



Newport-Mesa
Unified School District

**REQUEST FOR PROPOSAL
RFP 103-26
Fire Alarm Systems Testing, Inspections, And
Maintenance**

**Newport Mesa Unified School District
2985 Bear St., Bldg. A
Costa Mesa, CA 92626**



15182 Bolsa Chica Street | Huntington Beach, CA 92649
Office (714) 894-7310 | Fax 714-989-1801
Contractor's License 1141126 | C-10/ C-16

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Viking Automatic Sprinkler	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	2 Business name/disregarded entity name, if different from above. dba Kimble Fire	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 301 York Ave Remit to: PO Box 74008409	
6 City, state, and ZIP code Saint Paul, MN 55130 Remit to: Chicago, IL 60674-8409		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

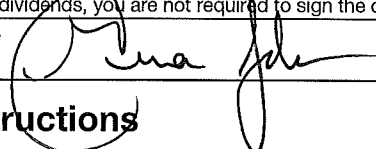
Social security number										
			-				-			
or										
Employer identification number										
4	1		-	0	5	9	3	8	6	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 2/3/25
------------------	---	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
04/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED Viking Automatic Sprinkler Company DBA Kimble Fire 15182 Bolsa Chica Street, Suite A Huntington Beach, CA 92649	INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 16535

COVERAGES**CERTIFICATE NUMBER:** W38665875**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			GLO 8902940-05	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			BAP 8488453-05	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ No	N/A	WC 8902941-05	12/31/2024	12/31/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 27612212

BATCH: 3921237

Exhibit 1 - General Provider Information/Signature Page

The Provider shall furnish the following information. Failure to comply with this requirement will render the proposal incomplete and may cause its rejection. Please fill out the un-shaded sections in the form below. Also, additional sheets may be attached if necessary. "You" or "your" as used herein refers to the vendor's firm and any of its officers, directors, shareholders, parties, and principals.

General Provider Information/Signature Page		
Firm Name	Viking Automatic Sprinkler	
Firm Address	15182 Bolsa Chica Street Huntington Beach, CA 92649	
Firm Telephone	(714) 894-7310	
Firm Fax Number		
Firm Email	donnie.borders@kimblefire.us	
Type of Firm (Mark an 'X' for the appropriate one)	Individual	
	Partnership	
	Corporation	X
	Joint Venture	
Primary Contact Name	Steven Carrasquel	
Primary Contact's Telephone	(562) 784-1103	
Primary Contact's Email	steven.carrasquel@kimblefire.us	
Number of years of experience?	41	
Has your firm, either performing work under its current license or under other licenses through other entities, including a joint venture, declared bankruptcy or been placed in receivership within the past ten (10) years? (Please answer Yes or No)	Yes	
If Yes, explain	Previously Kimble & Company ; under CSLB# 460923	
Have you been assessed liquidated damages for any project in the past three years? (Please answer Yes or No)	No	
If Yes, explain		
Are you currently or within the past five (5) years been involved in litigation with any public agency particularly any school district? (Please answer Yes or No)	No	

Exhibit 1 - General Provider Information/Signature Page

General Provider Information/Signature Page	
If Yes, explain, and provide case name and number:	
Have you ever failed to complete a project in the last three years? (Please answer Yes or No)	No
If yes, give the owner and details:	

Provider's Representations Provider understands, agrees, and warrants:

1. That Provider has carefully read and fully understands the information that was provided by NMUSD to serve as the basis for submission of this proposal.
2. That Provider has the capability to successfully undertake and complete the responsibilities and obligations of the proposal being submitted.
3. All information contained in the proposal is true and correct to the best of Provider's knowledge.
4. That Provider did not, in any way, collude, conspire or agree, directly or indirectly, with any person, firm, corporation or other Provider in regard to the amount, terms, or conditions of this proposal.
5. That Provider did not receive unauthorized information from Any NMUSD staff member or Consultant during the Proposal period except as provided for in the Request for Qualifications package, addenda thereto, or the pre-proposal conference, if applicable.
6. That by submission of this proposal, the Provider acknowledges that NMUSD has the right to make any inquiry it deems appropriate to substantiate or supplement information supplied by Provider and Provider hereby grants NMUSD permission to make said inquiries, and to provide any and all requested documentation in a timely manner.
7. That funding for any resulting contract is contingent on adequacy and availability.
8. To comply with NMUSD's insurance provisions, to provide appropriate indemnification for NMUSD and to hold NMUSD harmless from Vendor's performance of the contract.

Provider's Signature

No Proposal shall be accepted which has not been signed in ink in the appropriate space below:

Kyle Howell

 Print Name
 President/Branch Manager

 Print Title


 Signature

09/26/2025

 Date

Exhibit 2 - List of References

References – provide at least three (3) educational client references for which your proposed lead person and project team have performed similar services. Include school district names, addresses, contact name(s), and phone/fax numbers.

Reference # 1	
Contact Name	Joe J Loera
Contact Title	Maintenance Engineer
Contact's Telephone	213-434-9124
Contact's Email Address	joe.loera@lasud
School District Name	Los Angeles Unified School District (LAUSD)
School District Address	333 South Beaudry Avenue, Los Angeles, CA 90017
Description of Services	Fire Alarm and Fire Sprinkler Inspections Fire Alarm and Fire Sprinkler Repairs Elevator Testing

Reference # 2	
Contact Name	Tony Barrera
Contact Title	Maintenance Engineer
Contact's Telephone	714-349-4481
Contact's Email Address	tony.barrera@emuhdsd.org
School District Name	El Monte Union High School District (EMUHSD)
School District Address	3537 Johnson Ave, El Monte, CA 91731-3290
Description of Services	Fire Alarm and Fire Sprinkler Inspections Fire Alarm and Fire Sprinkler Repairs Fire Hydrant Inspections and Repairs Kitchen Hood Inspections and Repairs

Reference # 3	
Contact Name	Eric Jones
Contact Title	Maintenance Engineer
Contact's Telephone	626-921-0665
Contact's Email Address	eric.jones@rolandschools.org
School District Name	Rowland Unified School District
School District Address	1830 S. Nogales Street, Rowland Heights, CA 91748-2945
Description of Services	Fire Alarm and Fire Sprinkler Inspections and Repairs

Reference # 4	
Contact Name	
Contact Title	
Contact's Telephone	
Contact's Email Address	
Organization Name	
Organization Address	
Description of Services	

Exhibit 3 – Certificate of Nondiscrimination

CERTIFICATE OF NONDISCRIMINATION BY SELLER

As a supplier of goods or services to the Newport Mesa Unified School District, the firm listed below certifies that it does not discriminate in its employment with regard to race, religion, creed, sex, national origin, or handicap; that it is in compliance with all Federal, State, and local directives and executive orders regarding nondiscrimination in employment; and that it agrees to demonstrate positively and aggressively the principle of equal opportunity in employment.

We agree specifically:

1. To establish or observe employment policies which affirmatively promote opportunities for minority persons at all job levels.
2. To communicate this policy to all persons concerned, including all company employees, outside recruiting services (especially those serving minority communities), and the minority communities at large.
3. To take affirmative steps to hire minority employees within the company.

Kimble Fire Protection

PRINT OR TYPE FIRM'S NAME

Kyle Howell, President/Branch Manager

PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING



SIGNATURE

09/26/2025

DATE

EXHIBIT 4

NONCOLLUSION DECLARATION

(To Be Executed By Bidder and Submitted With RFP)

I, Kyle Howell, declare as follows:

That I am the President/Branch Manager of Kimble Fire Protection, the party making the attached RFP; that the attached bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the RFP is genuine and not collusive or sham; that the submitter has not directly or indirectly induced or solicited any other submitter to put in a false or sham bid, or that anyone shall refrain from submitting; that the submitter has not in any manner, directly or indirectly, sought by agreement, communication, or to fix any overhead, profit, or cost element of the RFP price, or of that of any other submitter, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the RFP are true; and further, that the submitter has not, directly or indirectly, submitted his or her RFP price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, RFP depository, or to any member or agent thereof to effectuate a collusive or sham RFP.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 26th day of September, 2025, at

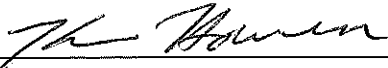
Huntington Beach, California.

Kyle Howell

Print Name

President/Branch Manager

Print Title



Signature

09/26/2025

Date

Exhibit 5 - Conflict of Interest Statement

(This form must be filled out, signed, dated and submitted by all persons seeking to serve as a Provider to the District.)

Board Policy 3600 of the Newport Mesa Unified School District provides in part:

"Independent contractors shall submit a written conflict of interest statement disclosing financial interests as determined necessary by the Superintendent or designee, depending on the range of duties to be performed by the consultant. The Superintendent or designee shall consider this statement when deciding whether to recommend approval of the contract.

Any consultant hired by the district who is subject to the filing requirements in the district's conflict of interest code shall file a Statement of Economic Interests within the time period required by law. (Government Code 87302)."

The Superintendent has determined that all persons seeking to serve as a Provider to the District shall fill out truthfully, sign, date and submit the Conflict of Interest Statement prior to performing any Provider work or services for the District.

I, Kyle Howell hereby certify the following:

(NAME OF PROVIDER'S DESGINEE)

1. I am not an employee of the District and no member of my immediate family¹ is an employee of the District.
2. Within the past 12 months, neither I nor any member of my immediate family¹ has been a member of the Board of Trustees of the District.
3. Neither I nor any member of my immediate family¹ has been a member of the District's Citizens Bond Oversight Committee for the District's Bond Program.
4. Within the past 12 months, neither I nor any member of my immediate family¹ has provided or made, and will not provide or make, any promise of any gift² of any kind (money, meals, goods, services, entertainment tickets, etc.), in-kind services, commission, or fully or partially expense-paid trips to any District Board Member, District employee or District Provider whose responsibilities include the selection of District Providers or the evaluation, supervision or oversight of District Provider (a "Responsible Employee³"), except:

5. I do not employ or retain, and will not employ or retain, any current District Responsible Employee as a Provider, independent provider or employee during the term of my agreement with the District.

6. I am authorized to make, and do make, this certification on behalf of

Kimble Fire Protection

(NAME OF ORGANIZATION)

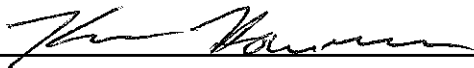
The foregoing certifications are true and correct. I make this certification under penalty of perjury under the laws of the State of California.

Kyle Howell

PRINTED NAME OF DESIGNEE

President/Branch Manager

PRINTED TITLE



SIGNATURE OF DESIGNEE

09/26/2025

SIGNATURE DATE

Exhibit 6

CERTIFICATION BY CONTRACTOR CRIMINAL RECORDS CHECK

To the Governing Board of Newport Mesa Unified School District,

I, _____ certify that:
Name of Contractor

The undersigned does hereby certify to the governing board of the District as follows:

That I am a representative of the Contractor currently under contract ("Contract") with the District; that I am familiar with the facts herein certified, and an authorized and qualified to execute this certificate on behalf of the Contractor.

Contractor certifies that it has taken at least one of the following actions with respect to the service that is the subject of the Contract (check all that applies):

_____ The Contractor has complied with the fingerprinting requirements of Education Code Sections 33192, 33915, and 45125 et al., with respect to all Contractor's employees and all of its sub-Contractors' employees who may have a contact with District pupils in the course of providing services pursuant to the Contract, and the California department of Justice has determined that none of those employees has been convicted of a felony, as that term is defined in Education Code Section 45122.1, as well as all other applicable legislative and penal codes that may be referenced in this Section. A complete and accurate list of Contractor's employees and of all of its sub-Contractors' employees who may come in contact with District pupils during the course and scope of the Contract is attached hereto: and/or

_____ Pursuant to Education Code Section 45125.2, Contractor certified that all employees will be under the continual supervision of, and monitored by, an employee(s) of the Contractor who the California Department of Justice has ascertained has not been convicted of a violent or serious felony. The name and title of the employee(s) who will be supervising Contractor's employee(s) and its sub-Contractors' employee(s) is/are:

Name and Title:

See attached Criminal Records Check Employee Name List (page 2 of this form)

_____ The Work on the Contract is at an unoccupied school site and no employee and/ or sub-Contractor or supplier of any tier of Contract shall come in contact with the District pupils.

Contractor's responsibility for criminal background clearance extends to all of its employees, sub- sub-Contractors, and employees of sub-Contractors coming into contact with District pupils regardless of whether they are designated as employees or acting as independent Contractors or suppliers of the Contractor.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at _____, California on _____
Date

Signature

Typed or printed name

Address

Title

Telephone

CRIMINAL RECORDS CHECK

INSERT NAMES OF EMPLOYEES WHO MAY COME IN CONTACT WITH PUPILS

>>> Use Additional Copies of This Page as Needed and Update Names as Required by Contract <<<

IMPORTANT! Changes to the criminal status of anyone listed on this form must be reported to the District immediately.

Name of Contractor: _____

Date: _____

NAME OF EMPLOYEE(S)	PROJECT POSITION
---------------------	------------------

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

Exhibit 7
Maintenance Proposed Cost

Preventive and Corrective Maintenance and Testing services to be billed quarterly, monthly, semiannually, or annually.

Site	Unit Cost	Annual Cost
Adams (TK-6)	\$165	\$3,630
Andersen (TK-6)	\$165	\$2,640
California (TK-6)	\$165	\$2,640
College Park (TK-6)	\$165	\$5,280
Davis Magnet School (K-6)	\$165	\$2,640
Eastbluff (TK-6)	\$165	\$1,320
Harbor View (TK-6)	\$165	\$2,640
Kaiser (3-6)	\$165	\$2,640
Killybrooke (TK-6)	\$165	\$2,640
Lincoln (TK-6)	\$165	\$2,640
Mariners (TK-6)	\$165	\$1,320
Newport (TK-6)	\$165	\$5,280
Newport Coast (TK-6)	\$165	\$2,640
Newport Heights (TK-6)	\$165	\$2,640
Paularino (TK-6)	\$165	\$3,960
Pomona (TK-6)	\$165	\$3,960
Rea (TK-6)	\$165	\$2,640
Sonora (TK-6)	\$165	\$3,960
Victoria (TK-6)	\$165	\$1,320
Whittier (TK-6)	\$165	\$5,280
Wilson (TK-6)	\$165	\$5,280
Woodland (TK-2)	\$165	\$2,640
Back Bay High School (9-12)	\$165	\$2,640
Corona del Mar Middle	\$165	\$14,190
Costa Mesa Middle and	\$165	\$14,685
Early College High	\$165	\$6,270
Ensign Intermediate	\$165	\$2,640
Estancia High School (9-12)	\$165	\$4,950
Monte Vista Independent	\$165	\$1,320
Newport Harbor High	\$165	\$15,180
TeWinkle Middle School (7-8)	\$165	\$5,280
BESST Center	\$165	\$1,320
Ed Center	\$165	\$1,650
Harper Center	\$165	\$660
Lindbergh School	\$165	\$660
	Total Cost	\$141,075.00 / Annually

EXHIBIT 8

LABOR RATES AND OTHER CHARGES

Complete hourly labor rate for each type of technician (i.e. apprentice, journeyman etc.) for each category of work hours (i.e. standard time, overtime, holidays, etc.).

TECHNICIAN TYPE	WORK HOUR CATEGORY	HOURLY RATE
Journeyman	Standard Time	\$165
Journeyman	Overtime	\$235
Journeyman	Double Time	\$235
Journeyman	Holidays	\$235

Indicate when hourly charge begins and ends; and the smallest portion of an hour for which a charge will be made. (min/max)

Hourly charges begin upon technician arrival at the site and end upon departure. Labor is billed in 1-hour increments, rounded up to the nearest hour. Inspections = No Hourly Commitment / Service Calls = 4 Hour Minimum

EMERGENCY, AFTER HOURS, SATURDAYS, SUNDAYS AND HOLIDAYS RATES

Required work for emergencies, after normal business hours 7:30 AM – 4:30 PM Monday through Friday and on Saturdays, Sundays, and holidays, travel and labor time will be charged as follows:

Hourly Service Rate-Emergency straight time	\$165
Hourly Travel Time Rate/mile	\$165
Hourly Service Rate, after hours & weekends	\$235

Indicate when hourly charge begins and ends; and the smallest portion of an hour for which a charge will be made. (min/max)

For emergency or after-hours service calls, labor is billed portal-to-portal, beginning when the technician departs their home base and ending upon return. After Hours Inspections = No Hourly Commitment / Service Calls = 4 Hour Minimum

Other:

REPAIR CHARGES

Fee/Overhead & Profit – Self Performed Work (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for self-performed work.

0 _____ %

Fee/Overhead & Profit – Sub-Contractor Performed Work (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for sub-contracted work if applicable.

20 _____ %

Fee/Overhead & Profit – Equipment Rental (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for rental equipment.

20 _____ %

Fee/Overhead & Profit – Materials (as a percentage of direct costs for repairs related to services in this proposal). This percentage shall be inclusive of all mark-up for the cost of materials.

20 _____ %

EXHIBIT 9
DESIGNATION OF SUBCONTRACTORS

Not Applicable

In compliance with the Subletting and Subcontracting Fair Practices Act (Chapter 2, commencing at Section 41007), Division 5, Title 1 of the Government Code of the State of California, and any amendments thereof, each bidder shall set forth below: (a) the name and the location of the place of business of each subcontractor who will perform work or labor or render service to the prime contractor in or about the construction of the work or improvement to be performed under this contract or a subcontractor licensed by the State of California who, under subcontract to the prime contractor, specially fabricates and installs a portion of the work or improvement according to detailed drawings contained in the plans and specifications in an amount in excess of one-half of one percent of the prime contractor's total bid; and (b) the portion of the work which will be done by each subcontractor under this act. The prime contractor shall list only one subcontractor for each such portion as is defined by the prime contractor in this bid.

If a prime contractor fails to specify a subcontractor or if a prime contractor specifies more than one subcontractor for the same portion of the work to be performed under the contract in excess of one-half of one percent of the prime contractor's total bid, he shall be deemed to have agreed that he is fully qualified to perform that portion himself, and that he shall perform that portion himself.

No prime contractor whose bid is accepted shall (a) substitute any subcontractor, (b) permit any subcontract to be voluntarily assigned or transferred or allow it to be performed by any on other than the original subcontractor listed in the original bid, or (c) sublet or subcontract any portion of the work in excess of one-half of one percent of the prime contractor's total bid as to which his original bid did not designate a subcontractor, except as authorized in the Subletting and Subcontracting Fair Practices Act. Subletting or subcontracting of any portions of the work in excess of one-half of one percent of the prime contractor's total bid as to which no subcontractor was designated in the original bid shall only be permitted in cases of public emergency or necessity, and only after finding reduced to writing as a public record of the authority awarding this contract setting forth the facts constituting the emergency or necessity.

PORTION OF WORK	SUBCONTRACTOR	LOCATION & PLACE OF BUSINESS

PRINT OR TYPE FIRM'S NAME

PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING

SIGNATURE

DATE