+

3. Approximately how many MicroStation licenses does your company have?

0	1-25	26-100	101-999	1000+