

City of Oakley

ADDENDUM NO. 2 to contract documents for
MAIN STREET REALIGNMENT, CIP # 165
FEDERAL PROJECT NO. HPLUL 5477(005)

BID OPENING DATE: February 2nd, 2017 2:00 PM

Notice is hereby given that the following clarifications and revisions are made to the above referenced contract documents:

Updates to the Plans and Specifications pages:

Specifications Part I:

- Updated Exhibit 15-H DBE Information – Good Faith Efforts. The Federal-aid Project Number and DBE Goal has been updated.
- Updated Exhibit 12-B Bidder’s List of Subcontractor’s (DBE and Non-DBE)

All bidders shall acknowledge receipt and acceptance of Addendum No. 2 by signing in the space provided at the end of this Addendum and submitting the signed addendum with their proposal.



Jason Kabalin

Associate Engineer
January 12th, 2017

Contractor Signature

Date

Company Name

11. EXHIBIT 15-H DBE INFORMATION —GOOD FAITH EFFORTS

DBE Information - Good Faith Efforts

Federal-aid Project No. _____ HPLUL 5477 (005) _____ Bid Opening Date _____

The _____ CITY OF OAKLEY _____ established a Disadvantaged Business Enterprise (DBE) goal of 7.0 % for this project. The information provided herein shows that a good faith effort was made.

Lowest, second lowest and third lowest bidders shall submit the following information to document adequate good faith efforts. Bidders should submit the following information even if the “Local Agency Bidder DBE Commitment” form indicates that the bidder has met the DBE goal. This will protect the bidder’s eligibility for award of the contract if the administering agency determines that the bidder failed to meet the goal for various reasons, e.g., a DBE firm was not certified at bid opening, or the bidder made a mathematical error.

Submittal of only the “Local Agency Bidder DBE Commitment” form may not provide sufficient documentation to demonstrate that adequate good faith efforts were made.

The following items are listed in the Section entitled “Submission of DBE Commitment” of the Special Provisions:

- A. The names and dates of each publication in which a request for DBE participation for this project was placed by the bidder (please attach copies of advertisements or proofs of publication):

Publications	Dates of Advertisement

- B. The names and dates of written notices sent to certified DBEs soliciting bids for this project and the dates and methods used for following up initial solicitations to determine with certainty whether the DBEs were interested (please attach copies of solicitations, telephone records, fax confirmations, etc.):

Names of DBEs Solicited	Date of Initial Solicitation	Follow Up Methods and Dates

- C. The items of work which the bidder made available to DBE firms including, where appropriate, any breaking down of the contract work items (including those items normally performed by the bidder with its own forces) into economically feasible units to facilitate DBE participation. It is the bidder's responsibility to demonstrate that sufficient work to facilitate DBE participation was made available to DBE firms.

Items of Work	Bidder Normally Performs Item (Y/N)	Breakdown of Items	Amount (\$)	Percentage Of Contract

- D. The names, addresses and phone numbers of rejected DBE firms, the reasons for the bidder's rejection of the DBEs, the firms selected for that work (please attach copies of quotes from the firms involved), and the price difference for each DBE if the selected firm is not a DBE:

Names, addresses and phone numbers of rejected DBEs and the reasons for the bidder's rejection of the DBEs:

Names, addresses and phone numbers of firms selected for the work above:

- E. Efforts made to assist interested DBEs in obtaining bonding, lines of credit or insurance, and any technical assistance or information related to the plans, specifications and requirements for the work which was provided to DBEs:

- F. Efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate:

- G. The names of agencies, organizations or groups contacted to provide assistance in contacting, recruiting and using DBE firms (please attach copies of requests to agencies and any responses received, i.e., lists, Internet page download, etc.):

Name of Agency/Organization	Method/Date of Contact	Results

H. Any additional data to support a demonstration of good faith efforts (use additional sheets if necessary):

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

20. EXHIBIT 12-B BIDDER'S LIST OF SUBCONTRACTORS (DBE AND NON-DBE)

PART I

THE BIDDER SHALL LIST ALL SUBCONTRACTORS (BOTH DBE AND NON-DBE) IN ACCORDANCE WITH SECTION 2-1.054 OF THE STANDARD SPECIFICATIONS AND PER TITLE 49, SECTION 26.11 OF THE CODE OF FEDERAL REGULATIONS. THIS LISTING IS REQUIRED IN ADDITION TO LISTING DBE SUBCONTRACTORS ELSEWHERE IN THE PROPOSAL. **PHOTOCOPY THIS FORM FOR ADDITIONAL FIRMS.**

FIRM NAME/ ADDRESS/ CITY, STATE, ZIP	PHONE/ FAX	ANNUAL GROSS RECEIPTS	DESCRIPTION OF PORTION OF WORK TO BE PERFORMED	LOCAL AGENCY USE ONLY (CERTIFIED DBE?)
<i>NAME</i>	<i>PHONE</i>	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>ADDRESS</i>		<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION		<i>IF YES LIST DBE #:</i>
<i>CITY STATE ZIP</i>	<i>FAX</i>	<input type="checkbox"/> > \$15 MILLION		<i>AGE OF FIRM (YRS.)</i>
<i>NAME</i>	<i>PHONE</i>	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>ADDRESS</i>		<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION		<i>IF YES LIST DBE #:</i>
<i>CITY STATE ZIP</i>	<i>FAX</i>	<input type="checkbox"/> > \$15 MILLION		<i>AGE OF FIRM (YRS.)</i>
<i>NAME</i>	<i>PHONE</i>	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>ADDRESS</i>		<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION		<i>IF YES LIST DBE #:</i>
<i>CITY STATE ZIP</i>	<i>FAX</i>	<input type="checkbox"/> > \$15 MILLION		<i>AGE OF FIRM (YRS.)</i>
<i>NAME</i>	<i>PHONE</i>	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>ADDRESS</i>		<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION		<i>IF YES LIST DBE #:</i>
<i>CITY STATE ZIP</i>	<i>FAX</i>	<input type="checkbox"/> > \$15 MILLION		<i>AGE OF FIRM (YRS.)</i>

EXHIBIT 12-B BIDDER'S LIST OF SUBCONTRACTORS (DBE AND NON-DBE)

PART II

THE BIDDER SHALL LIST ALL SUBCONTRACTORS WHO PROVIDED A QUOTE OR BID BUT WERE NOT SELECTED TO PARTICIPATE AS A SUBCONTRACTOR ON THIS PROJECT. THIS IS REQUIRED FOR COMPLIANCE WITH TITLE 49, SECTION 26 OF THE CODE OF FEDERAL REGULATIONS. PHOTOCOPY THIS FORM FOR ADDITIONAL FIRMS.

FIRM NAME/ ADDRESS/ CTY, STATE, ZIP	PHONE/ FAX	ANNUAL GROSS RECEIPTS	DESCRIPTION OF PORTION OF WORK TO BE PERFORMED	LOCAL AGENCY USE ONLY (CERTIFIED DBE?)
NAME	PHONE	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FAX	<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION <input type="checkbox"/> > \$15 MILLION		If YES LIST DBE #: AGE OF FIRM (YRS.)
CITY STATE ZIP				
NAME	PHONE	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FAX	<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION <input type="checkbox"/> > \$15 MILLION		If YES LIST DBE #: AGE OF FIRM (YRS.)
CITY STATE ZIP				
NAME	PHONE	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FAX	<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION <input type="checkbox"/> > \$15 MILLION		If YES LIST DBE #: AGE OF FIRM (YRS.)
CITY STATE ZIP				
NAME	PHONE	<input type="checkbox"/> < \$1 MILLION <input type="checkbox"/> < \$5 MILLION		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FAX	<input type="checkbox"/> < \$10 MILLION <input type="checkbox"/> < \$15 MILLION <input type="checkbox"/> > \$15 MILLION		If YES LIST DBE #: AGE OF FIRM (YRS.)
CITY STATE ZIP				

DISTRIBUTION: 1) ORIGINAL – LOCAL AGENCY FILE