



County of Los Angeles CHIEF EXECUTIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

December 11, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**DEPARTMENT OF PUBLIC WORKS: AS-NEEDED
HAUL TRUCK SERVICES PROGRAM
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Find that the contract work is exempt from the provisions of the California Environmental Quality Act.
2. Award the contracts for As-Needed Haul Truck Services Program in an annual aggregate sum not to exceed \$10 million to the contractors listed below. These contracts will be for a term of one year commencing on January 1, 2008, with two 1-year renewal options, not to exceed a total contract period of three years.

CONTRACTOR	LOCATION
Isaac Harris	Cerritos, California
Virginia M. Hernandez, d.b.a. Ralph E. Hernandez Trucking	Chino Hills, California
Lynzella S. Jasper, d.b.a. E. Jasper Wrecking & Trucking	Hawthorne, California
L. Curti Truck & Equipment	Redlands, California
Dispatch Trucking	Fontana, California
Albert A. Blacksher, d.b.a. Albert A. Blacksher Trucking	Canyon Country, California
Chambers Trucking	San Dimas, California
L.A.C. Motor Enterprises, Inc.	Glendora, California
Keep It Moving	Los Angeles, California
Shenkel Trucking, Inc.	Thousand Oaks, California

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

3. Authorize the Director of Public Works or his designee to annually increase the aggregate contract amount by up to an additional 25 percent of the annual contract sum for unforeseen, additional work within the scope of these contracts, if required, and for fuel cost adjustments in accordance with these contracts.
4. Authorize the Director of Public Works or his designee to execute the individual contracts; to renew each individual contract for each additional renewal option if, in the opinion of the Director of Public Works, an individual contractor has successfully performed during the previous contract period and the services are still required; to approve and execute amendments to incorporate necessary changes within the scope of work; and to suspend work if, in the opinion of the Director of Public Works, it is in the best interest of the County to do so.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of the recommended action is to continue providing as-needed and intermittent haul truck services within the unincorporated County areas. The work to be performed will consist of providing support road clearing and debris basin clean out operations to meet critical time requirements and emergency conditions. The Department of Public Works (Public Works) has contracted these services since 1984.

Implementation of Strategic Plan Goals

The Countywide Strategic Plan directs that we provide Organizational Effectiveness (Goal 3) and Community Services (Goal 6). Having contractors that have the specialized expertise to provide these services accurately, efficiently, timely, and in a responsive manner will support Public Works in meeting these goals.

FISCAL IMPACT/FINANCING

There will be no impact to the County General Fund. These contracts are for an aggregate annual amount not to exceed \$10 million, plus a potential 25 percent additional amount for unforeseen, additional work within the scope of the contracts and fuel cost adjustments in accordance with these contracts. This amount is based on the estimated utilization of the contractors' services.

Financing for this service is included in the Fiscal Year 2007-08 Road and Internal Service Fund Budgets, which will be reimbursed by the Flood Control District Fund. When the need arises for services under these contracts, financing the required

service will be made from the appropriate fund source. Total annual expenditures for this service, however, will not exceed the aggregate contract amount approved by your Board and no service will be ordered without the funding authorization of Public Works' Financial Management Branch. Funds to finance the contracts' optional years will be requested through the annual budget process.

These contracts do not allow a cost-of-living adjustment for the optional years.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The recommended contractors and their locations are indicated above. The contracts will commence on January 1, 2008, for a term of one year. With your Board's delegated authority, the Director of Public Works (Director) may renew these contracts for two 1-year renewal options, not to exceed a total contract period of three years.

Prior to the Director executing the agreements, which will be substantially similar to Attachment A, the contractors will sign and County Counsel will approve as to form.

The recommended contractors are in compliance with the Chief Executive Officer and your Board's requirements.

On September 4, 2007, Agenda Item 40, your Board authorized the Director to execute the amendments to contracts administered by Public Works, involving assignments resulting from acquisitions, mergers, or other changes in contractor ownership as well as contractor's name changes, subject to review and approval by County Counsel, and notification to your Board offices and Chief Executive Officer in accordance with Board Policy 9.041, Evaluation of Vendors/Contractors Engaged in Mergers or Acquisitions.

These contracts contain terms and conditions supporting your Board's policies, such as contractor responsibility and debarment, jury service requirements, the Newborn Abandonment Law (Safely Surrendered Baby Law), and charitable activities compliance.

Proof of the required Comprehensive General and Automobile Liability insurance policies, naming the County as additional insured, evidence of Workers' Compensation insurance, and payment bond will be obtained from the contractors before any work is assigned.

As requested by your Board, the contractors have submitted safety records that reflect past activities have been conducted according to reasonable standards of safety.

In accordance with the Chief Executive Officer's June 15, 2001 instructions, this is Public Works' assurance that these contractors will not be requested to perform services that will exceed the contract's approved amount, scope of work, and/or terms.

ENVIRONMENTAL DOCUMENTATION

This service is categorically exempt from the provisions of the California Environmental Quality Act (CEQA). This service is within a class of projects that has been determined not to have a significant effect on the environment in that it meets the criteria set forth in Section 15301, Class 1 of CEQA, because it involves the maintenance of existing highways and streets.

CONTRACTING PROCESS

On May 23, 2007, Public Works solicited proposals from 97 independent contractors and community business enterprises to accomplish this work. Also, a notice of the Request for Proposals (RFP) was placed on the County's bid website (Attachment B), and an advertisement was placed in the *Los Angeles Times*.

Pursuant to the applicable memorandum of understanding, the RFP for this contracted service was submitted on May 23, 2007 to the appropriate union for review. The union has not asked to meet with Public Works regarding this solicitation.

On July 30, 2007, ten proposals were received. The proposals were first reviewed to ensure they met the minimum requirements in the RFP. All proposals having met these requirements were then evaluated by an evaluation committee consisting of Public Works staff and Department of Parks and Recreation staff. The committee's evaluation was based on criteria described in the RFP, which included experience, work plan, and references. Based on this evaluation, it is recommended that these contracts be awarded to the responsive and responsible proposers, as indicated above.

Attachment C reflects the proposers' minority participation. The contractors were selected upon final analysis and consideration without regard to race, creed, gender, or color.

Public Works has evaluated and determined that the Living Wage Program (County Code Chapter 2.201) does not apply to these recommended contracts, which are for services required on an as-needed and intermittent basis, hence, these contracts are not Proposition A contracts (Los Angeles County Code Chapter 2.121).

The Honorable Board of Supervisors
December 11, 2007
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IMPACT ON CURRENT SERVICES (OR PROJECTS)

The award of these contracts will not result in the displacement of any County employees.

CONCLUSION

Please return one adopted copy of this letter to the Department of Public Works, Administrative Services Division.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:DLW
GZ:dw

Attachments (3)

c: County Counsel
Department of Public Works (Fleet Management)

SAMPLE AGREEMENT FOR

AS-NEEDED HAUL TRUCK SERVICES PROGRAM

THIS AGREEMENT, made and entered into this ____ day of _____, 2007, by and between the COUNTY OF LOS ANGELES, a subdivision of the State of California, a body corporate and politic (hereinafter referred to as COUNTY) and [NAME OF CONTRACTOR], a [Form of Entity] (hereinafter referred to as CONTRACTOR).

WITNESSETH

FIRST: The CONTRACTOR, for the consideration hereinafter set forth and the acceptance by the Board of Supervisors of said COUNTY of the CONTRACTOR'S Proposal filed with the COUNTY on July 30, 2007, hereby agrees to provide services as described in the attached specifications for As-Needed Haul Truck Services Program, including, but not limited to, Exhibit A, Scope of Work.

SECOND: This AGREEMENT, together with Exhibit A, Scope of Work; Exhibit B, Service Contract General Requirements; Exhibit C, Internal Revenue Service Notice 1015; Exhibit D, Safely Surrendered Baby Law Posters; Exhibit E, Sample Driver List; Exhibit F, Sample Haul Truck Summary; Exhibit G, Sample Invoice; Exhibit H, Sample Closing Statement; Exhibit I, Fuel Price Adjustments; Exhibit J, Sample Calculation of the Fuel Cost Adjustment; the CONTRACTOR'S Proposal, all attached hereto; the Request for Proposals; and Addenda to the Request for Proposals, all of which are incorporated herein by reference, are agreed by the COUNTY and the CONTRACTOR to constitute the Contract.

THIRD: The COUNTY agrees, in consideration of satisfactory performance of the foregoing services in strict accordance with the Contract specifications to the satisfaction of the Director of Public Works, to pay the CONTRACTOR pursuant to the Schedule of Prices set forth in the Proposal and attached hereto as Form PW-2. In no event will the COUNTY pay any and all contractors providing services under this Program an aggregate amount in excess of the aggregate total amount of \$10 million per year (Maximum Contract Sum) for this service, or such greater amount as the Board may approve.

FOURTH: This Contract's initial term shall be for a period of one year commencing on _____, 2007, or Board approval, whichever occurs last. At the discretion of the COUNTY, this Contract may be extended in increments of one year, not to exceed a total contract period of three years. The COUNTY, acting through the Director, may give a written notice of intent to extend this Contract at least 30 days prior to the end of each term.

FIFTH: The CONTRACTOR shall bill semimonthly, in arrears, for the work performed during the preceding semi-monthly period. Work performed shall be billed at the unit rates quoted in Form PW-2 (Revised), Schedule of Prices. All invoices shall be submitted in the format provided in Exhibit G, Sample Invoice.

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SIXTH: Public Works will make payment to the CONTRACTOR within 30 days of receipt and approval of a properly completed invoice. Each invoice shall itemize the work completed. The invoices shall be submitted to:

County of Los Angeles Department of Public Works
Attention Fiscal Division, Accounts Payable
P.O. Box 7508
Alhambra, CA 91802-7508

SEVENTH: In no event shall the aggregate total amount of compensation paid to the CONTRACTOR exceed the amount of compensation authorized by the Board. Such aggregate total amount is the Maximum Contract Sum.

EIGHTH: The CONTRACTOR understands and agrees that only the designated Public Works Contract Manager is authorized to request or order work under this Contract. The CONTRACTOR acknowledges that the designated Contract Manager is not authorized to request or order any work that would result in the CONTRACTOR earning an aggregate compensation in excess of this Program's Maximum Contract Sum.

NINTH: The CONTRACTOR shall not perform or accept work requests from the Contract Manager or any other person that will cause the Maximum Contract Sum of this Program to be exceeded. The CONTRACTOR shall monitor the balance of this Contract's Maximum Contract Sum. When the total of the CONTRACTOR'S paid invoices, invoices pending payment, invoices yet to be submitted, and ordered services reaches 75 percent of the Maximum Contract Sum, the CONTRACTOR shall immediately notify the Contract Manager in writing. The CONTRACTOR shall send written notification to the Contract Manager when this Contract is within six months from expiration of the term as provided for hereinabove.

TENTH: No cost-of-living adjustments shall be granted for the optional renewal periods.

ELEVENTH: The Director may adjust 20 percent of the unit rate of compensation set forth in Form PW-2, Schedule of Prices, based on the increase or decrease in the fuel price published in the Official Energy Statistics from the United States Department of Energy website at http://tonto.eia.doe.gov/dnav/pet/pet_pri_gnd_dcus_sca_m.htm for Diesel (On-Highway) and Gasoline - All Grades (Regular) for California, and at http://tonto.eia.doe.gov/dnav/pet/pet_pri_prop_dcu_r50_m.htm for Propane (LPG) using West Coast (PADD 5) "Commercial/Institutional," as appropriate to the vehicle used, beginning on the month of this Contract's start date and thereafter at each successive quarter (every three months) interval, which shall be the effective date for any such fuel adjustment. The percentage change in the fuel price shall be obtained using the fuel prices published three months preceding the proposal submission date and the fuel price published three months preceding each effective date of the adjustment. However, when the percentage increase or decrease in the fuel price is less than 5 percent, no fuel adjustment will be granted. In the event the fuel adjustment is granted, the fuel adjustment

(increase or decrease) will be added to or subtracted from, as applicable, the unit rate of compensation to establish the adjusted unit rate of compensation. A sample calculation is included in Exhibit J, Sample Calculation of the Fuel Cost Adjustment. The CONTRACTOR agrees to pass 100 percent of the fuel adjustment to the vehicle owner. Public Works shall be permitted to audit the CONTRACTOR'S payment method, invoices, and check stubs used in providing these services and the CONTRACTOR shall provide records pertaining to its distribution of fuel adjustment to the vehicle owner at the COUNTY'S request within 30 days of request.

TWELFTH: In the event that terms and conditions, which may be listed in the CONTRACTOR'S Proposal, conflict with the COUNTY'S specifications, requirements, and terms and conditions as reflected in this AGREEMENT, including, but not limited to, Exhibits A through J, inclusive, the COUNTY'S provisions shall control and be binding.

THIRTEENTH: The CONTRACTOR agrees in strict accordance with the Contract specifications and conditions to meet the COUNTY'S requirements.

FOURTEENTH: The CONTRACTOR selection for work will be based on the CONTRACTOR'S ranking and established availability based on the criteria outlined in Part I, Section 4.D, Evaluation Criteria, of the Request for Proposals. The COUNTY will offer work to all CONTRACTORS on a rotating sequence, beginning with the highest evaluated CONTRACTOR. One call will be made, and the CONTRACTOR will have one hour to respond. In the event there is no answer or the CONTRACTOR selected is not available or cannot perform the work within the COUNTY'S time frame, the COUNTY will then offer the work to the next CONTRACTOR in the rotation.

This process will be repeated with the remaining CONTRACTORS until a CONTRACTOR is found to be available and capable to accomplish the work. Once a CONTRACTOR has been offered an assignment, that CONTRACTOR'S name is then rotated to the bottom of the rotation, whether the offer has been accepted or not. The CONTRACTORS will only be contacted again for work after each remaining CONTRACTOR on the list has, in order, been given an opportunity for the next job assignment.

FIFTEENTH: A faithful payment bond is required in a sum not less than \$100,000 payable to the COUNTY, executed by a corporate surety admitted to transact business as a surety insurer in the State of California (or by the surety's agent with a notarized copy of power of attorney). The corporate surety must have an A.M. Best Rating of not less than A:VII, unless otherwise approved by COUNTY. The admitted surety and its agent shall have sufficient bonding limitations to provide bonds in the amount required by this Contract. The bond shall be conditioned upon faithful payment to all subcontractors of this Contract by the CONTRACTOR in a manner that is satisfactory and acceptable to the COUNTY. The bond shall be renewed in a timely manner to provide for continuing obligation in the above amount for the duration of the contract term, notwithstanding any payment or recovery thereon. A Certificate of Deposit, an irrevocable Letter of Credit, Certified Check, Cashier's Check, or Cash, payable to the COUNTY upon demand and in a sum not less than \$100,000 may be substituted for a faithful payment bond at the sole and

IN WITNESS WHEREOF, the COUNTY has, by order of its Board of Supervisors, caused these presents to be subscribed by the Director of Public Works, and the CONTRACTOR has subscribed its name by and through its duly authorized officers, as of the day, month, and year first written above.

COUNTY OF LOS ANGELES

By _____
Director of Public Works

APPROVED AS TO FORM:

RAYMOND G. FORTNER, JR.
County Counsel

By _____
Deputy

[NAME OF CONTRACTOR]

By _____
Its President

Type or Print Name

By _____
Its Secretary

Type or Print Name

Award information has not been added at this time.

Bid Information

Bid Number : PW-ASD 670
Bid Title : AS-NEEDED HAUL TRUCK SERVICES (2007AN032)
Bid Type : Service
Department : Public Works
Commodity : TRUCKS, PLATFORM - MATERIAL HANDLING
Open Date : 5/23/2007
Closing Date : 6/4/2007 1:30 PM
Notice of Intent to Award : [View Detail](#)
Bid Amount : N/A
Bid Download : Not Available
Bid Description : PLEASE TAKE NOTICE that Public Works requests proposals for a contract for the As-Needed Haul Truck Services (2007-AN032). The total annual aggregate cost of this service is estimated to be \$10 million. If not enclosed with this letter, the Request for Proposals (RFP) with contract specifications, forms, and instructions for preparing and submitting proposals may be requested by accessing this link at <ftp://dpwftp.co.la.ca.us/solicitationdocuments/haultrucks.pdf> or from Ms. Melissa Saradpon (626) 458 4077, Monday through Thursday, 7 a.m. to 5 p.m.

Minimum Requirement(s): Proposers must meet all minimum requirements set forth in the RFP document, including, but not limited to, Proposer or its managing employee must have a minimum of five years' experience performing the type of service solicited. In addition, copies of the Proposer's, employees', and/or subcontractor's valid Motor Carrier Permits, Commerical Driver's Licenses, and medical cards must be submitted.

A Proposers' Conference will be held on Monday, June 4, 2007, at 1:30 p.m. at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room A. ATTENDANCE BY THE PROPOSER OR AN AUTHORIZED REPRESENTATIVE AT THE CONFERENCE IS MANDATORY. Public Works will reject proposals from those whose attendance at the Conference cannot be verified. Attendees should be prepared to ask questions at that time about the specifications, proposal requirements, and contract terms. After the Conference, it may be impossible to respond to further requests for information.

The deadline to submit proposals is Monday, June 18, 2007, at 1 p.m. Please direct your questions to Ms. Saradpon at the number above.

Contact Name : MS. MELISSA SARADPON
Contact Phone# : (626) 458-4077
Contact Email : mşaradpon@dpw.lacounty.gov
Last Changed On : 5/29/2007 7:23:15 AM

[Back to Last Window](#)

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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	ALBERT A. BLACKSHER TRUCKING
My County (WebVen) Vendor Number:	50874701

I. FIRM/ORGANIZATION INFORMATION:

Business Structure:	<input checked="" type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): 4					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input checked="" type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): 4					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
	Male	Female	Male	Female	Total
Black/African American	1			1	2
Hispanic/Latino					
Asian or Pacific Islander					
American Indian					
Filipino					
White					

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
CITY OF LOS ANGELES	X				1/29/08
STATE OF CALIFORNIA			X		3/31/10

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Albert A. Blacksher</i>	Title: CONTRACTOR	Date: 7/30/2007
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**ATTACHMENT C.2
FORM PW-9**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: E. JASPER WRECKING & TRUCKING

My County (WebVen) Vendor Number: 1217301

I. [REDACTED]

[REDACTED]

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input checked="" type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): 7					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
	Male		Female		Total
	White	Hispanic	White	Hispanic	Total
Black/African American		1	1		1 1
Hispanic/Latino			1	1	1
Asian or Pacific Islander					
American Indian					
Filipino					
White					

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	100 %	%	%	%	%	%

V. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled/Veteran	Expiration Date
CUCP	X	X	X		11/08

VI. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>L. Jasper</i>	Title: OWNER	Date: JULY 30, 2007
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Ralph E. Hernandez Trucking, Inc. DBA: R.E.H. Trucking, Inc.

My County (WebVen) Vendor Number: 50573402

I.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): 18					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
	Male	Female	Male	Female	
Black/African American					2 1
Hispanic/Latino	1	1	1	1	8
Asian or Pacific Islander					
American Indian					
Filipino					
White					2 1

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	49 %	%	%	%	%	%
Women	51 %	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran
City of Los Angeles	X	X	X	
Caltrans	X	X	X	

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Virginia M. Hernandez</i>	Title: President	Date: 6/11/2007
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: SHENKEL TRUCKING, INC.
 My County (WebVen) Vendor Number: 50562901

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

I AM NOT I AM As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: Sole Partnership Corporation Nonprofit Franchise

Other (Please Specify):

Total Number of Employees (including owners): Eight (8)

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	OWNERS/STOCKHOLDERS/ASSOCIATES/FORMERS		EMPLOYEES		STAFF	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino					2	1
Asian or Pacific Islander		1				
American Indian					1	
Filipino						
White			1		2	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	100 %	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
CUCP Ca Cert Program		X	X		

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: *Madeline Shenkel* Title: President Date: 2-8-07

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: KEEP IT MOVING INC

My County (WebVen) Vendor Number:

I. [Redacted]

[Redacted]

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: Sole Partnership Corporation Nonprofit Franchise

Other (Please Specify):

Total Number of Employees (including owners): 20

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

	Men	Women	Men	Women	Men	Women
Black/African American	100%	0	10	90	80	20
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
City of L.A., CALIFORNIA	Unified	✓			9-16-07
Supplier CLEARING HOUSE		✓			10-16-07

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: Michael Lander Title: President Date: 6/4/07

Request for Proposal
Request for Proposal (RFP) for Small Business Enterprise (SBE) and Minority Business Enterprise (MBE) Participation in the Construction of the [Redacted] Project.

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: L.A.C. MOTOR ENTERPRISES, INC.
My County (WebVen) Vendor Number: 13955701

I. GENERAL BUSINESS INFORMATION

[Redacted]

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: Sole Partnership Corporation Nonprofit Franchise
 Other (Please Specify):

Total Number of Employees (including owners): 4

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino	<u>1</u>	<u>1</u>			<u>2</u>	
Asian or Pacific Islander						
American Indian						
Filipino						
White	<u>1</u>					

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	<u>49</u> %
Women	%	<u>51</u> %	%	%	%	%

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled/Veteran	Other
<u>SUPPLIER CLEARINGHOUSE</u>	<u>X</u>	<u>X</u>			

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: Karen Claire Title: President/CEO Date: 6/12/07

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:	L CURTI TRUCK & EQUIPMENT
My County (WebVen) Vendor Number:	507125

I. [REDACTED]

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise	
<input type="checkbox"/> Other (Please Specify):						
Total Number of Employees (including owners):	17					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
	White	Hispanic/Latino	Black/African American	Asian or Pacific Islander	American Indian	Filipino
Black/African American						5
Hispanic/Latino						9
Asian or Pacific Islander						
American Indian						
Filipino						
White	1	1	1			

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
CAL TRANS		X	X		08/07

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Donnette Curti</i>	Title: PRESIDENT	Date: 07/09/07
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All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: *Chambers Trucking*

My County (WebVen) Vendor Number:

I. [Redacted]

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: Sole Partnership Corporation Nonprofit Franchise

Other (Please Specify):

Total Number of Employees (including owners): /

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnicity	White		Hispanic/Latino		Asian or Pacific Islander		American Indian		Filipino	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black/African American										
Hispanic/Latino										
Asian or Pacific Islander										
American Indian										
Filipino										
White										

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

IV. **CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
<i>Metro</i>			<input checked="" type="checkbox"/>		

V. **DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
<i>Jerene Chambers</i>	<i>owner</i>	<i>6-11-07</i>

ATTACHMENT C.9

FORM PW-9

County of Los Angeles
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and
SBE Firm Certification Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: ISAAC HARRIS TRUCKING
My County (WebVen) Vendor Number: 50603701

I. [Redacted]

II. FIRM ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: Sole Partnership Corporation Nonprofit Franchise
 Other (Please Specify):
Total Number of Employees (including owners): 4
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnicity	Male	Female	Total
Black/African American	1		1
Hispanic/Latino		2	2
Asian or Pacific Islander			
American Indian			
Filipino			
White			

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, woman, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Business Date
<u>CUCP</u>	<u>X</u>				

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: Isaac Harris Title: OWNER Date: 11-15-07

ATTACHMENT C.10 FORM PW-9

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Dispatch Trucking, Inc.
 My County (WebVen) Vendor Number: 10965201

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
 I AM As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: Sole Partnership Corporation Nonprofit Franchise
 Other (Please Specify):
 Total Number of Employees (including owners): 150
 Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						7
Asian or Pacific Islander						
American Indian						
Filipino					4	
White	2		20	4	88	25

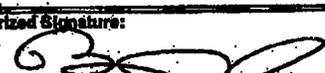
III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Albanian	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Separation Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:  Title: President Date: 11/15/07