Appendix A

Federal Forms to be Submitted with Proposal

Exhibit 10-O1 Local Agency Proposer UDBE Commitment (Consultant Contracts)

NOTE	E: PLEASE REFER TO INSTR	RUCTIONS ON T	HE REVERSE SIDE OF T	HIS FORM
AGENCY:		LOCATION:		
PROJECT DESC	CRIPTION:			
CONTRACT GC	DAL: \$		<u></u>	
PROPOSAL DA	TE:			_
PROPOSER'S N.	AME:			
		 	1	<u> </u>
WORK ITEM NO.	DESCRIPTION OR SERVICES TO BE SUBCONTRACTED	DBE Cert. No. AND EXPIRATION DATE	NAME OF UDBES (Must be certified on the date the proposals are opened - include UDBE address and phone number)	PERCENTAGE AMOUNT OF EACH UDBE
		<u> </u>		
For Local	Agency to Complete:		1	
	ontract Number:		Total Claimed Participation	\$
	ect Number:			
_	ect Number.			%
	Date:			
Troposui T u	Butc			
	rtifies that the UDBE certification(s) has bee implete and accurate.	n verified and all		
Illioiniadon io Ca	implete and accurate.		Signature of Proposer	
Print Name Local Agency Re		Date	Date (Area	a Code) Tel. No.
(Area Code) Tele			Person to Contact (Plea	se Type or Print)
For Caltra	ns Review:			•
Print Name Caltrans Distric	Signature et Local Assistance Engineer	Date	Local Agency Bidder - UDBE Co.	mmitment (Rev 3/09)

Distribution: (1) Copy – If this Proposer is successful fax or scan a copy to the Caltrans District Local Assistance Engineer (DLAE) within 15 days of award. Failure to send a copy to the DLAE within 15 days of award may result in de-obligation of funds for this project.

(2) Original – Local agency files

INSTRUCTIONS - LOCAL AGENCY BIDDER- UDBE COMMITMENT (CONSULTANT CONTRACTS) (Revised 03/09)

ALL PROPOSERS:

PLEASE NOTE: It is the proposer's responsibility to verify that the UDBE(s) falls into one of the following groups in order to count towards the UDBE contract goal: 1) Black American; 2) Asian-Pacific American; 3) Native American; 4) Women. This information shall be submitted with your proposal. Failure to submit the required UDBE commitment will be grounds for finding the proposal nonresponsive

UDBE is a firm meeting the definition of a DBE as specified in 49 CFR and is one of the following groups:

- 1. Black American
- **2.** Asian-Pacific American
- 3. Native American
- **4.** Women

The form requires specific information regarding the consultant contract: Agency, Location, Project Descriptions, Federal Aid Project Number (assigned by Caltrans-Local Assistance), Proposal Date, Proposer's Name, and Contract Goal.

The form has a column for the Work Item Number (or Item No's) and Description or Services to be Subcontracted to UDBEs. The UDBE should provide a certification number to the Consultant. Notify the Consultant in writing with the date of the decertification if their status should change during the course of the contract. The form has a column for the Names of certified UDBEs to perform the work (must be certified on the date proposals are received and include UDBE address and phone number). Enter the UDBE prime consultant and subconsultant certification numbers. Prime consultants shall indicate all work to be performed by UDBEs including, if the prime consultant is a UDBE, work performed by its own forces.

There is a column for the total UDBE percentage. Enter the Total Claimed UDBE Participation percentage of items of work submitted with the proposal pursuant to the Special Provisions. (If 100% of item is not to be performed or furnished by the UDBE, describe exact portion of time to be performed or furnished by the UDBE.) See Notice to Bidders/Proposers Disadvantaged Business Enterprise Information to determine how to count the participation of UDBE firms. Note: If the proposer has not met the contract goal, the local agency must evaluate the proposer's good faith efforts to meet the goal in order to be considered for award of the contract.

Exhibit 10-O (1) must be signed and dated by the consultant proposing. Also list a phone number in the space provided and print the name of the person to contact.

For the Successful Proposer only, local agencies should complete the Contract Award Date and Federal Share fields and verify that all information is complete and accurate before signing and sending a copy of the form to the District Local Assistance Engineer within 15 days of award. Failure to submit a completed and accurate form within the 15-day time period may result in the de-obligation of funds on this project.

District DBE Coordinator should verify that all information is complete and accurate. Once the information has been verified, the **District Local Assistance Engineer** signs and dates the form.

Exhibit 12-E

DEBARMENT AND SUSPENSION CERTIFICATION

TITLE 49, CODE OF FEDERAL REGULATIONS, PART 29

The Proposer, under penalty of perjury, certifies that, except as noted below, he/she or any other person associated therewith in the capacity of owner, partner, director, officer, and manager:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past 3 years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of award, but will be considered in determining Proposer responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions.

The above certification is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Certification.

Exhibit 10-P Nonlobbying Certification For Federal-Aid Contracts

NONLOBBYING CERTIFICATION FOR FEDERAL-AID CONTRACTS

The prospective participant certifies by signing and submitting this bid or proposal to the best of his or her knowledge and belief that:

- (I) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The prospective participant also agrees by submitting his or her bid or proposal that he or she shall require that the language of this certification be included in all lower-tier subcontracts, which exceed \$100,000 and that all such subrecipients shall certify and disclose accordingly.

Signature - Authorized Representative	

Exhibit 10-Q Disclosure of Lobbying Activities DISCLOSURE OF LOBBYING ACTIVITIES

COMPLETE THIS FORM TO DISCLOSE LOBBYING ACTIVITIES PURSUANT TO 31 U.S.C. 1352

1. Type of Federal Action: 2. Status of Fe	deral Action: 3. Report Type:							
a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance a. bid/offer/app b. initial award c. post-award c. post-award								
4. Name and Address of Reporting Entity Prime Subawardee Tier, if known	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:							
Congressional District, if known	Congressional District, if known							
6. Federal Department/Agency:	7. Federal Program Name/Description:							
	CFDA Number, if applicable							
8. Federal Action Number, if known:	9. Award Amount, if known:							
10. a. Name and Address of Lobby Entity (If individual, last name, first name, MI)	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)							
(attach Continuation S	Sheet(s) if necessary)							
11. Amount of Payment (check all that apply)	13. Type of Payment (check all that apply)							
\$ actual planned	a. retainer							
	b. one-time fee c. commission d. contingent fee e deferred							
12. Form of Payment (check all that apply): a. cash								
b. in-kind; specify: nature								
Value	f. other, specify							
14. Brief Description of Services Performed or to be performed and Date(s) of Service, including officer(s), employee(s), or member(s) contacted, for Payment Indicated in Item 11:								
(attach Continuation	n Sheet(s) if necessary)							
15. Continuation Sheet(s) attached: Yes	No							
16. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying reliance was placed by the tier above when his transaction was made or	Signature:							
entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to Congress	Print Name:							
semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject	Title:							
to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Telephone No.: Date:							
	Authorized for Local Reproduction							
Federal Use Only:	Standard Form - LLL							

Standard Form LLL Rev. 04-28-06

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient at the initiation or receipt of covered federal action or a material change to previous filing pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for such payment or agreement to make payment to lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress an officer or employee of Congress or an employee of a Member of Congress in connection with a covered federal action. Attach a continuation sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence, the outcome of a covered federal action.
- Identify the status of the covered federal action.
- 3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last, previously submitted report by this reporting entity for this covered federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the first tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in Item 4. checks "Subawardee" then enter the full name, address, city, State and zip code of the prime federal recipient. Include Congressional District, if known.
- 6. Enter the name of the federal agency making the award or loan commitment. Include at least one organization level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
- 8. Enter the most appropriate federal identifying number available for the federal action identification in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant or loan award number, the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered federal action where there has been an award or loan commitment by the Federal agency, enter the federal amount of the award/loan commitments for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4. to influenced the covered federal action.
 - (b) Enter the full names of the individual(s) performing services and include full address if different from 10 (a). Enter Last Name, First Name and Middle Initial (MI).
- 11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- 12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- 13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
- 14.Provide a specific and detailed description of the services that the lobbyist has performed or will be expected to perform and the date(s) of any services rendered. Include all preparatory and related activity not just time spent in actual contact with federal officials. Identify the federal officer(s) or employee(s) contacted or the officer(s) employee(s) or Member(s) of Congress that were contacted.
- 15. Check whether or not a continuation sheet(s) is attached.
- 16. The certifying official shall sign and date the form, print his/her name title and telephone number.

Public reporting burden for this collection of information is estimated to average 30-minutes per response, including time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503. SF-LLL-Instructions Rev. 06-04-90«ENDIF»

Appendix B

Federal Forms to be Submitted by Successful Proposer

Certification of Consultant, Commissions & Fees

CERTIFICATION OF CONSULTANT

I HEREBY CERTIFY that I am the	, and duly authorized				
representative of the firm of					
	and that, except as hereby expressly				
stated, neither I nor the above firm that I represent have:					
	(a) employed or retained for a commission, percentage, brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the above consultant) to solicit or secure this agreement; nor				
(b) agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the agreement; nor					
(c) paid, or agreed to pay, to any firm, organization for me or the above consultant) any fee, contribution connection with procuring or carrying out this agree					
I acknowledge that this Certificate is to be made available to connection with this agreement involving participation of Fed and federal laws, both criminal and civil.					
(Date)	(Signature)				
Distributions 1) Level Asserts Desired File (spinish & Contract)					
Distribution: 1) Local Agency Project File (original & Contract) 2) DLAE (copy)					

Exhibit 10-O2 Local Agency Proposer DBE Information (Consultant Contracts)

NOTI	E: PLEASE REFER TO INSTR	RUCTIONS ON TH	IE REVERSE SIDE OF T	HIS FORM
AGENCY:		LOCATION:		
PROJECT DESC	CRIPTION:			
TOTAL CONTR	ACT AMOUNT: \$			
PROPOSAL DA	TE:			_
PROPOSER'S N	AME:			
CONTRACT ITEM NO.	DESCRIPTION OR SERVICES TO BE SUBCONTRACTED	DBE Cert. No. AND EXPIRATION DATE	NAME OF DBEs (Must be certified on the date bids are opened - include DBE address and phone number)	PERCENTAGE OF DBE
	Agency to Complete: ontract Number:		Total Claimed Participation	\$
Federal Aid Proj	ect Number:			
				%
Contract Award	Date:			
	ertifies that the DBE certification(s) has been		Signature of Proposer	
Print Name Local Agency Re	Signature	Date	Date (Area	a Code) Tel. No.
(Area Code) Tele	ephone Number:		D. Contract (Place	T Dring)
For Caltra	ns Review:		Person to Contact (Plea	ase Type or Print)
Print Name Caltrans Distric	Signature et Local Assistance Engineer	Date	Local Agency Bidder - DBE Cor	mmitment(Rev 3/09)

Distribution: (1) Copy – If this Proposer is successful fax or scan a copy to the Caltrans District Local Assistance Engineer (DLAE) within 15 days of award. Failure to send a copy to the DLAE within 15 days of award may result in de-obligation of funds for this project.

(2) Original – Local agency files

INSTRUCTIONS - LOCAL AGENCY BIDDER DBE INFORMATION (CONSULTANT CONTRACTS) (Revised 03/09)

SUCCESSFUL PROPOSER:

The form requires specific information regarding the consultant contract: Agency, Location, Project Description, Federal Aid Project Number (assigned by Caltrans-Local Assistance), Proposal Date, and Successful Proposer's Name.

The form has a column for the Description or Services to be Subcontracted by DBEs. The DBE should provide a certification number to the prime consultant. The form has a column for the Names of DBE certified consultants to perform the work (must be certified on the date the proposal is received and include DBE address and phone number). Enter DBE prime consultant's and subconsultants' certification numbers. The prime consultant shall indicate all work to be performed by DBEs including, if the prime consultant is a DBE, work performed by its own forces.

Enter the Total Claimed DBE Participation percentage of items of work in the total DBE Dollar Amount column. (If 100% of item is not to be performed by the DBE, describe the exact portion of time to be performed by the DBE.) See Notice to Proposers/Bidders Disadvantaged Business Enterprise Information to determine how to count the participation of DBE firms.

Exhibit 10-O (2) must be signed and dated by the successful proposer at contract execution. Also list a phone number in the space provided and print the name of the person to contact.

For the successful proposer, Local agencies should complete the Contract Award Date and Federal Share fields and verify that all information is complete and accurate before signing and sending a copy of the form to the District Local Assistance Engineer within 15 days of contract execution. Failure to submit a completed and accurate form within the 15-day time period may result in the de-obligation of funds on this project.

District DBE Coordinator should verify that all information is complete and accurate. Once the information has been verified, the **District Local Assistance Engineer** signs and dates the form.

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION FINAL REPORT - UTILIZATION OF DISADVANTAGED BUSINESS ENTERPRISES

(DBE), FIRST-TIER SUBCONTRACTORS
CEM-2402F (REV 02/2308)

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDO (916) 654-3830 or write Records and Forma Management, 1120 N Street, MS-89, Secrements, CA 95814.

ADA Notice

BA - Black American APA - Asian-Pacific Islander NA - Native American W - Woman DATE OF FINAL PAYMENT List all First The Subcontractors, Disadvantaged Business Enterprises (DBEs) and underutilized DBEs (UDBEs) regardless of Ser, whether or not the firms were originally listed for goal oredit. If achial UDBE utilization (or lism of work) was different than that approved at time of award, provide comments on back of form. List actual amount paid to each entity.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT CONTRACT COMPLETION DATE ESTIMATED CONTRACT AMOUNT DATE WORK COMPLETE DATE DATE w ago BUSINESS PHONE NUMBER TO THE BEST OF MY INFORMATION AND BELLEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT BUSINESS PHONE NUMBER ADMINISTERING AGENCY AN M CONTRACT PAYMENTS APA UDBE FEDERAL AID PROJECT NUMBER AB 3 8 NON-DBE USINESS ADDRESS POST MILES CERT. TOTAL COMPANY NAME AND BUSINESS ADDRESS ROUTE CONTRACTOR REPRESENTATIVE'S SIGNATURE COUNTY RESIDENT ENGINEER'S SIGNATURE DESCRIPTION OF WORK PERFORMED AND MATERIALS PROVIDED ORIGINAL COMMITMENT BBON CONTRACT NUMBER PRIME CONTRACTOR NO.

Copy - Resident Engineer

Copy - Contractor Copy - Local Agency fle

Copy - District Local Assistance Engineer

Original - District Local Assistance Engineer (submitted with the Report of Expanditures)

COPY DISTRIBUTION - Caltinans contracts: COPY DISTRIBUTION - Local Agency contracts:

Original - District Construction

Copy - Business Enterprise Program