



*Pacific Gas and
Electric Company*[®]

REQUEST FOR PROPOSAL No. 2202

For: WORKFORCE EDUCATION AND TRAINING PROGRAM
INCLUSION

CERTIFICATES AND FORMS

TRANSMITTAL LETTER

(Date)

PROPOSAL FOR WORKFORCE EDUCATION AND TRAINING PROGRAM INCLUSION

_____, hereinafter, "Bidder".

(Bidder's Company Name)

Lily Divito
Sourcing Department
Pacific Gas and Electric Company
245 Market Street, N5D
San Francisco, CA 94105

Subject: PG&E Request for Proposal No. 2202

WORKFORCE EDUCATION AND TRAINING PROGRAM INCLUSION

Dear Ms Divito:

The Undersigned, as an official authorized to solicit business and enter into a Contract on behalf of the Bidder and having carefully read and examined the RFP for the above designated services, does hereby propose to provide the services set forth in this Proposal and agrees to execute a Contract with PG&E to perform the Work set forth in the RFP and any applicable Contract Change Order. Project costs include all taxes incurred in the performance thereof. All prices stated herein are firm and shall not be subject to adjustment provided this Proposal is accepted within 120 days after the time set for receipt of proposals.

THE UNDERSIGNED UNDERSTANDS THAT (A) PG&E RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS AND TO ACCEPT OTHER THAN THE LOWEST COST PROPOSAL; (B) ANY CONTRACT WHICH MAY ISSUE FROM THIS RFP SHALL NOT BE AN EXCLUSIVE CONTRACT; AND (C) ANY CONTRACT WHICH MAY ISSUE FROM THIS RFP SHALL NOT GUARANTEE CONTRACTOR ANY WORK, NOR SHALL THERE BE ANY GUARANTEE AS TO THE VOLUME OR DURATION OF WORK.

The undersigned declares that Bidder has familiarized itself with the conditions affecting the Work. Further, the undersigned certifies and represents that Bidder has thoroughly reviewed the RFP and used it in preparing its proposal.

The undersigned hereby declares that only the persons or firms interested in the Proposal as principles are named herein, and that no other persons or firms that are herein mentioned have any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without connection with any other person, company, or parties likewise submitting a bid or proposal; and that it is in all respects for and in good faith, without collusion or fraud.

(Signature)

(Printed or Typed)

(Title)

(Company)



List of Subcontractors and Disbursement Record

EXHIBIT 1-A

Prime Contractor/Supplier:	Name of Preparer:
PG&E Contract Number (if any):	Telephone: ()
PG&E Project/Product:	E-Mail:
Contract Duration (Year): From: To:	Total Bid Value:

(1) Name of Subcontractor	(2) WMDVBE Status Code*	(3) V**	(4) NV***	(5) Address	(6) Description of Work	(7) Estimated Amount to be Paid to Subcontractors					
<table border="1"> <tr> <td>(8) Estimated Total Amount to be Paid to All Verified WMDVBE Subcontractor(s):</td> <td> </td> </tr> <tr> <td>(9) Total Bid Value:</td> <td> </td> </tr> <tr> <td>(10) Estimated Percentage to be Paid to All Verified WMDVBE Subcontractor(s) (a÷b):</td> <td> </td> </tr> </table>					(8) Estimated Total Amount to be Paid to All Verified WMDVBE Subcontractor(s):		(9) Total Bid Value:		(10) Estimated Percentage to be Paid to All Verified WMDVBE Subcontractor(s) (a÷b):		
(8) Estimated Total Amount to be Paid to All Verified WMDVBE Subcontractor(s):											
(9) Total Bid Value:											
(10) Estimated Percentage to be Paid to All Verified WMDVBE Subcontractor(s) (a÷b):											

* Refer to Instructions/Codes/Definitions on back.
 ** V = Subcontractor is a verified WMDVBE.
 *** NV = Subcontractor is not a verified a verified WMDVBE.

Signature: _____ /Date _____
 I hereby verify that the listed information is true and accurate to the best of my knowledge.

The successful bidder(s) will be expected to register and report all monthly subcontracting spending with verified WMDVBE subcontractors at www.pgesupplierdiversity.com for the duration of the contract.

STEP-BY-STEP INSTRUCTIONS

Complete column numbers 1-10 and return this form with your bid proposal (**Please attach copies of diverse Subcontractors certifications with your bid proposal**).

- (1) Include the complete name of the subcontractor.
- (2) Indicate the supplier's minority code (see definitions and codes below).
- (3) Place a "V" in the box if the subcontractor is a **verified** WBE or MBE supplier by the CPUC Clearinghouse or a **verified** DVBE certified by the Department of General Services.
- (4) Place a "WV" in the box if the subcontractor is **not verified**.
- (5) Include the address, city, state and zip of the subcontractor.
- (6) Describe the work that the subcontractor will be performing.
- (7) Indicated the estimated amount to be paid to each subcontractor for the duration of the contract.
- (8) Indicate the estimated total amount to be paid to all **verified** subcontractors for the duration of the contract.
- (9) Indicate the proposed bid value.
- (10) Indicate the percentage of the bid value to be paid to all verified subcontractors. Divide the estimated dollars to be paid to all **verified** WMDVBE subcontractors by the total bid value.

DEFINITIONS AND CODES

WBE Women Business Enterprise: A business enterprise that is at least 51 percent owned by a woman or women, or, in the case of any publicly-owned business, at least 51 percent of the stock of which is owned by one or more women, and whose management and daily business operations are controlled by one or more of those individuals

MBE Minority Business Enterprise: A business enterprise that is at least 51 percent owned by a minority group or groups, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more minority-group individuals, and whose management and daily business operations are controlled by one or more of those individuals.

Minority Status:	001	African American Male	008	Hispanic American Female
	002	African American Female	009	Caucasian Male
	003	Asian Pacific American Male	010	Caucasian Female
	004	Asian Pacific American Female	011	Multi-Status
	005	Native American Male	012	Other Groups
	006	Native American Female	013	Small Business Enterprise
	007	Hispanic American Male	014	Service Disabled Veteran Business Enterprise

African Americans Persons having origins in any black racial groups of Africa.

Asian Pacific Americans Persons having origins in Asia or the Indian Subcontinent, including, but not limited to, persons from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, India, Pakistan, and Bangladesh.

Native Americans Persons having origin in any of the original peoples of North America or the Hawaiian Islands, in particular, American Indians, Eskimos, Aleuts, and Native Hawaiians.

Hispanic Americans All persons of Mexican, Puerto Rican, Cuban, South or Central American, Caribbean, or other Spanish culture or origin.

Caucasian Includes all people of European and North African descent.

Multi-Status An enterprise that is wholly owned and controlled by a combination of minorities or women but whose majority ownership (at least 51%) is not vested with any one of these individuals.

Other Groups Groups whose members are found to be socially and economically disadvantaged by the Small Business Administration pursuant to Section 8 (d) of the Small Business Act as amended (15 U.S.C. 637 (d)), or by the Secretary of Commerce pursuant to Section 5 of Executive Order 11625.

Small Business Enterprise (SBE) A business defined pursuant to Section 3 of the Small Business Act (SBA) and relevant regulations pursuant thereto. If unsure, please contact your local Small Business Administration office for clarification.

**Service Disabled
Veterans Business Enterprise
(DVBE)**

Has the same meaning as defined in subdivision (g) of the Military and Veterans Code and must meet the "Control" and "Operate" criteria. An enterprise which is 51 percent owned, or the stock is 51 percent owned, by one or more disabled veterans.

INJURY AND ILLNESS PREVENTION PROGRAM
Compliance Certificate

The undersigned, the _____ of
(title/position)

_____ (Bidder), hereby certifies to PG&E as
(name of Bidder)

follows:

1. That Bidder has an effective Injury and Illness Prevention Program which meets the requirements of all applicable laws and regulations, including but not limited to Section 6401.7 of the California Labor Code and that any Subcontractor hired by Consultant to perform any portion of the Work under this Contract has an effective Injury and Illness Prevention Program; and
2. That he or she is the person with the authority and responsibility for implementing and administering Bidder's Injury and Illness Prevention Program.

IN WITNESS WHEREOF, the undersigned has executed this Compliance Certificate on _____.

Signature

Print Name

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INTENT TO BID FORM

Please return this form by 12:00 P.M. PST on 1/21/2015.

Upload to the Power Advocate site.

<p>INDICATE BIDDER'S INTENT TO BID:</p> <p>___ INTEND TO BID ___ DECLINE TO BID</p>

BIDDER:	
AUTHORIZED REPRESENTATIVE:	
DATE:	