

ATTACHMENT B PROPOSAL DOCUMENTS

As part of your Proposal, please submit the following forms and Performance Guaranty electronically to the Project Manager by the Proposal due date:

1. Form A: Proposal Cover Letter
2. Form B: Office Location
3. Form C: Designated Manager and Office Staff
4. Form D: Experience
5. Form E: References
6. Form F: Insurance
7. Form G: Debarment and Suspension Certification
8. Form H: Restrictions on Lobbying Certification
9. Form I: California Levine Act Statement
10. Form J: Price Proposal
11. Form K: Price Proposal Spreadsheet
12. Form L: Price Proposal Spreadsheet Line Item Description
13. Form M: Financial Responsibility
14. Form N: Business License
15. Form O: Vehicle Information
16. Performance Guaranty for each beat proposing on (no Form is provided for this item)

The following forms are for reference only and should not be submitted with your Proposal:

17. Form P: Facility Inspection
18. Form Q: Vehicle Inspection

TAMC is not responsible for any errors or omissions contained in this fillable pdf of Attachment B

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FORM A: PROPOSAL COVER LETTER

Date: _____

TO: Laurie Williamson
Transportation Agency for Monterey County
55-B Plaza Circle, Salinas, CA 93901

From: _____ BEAT (Please Circle): Beat 1 (US 101) Beat 2 (SR 1)

In response to the Request for Proposals (RFP) for Freeway Service Patrol, we the undersigned hereby declare that we have carefully read and examined the RFP documents and hereby propose to perform and complete the Work as required in the RFP and as indicated in these Proposal Documents.

By signing below, we the undersigned are certifying that all information submitted to TAMC is accurate.

The undersigned agrees to supply the proposed services at the costs indicated in its price proposal if its proposal is accepted within 180 days from the date specified in the RFP for receipt of proposals. If awarded a Contract, the undersigned agrees to execute a Contract substantially similar in form to the Sample Contract included in this RFP, Attachment E and to deliver to TAMC prior to execution of the Contract the necessary original Certificates of Insurance and endorsements, as required therein. If changes in the attached contract are desired, they are attached to this Proposal; if no changes are attached, the undersigned agrees to execute the contract substantially "as is".

The undersigned hereby certifies that it will not unlawfully discriminate against any employee or applicant for employment or any motorist intended to be a beneficiary of FSP service with regard to race, color, religion, sex, national origin, physical or mental disability, marital status, sexual orientation or age.

The undersigned acknowledges receipt, understanding and full consideration of the following Addenda to the RFP Documents: Addenda Nos. _____, _____, _____, and _____.

FORM A: PROPOSAL COVER LETTER, CONTINUED

Proposer represents that the following person is authorized to negotiate on its behalf with the Transportation Agency for Monterey County in connection with this RFP:

Company Name

Signature of Authorizing Official

Street Address

Printed Name of Authorizing Official

City, State, Zip Code

Title

Telephone and Fax Number

Email Address

Business License Number

Tax ID Number

Business License Classification

FORM B: OFFICE LOCATION

Company Name: _____

Beat	Office Location (street address, city, state, zip code)* <i>the permanent location where trucks will be staged, maintained, and parked overnight and in between shifts.</i>	Minutes to Beat from Office
	Street Address: City, State, Zip Code: Office Phone Number: Office Fax Number:	
	Street Address: City, State, Zip Code: Office Phone Number: Office Fax Number:	
	Street Address: City, State, Zip Code: Office Phone Number: Office Fax Number:	

Signature of Authorizing Official

Printed Name of Authorizing Official

FORM C: DESIGNATED MANAGER AND OFFICE STAFF

Name of Designated Manager: _____

Designated Manager is (circle one): Proposer or Staff

Office phone number of Designated Manager: _____

Mobile phone number of Designated Manager: _____

Email address of Designated Manager: _____

Number of years of experience in towing industry or similar field: _____

Location/company where experience in towing industry or similar field was obtained:

Please list additional office staff person(s) as appropriate:

1. Name of office staff person who has the authority to conduct business and make decisions on behalf of the Proposer or Designated Manager:

Title/Role: _____

Office phone number of Office Staff: _____

Mobile phone number of Office Staff: _____

Email address of Office Staff: _____

2. Name of office staff person who has the authority to conduct business and make decisions on behalf of the Proposer or Designated Manager:

Title/Role: _____

Office phone number of Office Staff: _____

Mobile phone number of Office Staff: _____

Email address of Office Staff: _____

FORM D: EXPERIENCE

Experience since January 1, 2010	No. of Years
Number of years on tow rotation with CHP or FSP	
Number of years of highway/freeway tow experience (law enforcement, auto clubs, etc.)	
Total number of years of tow service experience Since January 1, 2010	

Describe your ability to successfully and professionally manage the tow business. If you need more space, you may attach additional sheets:

1. Ability to manage the company: Describe the manager's management experience including the type and length of experience.

2. Ability to maintain accurate and professional accounting records/bookkeeping: describe how records are maintained and updated.

FORM D: EXPERIENCE, CONTINUED

3. Describe employee satisfaction including discussion of employee turnover rate, benefits (medical, dental, retirement, etc.), and driver incentive program.

4. Record of maintaining professional standards of performance, safety and appearance.

5. Quality of personnel: describe employee qualifications (i.e., certifications and training), describe any in-house employee training programs and drug policy programs.

6. Record of consistent routine maintenance of vehicles and equipment.

FORM E: REFERENCES

Name of Proposer: _____

Representative Name & Title: _____

Phone Number and Email: _____

Provide three complete and current references from individuals, companies, law enforcement agencies, service clubs, public agencies, etc., who are knowledgeable of the Proposers' experience and capabilities with regard to towing services. Proposers are encouraged to include references from public agencies and/or other clients for whom they have performed services similar to those described in this RFP. **References from relatives and/or current FSP Staff will not be accepted.** References, for which incomplete and/or inaccurate contact information is provided, may count against the Proposer during the proposal evaluation process.

1. Client's Name _____

Contact Person _____

Phone _____

Fax _____

E-mail _____

Address _____

Type of Work Performed _____

Best Way to Contact? phone fax email

2. Client's Name _____

Contact Person _____

Phone _____

Fax _____

E-mail _____

Address _____

Type of Work Performed _____

Best Way to Contact? phone fax email

FORM E: REFERENCES, CONTINUED

3. Client's Name _____

Contact Person _____

Phone _____

Fax _____

E-mail _____

Address _____

Type of Work Performed _____

Best Way to Contact? phone fax email

FORM F: INSURANCE

Each selected Contractor must have original insurance certificates and required endorsements approved by the Transportation Agency on file before contract performance begins. Insurance carriers shall be required to have an established place of business in California.

Contractor acknowledgement to obtain and maintain, at its own expense, in effect for the duration of the contract the following insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, or employees:

Yes (v)	Please certify by checking the boxes at left that required coverages will be provided before contract performance begins.
	(1) Workers' Compensation insurance as required by the State of California with Statutory limits. Such policy shall contain a Waiver of Subrogation endorsement in favor of TAMC.
	(2) Employer's Liability of at least \$1,000,000 per accident for bodily injury or disease.
	(3) Commercial General Liability of at least \$1,000,000 per occurrence for bodily injury, personal injury and property damage (if Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project location or the general aggregate limit shall be twice the required occurrence limit). Such policy shall contain a Waiver of Subrogation in favor of TAMC.
	(4) Owned, Non-Owned and Hired Automobile Liability of at least \$1,000,000 per accident for bodily injury and property damage.
	(5) On-hook Insurance of at least \$80,000 per accident.
	(6) Umbrella insurance in the amount of \$2,000,000 providing excess limits over Employers Liability, Automobile Liability, and Commercial General Liability Insurance.
	(7) Deductibles and Self-Insured Retentions: CONTRACTOR shall be responsible for payment of any deductible or retention on CONTRACTOR's policies without right of contribution from TAMC. Deductible and retention provisions shall not contain any restrictions as to how or by whom the deductible or retention is paid. Any deductible or retention provision limiting payment to the Named Insured is unacceptable. Other Insurance Provisions: The general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions:

FORM F: INSURANCE, CONTINUED

	<ol style="list-style-type: none">1. Transportation Agency for Monterey County, the California Highway Patrol (CHP), Caltrans, their Commissioners, directors, officers, employees and agents are to be covered as additional insured under the coverages specified herein Form G, as respects: general liability arising out of activities performed by or on behalf of CONTRACTOR; automobiles owned, leased, hired or borrowed by CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to Transportation Agency, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents.2. For any claims related to this project, CONTRACTOR's insurance coverage shall be primary insurance as respects Transportation Agency for Monterey County, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents. Any insurance or self-insurance maintained by Transportation Agency for Monterey County, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents shall be excess of CONTRACTOR's insurance and shall not contribute with it.3. Any failure to comply with reporting or other provisions of the policies including breaches of warranties shall not affect coverage provided to TAMC, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents.4. CONTRACTOR's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.5. CONTRACTOR must notify TAMC if any of the above required coverages are non-renewed or cancelled. The failure to procure or maintain required insurance and/or an adequately funded self-insurance program will constitute a material breach of this Agreement.
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By signing below, you acknowledge and agree to provide the required certificate of insurance providing verification of the minimum insurance requirements listed above before contract performance begins.

Signature of Authorizing Official

Printed Name of Authorizing Official

Printed Name of Company

NOTE: If unable to check "Yes" for any of the required minimum insurance coverages listed above, a request for exception to the appropriate insurance requirement(s) must be brought to TAMC's attention no later than the closing date and time for requests for clarifications/exceptions. If such objections are not brought to TAMC's attention consistent with the protest provisions of this RFP, compliance with the insurance requirements will be assumed.

FORM G: DEBARMENT AND SUSPENSION CERTIFICATION

The Bidder, 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, manager:

- Is not currently under suspension, debarment, voluntary exclusion, disqualification, or determination of ineligibility by any state, federal, or local agency.
- Has not been suspended, debarred, voluntarily excluded, disqualified or determined ineligible by any state, federal, or local agency within the past 3 years.
- Does not have a proposed debarment or disqualification pending; and
- Has not be 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 Bidder 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.

I declare under penalty of perjury that the foregoing is true and correct and that this certification is signed this _____ day of _____, 20____ in _____ [city], _____ County, California.

Signature

Printed Name and Title

FORM H: CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, _____, hereby certify on behalf of _____ that:
(name and title of grantee official) (name of grantee)

1. 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 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 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 Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is 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.

Executed this ____ day of _____, 20____.

Signature of Authorizing Official

Printed Name and Title

Printed Name of Company

FORM I: CALIFORNIA LEVINE ACT STATEMENT

California Government Code § 84308, commonly referred to as the “Levine Act,” precludes an officer of a local government agency from participating in the award of a contract if he or she receives any political contributions totaling more than \$250 in the twelve months preceding the pendency of the contract award, and for three months following the final decision, from the person or company awarded the contract. This prohibition applies to contributions to the officer or received by the officer on behalf of any other officer, or on behalf of any candidate for office or on behalf of any committee.

The Transportation Agency for Monterey County Board of Directors includes:

Luis Alejo	John Phillips	Christopher Lopez	Wendy Root Askew
Mary Adams	Dave Potter	Alison Kerr	Jose Rios
Angela Untalon	Michael LeBarre	Ed Smith	Christina Medina Dirksen
Chaps Poduri	Kimbley Craig	Ian Oglesby	Gregory Hawthorne
Alejandro Chavez			

1. Have you or your company, or any agent on behalf of you or your company, made any political contributions of more than \$250 to any member of the Transportation Agency for Monterey County Board of Directors in the 12 months preceding the date of the issuance of this request for qualifications? _____ YES _____ NO

If yes, please identify the director: _____

2. Do you or your company, or any agency on behalf of you or your company, anticipate or plan to make any political contributions of more than \$250 to any member of the Transportation Agency for Monterey County Board of Directors in the three months following the award of the contract? _____ YES _____ NO

If yes, please identify the director: _____

Answering yes to either of the two questions above does not preclude TAMC from awarding a contract to your firm. It does, however, preclude the identified director(s) from participating in the contract award process for this contract.

Signature of Authorizing Official

Printed Name and Title

Printed Name of Company

Date

FORM J: PRICE PROPOSAL

The undersigned’s price per hour per truck represents full compensation for all costs relating to providing all services in accordance with Scope of Work. Listed below are items that proposers should consider when completing the Price Proposal. Items listed are meant to be a reference only and may not be the only items that are incurred while providing FSP service. The four-year cost for all items except for fuel prices are fixed over the duration of the contract. Fuel prices are adjusted based on the average monthly Monterey County diesel price using the Weekly Retail On-Highway Diesel Prices for California published each Monday by the Energy Information Administration of the United States Department of Energy at <http://www.eia.gov/petroleum/gasdiesel/>.

<u>Labor</u>	<u>Vehicle/Equipment</u>	<u>Administration</u>
- Management costs	- FSP fleet	- Office equipment
- Driver trainings/meetings	- Finance charges	- Internet access
- FSP Driver wages	- Insurance/Registration	- Postage fees
- Fringe benefits	- Warranty/Maintenance	- Employer taxes
- Travel time	- Fuel (vehicle & motorist)	- Overhead
- Overtime	- Equipment/Tools	- Profit allowances

If proposing on more than one Beat, Proposers shall submit a separate Proposal for each Beat.

Beat Number	
Net Cost (Line 16 of the Price Proposal Spreadsheet)	\$
Cost per Hour per Truck (Line 18 of the Price Proposal Spreadsheet)	\$

Signature of Authorizing Official

Printed Name and Title

Printed Name of Company

Address

Email Address/ Telephone Number

Date

FORM K: PRICE PROPOSAL SPREADSHEET (available online at www.TamcMonterey.org)

Proposer: _____

Beat (Please Circle): Beat 1 (US 101)

Beat 2 (SR 1)

Beat 3 (US 101)

Items	Units	Costs			
		No. of Items	Cost per Unit	Total Cost	% of Total Cost
A. Vehicles & Equipment	Unit				
1. Vehicles	<i>Cells in green are automatically calculated, do not modify</i>				
a. Tow Trucks	Trucks		\$	\$	%
2. Finance Charges	Trucks		\$	\$	%
3. Insurance & Vehicle Registration Fees	Trucks		\$	\$	%
4. Fuel					
a. Tow Trucks	Gallons		\$ 4.00	\$	%
b. Motorist	Gallons		\$	\$	%
5. Vehicle Maintenance					
a. Parts Replacement	Trucks		\$	\$	%
b. Labor	Hours		\$	\$	%
6. FSP Equipment/Supplies (Refer to Scope of Work)	Trucks		\$	\$	%
Subtotal A (Vehicles & Equipment)				\$	%
B. Management & Drivers	Unit	No. of Items	Cost per Unit	Total Cost	% of Total Cost
7. FSP Management Costs	Year		\$	\$ -	%
8. FSP Driver Costs (B1 & B3: 6,410 Hrs, B2: 6,398 Hrs)					
a. Wages (# of Drivers: ____)	Hours	6,410	\$ -	\$ -	%
b. Workers Compensation	Driver		\$ -	\$ -	%
c. Taxes	Driver		\$ -	\$ -	%
9. FSP Driver Benefits					
a. Vacation/Holidays/Sick Days	Driver		\$ -	\$ -	%
b. Retirement	Driver		\$ -	\$ -	%
c. Medical, Dental, Vision	Driver		\$ -	\$ -	%
10. Driver Admin (Pre-op Inspections, Training, etc.)	Hours		\$ -	\$ -	%
Subtotal B (Management & Drivers)				\$ -	%
C. Administration	Unit	No. of Items	Cost per Unit	Total Cost	% of Total Cost
11. Administrative Costs - Office Operations	Year		\$ -	\$ -	%
12. Other (please specify)			\$ -	\$ -	%
Subtotal C (Administration)				\$ -	%
D. Final Cost Calculation					
13. Total Cost (Subtotal A + B + C)				\$ -	
14. Subtract Equipment Salvage Value	Trucks		\$ Value	Total Salvage Value	
a. Tow Trucks			\$ -	\$ -	
15. Add Profit				\$ -	%
16. Net Cost (item 13 - 14+ 15)				\$ -	
17. Total Contract Hours (Service Hours Per Day * Total Scheduled FSP Service Days) B1 & B3: 6410 hrs, B2: 6398 hrs				6,410	
18. COST PER HOUR PER TRUCK (item 16/17)					

Note: This spreadsheet may not contain all potential costs incurred to provide the specified FSP Service.
TAMC is not responsible for any error contained in the spreadsheet

FORM L: PRICE PROPOSAL SPREADSHEET LINE ITEM DESCRIPTION

Below is a worksheet designed to assist Proposers with the completion of the Form K, Price Proposal Spreadsheet. All figures listed here should be reflected in the Price Proposal Spreadsheet. For a listing of non-allowable costs which should not be included in the Price Proposal Spreadsheet, see Item 10.F, Non-Allowable Costs, of Attachment D, Scope of Work.

VEHICLES AND EQUIPMENT

1. Vehicles	a. <u>Tow Trucks</u> : List The name of truck dealer and builder, and the cost of each completely outfitted truck.	
2. Finance Charges	List the name of the company financing the loan and finance charges per year for each truck.	
3. Insurance and Vehicle Registration Fees	List the annual cost of insurance for Employer’s Liability (1,000,000), Commercial General Liability (\$1,000,000), On-Hook Liability (\$60,000) and Umbrella Liability Insurance (\$1,000,000). Also list the annual cost of vehicle registration per vehicle.	
4. Fuel	a. <u>Tow Trucks</u> : List the number of gallons of fuel estimated for TOW TRUCKS per month per truck.*	
	b. <u>Motorist</u> : List the number of gallons of fuel estimated for MOTORISTS per month per truck.	

FORM L: PRICE PROPOSAL SPREADSHEET LINE ITEM DESCRIPTION, CONTINUED

5. Vehicle Maintenance	a. <u>Parts Replacement</u> : Specify the type of parts replaced, occurrence of replacement and the cost for replacement per truck.	
	b. <u>Labor</u> : Specify the type of routine maintenance occurrence and cost per truck.	
6. FSP Equipment/Supplies	Specify the quantity and cost of each item included in the category (i.e. driver uniforms, raingear, equipment, etc.).	

MANAGEMENT AND DRIVERS

7. FSP Management Costs	Specify the items included in “management costs” and list the costs per year.	
8. FSP Driver Costs	a. <u>Wages</u> : Specify the wage rate of each FSP driver; list any anticipated raises and/or overtime.	
	b. <u>Worker’s Compensation</u> : List the annual cost of worker’s compensation insurance per FSP Driver.	
	c. <u>Taxes</u> : List the annual cost of taxes per FSP Driver.	

FORM L: PRICE PROPOSAL SPREADSHEET LINE ITEM DESCRIPTION, CONTINUED

9. Driver Benefits	a. <u>Vacation/ Holidays/ Sick Days</u> : List the annual cost of paid vacation, holidays and sick days per driver or state "N/A" if not applicable.	
	b. <u>Retirement</u> : List the company retirement contribution and describe the retirement plan or state "N/A" if not applicable.	
	c. <u>Medical/ Dental/ Vision</u> : Describe provided benefits and cost per driver. Specify whether or not dependents are included.	
10. Driver Administration	List the costs associated with the driver's attendance at FSP and company training sessions and 15 minute pre-operation vehicle inspections.	

ADMINISTRATION

11. Administrative Costs	Specify items and annual cost of each item included in this category.	
12. Other	Specify items and annual costs of other items.	

FORM M: FINANCIAL RESPONSIBILITY

All Proposers must submit evidence of financial responsibility. To meet this requirement, each Proposer must submit the following:

1. A Dunn and Bradstreet Report or a credit report by a recognized credit reporting service, issued after December 31, 2020

and at least one of the following three (3) items:

2. A reference letter from the Contractor's Bank
3. Federal Income Tax Returns from the two most recent years available, and/or
4. Profit/Loss Statement for the two most recent quarters available

The financial responsibility information is requested for determining financial responsibility only and will be received as confidential by TAMC. As such, it will not become part of TAMC's public record unless compelled by a court order.

Only one copy of documentation relating to the proposer's financial responsibility is necessary regardless of how many beats the proposer is submitting a proposal for. This information should be packaged separately. This information will be received as confidential and shredded upon committee action on the tow service contract awards.

FORM N: BUSINESS LICENSE

All proposers must attach a copy of their current business license from the city in which their office listed in Form B, Office Location, is located to this form.

Contractor Name

Business License Number

City in which business license was obtained

Business License Classification

FORM P: FACILITY INSPECTION (For Reference Only; do not submit with Proposal)

The Facility Inspection consists of a site inspection of the office location(s) listed in Form B, Office Location. The Facility Inspection shall be performed by the FSP Partners. Office locations not listed in Form B, Office Location, will not be inspected.

Facility Items Required at Time of Inspection:

The following list of items must be in place and operational at the time of inspection, otherwise the proposer shall be found non-compliant and will not be eligible for contract award.

1. Communication Tools

- A. Telephone: A dedicated business telephone is required. A single business telephone that is used for day-to-day business as well as any FSP activity is acceptable. During non-business hours, an answering machine provided at the Contractor's expense, shall be available to log calls, take complaints, etc.
- B. Fax Machine: A fax machine at the facility at which the Freeway Service Patrol vehicles are to be parked/maintained, must be operational twenty-four (24) hours per day, seven (7) days per week.

2. Accounting records/bookkeeping system

Proposers must have adequate storage and a backup system for computer files that provides assurance that they meet TAMC's bookkeeping requirements. The FSP Partners may ask to visually inspect physical filing systems and hardcopy of existing business files.

Sample excerpt from Contract:

CONTRACTOR shall maintain full and adequate books, records, and accounts relevant to its performance under the Agreement for a minimum of three years after final payment under this Contract. CONTRACTOR shall permit the authorized representatives of TAMC, and any other government agency designated by TAMC (including the United States Department of Transportation and the Comptroller General of the United States) to inspect and audit all such records of CONTRACTOR from the effective date of the Contract through the specified retention period.

3. Safety Policies

Proposers must have written safety policies displayed or readily accessible by employees in hardcopy format for tow/vehicle operations and workplace safety.

4. Facility Security

The Proposer shall be responsible for the security of vehicles and property at their facility. At a minimum, Proposers must have a secure area to store vehicles at facility, including contractor controlled access to facility where vehicles are stored such as a fenced or enclosed area. The Contractor is responsible for the reasonable care, custody, and control of any property contained in its facility.

FORM P: FACILITY INSPECTION, CONTINUED (For Reference Only; do not submit with Proposal)

5. Professional Workplace Environment

Proposers must maintain a non-offensive and harassment-free workplace in accordance with federal and state regulations.

6. Computer Equipment

A computer, modem, and an Internet/e-mail account to receive e-mail messages from FSP Partners are required. A test email may be sent by the FSP partners during inspection to confirm the email account. All computer equipment must be operable during the duration of the FSP Contract. Computer software must be compatible for Microsoft Office and Acrobat Reader use.

7. Drug Policy

The proposer shall have in place a written substance abuse policy requiring alcohol and drug testing for all drivers, consistent with Federal Highway Administration (FHA), Department of Transportation (DOT) CFR 49 part 382, Regulations on Controlled Substance and Alcohol Use and Testing. For details, refer to the SOP.

FORM P: FACILITY INSPECTION, CONTINUED (For Reference Only; do not submit with Proposal)

FACILITY INSPECTION FORM

Towing Company: _____

Site Address: _____

Beats: _____

Contractor’s facility must pass inspection. The Contractor will not be eligible for contract award if any items required at time of inspection fail (“No” Answers from the following inspection list).

Inspection Items Required at Time of Inspection	Yes	No
Telephone Operational?		
Confirm Telephone Number: _____		
Fax Machine Operational?		
Confirm Fax Number: _____		
Accounting Records and Bookkeeping: Adequate storage and backup system for computer files that provides assurance that bookkeeping requirements are met.		
Safety Policies: Written safety policies on display or readily accessible by employees in hardcopy format for tow/vehicle operations and workplace safety.		
Facility Security: Secure area to store vehicles at facility, including contractor controlled access to facility where vehicles are stored such as a fenced or enclosed area.		
Professional Workplace Environment: Workplace is non-offensive and harassment free.		
Computer Operational with Email and internet Access: Computer software must be compatible with Microsoft Office and Adobe Acrobat Reader.		
Confirm email address: _____		
Drug Policy Program in Place (See FSP Manual)		

Observations (Add additional sheets if necessary)

FORM P: FACILITY INSPECTION, CONTINUED (For Reference Only; do not submit with Proposal)

Facility Inspection Result (indicate Pass or Fail) _____ **Pass** _____ **Fail**

Record of Facility and Working Environment Inspection:

Today, I have completed an evaluation of both the facility and the working environment of the above listed towing company. I have attempted to remain both fair and reasonable in recording these answers.

Date

Time

Signature of FSP Inspector

Printed Name and Title of FSP Inspector

The FSP representative listed above has reviewed the facility inspection with me and indicated clearly why particular items were marked "No".

Signature of Tow Contractor

Printed Name and Title of Tow Contractor

FORM Q: VEHICLE INSPECTION (For Reference Only; do not submit with Proposal)

Prior to the scheduled inspection, proposers must identify three (3) vehicles for inspection by the California Highway Patrol (CHP) via fax or email to the FSP partners. The three vehicles must be available during the site visit, at which time CHP will randomly select one of the three for inspection. If proposer has less than three (3) vehicles, then proposers must pick two or one vehicle accordingly. The vehicles for inspection do not need to be FSP fleet vehicles; however, they must be tow trucks (not pickup trucks).

Not having all three vehicles available or on time for the inspection will result in an automatic fail. If a contractor has more than one proposed facility, the vehicle inspection only needs to be conducted at one of the proposed facilities.

VEHICLE INSPECTION FORM

Towing Company: _____

Vehicle License No.: _____ Vehicle Year: _____

Beats: _____

The California Highway Patrol (CHP) will inspect the items listed herein on one operational tow vehicle. The vehicle inspection consists of a mechanical inspection and a condition inspection. A tow vehicle with more than three (3) "Minor Item" violations will receive a "fail". A tow vehicle in violation of one (1) or more inspection items under the "Unsafe Violations" category will receive a "fail". If a truck fails inspection, the proposers will not be eligible for contract award. Not having all three vehicles available or on time for the inspection will result in an automatic fail.

The following is the checklist that CHP will utilize to inspect the tow vehicle.

Minor Items

Inspection Item	Yes	No	Additional Remarks
Registration Card			
Lighting System			
Beam Indicator			
Rear Lamps with Cord			
Backup Lamps (1969+)			
Turn Signals			

FORM Q: VEHICLE INSPECTION, CONTINUED (For Reference Only; do not submit with Proposal)

Windshield/Wipers			
Mirrors			
Horn			
Broom			
Shovel			
Fire Extinguisher (4B, C)			
Rating Plates			
Controls Labeled			
Booster Battery/Hot Box			
Wheel Tie Down Straps			
Claw (if applicable)			
Cleanliness			
Paperwork (F/R & Reg)			

Unsafe Violations

Inspection Item	Yes	No	Additional Remarks
Parking Brakes			
Tire Tread			
Safety Chains			
Wrecker Boom Assembly			
Hydraulic Hoses/Valves			
Pivot Pin			
"L" Arm (if applicable)			
Tow Sling Assembly			
Bed Pivot (C/C)			

FORM Q: VEHICLE INSPECTION, CONTINUED (For Reference Only; do not submit with Proposal)

Bed Safety Locks (C/C)			
Sling Pads			
Steering			
Frame			
Suspension			
Wheels/Tires			
Motor Carrier Permit			
Registration Current			

Additional Information (add additional sheets if necessary)

Facility Inspection Result (indicate Pass or Fail) _____ **Pass** _____ **Fail**

Record of Vehicle Inspection:

Today, I have completed an inspection of the vehicle noted above.

 Date

 Time

 Signature of CHP Inspector

 Printed Name and Title of CHP Inspector

The CHP representative listed above has inspected the vehicle noted above with me and indicated clearly why particular items were marked "No".

 Signature of Tow Contractor

 Printed Name and Title of Tow Contractor