

**Central Pacific Construction**

Contractor's Name: Central Pacific Construction  
(Please print)

**FILED**

CITY OF SACRAMENTO

SEP 19 2007

**SEALED PROPOSAL**

By The  
Office of The City Clerk

**(MUST BE SIGNED BY BIDDER)**

The Sealed Proposal will be received not later than Wednesday, September 19, 2007, at the Office of the City Clerk, Historic City Hall, at 915 I Street, 1st Floor, Sacramento, California and opened at 2:00 PM, or as soon thereafter as business allows, on September 19, 2007 by the Office of the City Clerk, 915 I Street, Historic City Hall, Hearing Room 2nd Floor, Sacramento, California.

TO THE HONORABLE CITY COUNCIL:

The undersigned hereby proposes and agrees to furnish any and all required labor, material, transportation, and services for

**FWTP CLARIFIER MOTOR CONTROL CENTER (MCC) REPLACEMENT**  
(PN: ZL56)( B083331009 )

in the City and County of Sacramento, California.

TOTAL BID: one hundred and seventy eight thousand dollars (\$ 178,000 )

The work herein described is to be performed in strict conformity with the Plans, City of Sacramento Standard Specifications (Resolution No. 89-216) and these Special Provisions, all as on file in the Office of the City Clerk, at the following unit prices.

Item No.	Description	Estimated Quantity	Unit	Total
1	FWTP Clarifier Motor Control Center (MCC) Replacement	1	LS	178,000.00

TOTAL BID: \$ 178,000.00

If awarded the contract, the undersigned shall execute said contract and furnish the necessary bonds within ten (10) days after the notice of award of said contract and begin work within fifteen (15) days after the signing of the contract by the Contractor and the City or the Notice to Proceed has been prepared, whichever is applicable.

In determining the amount bid by each bidder, City shall disregard mathematical errors in addition, subtraction, multiplication and division that appear obvious on the face of the Proposal. When such a mathematical error appears on the Proposal, the City shall have the right to correct such error and to compute the total amount bid by said bidder on the basis of the corrected figures or figures.

When the unit price of an item is required to be set forth in the Proposal, and the total for the item set forth separately does not agree with a figure derived by multiplying the item unit price times the Engineer's estimate of the quantity of work to be performed for said item, the item unit price shall prevail over the sum set forth as the total for the item unless, in the sole discretion of the City, such a procedure would be inconsistent with the policy of the City's bidding procedures. The total paid for each such item of work shall be based upon the item unit price and not the total price.

Should the Proposal contain only a total price for an item and the item unit price is omitted, the City shall determine the item unit price by dividing the total price of the item by the Engineer's estimate of the quantity of work to be performed for the item of work.

If the Proposal contains neither the item price nor the total price for the item, then it shall be deemed incomplete and the Proposal shall be disregarded.

It is understood that this bid is based upon completion of the work within a period of **one hundred five (105) working days** commencing on the date specified in the Notice to Proceed.

The amount of liquidated damages to be paid by the Contractor for failure to complete the work by the completion date (as extended, if applicable) shall be **three hundred dollars (\$300.00) for each calendar day**, continuing to the time at which the work is completed. Such amount is the actual cash value agreed upon as the loss to the City resulting from the default of the Contractor.

The undersigned represents and warrants that he/she has examined the location of the proposed work and is familiar with the conditions at the place where the work is to be done. The undersigned further represents that he/she has reviewed and understands the Plans, Special Provisions, and other contract documents, and the undersigned is satisfied with all conditions for the performance of the work.

The undersigned has carefully checked all of the above figures and understands that the City of Sacramento will not be responsible for any errors or omissions on the part of the undersigned in making up this bid.

This proposal shall not be withdrawn for the time periods specified in Section 3-2 of the City of Sacramento Standard Specifications for award of contract to respective low bidders. This proposal is submitted in accordance with Chapter 3.60 of the Sacramento City Code and Sections 1, 2, and 3 of the City of Sacramento Standard Specifications.

In accordance with Standard Specification Section 3-2, the City shall award this contract to the lowest responsible bidder, if such award is made, within forty-five (45) working days after opening of the Proposals. The City reserves the right to reject any and all bids.

BID DEPOSIT ENCLOSED IN THE FOLLOWING FORM:

\$ 17,800 not less than ten (10) percent of amount bid.

CERTIFIED CHECK

MONEY ORDER

CASHIERS'S CHECK

BID BOND

CONTRACTOR

Addendum No. 1 \_\_\_\_\_

Rick Carrasco

Addendum No. 2 \_\_\_\_\_

By: Rick Carrasco

(Signature)

Addendum No. 3 \_\_\_\_\_

Title: owner

Addendum No. 4 \_\_\_\_\_

Address: 34 Main Street, Suite B

Winters, CA 95694

Telephone No. 530-795-4907

(Federal Tax ID # or Social Security #)

Under penalty of perjury, I certify that the Taxpayer Identification Number and all other information provided here are correct.

545-55-5694

Valid Contractor's License No. 878350, Classification A is held by the bidder.

Expiration date 5-31-08. Representations made herein are true and correct under penalty of perjury.

PN: ZL56 ( B083331009 )



## DRUG-FREE WORKPLACE POLICY AND AFFIDAVIT

BID MAY BE DECLARED NONRESPONSIVE IF THIS FORM (COMPLETED) IS NOT ATTACHED.  
Pursuant to City Council Resolution CC90-498 dated 6/26/90 the following is required.

The undersigned contractor certifies that it and all subcontractors performing under this contract will provide a drug-free workplace by:

1. Publishing a "Drug-Free Workplace" statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Establishing a Drug-Free Awareness Program to inform employees about:
  - a. The dangers of drug abuse in the workplace.
  - b. The contractor's policy of maintaining a drug-free workplace.
  - c. Any available drug counseling, rehabilitation, and employee assistance program.
  - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. Notify employees that as a condition of employment under this contract, employees will be expected to:
  - a. Abide by the terms of the statement.
  - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace.
4. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy on the "Drug-Free Workplace" statement.
5. Taking one of the following appropriate actions, within thirty (30) days of receiving notice from an employee or otherwise receiving such notice, that said employee has received a drug conviction for a violation occurring in the workplace:
  - a. Taking appropriate disciplinary action against such an employee, up to and including termination; or
  - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement or other appropriate agency.

\* I certify that no person employed by this company, corporation, or business has been convicted of any criminal drug statute violation on any job site or project where this company, corporation, or business was performing work within three years of the date of my signature below.

EXCEPTION: \_\_\_\_\_

Date

Violation Type

Place of Occurrence

If additional space is required use back of this form.

\*The above statement will also be incorporated as a part of each subcontract agreement for any and all subcontractors selected for performance on this project.

IN THE EVENT THIS COMPANY, CORPORATION, OR BUSINESS IS AWARDED THIS CONSTRUCTION CONTRACT, AS A RESULT OF THIS BID; THE CONTRACTOR WITH HIS/HER SIGNATURE REPRESENTS TO THE CITY THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS COMPLETE AND ACCURATE. IT IS UNDERSTOOD AND AGREED THAT FALSE CERTIFICATION IS SUBJECT TO IMMEDIATE TERMINATION BY THE CITY.

The Representations Made Herein On This Document Are Made Under Penalty Of Perjury.

CONTRACTOR'S NAME: \_\_\_\_\_

BY: \_\_\_\_\_

Signature

Title

Date: Sept. 17, 2007

Effects of violations: a. Suspension of payments under this contract. b. Suspension or termination of the contract. c. Suspension or debarment of the contractor from receiving any contract from the City of Sacramento for a period not to exceed five years.

FM

681

7/10/90

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 09/19/2007
PRODUCER (916)443-0200 FAX (916)443-0251 Owen-Dunn Insurance Services License Number: 0670167 2831 G Street Sacramento, CA 95816-3721	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Rick Carrasco DBA: Central Pacific Construction 34 Main St. Suite B Winters, CA 95694	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Navigators Ins. Co.	
	INSURER B: Endurance Reins. Corp of AM	11551
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	0400004548	10/23/2006	10/23/2007	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY. EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WEN000925801	11/07/2006	11/07/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
\*EVIDENCE OF COVERAGE

\*Upon non-payment of premium, 10 day notice of cancellation applies.

<p><b>CERTIFICATE HOLDER</b></p>     <p>*EVIDENCE OF COVERAGE</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE Shelly Campbell/AMS1 <i>Shelly Campbell</i></p>
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**TEMPORARY  
IDENTIFICATION  
CARD**

**THIS FORM  
SHOULD BE  
CARRIED IN THE  
VEHICLE AT ALL  
TIMES.**

**THE FORM MAY  
BE NEEDED AS  
EVIDENCE OF  
INSURANCE IN  
COURT.**

**THIS CARD IS  
INVALID IF THE  
POLICY FOR WHICH  
IT WAS ISSUED  
LAPSES OR IS  
TERMINATED.**

**KEEP THIS COPY IN YOUR CAR**



**CALIFORNIA CAR INSURANCE CARD**

POLICY NUMBER – 174 1329-A08-05

INSURED

Central Pacific Construction

34 Main St., Ste B

Winters, CA 95694

EFFECTIVE DATE

July 8, 2007

EXPIRATION DATE

December 8, 2007

CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER

2004 Chevrolet C4E042 Flatbed / 1GBE4E1274F518847

COVERAGES (SEE REVERSE FOR COVERAGE NAMES)

A - Liability - \$1, 000,000

C - Medical Payments - \$5,000

D - Comprehensive Deductible - \$500

G - Collision Deductible - \$500

U - Uninsured Motorist – 100/300

AGENT

Andy Pignataro

TELEPHONE

707-452-9599

STATE FARM INSURANCE COMPANIES

**IF YOU HAVE AN ACCIDENT -  
NOTIFY POLICE IMMEDIATELY**

1. Write down names, addresses, telephone numbers and license numbers of persons involved and of witnesses.
2. Notify a State Farm Claim Office. (If any injuries, phone nearest State Farm Claim Office - If necessary, call information in nearest large town.)
3. Do not admit fault, do not discuss the accident with anyone except State Farm or Police.

130-4180 aCA.5

**HOW TO IDENTIFY YOUR COVERAGES**

SEE POLICY FOR FULL NAME AND DEFINITION

A	Liability	R1,R2	Car Rental and Travel Expense
C	Medical Payments	S	Death, Dismemberment and Loss of Sight
D	Comprehensive or Other Than Collision (OTC)	T	Total Disability
F	Collision - 80%	U	Uninsured Motor Vehicle
G	Collision	U1	Uninsured Motor Vehicle Property Damage
H	Emergency Road Service	Z	Loss of Earnings
L	Physical Damage		
R	Car Rental Expense		

KEEP THIS COPY IN YOUR CAR



CALIFORNIA CAR INSURANCE CARD

POLICY NUMBER 174 1329-A08-05

INSURED CENTRAL PACIFIC CONSTRUCTION  
34 MAIN ST STE B  
WINTERS, CA 95694-1723

EFFECTIVE DATE SEP-01-2007 EXPIRATION DATE JAN-08-2008

CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER

2004 CHEVROLET C4E042 FLATBED  
1GBE4E1274F518847

COVERAGES (SEE REVERSE FOR COVERAGE NAMES)

A, C, D, G, U, U1

The coverage provided by the policy meets the minimum liability limits prescribed by law, and is a commercial or fleet vehicle.

State Farm Mutual Automobile Insurance Company

6400 STATE FARM DRIVE  
ROHNERT PARK CA 94926

AGENT

PIGNATARO, ANDREW M  
104 BROWNS VALLEY PARKWA  
VACAVILLE, CA 95688-3062

NAIC#  
25178

PHONE# 707-452-9599

STATE FARM INSURANCE COMPANIES



CALIFORNIA CAR INSURANCE CARD

POLICY NUMBER 174 1329-A08-05

INSURED CENTRAL PACIFIC CONSTRUCTION  
34 MAIN ST STE B  
WINTERS, CA 95694-1723

EFFECTIVE DATE SEP-01-2007 EXPIRATION DATE JAN-08-2008

CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER

2004 CHEVROLET C4E042 FLATBED  
1GBE4E1274F518847

COVERAGES (SEE REVERSE FOR COVERAGE NAMES)

A, C, D, G, U, U1

The coverage provided by the policy meets the minimum liability limits prescribed by law, and is a commercial or fleet vehicle.

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6400 STATE FARM DRIVE  
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AGENT

PIGNATARO, ANDREW M  
104 BROWNS VALLEY PARKWA  
VACAVILLE, CA 95688-3062

NAIC#  
25178

PHONE# 707-452-9599

STATE FARM INSURANCE COMPANIES

ONE COPY  
THIS FORM  
SHOULD  
BE CARRIED IN  
YOUR VEHICLE AT  
ALL TIMES

THE FORM  
MAY BE NEEDED  
AS EVIDENCE  
IN AN INSURANCE  
COURT

THIS CARD  
IS INVALID  
IF THE PSL  
FOR WHICH  
IT WAS ISSUED  
LAPSES OR  
TERMINATES

130-4180 C/1  
Printed in U.S.A.

DATE BID OPENED 9-19-07

EMPLOYEE INITIALS V.M.

MARK ONE BOX FOR EACH ITEM ONLY

**BID SECURITY**

( ) NONE REQUIRED

PROPERLY SIGNED

**BID DEPOSIT TYPE**

BID BOND

( ) CALIF. BANK CASHIER'S CHECK

( ) CERTIFIED CHECK

( ) CASH

( ) CALIF. BANK MONEY ORDER

**AFTER AWARD OF BID**

SECURITY RETURNED \_\_\_\_\_

SECURITY ACCEPTED \_\_\_\_\_

EMPLOYEE INITIALS \_\_\_\_\_

DATE \_\_\_\_\_