

EXHIBIT B
REQUIRED SUBMITTALS



AUTHORIZATION TO TRANSACT BUSINESS

If the successful Bidder is a corporation before the Agreement is executed, the corporation shall submit documentary evidence from the Secretary of State that the corporation is in good standing and that the corporation is authorized to transact business in the State of Georgia.

BID BOND

STATE OF GEORGIA
COUNTY OF FULTON

KNOW ALL MEN BY THESE PRESENTS, that we,
_____, as Principal, and
_____, as Surety, are
held and firmly bound unto the City of Atlanta, Georgia in the sum of
_____ Dollars (\$_____) lawful
money of the United States of America, for the payment of which sum will and truly to be
made, we bind ourselves, our heirs, personal representatives, successors and assigns,
jointly and severally, firmly by these presents.

WHEREAS, the Principal was submitted to the Owner a Bid for **FC-6260 Peachtree
Creek South Fork Relief Storage and Pumping Stations**

NOW, THEREFORE, the conditions of this obligation are such that if the Bid be
accepted, the Principal shall, within five (5) days after receipt of conformed Agreement
Documents, execute a Agreement in accordance with the Bid upon the terms, conditions
and prices set forth therein, and in the form and manner required by the Agreement
Documents and execute sufficient and satisfactory separate Performance and Payment
Bonds payable to the Owner, then this amount of five percent (5%) of the total bid
amount in form satisfactory to the Owner, then this obligation shall be void; otherwise, it
shall be and remain in full force and effect in law; and the Surety shall, upon failure of
the Principal to comply with any or all of the foregoing requirements within the time
specified above, immediately pay to the aforesaid Owner, upon demand, the amount
hereof in good and lawful money of the United States of America, not as a penalty, but
as liquidated damages.

This bond is given pursuant to and in accordance with the provision of O.C.G.A. Section
13-10-1 and 36-82-101 et. Seq. And all the provisions of the law referring to this
character of bond as set forth in said Sections or as many be hereinafter enacted and
these are hereby made a part hereof to the same extent as if set out herein in full.

IN WITNESS WHEREOF, the said Principal has hereunder affixed its signature and
seal, and said Surety has hereunto caused to be affixed its corporate signature and seal,
by its duly authorized officers, on this _____ day of
_____, 20__.

Resident agent in state in which Work is to be performed:

Name:

Address:

Phone:

Fax:

BID GUARANTEE

BID BOND OF INSURER MAY BE USED

SUBMIT POWER OF ATTORNEY FROM AGENT

BID DOCUMENTATION

--Certification--

THE UNDERSIGNED HEREBY CERTIFIES THAT THE BID DOCUMENTATION CONTAINED HERIN CONSTITUTES ALL THE INFORMATION USED IN PREPARATION OF THE BID AND THAT I HAVE PERSONALLY EXAMINED THESE CONTENTS AND HAVE FOUND THAT THIS BID DOCUMENTATION IS COMPLETE.

BY: _____

TITLE: _____

FIRM: _____

ADDRESS: _____

TELEPHONE NO. _____

FAX NO. _____

DATE: _____

BID FORM

FC-6260 Peachtree Creek South Fork Relief Storage and Pumping Stations

TO: The City of Atlanta, Georgia Submitted: _____, 2011

The undersigned, as Bidder, hereby declares that the only person or persons interested in this Bid, as principal or principals, is or are named herein and that no other person, than herein mentioned has any interest in this Bid or in the Agreement to be entered into, that this Bid is made without connection with any other person, company or parties making a Bid or proposal; and that it is in all respects fair and in good faith without collusion or fraud.

The Bidder further declares that he has examined the Site of Work and informed himself full in regard to all conditions pertaining to the place where the Work is to be done; that he has examined the Agreement Documents for the Work furnished prior to the opening of Bids; and that he has satisfied himself relative to the Work to be performed.

The Bidder proposes and agrees, if this Bid is accepted, to contract with the City, in the form of Agreement specified, to furnish all necessary Materials, Equipment, means of transportation and labor necessary, and to complete this Project in full and complete accordance with the shown, noted, described and reasonably intended requirements of the Agreement Document to the full and entire satisfaction of the City, and with a definite understanding that no money will be allowed for extra work except as set forth in the Agreement Document.

Bidder hereby agrees to commence Work under this Agreement on or before a date to be specified in the written "Notice to Proceed" from the City.

The undersigned acknowledges receipt of addenda numbered _____ through _____.

In accordance with the above understanding, the undersigned proposes to do all of the Work, furnish all of the Materials, and complete the Work in accordance with the Agreement Documents for the Total Bid.

EXHIBIT B

**GEORGIA UTILITY CONTRACTOR'S
LICENSE CERTIFICATION**

NOTE: The Utility Contractor's License Number is also required on the Bid Envelope.

Contractor's Name: _____

Utility Contractor's License Number: _____

Expiration Date of License: _____

FC Number and Project Name: FC- 6260 Peachtree Creek South Fork Relief and Pumping Stations

STATEMENT OF BIDDER'S QUALIFICATIONS

This Statement is to accompany bids submitted for the following project: **FC-6260 Peachtree Creek South Fork Relief Storage and Pumping Stations**

1. NAME OF BIDDER: _____
2. BUSINESS ADDRESS: _____

3. TELEPHONE NUMBER: _____
4. OFFICIAL REPRESENTATIVE AND TITLE: _____

5. Using the forms provided in this Section, list previously completed or current projects which are similar in scope and complexity to this project which were completed or assigned to your firm or joint venture, including: Name of project, location of project, owner's name, address and phone number, description of work performed, initial contract amount, final contract amount, start date, scheduled completion date and actual completion date. (If a joint venture, list separately for each joint venture partner.) Limit to 5.
 - a. Contractors must have successfully completed at least three (3) contracts of similar complexity with a construction value of not less than \$10,000,000.
6. Provide the following information for the organization proposed for this project:
 - a. Organizational chart.
 - b. Indicate the participation by the various members in the organization, as shown on the organizational chart; in the management; and in the division of work (If a joint venture, indicate percent of man hours and percent of project cost to be performed by each joint venture member).
7. Using the forms provided in this Section (or other documentation providing equivalent information, e.g., resumes), provide information for key project personnel, Project Manager, Project Superintendent, Estimator, Project Engineer, Safety Engineer and QA/QC Manager.
 - a. Project Manager must have successfully completed at least two (2) contracts

of similar complexity involving construction of wastewater pumping stations or wastewater pumping station modifications with a construction value of not less than \$10,000,000. Project Manager shall have experience with rock removal methods and blast monitoring of similar complexity.

- b. Project Superintendent must have successfully completed at least two (2) contracts involving construction of wastewater pumping stations or wastewater pumping station modifications with a construction value of not less than \$10,000,000. Project Superintendent shall have experience with rock removal methods and blast monitoring of similar complexity.
 - c. Project Engineer, Safety Engineer and QA/QC Manager must have worked on at least two (2) contracts of similar size and complexity as this project.
8. The Contractor must have an established Safety Program that as a minimum includes those items as listed on the attachment entitled "*CONTRACTOR SAFETY RECORD FORM*".
9. The Contractor's Workman's Compensation Ratings (EMR-Experience Modification Rate) must not exceed an average of 1.0 over the last three (3) years.
- a. Contractor's Workman's Compensation Ratings (EMR-Experience Modification Rate) _____
10. The Contractor's OSHA Incidence Rates must not exceed the Industry Standard published by the U.S. Department of Labor(2002) (i.e.-Recordable Incidence Rates of 6.2 and Loss Time Incidence Rates of 2.4 per OSHA definition and calculation) for the last three (3) years.
- a. Contractor's Recordable Incidence Rates _____
 - b. Contractor's Lost Time Incidence Rates _____
11. If there have been any fatalities during the last five (5) years on any projects performed by the Contractor or on any work performed under the direct supervision of a proposed Project Manager and the Contractor or proposed Project Manager was cited by OSHA for "Willful", in performing the work in which the fatality occurred, the Contractor will be disqualified based on the City's review. The Contractor may also be disqualified in the event that a Recordable Incident occurred due to the same condition that existed when a previous fatality occurred and resulted in an OSHA citation or failure to implement a corrective action plan.
- a. Fatalities during the last five years where Contractor was cited by OSHA for "Willful" Violation _____
 - b. Fatalities during the last five years where the proposed Project Manager was cited by OSHA for "Willful" Violation.
-

12. If there have been any incidents during the last five (5) years on the wastewater or water treatment facility projects performed by the Contractor or on any work performed under the direct supervision of a proposed Project Manager that resulted in the wastewater or water treatment facility failing to meet NPDES Discharge Permit requirements due to the actions of the Contractor or Project Manager or failure of the Contractor or Project Manager to perform work on schedule, then the Contractor will be disqualified based on the City's review.

The previous statements and attachments are true, correct, and complete to the best of my knowledge.

Date: _____

Firm Name: _____

By: _____

Title: _____

Sworn to and subscribed before me

this ____ day of _____, 2012

Notary Public County: _____
(Secretary)

My Commission Expires:

STATEMENT OF BIDDER'S QUALIFICATIONS
COMPANY PROJECT EXPERIENCE
 (Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Contractor's Project Superintendent	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary, Size & LF	
Bore & Jack, Size &, LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

STATEMENT OF BIDDER'S QUALIFICATIONS
PROJECT MANAGER'S EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary Sewer, Size & LF	
Jack & Bore, Size & LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

STATEMENT OF BIDDER'S QUALIFICATIONS
PROJECT SUPERINTENDENT'S EXPERIENCE
 (Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Superintendent	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary Sewer, Size & LF	
Jack & Bore, Size & LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

STATEMENT OF BIDDER'S QUALIFICATIONS
PROJECT ESTIMATOR EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's QA/QC Manager	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary Sewer, Size & LF	
Jack & Bore, Size & LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

STATEMENT OF BIDDER'S QUALIFICATIONS
PROJECT KEY STAFF EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Safety Engineer	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary Sewer, Size & LF	
Jack & Bore, Size & LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

STATEMENT OF BIDDER'S QUALIFICATIONS

PROJECT ENGINEER EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Engineer	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary Sewer, Size & LF	
Jack & Bore, Size & LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

STATEMENT OF BIDDER'S QUALIFICATIONS
PROJECT SAFETY MANAGER EXPERIENCE
 (Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Engineer	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary Sewer, Size & LF	
Jack & Bore, Size & LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

STATEMENT OF BIDDER'S QUALIFICATIONS
PROJECT QA/QC MANAGER EXPERIENCE
 (Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Engineer	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Sanitary Sewer, Size & LF	
Jack & Bore, Size & LF	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of Major Project Components	

*Bidder may provide documentation showing equivalent information substantiating minimum qualifications required for this Project.

Contractor Safety Record Form

I. Safety Program Information

A. Do you have a written safety program?

Yes (If yes, attach outline) No

B. Which of the following does your safety program contain:

1. Health and safety training of its subcontractors?

Yes No

2. Documentation of health and safety training required?

Yes No

3. Hazard Communication Program (29 CFR 1910.1200, CCR Title 8 Section 5194)?

Yes No

4. Confined Space Entry and Rescue Program (29 CFR 1910.146, CCR Title 8 Section 5156-5159)?

Yes No (If yes, attach explanation)

5. "Hot Work" permit program (29 CFR 1910.146, CCR Title 8 5156-5159)?

Yes No (If yes, attach explanation)

6. "Lock-Out/Tag-Out" program (29 CFR 1910.417)?

Yes No (If yes, attach explanation)

C. Equipment Maintenance Program for the following:

1. Miscellaneous construction tools and equipment Yes No

2. Ladders Yes No

3. Scaffolds Yes No

4. Heavy Equipment Yes No

5. Vehicles Yes No

D. Do you have a new employee safety orientation program?

Yes No

1. If yes, does it include instruction in the following:

(a) Company Safety Policy Yes No

(b) Company Safety Rules Yes No

(c) Safety Meeting Attendance Yes No

(d) Company Safety Record Yes No

Exhibit B, Required Submittals

FC-6260 Peachtree Creek South Fork Relief Storage and Pumping Stations.

- (e) Hazard Recognition Yes No
- (f) Hazard Reporting Yes No
- (g) Injury Reporting Yes No
- (h) Non-Injury Accident Reporting Yes No
- (i) Personal Protective Equipment Yes No
- (j) Respiratory Protection Yes No
- (k) Fire Protection Yes No
- (l) Housekeeping Yes No
- (m) Toxic Substance Yes No
- (n) Electrical Safety Yes No
- (o) Fall Protection Yes No
- (p) First-Aid/CPR Yes No
- (q) Driving Safety Yes No
- (r) Hearing Conservation Yes No
- (s) Lock-Out/Tag-Out Yes No
- (t) Bloodborne Pathogens Yes No
- (u) Asbestos Yes No
- (v) Confined Spaces Yes No
- (w) Hazard Communication Yes No

E. Do you conduct safety meetings for your employees? Yes No

1. If yes, how often:

Daily Weekly Bi-weekly Monthly As Needed

F. Do you conduct health and safety audits of work in progress?

Yes No

1. If yes, who conducts the audits?

2. How often are the audits conducted?

G. Do you notify all employees of accidents and precautions related to accidents and near misses?

Yes No

1. If yes, how is this notification accomplished?

- (a) Safety meetings Yes No
- (b) Post notification in office Yes No
- (c) Post notification at the site where the incident occurred Yes No
- (d) Other _____

H. Is safety a criteria in evaluating the performance of:

- 1. Employees Yes No
- 2. Supervisors Yes No
- 3. Management Yes No

I. Does your firm hold "tailgate" safety meetings? Yes No

1. If yes, how often:

Daily Weekly Bi-weekly Monthly As Needed

J. *Does your company have a drug and alcohol testing policy?*

Yes No

K. *Does your company require that subcontractors participate in a drug surveillance/testing program?*

Yes No

L. *Does your company have a method of disseminating safety information?*

Yes No

AFFIDAVIT

STATE OF GEORGIA
COUNTY OF FULTON

Personally appeared before the undersigned, _____
who on oath, says that he/she is _____
and, in such capacity, is authorized to sign this Affidavit, and says on oath that,
has submitted to the City of Atlanta Bid or offer to do the following Work under
Agreement, to-wit:

**FC-6260, PEACHTREE CREEK SOUTH FORK RELIEF STORAGE AND
PUMPING STATIONS**

Affiant states upon oath that _____, has
not, by itself or with others, directly or indirectly, entered into any combination,
arrangement or scheme, whatsoever, with any other Bidder to increase the price
of said Work, or to offer a different sum from its Bids; and Affiant further states
that _____, has entered into no
arrangement, expressed or implied, to induce others not to bid, or to do any by-
bidding.

Affiant further states that the said Bid of _____
is bona fide, and that has gone to any furnisher or supplies and attempted to get
such person or company to furnish the materials to _____ only,
or if furnished any other Bidder, that the material shall be at a higher price.

(COMPANY NAME)

(PRESIDENT/VICE PRESIDENT)

Sworn to and subscribed before me,

this ___ day of _____, 2011

Notary Public County: _____
(Secretary)

My Commission expires:

_____.

Proof of Insurance Coverage and Bonding Capacity

PROJECT: FC-6260, Peachtree Creek South Fork Relief Storage and Pumping Stations

INSURANCE COVERAGE AND BONDING CAPACITY

CITY OF ATLANTA, GEORGIA

Bidder shall provide the CITY with satisfactory evidence of the Proponent's ability to obtain the required insurance and bonds from (a) company(ies) satisfactory to the CITY and licensed by the Insurance Commissioner of the State of Georgia to transact Surety business in the State of Georgia. Bidder shall submit this form with its Bid.

SURETY:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME AND PHONE: _____

BONDING CAPACITY IS: _____

AVAILABLE (uncommitted) BONDING CAPACITY IS: _____

INSURER:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME AND PHONE: _____

Bidder is required to submit a letter from the Company providing insurance and bonds for this project certifying that the Company will provide insurance and bonds in accordance with the terms set forth in Appendix B.

Date: _____, 2012

Corporate Bidder:
[Insert Corporate Name]

By: _____
Name: _____
Title: _____

**Corporate Secretary/Assistant
Secretary (Seal)**

Non-Corporate Bidder:
[Insert Bidder Name]

By: _____
Name: _____
Title: _____

Notary Public (Seal)

My Commission Expires: _____

Non-Corporate Proponent's:
[Insert Bidder Name]

By: _____
Name: _____
Title: _____

Notary Public (Seal)
My Commission Expires: _____

