Golden Empire Affordable Housing, Inc.

# BAKER STREET APARTMENTS

IFB #: 200-44

Trade: SURVEYOR

IFB Deadline: August 9, 2024

The development is located at: 800 S. Baker street Bakersfield Ca. 93307.

To view plans go to: https://geahi.org/procurement-opportunities

### IFB INSTRUCTIONS

- Thoroughly review all specifications, the scope of work, site plans, and all other documents in the bid packet.
- Complete the specification and scope of work. Please note, using your own form instead of using the provided forms will result in an automatic disqualification.
- Any questions must be submitted via email to procurement@geahi.org no later than
   3 business days before the bid deadline.
- Sign, date, and initial all places where indicated.
- All bid submissions need to be submitted to procurement@geahi.org. If bid is emailed to staff, it will not be considered.
- Bid packets need to be complete and include the following;
  - Scope of Work/Specification filled out and signed
  - Completed Vendor Information Sheet
  - Complete and signed W-9
- This project is NOT prevailing wage.

#### GOLDEN EMPIRE AFFORDABLE HOUSING, INC

## 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301 OFFICE 661.633.1533 | FAX 661.633.1617

EMAIL procurement@geahi.org

| Project: Baker Street Apartments | SPECIFICATIONS |  |  |
|----------------------------------|----------------|--|--|
|                                  | <b>D</b> ATE   |  |  |
|                                  | SUBCONTRACTOR  |  |  |
|                                  | LICENSE #      |  |  |
| TRADE: SURVEYOR                  | EMAIL          |  |  |
|                                  |                |  |  |

Reference to Subcontractor shall mean Surveyor Subcontractor and reference to Owner shall mean **Golden Empire Affordable Housing Inc**. Subcontractor shall furnish all labor and equipment to perform the operations necessary to complete all surveying work as indicated on the Contract Documents and specified herein, including but not limited to the following;

#### **CONTRACT WILL INCLUDE:**

- 1. Subcontractor shall furnish all labor, material, and equipment to perform all operations necessary to Survey all Onsite and Offsite.
- 2. Property corners
- 3. Building corners and Elevations.
- 4. Pad Certifications
- 5. Onsite
  - Staking for final grade, parking curb, v-gutters, and all parking area.
- **6.** Utilities: underground Electric, underground water, underground Fire, Underground sewer, and drainage system.

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- 7. Other: Trash Enclosure, Parking base lights and vehicle charging station.
- 8. Offsites: Complete Survey including stake for curb, gutter, drive approach and sidewalks.

| Initials | Initials          |
|----------|-------------------|
| -        | SpecReq.Surveying |

| PAYMENT SCHEDULE: |                                                           |                                                       |      |
|-------------------|-----------------------------------------------------------|-------------------------------------------------------|------|
|                   | (Refer to Contract Article sete, 40% wet/dry utilities co | 5 "Progress Payments") omplete, 20% offsites complete | te.  |
|                   |                                                           |                                                       |      |
|                   |                                                           |                                                       |      |
|                   |                                                           |                                                       |      |
|                   |                                                           |                                                       |      |
|                   |                                                           |                                                       |      |
|                   |                                                           |                                                       |      |
|                   |                                                           |                                                       |      |
| contractor        | Date                                                      | GEAHI                                                 | Date |

#### Scope of work Surveyor

#### 1.GENERAL:

A. Reference to Subcontractor shall mean Surveyor Subcontractor. Reference to Owner shall mean Golden Empire Affordable Housing, Inc.

#### 2. SCOPE:

A. Subcontractor shall furnish all labor, and equipment to perform the operations necessary to complete all Surveying operation as indicated on the specifications and specified herein, including but not necessarily limited to the following:

- 1. Lot Survey/Property corners: Survey and stablish the boundary lines of the subject properties, set or reset the property corners.
- 2. Set durable monuments at each corner of the property marked with land surveyors license number.
- 3. Construction Staking Survey to stake the building corners for construction.
- 4. Pad Certifications
  - Perform a survey on the finished building pad to certify the elevations to the approved grading plan.
- 5. The Building Pad Certification will be signed and sealed by the Licensed Land Surveyor
- 6. Onsite:

Included

**7.** Offsites:

Included

#### 3. GERAL REQUIREMENTS

Subcontractor shall guarantee that all work and equipment are in accordance with OSHA regulations.

#### 4. WORKMANSHIP:

- A. Workmanship shall be incompliance with all requirements of local, state and federal codes whether specifically mentioned in these specifications or not, at no additional cost to Owner.
- B. All Workmanship shall meet the standard of good practice acceptable within the industry.

#### 5. CLEAN-UP:

|               | •              | ris, waste material, rubbish, etc<br>site shall be. left in a neat and c | •    |
|---------------|----------------|--------------------------------------------------------------------------|------|
| Subcontractor | Date Page 1 of | GEAHI                                                                    | Date |

SpecReq.Surveying

## Golden Empire Affordable Housing, Inc. 601 24<sup>th</sup> Street, Suite B, Bakersfield, CA 93301 • 661.633-1533 • FX: 661.366-1617

#### **VENDOR INFORMATION SHEET**

| Date:                                                                                                                                        |                               | Prepared By:         |               |                 | - |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|---------------|-----------------|---|
| Official Business Name:                                                                                                                      |                               |                      |               |                 | - |
| DBA:                                                                                                                                         |                               |                      |               |                 |   |
| Location Address:Street                                                                                                                      | City                          |                      | State         | Zip             | - |
| Street                                                                                                                                       | City                          |                      | State         | Σίρ             |   |
| Remit Address:                                                                                                                               |                               |                      |               |                 | _ |
| Street                                                                                                                                       | City                          | State                | Zip           |                 |   |
| Contact Person:                                                                                                                              | Title:                        |                      |               |                 |   |
| Phone #:                                                                                                                                     | Accts. Receivable Phone #:    |                      |               |                 |   |
| Fax #:                                                                                                                                       | Customer Service Phone #:     |                      |               |                 |   |
| E-mail Address:                                                                                                                              |                               |                      |               |                 |   |
| Federal ID # or SS#:                                                                                                                         | Contractor Lic # <u>:</u>     |                      |               |                 |   |
| Business Lic #:                                                                                                                              | City Lice                     | ense Issued <u>:</u> |               |                 |   |
| General Liability Insurance Carrier & Policy #                                                                                               | :                             |                      |               |                 |   |
| Auto Liability Insurance Carrier & Policy #:                                                                                                 |                               |                      |               |                 |   |
| Workers Compensation Insurance Carrier & F                                                                                                   | Policy #:                     |                      |               |                 |   |
| FEDERAL TAX CLASSIFICATION:                                                                                                                  |                               |                      |               |                 |   |
| $\square$ Individual/Sole Proprietor $\square$ C Corpo                                                                                       | ration $\square$ S Corporatio | n 🗌 Partners         | hip 🗌 Trust,  | /Estate         |   |
| ☐ Limited Liability Co. ☐ Other:                                                                                                             | <del></del>                   |                      |               |                 |   |
| SBA CLASSIFICATION:                                                                                                                          |                               |                      |               |                 |   |
| It is the policy of Community Action Partners<br>development, participation, and continued e<br>Enterprises and Veteran Business Enterprises | xpansion of Small Busines     |                      |               | •               | _ |
| ☐ Minority-Owned ☐ Small Business                                                                                                            | □Veteran-Owned □              | ]Woman-Owned         |               |                 |   |
| Years in Business:                                                                                                                           |                               | Accept               | Purchase Ord  | ers: 🗌 Yes 🗌 No |   |
| If your business has a Soc                                                                                                                   | ial Security number as Ta     | ax ID, we require    | the signature | of the owner.   |   |
| Authorized Signature:                                                                                                                        |                               | Print Name:          |               |                 | - |
| Title:                                                                                                                                       |                               | Date:                |               |                 | _ |

(Rev. October 2018) Department of the Treasury Internal Revenue Service

#### **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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                   |  |
| <b>s</b> on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |                                                   |  |
| ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ship) ►                                                                                           | Exempt payee code (if any)                        |  |
| Print or type. Specific Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of the single-member owner or U.S. federal tax purposes. | Exemption from FATCA reporting code (if any)                                                      |                                                   |  |
| ecif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other (see instructions) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | (Applies to accounts maintained outside the U.S.) |  |
| See <b>Sp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 Address (number, street, and apt. or suite no.) See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Requester's name and address (optional)                                                           |                                                   |  |
| 0,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                   |  |
| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | curity number                                     |  |
| reside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | up withholding. For individuals, this is generally your social security number (SSN). However, for<br>ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other<br>es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                   |  |
| TIN, la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ater.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or                                                                                                |                                                   |  |
| 110 to a document in the formation of the first additional for the first account to the first and a fi |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | end Employer                                                                                      | r identification number                           |  |
| Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | per To Give the Requester for guidelines on whose number to enter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   | -                                                 |  |
| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t II Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                   |  |
| Unde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | r penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                   |  |
| 2. I ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e number shown on this form is my correct taxpayer identification number (or I am waiting for a mot subject to backup withholding because: (a) I am exempt from backup withholding, or (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I have not been no                                                                                | otified by the Internal Revenue                   |  |

- no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. 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 Signature of Here U.S. person ▶ Date ▶

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

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.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,