

**Golden Empire Affordable Housing, Inc.**

# **BAKER STREET APARTMENTS**

**IFB #: 200-45**

**Trade: EXCAVATION/GRADING**

**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](mailto: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](mailto: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**

**SPECIFIC REQUIREMENTS**

**PROJECT:**

Baker Street Apartments

**SUBCONTRACTOR:** \_\_\_\_\_

**LICENSED #:** \_\_\_\_\_

**OFFICE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TRADE: EXCAVATION/GRADING SUBCONTRACTOR**

Reference to Subcontractor shall mean **Excavation/grading Subcontractor** and reference to Owner shall mean **GEAHI**. Subcontractor shall furnish all labor and equipment to perform the operations necessary to complete all excavation and compaction work as indicated on the soils report, Contract Documents and specified herein, including but not limited to the following:

**CONTRACT WILL INCLUDE:**

- a. Clear and Grub lot.
- b. Excavation- OX pad area per soils report. Backfill and compact to 90% grade to tolerance.
- c. Rough Grade: Grade Onsite per approved grading plan. Including dirt drainage swales.
- d. Final Grade: Add separate mobilization for Final Grade prior to flatwork and landscape.
- e. Haul all access dirt from foundation footings and plumbing trench. Include T & M price to complete all soil Export. (Attach pricing to bid packet)
- f. Grade all proposed parking, and flatwork areas. Recompact as per soils report. Recompact to a minimum of 90% of maximum density based on ASTM Test Method D1557. Compaction testing provided by GEAHI.
- g. The subcontractor may schedule all Compaction testing with vendor directly.



**SCOPE OF WORK**  
**EXCAVATION/GRADING**

**1. GENERAL:**

A. Reference to Subcontractor shall mean **Excavation/Grading Subcontractor**. Reference to Owner shall mean **Golden Empire Affordable Housing Inc.**

B. Subcontractor is responsible to check **APPROVED PLANS AND SOILS REPORT** before construction.

**2. SCOPE:**

Subcontractor shall furnish all labor, material, and equipment to perform the operations necessary to complete all excavation & grading work as indicated on the soils report, grading plans and specified herein, including but not necessarily limited to the following:

- a. All proposed building pads must be striped and excavated, worked until uniform and free from large clots, moisture-conditioned to at or above optimum moisture content, and recompact as per soils report. Recompact to a minimum of 90% of maximum density based on ASTM Test Method D1557.
- b. Over excavation should extend to a minimum of 5 feet beyond structural elements.
- c. Prior to backfilling the bottom of the excavation should be proof-rolled and observed by third party inspector to verify stability.
- d. The proposed structured foundations must be supported by the recommended inches of engineered fill mentioned on the soils report.
- e. Backfill and compact to 90% grade to tolerance based on ASTM Test Method D1557.
- f. All proposed parking, landscape and flatwork areas must be striped and excavated, worked until uniform and free from large clots, moisture-conditioned to at or above optimum moisture content, and recompact as per soils report. Recompact to a minimum of 90% of maximum density based on ASTM Test Method D1557.
- g. Over excavation should extend to a minimum of 2 feet beyond pavement and flatwork.
- h. Prior to backfilling the bottom of the excavation should be proof-rolled and observed by third party inspector to verify stability.
- i. Rough and final Grade Site prior to flatwork and landscape. Include separate mobilization.

- j. Compaction testing will be paid by owner.
- k. Subcontractor may schedule all Compaction testing with vendor directly.
  
- o. Fire Hydrant -Construction Meter will be provided to Subcontractor (Must be returned in the condition it was given including, backflow, 90 swivel el, Hydrant spanner and support stand).
  
- p. Remove meter daily after day is over and follow all recommendations given by Cal Water. Provide meter reading monthly.

### **3. GENERAL REQUIREMENTS**

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

### **4. PERFORMANCE STANDARDS**

Anything not meeting the following standards will be redone by Subcontractor at no additional cost to Owner.

### **5. WORKMANSHIP:**

- A. Workmanship shall follow 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.
- C. Subcontractor will not deviate from the plan, in any way, without prior written approval by Owners.  
This includes but is not limited to all structural and design elements.

### **6. CLEAN UP:**

A. Subcontractor shall clean- up and dispose daily all debris, waste material, rubbish, etc. to designated bins or as directed to by job site superintendent. The site shall be left in a neat and clean condition acceptable to Owner.

Subcontractor is responsible to sweep all sidewalks and gutters at the end of each day when completed and or as directed by job site Superintendent.

---

Subcontractor

Date

---

Owner

Date

**VENDOR INFORMATION SHEET**

Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Official Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Location Address: \_\_\_\_\_  
Street City State Zip

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 #: \_\_\_\_\_

Business Lic #: \_\_\_\_\_ City License Issued: \_\_\_\_\_

General Liability Insurance Carrier & Policy #: \_\_\_\_\_

Auto Liability Insurance Carrier & Policy #: \_\_\_\_\_

Workers Compensation Insurance Carrier & Policy #: \_\_\_\_\_

**FEDERAL TAX CLASSIFICATION:**

Individual/Sole Proprietor  C Corporation  S Corporation  Partnership  Trust/Estate

Limited Liability Co.  Other: \_\_\_\_\_

**SBA CLASSIFICATION:**

It is the policy of Community Action Partnership of Kern, consistent with Federal, State and local laws, to promote and encourage the development, participation, and continued expansion of Small Business Enterprises, Minority Business Enterprises, Women's Business Enterprises and Veteran Business Enterprises.

Minority-Owned  Small Business  Veteran-Owned  Woman-Owned

Years in Business: \_\_\_\_\_ Accept Purchase Orders:  Yes  No

**If your business has a Social Security number as Tax ID, we require the signature of the owner.**

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## 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](http://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, later.*