State of California • Department of General Services • Arnold Schwarzenegger, Governor
TRANSPORTATION MANAGEMENT
1700 National Drive • Sacramento, CA 95834 • (916) 928-5842

To: All Potential Bidders of Transportation Management's Uniform Price Schedule (UPS) for Local Office Moves

Transportation Management is looking for Household Goods carriers to do local office moves originating within any county in California and destined within a 50 mile radius, per Distance Table 8.

You will find a bid package enclosed for each of the counties you have requested. Please complete the enclosed bid(s) and return them to:

Dana Anderson
Transportation Management
1700 National Drive
Sacramento, CA 95834

No rates will be accepted in Schedule 1 (Labor Charges) higher than the Standard State Rates, presently:

	TERRITORY A	TERRITORY B	TERRITORY C
Van & 1 Man	$ 74.38	$ 67.56	$ 58.94
Van & 2 Men	120.39	109.43	94.94
Additional Men	38.45	35.06	30.16

We would like to point out Specification #4. Please respond with a yes or no to this item.

Appendix A must be completed with a date and signature.

You may contact the Small Business Certification Unit for Small Business Certification at:

Small Business Certification & Resources
707 – 3rd Street
West Sacramento CA 95605
Homepage -- http://www.dgs.ca.gov/osmb
(916) 375-4940

If you are a "small business" but do not have certification from the Department of General Services, Small Business Certification & Resources at the time you complete this bid package, you must mark the box NO. Once you apply and receive your certification, forward a copy of it to me and I will make the change in the next quarterly revision. If you do have your certification, enclose a copy of it with your bid.

When completing the enclosed bid(s), please keep the following information in mind:

. There is NO double drive time.

. There is NO drive time to or from work site unless you are transporting State items to or from storage.

. 1 hour minimum for labor charges.

. 50% of the "additional helper" rate per person is added for overtime and 100% of the “additional helper” rate for doubletime.

. Prevailing wages must be paid to your employees on moves of $2500.00 or more if you have checked the YES box in Item 4.

. 100% liability for satisfactory repair or replacement, AT THE STATE'S OPTION, of all items damaged or lost during a move.

. Your invoice for services must include the following statement, "This work was ordered and performed under Transportation Management Uniform Price Schedule ___ #_____ (Local _____)."

. Your invoice, along with a copy of Appendix D & E, should be mailed to the State agency for payment.

. A copy of your invoice with Appendix D & E <u>must also</u> be mailed to Dana Anderson, Transportation Management, 1700 National Drive, Sacramento CA 95834 for our oversight.

If you have any questions concerning this information, please contact me at (916) 928-5842.

Sincerely,

Dana Anderson
Associate Transportation Analyst
(916) 928-5844

Enclosure(s)

Transportation Management
Uniform Price Schedule For Local Office Moves
(Originating in _____ County)

Services ordered under this UPS are generally intended to be limited to a maximum of $2,500 per individual contracted move. (See Specification #4 for exceptions.)

SCHEDULE OF CHARGES

Services and materials under the following SCHEDULES may be ordered by any State agency for packing, unpacking, crating, uncrating, arranging, dismantling, assembling, normal movement by elevators and/or stairways into and/or out of buildings and/or within buildings, and transportation over public and private roads and highways or via ramps connecting buildings. Rates include labor and all necessary covering, carts, hand trucks and plywood to protect floors, walls and elevators. In computing charges at hourly rates, fractions of hours will be applied pursuant to Item 2 of the attached specifications.

SCHEDULE 1 (LABOR CHARGES)

Actual productive time at the job site(s). Productive time chargeable to the job starts when carrier's crew is assembled within the building at the actual job location where the work is being performed and the responsible person in charge has reported to the State's job coordinator ready to commence work, and includes actual shortest route driving time, shuttle or one-way hauling required for the State's moving job, and ends when the State's job coordinator signs the workers out individually on the “Appendix E” Form upon completion of the job. Chargeable time does not include driving time to the job site from carrier's terminal or previous job, nor from job site to carrier's terminal or next job; and does not include time at carrier's terminal to load and unload materials and equipment into/out of truck or trailers except State property going into or coming out of storage, and does not include nonproductive time for driver's meals, repairs, maintenance, fueling, breakdown, etc.

50% of the “extra helper” rate will be added, per person, for hours worked on the same State job, by the same employee, for all hours worked in excess of eight (8) hours up to and including twelve (12) hours in any workday and 100% of the extra helper rate will be added, per person, for hours worked on the same State job, by the same employee, for all hours worked in excess of twelve (12) hours in any workday. Weekend moves will be computed the same way as weekday moves.

There is a Minimum Charge of one (1) hour at the applicable rates.

The Uniform Price Schedule is for local office moves up to $2,500.00.

SCHEDULE 2 (Packing Container Charges)

Supply carton charges for previously unused packing containers furnished by carrier. Charge includes delivery to job site. Packing containers furnished by carrier under this SCHEDULE do not constitute "State Property", with reference to SCHEDULE 1.

SPECIFICATIONS

1. Carrier agrees to furnish on a continuing basis all of the services, equipment and supplies for which rates are specified in SCHEDULES 1 and 2 of the UPS, subject to the following provisions, and subject to Appendix "A" through "E". All services will be performed within and between buildings and locations originating within County and having destinations within 50 miles as computed under the California Public Utilities Commission's Distance Table 8.

   Any address, phone number, e-mail address or rate change must be submitted to Transportation Management, 1700 National Drive, Sacramento CA 95834. Rate changes will be effective on a quarterly basis and the changes must be received and approved by Transportation Management 30 days prior to the next quarterly revision date.

2. Fractions of an hour shall be determined in accordance with the following table:

   Minutes

Over	But Not Over	Fractional Hour
0	7	omit
7	22	1/4
22	37	1/2
37	52	3/4
52	60	1

3. Carrier shall NOT assess overtime rates for hours worked beyond the first eight (8) hours because of Contractor's failure to position a responsible person and/or crew and/or equipment at the time prescribed in carrier's written work order placed with carrier pursuant to Appendix "D".

4. Any individual order for services and contract agreed to between a State agency and a carrier under this UPS that exceeds $2,500 shall be subject to the following:

   Carrier agrees to pay no employee actually engaged in the moving or handling of goods being relocated under this contract less than the prevailing wage rate, except consideration may be given to areas where no such employee wage standards and conditions are reasonably available. The term "prevailing wage rate," as used in this specification means the rate paid to a majority of workmen engaged in the

particular craft, classification or type of work within the locality if a majority of such workmen be paid at single rate; if there be no single rate being paid to a majority, then the rate being paid the greater number. The determination required by this subdivision of wage rates prevailing in a given area shall be made by the Department of Industrial Relations. The term "supporting personnel" for the purposes of the UPS shall include all employees of a carrier who directly participate in the actual moving and handling of goods.

5. Carrier shall be responsible for the satisfactory repair, or replacement AT THE STATE'S OPTION, of any State property lost, damaged or stolen while in Contractor's custody, and for the satisfactory repair of any damage to buildings or grounds. Carrier shall be responsible for protecting State property during inclement weather.

6. It shall be the carrier's responsibility to make all necessary arrangements with building managers and local traffic authorities for use of elevators, loading docks, adjacent streets, sidewalks and malls.

7. Carrier shall submit an invoice of charges assessed for each job performed under this UPS directly to the State agency that ordered the work. Each invoice will be fully substantiated by a completed "Mover's Information Form" (Appendix "E") and the "Order for Services (Appendix "D"). Each invoice submitted by Contractor must include the following statement:

   "This work was ordered and performed under Transportation Management Uniform Price Schedule ____ #____
   (Local _____ county)."

   Carrier must also send one copy of each invoice with back-up documentation for services under this UPS to Transportation Management, 1700 National Drive, Sacramento CA 95834.

8. Carrier shall not unlawfully discriminate against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age (over 40), or sex. Carrier shall insure that the evaluation and treatment of its employees and applicants for employment are free of such discrimination and shall comply with the provisions of the Fair Employment and Housing Act (Government Code, Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5 of Division 4 of Title 2 of the California Administrative Code are incorporated into this agreement by reference and made a part hereof as if set forth in full. Carrier shall give written notice of its obligations under this clause to labor organizations with which it has a collective bargaining or other agreement.

9. STATE'S RESPONSIBILITIES

Any State agency ordering services must give the carrier adequate advance notice of the agency's requirements for moving services and the move must be described sufficiently to allow scheduling of carrier's workers and equipment needed for the job. Specific locations and names of contacts should be included.

The ordering State agency will assign a coordinator for each job performed who will designate items to be moved and their new locations, as well as outlining to carrier's foreman the detailed requirements for the job.

Each request for services shall be accompanied by a written work order from the agency requiring the services. The work order should be placed with Contractor in advance of the job (See Appendix "D").

Agencies shall utilize carriers listed that agree to pay prevailing wages for moving estimates close to $2,500.

Invoices for services under this UPS do not require State Transportation Management audit. Ordering State agencies must verify workers and hours charged on the "Mover's Information Form". The invoices should then be promptly processed for payment. Invoices received from the carrier which do not contain adequate substantiating information in Appendix D & E should be returned to the carrier with instructions to provide the required information.

10. Hourly rates prescribed in this UPS do not apply to services performed on Federal or State holidays.

EFFECTIVE __/__/__.

TRANSPORTATION MANAGEMENT
UNIFORM PRICE SCHEDULE FOR LOCAL OFFICE MOVES

TM UPS #_____ County_____.
(Will be assigned by T/M) (Move originates in)

Authorizing Officer & Title _____.

Firm _____.

Address _____.

_____.
CITY STATE ZIP

Contact Person _____.

Telephone #'s _____ _____.

Fax #_____ E-Mail Address_____.

CAL "T" #_____ Federal Tax ID Number_____.

Drug Free Certification Expires __/__/__.

( )Small Business Enterprise Certification Expires __/__/__.
( )Micro Business Enterprise Certification Expires __/__/__.
( )Disabled Veteran Business Enterprise Expires __/__/__.

( )Restricted to Modular Furniture set-up, tear down and reconfiguration on premises only.
( )This carrier agrees to pay Prevailing Wages for any moving service job in excess of $2,500.

HOURLY RATES		CARTON RATES	
Van & 1 man	$_____	Less than 3.0 Cu. Ft.	$_____*
Van & 2 men	$_____	3.0 Cu. Ft.	$_____*
Extra Helper	$_____	4.5 Cu. Ft.	$_____*
		6.0 Cu. Ft.	$_____*
		Tape, @ roll	$_____*

Officer's Authenticating Signature _____.

Date _____.

Contact State Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services, 707 – 3rd Street, West Sacramento CA 95605 for certification requirements. Questions regarding preference approval should be directed to that office at (916) 375-4940.

Small Business Preference

Section 14835, et seq. of the California Government Code requires that five percent preference be given to bidders who qualify as a small business. The rules and regulations of this law, including the definition of a small business for the delivery of services, are contained in Title 2, California Administrative Code, Section 1896, et seq. A copy of the regulations are available upon request. To claim the small business preference, which may not exceed $50,000 for any bid, your firm must have its principal place of business located in California, and have a completed application (including proof of annual receipts) on file with the State Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services, 707 – 3rd Street, West Sacramento CA 95605. Questions regarding the preference approval should be directed to that office at (916) 375-4940.

If you are claiming Small Business preference, attach a copy of your certification.

Disabled Veteran Business Enterprise

The following definitions apply:

A. Disabled Veteran means a veteran of the military, naval or air services of the United States with at least a 10 percent service-connected disability who is a resident of the State of California.

B. DVBE means a business concern certified by the Office of Small Business Certification and Resources as meeting all of the following:

   A sole proprietorship, 51 percent owned by a disabled veteran; or a firm or partnership, 51 percent of the stock or partnership interests of which are owned by one or more disabled veterans.

   Managed by, and the daily business operations are controlled by, one or more disabled veterans.

   A sole proprietorship, corporation, or partnership with its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, firm, or other business.

If you are claiming Disabled Veteran Business Enterprise status, attach a copy of your certification.

APPENDIX "D"

TRANSPORTATION MANAGEMENT
UNIFORM PRICE SCHEDULE
ORDER FOR SERVICES AND CONTRACT

Date of Order:_____ TM UPS ___ #_____._

To: _____ Agency Work Order #_____.

Confirming telephone conversation on _____ with_____,
it is understood the following services will be provided by your company under TM UPS ___ #_____ (Local _____ county).

Job Location(s):_____

Date & Time: _____

Crew Supervisor to report to: _____

Work to be done: _____

Special Instructions: _____

_____

_____

Number of men needed:
Driver(s)_____
Helper(s)_____

Estimated Hours_____

Vehicles/Equipment Needed:_____

Carrier to mail invoice and back-up documentation to:

_____

_____

_____

*** Carrier must also send one copy of each invoice & back-up documentation to Transportation Management, 1700 National Drive, Sacramento, CA 95834.

Office Move Coordinator _____

Telephone Number _____

Agency Name & Address _____

_____

State Agency Billing Code # _____

TRANSPORTATION MANAGEMENT HAS A BLANKET EXEMPTION FROM THE CA STATE CONTRACTS REGISTER FOR ALL STATE AGENCIES USING THIS UPS.

APPENDIX E

TRANSPORTATION MANAGEMENT
UNIFORM PRICE SCHEDULE
MOVER'S INFORMATION FORM

Date:_____ TM UPS ___ #_____

Department & Section:_____ AGENCY WORK ORDER #_____

Name (Print)	(1) D/H	Start Time*	Stop Time*	Lunch Etc.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.

State Employee Verification _____.
(Name)

_____.
(Signature)

Phone Number _____.

(1) D=Driver H=Helper

* At Job Site(s) (No Portal-to-Portal)