

MTM Construction, Inc.

Name of Bidder (Name of Firm)

BID FORM

For Job Order Contract Bid #6112

FORM OF PROPOSAL TO BE USED BY BIDDERS

NOTE: ANY ALTERATION OR ADDITION TO THE FORM OF PROPOSAL MAY INVALIDATE SAME. FILL OUT COMPLETELY ALL BLANK SPACES. LINE OUT NONAPPLICABLE BLANKS. INCOMPLETE FORM MAY INVALIDATE BID. THE COUNTY RESERVES THE RIGHT TO WAIVE ANY INFORMALITIES OR TO REJECT ANY OR ALL BIDS OR TO ACCEPT ANY ALTERNATIVES WHEN CALLED FOR.

Principal Buyer
County of Ventura
California 93009

The undersigned proposes to furnish all materials, labor and equipment required for the Job Order Contract for the County of Ventura in accordance with County's Invitation for Bid including addenda thereto, if any, as follows:

- I. Adjustment Factors. The Contractor bids two adjustment factors that will be applied against the prices set forth in the Unit Price Book. These Adjustment Factors will be used to price out fixed price work orders by multiplying the Adjustment Factor by the Unit Prices and quantities.
- II. Base Period (12 months from Notice of contract award or expenditure of the Maximum Contract Value, whichever occurs first)

Item 1: Adjustment Factors

- A. Unit work requirements to be performed during Normal Working Hours as ordered in individual work orders issued against the contract.

0	.	9	4	0	0
---	---	---	---	---	---

Utilize four decimal places (i.e. 1.0250)

ZERO POINT NINE FOUR ZERO ZERO
bid for Normal Working Hours - in words (i.e. One point zero two five zero)

NOTE - THE PREMIUM HOURS FACTOR MAY NOT BE LESS THAN THE NORMAL WORKING HOURS FACTOR

- B. Unit work requirements to be performed during The Premium Working Hours as ordered in individual work orders issued against the contract.

0	.	9	9	0	0
---	---	---	---	---	---

Utilize four decimal places (i.e. 1.0500)

ZERO POINT NINE NINE ZERO ZERO
bid for Premium Working Hours - in words (i.e. One point zero five zero zero)

NOTE - THE PREMIUM HOURS FACTOR MAY NOT BE LESS THAN THE NORMAL WORKING HOURS FACTOR

- C. Unit work requirements to be performed during Normal Working Hours as ordered in individual work orders for Projects with HCAI oversight issued against the contract.

1	.	0	0	0	0
---	---	---	---	---	---

Utilize four decimal places (i.e. 1.0250)

ONE POINT ZERO ZERO ZERO ZERO
 bid for Normal Working Hours - in words (i.e. One point zero two five zero)

NOTE – THE PREMIUM HOURS FACTOR MAY NOT BE LESS THAN THE NORMAL WORKING HOURS FACTOR

- D. Unit work requirements to be performed during The Premium Working Hours as ordered in individual work for Projects with HCAI oversight orders issued against the contract.

1	.	0	8	0	0
---	---	---	---	---	---

Utilize four decimal places (i.e. 1.0500)

ONE POINT ZERO EIGHT ZERO ZERO
 bid for Premium Working Hours - in words (i.e. One point zero five zero zero)

NOTE – THE PREMIUM HOURS FACTOR MAY NOT BE LESS THAN THE NORMAL WORKING HOURS FACTOR

1. When submitting Work Order Price Proposals related to specific Work Orders, the Bidder shall utilize one or more of the Adjustment Factors applicable to the Work being performed.

2. The weighted multipliers above are for the purpose of calculating an Award Criteria Figure only. No assurances are made by the County that Work will be ordered under the Contract in a distribution consistent with the weighted percentages above. The Award Criteria Figure is only used for the purpose of determining the Bid.

ACKNOWLEDGEMENTS

The undersigned Bidder acknowledges the following

1. The Unit Price Book reflects direct costs without mark-ups
2. The Adjustment Factor is intended to cover all overhead costs and profit
3. An Adjustment Factor of less than 1.0000 will likely result in a financial loss
4. That failure to perform on this contract could result in disqualification from future bidding on any JOC Contract.

I have read and understand the above.

Signature

1/13/2023

Date



The undersigned bidder proposes to perform the Job Order Contracting referred to above, pursuant to the Adjustment Factors contained on this Bid Form, and agrees that if the Contract is awarded to him/her, he/she will be bound thereby upon such award.

I (We) further certify that on November, 20 1992, License No. 659142, license classification(s) A,B,C9,C10,C16,C20,C21,C33,C36, was issued to me(us), in the name of MTM Construction, Inc., by the Contractors' State License Board, pursuant to California Statutes of 1929, as amended, and that said license has not been revoked.

Date signed January 13, 20 23 Respectfully submitted,

Place City of Industry, CA
City and State

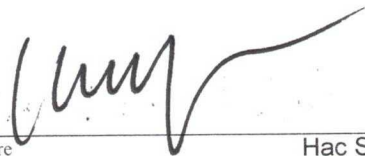
MTM Construction, Inc.
Firm Name (if applicable)

Bidder's address and telephone:


16035 Phoenix Drive
Number and Street

City of Industry, CA
City and State

626-934-1112
Telephone


Signature Hac Song Lee

President
Title


Signature Stella H. Nam

Secretary
Title

Check where applicable:

- ☐ An individual
- ☒ A Corporation. Name
State or territory of
Incorporation CA
- ☐ A co-partnership
- ☐ A joint venture

If a co-partnership or joint venture, list names of individuals comprising same below.

n/a