

## Bid Proposal Checklist

HCG BIDDING

- All Addenda are acknowledged
- Bid Package signed by authorized party
- Signed Non-Collusion Declaration from Prime Contractor enclosed
- Original Bid Bond enclosed; or
- If submitting via ePro, original Bid Bond mailed to Project and Facilities Management Department. **Note:** Original Bid Bond must be received by Project and Facilities Management Department by time of bid opening.
- No modifications made to bid forms
- Envelope properly labeled
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Remember to **seal** the bid and deliver to:

Project and Facilities Management Department  
County Government Center  
385 North Arrowhead Avenue, Third Floor  
San Bernardino, California 92415-0184

**Please Note:** This checklist is only provided to assist the bidders. It is the bidder's sole responsibility to ensure that they are complying with the requirements included in the Bid Package in their entirety, even if they are not identified on this checklist.

REVISED BID PROPOSAL

PROJECT: JOB ORDER CONTRACT SERVICES  
OWNER: San Bernardino County  
BID OPENING: July 12, 2023, at 10:00 A.M.  
BIDDER: Exbon Development Inc.  
TRADE: HEALTHCARE GENERAL BUILDING CONTRACTOR HCGBJOC1

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San Bernardino County  
Project and Facilities Management Department  
Project Management  
385 North Arrowhead Avenue  
Third Floor  
San Bernardino, CA 92415-0184  
<https://pfm.sbcounty.gov/>

In compliance with your invitation for bids, the undersigned has carefully examined the project Bid Documents, for Job Order Contract in San Bernardino County, California, and fully understands the scope and meaning of the Bid Documents.

The undersigned hereby agrees to furnish all materials, labor, tools, equipment, apparatus, facilities, and transportation necessary to complete Job Orders as described in the Bid Documents and to execute the contract to the satisfaction of the Project and Facilities Management Department – Project Management, at the following cost(s):

BID

The three (3) responsible and responsive bidder who submitted the ten lowest Award Criteria Figures shall be awarded the contract if they are awarded. The three (3) lowest Award Criteria Figures will be considered the lowest bids. The Award Criteria Figure will be determined by utilizing the following award formula: Factor 1 will be multiplied by .50, Factor 2 will be multiplied by .30, Factor 3 will be multiplied by .10, Factor 4 will be multiplied by .10. These numbers will be summed for an Award Criteria Figure, and the three (3) lowest composite bids will be considered the three low bids. The number of contracts listed above is only an estimate for the number of contracts to be awarded. The actual number of contracts to be awarded will be determined after the bid opening, based on the needs of the County.

Any alteration or addition to the form of Bid Proposal will invalidate same. Fill out completely all blank spaces. An incomplete form will invalidate bid.

All Adjustment Factors include applicable California state sales, tax, bonds, insurance and all other costs required to perform the Job Orders as described in the Bid Documents.

**ADJUSTMENT FACTORS:**

The Adjustment Factors will be used to price out fixed price Job Orders by multiplying the Adjustment Factor by the Unit Prices and quantities. The Contractor's eight (4) Adjustment Factors will be applied against the prices set forth in the Unit Price Book. The Adjustment Factors are as follows:

Zone 1: Factor 1 – Non-Patient Care Areas Normal Working Hours (7:00 a.m. to 5:00 p.m. Monday through Friday).

Zone 1: Factor 2 – Non-Patient Care Areas Other Than Normal Working Hours (5:01 p.m. to 6:59 a.m. Monday through Friday, as well as Saturday, Sunday and County holidays).

Zone 1: Factor 3 - Patient Care Areas Normal Working Hours (7:00 a.m. to 5:00 p.m. Monday through Friday).

Zone 1: Factor 4 – Patient Care Areas Other Than Normal Working Hours (5:01 p.m. to 6:59 a.m. Monday through Friday, as well as Saturday, Sunday and County holidays).

**ZONE 1**

**FACTOR 1** - Unit work requirements to be performed in **Non-Patient Care Areas** during Normal Working Hours (7:00 a.m. to 5:00 p.m. Monday through Friday) as ordered by the County in individual Job Orders against the contract.

**0 . 8 5 0 0**

Utilize four decimal places

**Zero Point Eight Five Zero Zero**

Bid for Normal Working Hours, Zone 1 (in words).

**FACTOR 2** - Unit work requirements to be performed in **Non-Patient Care Areas** during Other Than Normal Working Hours (5:01 p.m. to 6:59 a.m. Monday through Friday, and

Saturday, Sunday and County holidays) as ordered by the County in individual Job Orders against the contract. Factor 2 must be greater than Factor 1.

0 . 8 5 0 1

Utilize four decimal places

**Zero Point Eight Five Zero One**

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Bid for Other Than Normal Working Hours, Zone 1 (in words).

**FACTOR 3** – Unit work requirements to be performed in **Patient Care Areas** during Normal Working Hours (7:00 a.m. to 5:00 p.m. Monday through Friday) as ordered by the County in individual Job Orders against the contract. Factor 3 must be greater than Factor 2.

0 . 9 8 0 0

Utilize four decimal places

**Zero Point Nine Eight Zero Zero**

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Bid for Rapid Response Projects, Zone 1 (in words).

**FACTOR 4** – Unit work requirements to be performed in **Patient Care Areas** during Other Than Normal Working Hours (5:01 p.m. to 6:59 a.m. Monday through Friday, and Saturday, Sunday and County holidays) as ordered by the County in individual Job Orders against the contract. Factor 4 must be greater than Factor 3.

0 . 9 8 0 5

Utilize four decimal places

**Zero Point Nine Eight Zero Five**

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The award formula below is an integral part of this Bid Proposal, and to be responsive, the bidder shall quote for the total works above, and also shall complete the award formula below to determine the Award Criteria Figure.

**AWARD FORMULA**

Line 1: Zone 1, Factor 1	<u>0.8500</u>
Line 2: Multiply Line 1 by (.50)	<u>0.4250</u>
Line 3: Zone 1, Factor 2	<u>0.8501</u>
Line 4: Multiply Line 3 by (.30)	<u>0.2550</u>
Line 5: Zone1, Factor 3	<u>0.9800</u>
Line 6: Multiply Line 5 by (.10)	<u>0.0980</u>
Line 7: Zone 1, Factor 4	<u>0.9805</u>
Line 8: Multiply Line 7 by (.10)	<u>0.0981</u>
Line 9: Add Lines 2, 4, 6, 8	<u>0.8761</u>

The above Adjustment Factors are to be specified to four decimal places. Any alteration, erasure, or change must be clearly indicated and initialed by the bidder. All prices and information required on the bid form must be either typewritten or neatly printed in ink (use figures only). San Bernardino County reserves the right to revise all arithmetic errors in calculations for correctness. The Bid factor of each item on the Proposal must be stated in words and numerals; in case of a conflict, words will take precedence. In the case of a discrepancy between the written bid or numerical bid set forth on the Bid Proposal, and the numerical bid set forth in the ePro system, the information on the Bid Proposal shall prevail. The County reserves the right to reject any and all bids and to waive any irregularities.

All Unit Prices listed in the Construction Task Catalog® are priced at a net value of 1.0000. The Adjustment Factors shall be an increase or decrease to all the Unit Prices listed in the Construction Task Catalog®. For example, 1.1000 would be a 10% increase to the Unit Prices and 0.9500 would be a 5% decrease to the Unit Prices. Bidders who submit separate Adjustment Factors for separate Unit Prices will be considered non-responsive and their bid will be rejected.

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.

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

#### TIME FOR COMPLETION:

Twelve (12) months from the contract start date or expenditure of the stated maximum value of the contract, whichever occurs first. This is a bid for a Contract for repair, remodel or other repetitive work specified in individual Job Orders, effective for a period of 12 months from the start date of the Contract approved by the Board of Supervisors. Job Orders issued prior to, but not completed, by the expiration of the Contract period will be completed with all provisions of the Contract still in force. Supplemental Job Orders to an original Job Order issued prior to but not completed by the expiration of the contract prior, will be completed with all the provisions of this contract still in force.

#### BID DEPOSIT (BID BOND)

There is enclosed herewith, a certified check or surety bond in the amount of Twenty-Five Thousand Dollars (\$25,000), made payable to San Bernardino County. The undersigned agrees that in the event of the failure by the undersigned to execute the necessary contract and furnish the required contract bonds and insurance, the certified check or surety bond and the money payable thereon shall be, and remain, the property of San Bernardino County. If the bid is accompanied by a certified or cashier's check, the check shall be deposited by the — Project Management, and a County warrant for the full amount shall be issued to the undersigned approximately one month after Contract Award.

If the bid is submitted through San Bernardino County Electronic Procurement Network (ePro) then scan the bid security (bid bond) and submit the scanned copy with your bid submittal in ePro, additionally, mail or submit the original bid security, in a separate sealed envelope labeled "Bid Bond" with the title of the work and the name of the bidder clearly marked on the outside, to: Project and Facilities Management Department – Project Management, 385 North Arrowhead Avenue, 3rd Floor, San Bernardino, California, 92415-0184. **Any mailed or submitted bid security must be received on or before the time set for the opening of the bids.**

#### LIQUIDATED DAMAGES

Pursuant to the provisions of Government Code Section 53069.85 and in the event that all the Work called for in this Contract is not completed within the number of calendar days set forth within the individual Job Order, Contractor shall forfeit and pay to the County the sum of between \$750 to \$1,500 per calendar day, depending on the Job Order price and as described in the General Conditions, the work remains incomplete, to be deducted from any payments due or to become due to the Contractor. (Reference General Conditions and individual Job Orders)

#### ESCROW ACCOUNT

Pursuant to Section 22300 of the Public Contract Code, at the request and expense of the Contractor, the Contractor may substitute qualified securities in lieu of retention withheld by the County and/or establish an escrow account for retention payments.

#### REJECTION OF BIDS

The undersigned agrees that the Board of Supervisors reserves the right to reject any or all bids and reserves the right to waive informalities in a bid or bids, not affected by law, if to do so seems to best serve the public interest.

#### VALIDITY OF BIDS

The undersigned agrees that this bid will remain valid for sixty (60) days after the scheduled bid opening.

#### STATE LICENSES

The undersigned hereby certifies that he is currently the holder of a valid Class "B" license as a contractor in the State of California and that the license is the correct class of license as listed in the instruction to bidders. The undersigned also certifies that all subcontractor(s) that will be utilized as per individual Job Orders will be the holder of valid contractor's license(s) in the State of California and the license is the correct class of license for the work to be performed by the subcontractor(s).

#### INSURANCE

The undersigned agrees to furnish certified copies of all insurance policies and endorsements; all certificates of comprehensive, general and auto liability insurance; Workers' Compensation insurance; and such other insurance that will protect him from claims for damages and personal injury, including death, which may arise from operations under the contract, whether such operation be by the undersigned or by any subcontractor of the undersigned, or anyone directly or indirectly employed by the undersigned or any subcontractor of the undersigned in accordance with Section 77 of the General Conditions. **The undersigned agrees to provide the Project and Facilities Management Department – Project Management with Certificates of Insurance evidencing the required insurance coverage at the time Contractor executes the contract with the County.** All policies (excluding Workers' Compensation) shall name San Bernardino County as an additional insured. All coverages shall be subject to approval by the County for adequacy of protection.

#### BONDS

If this Bid is successful, the undersigned agrees to execute the required Standard Contract and will furnish a payment bond in an amount equal to one hundred percent (100%) of the potential maximum contract price and a Faithful Performance Bond in an amount equal to one hundred percent (100%) of the potential maximum contract price. These bonds shall be secured from a surety company or companies satisfactory to the County within ten (10) calendar days of the contract award. Bonds shall remain in full force and effect for a period of one year following the date of filing of Notice of Completion.

### FORMER COUNTY OFFICIALS

Contractor agrees to provide or has already provided information on former San Bernardino County administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former county administrative officials who terminated county employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of contractor. For purposes of this provision, "county administrative official" is defined as a member of the Board of Supervisors or such officer's staff, Chief Executive Officer or member of such officer's staff, county department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.

### INACCURACIES OR MISREPRESENTATIONS

If during the course of the bid proposal process or in the administration of a resulting Contract, the County determines that the contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, the contractor may be terminated from the bid proposal process, or in the event a Contract has been awarded, the Contract may be immediately terminated. If a Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.

### IRAN CONTRACTING ACT OF 2010

(Public Contract Code sections 2200 et seq.)

(Applicable for all Bids of one million dollars (\$1,000,000) or more)

(The Certification below is part of the Proposal/Bid and signing the Proposal/Bid shall constitute signature of this Certification)

In accordance with Public Contract Code section 2204(a), the proposer/bidder certifies that at the time the Proposal/Bid is submitted, the proposer/bidder signing the Proposal/Bid is not identified on a list created pursuant to subdivision (b) of Public Contract Code section 2203 (<http://www.dgs.ca.gov/pd/Resources/PDLegislation.aspx>) as a person (as defined in Public Contract Code section 2202(e)) engaging in investment activities in Iran described in subdivision (a) of Public Contract Code section 2202.5, or as a person described in subdivision (b) of Public Contract Code section 2202.5, as applicable.

Proposers/bidders are cautioned that making a false certification may subject the proposer/bidder to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code section 2205.

### DESIGNATION OF SUBCONTRACTORS

In compliance with the provisions of Sections 4100-4108 of the Public Contract Code of the State of California, and any amendments thereof, the undersigned shall provide after award of contract the name, location of the place of business and the California contractor license number of each subcontractor who will perform work for individual Job Orders (meaning the total amount of the



subcontractor's contract amount including all labor, materials, supplies and services) in excess of one-half of one percent (1/2 of 1%) of the total bid; and, the general category or the portion of the work to be performed by each subcontractor. The subcontractor information will be provided as part of a complete Job Order Proposal.

Where a hearing is required for a decision on the substitution of subcontractors, pursuant to the provisions of Chapter 4, Part 1, Division 2, of the Public Contract Code, (commencing with Section 4100) by the awarding authority, or a duly appointed hearing officer, the Clerk of the Board of Supervisors shall prepare and certify a statement of costs incurred by the County for investigation, and to conduct the hearing, including the costs of any hearing officer and shorthand reporter appointed. For the purposes of a hearing for the substitution of subcontractors (pursuant to the Public Contract Code commencing with Section 4100) the awarding authority shall be the Director of the Project and Facilities Management Department, or his/her designee. The statement of costs shall be sent to the undersigned, who shall reimburse the County for all costs. If not paid separately, such reimbursement shall be deducted from monies due and owing to the undersigned prior to acceptance of the project.

The undersigned certifies that it and all subcontractor(s) it will use to perform Work will be registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5. The undersigned agrees that no contractor or subcontractor may be awarded a contract for public work or perform work on a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5. The undersigned acknowledges that the project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

As required by Labor Code 1771.1(a) "A contractor or subcontractor shall not be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5. It is not a violation of this section for an unregistered contractor to submit a bid that is authorized by Section 7029.1 of the Business and Professions Code or by Section 10164 or 20103.5 of the Public Contract Code, provided the contractor is registered to perform public work pursuant to Section 1725.5 at the time the contract is awarded."

**ADDENDA**

This bid includes: Addendum No. 1 dated June 7, 2023  
Addendum No. \_\_\_\_\_ dated \_\_\_\_\_  
Addendum No. \_\_\_\_\_ dated \_\_\_\_\_

**AFFIDAVIT**

The undersigned has submitted with the Bid Proposal a non-collusion declaration, signed under penalty of perjury, for the principal contractor. The undersigned agrees to furnish the County non-collusion declarations for subcontractors, signed under penalty of perjury, and states that this is a

genuine Proposal and is neither collusive nor made in the interest of any other person, and has not induced anyone to submit a sham bid or refrain from bidding.

**The undersigned acknowledges it has registered with the ePro system prior to the date and time to receive sealed bids or it will be disqualified.**

The undersigned declares: that the only person or parties interested in this Proposal as principals are those named herein; that this bid is made without any connection with any other person or persons making a bid for the same work, except for another division of the undersigned which may submit an independent bid; that the bid is in all respects fair and without collusion or fraud; that the undersigned has read the Advertisement for Bids and the Instructions to Bidders and agrees to all the stipulations contained therein; that the undersigned has examined the form of contract (including the specifications, drawings, and other documents incorporated therein by reference); that in the event this bid as submitted, including the incorporated bidding documents, be accepted by the County, the undersigned shall execute a contract to perform the work as outlined herein.

If undersigned is a corporation, the Proposal must be signed by an authorized officer of the corporation.

If the Bid Proposal is submitted through ePro the undersigned acknowledges that its electronic signature(s) is legally binding.

Check One: ( ) Sole Proprietor; ( ) Partnership; (X) Corporation; ( ) Other

Name of Bidder: Exbon Development Inc.

Address: 13831 Newhope Street, Garden Grove, CA 92843

Phone: 714-539-2222

Email: bid@exbon.com

Contractor's License No.: 863384 Primary Class: A B C10 C20 C39

Expiration Date of Contractor's License 8/31/2023

Contractor's DIR Registration # 1000007770

I declare under penalty of perjury the above is true and correct.

Authorized Signature:  Title: Vice President

Print Name: Hee Yang Date: 7/12/2023

BID BOND

KNOW ALL BY THESE PRESENTS, That we, EXBON DEVELOPMENT, INC.

of 13831 NEWHOPE STREET GARDEN GROVE, CA 92843 (hereinafter called the Principal),

as Principal, and GREAT AMERICAN INSURANCE COMPANY

(hereinafter called the Surety), as Surety are held and firmly bound unto SAN BERNARDINO COUNTY

(hereinafter called the Obligee) in the penal sum of TWENTY FIVE THOUSAND & 00/100

Dollars (\$ 25,000.00 )

for the payment of which the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has submitted or is about to submit a proposal to the Obligee on a contract for HCGBJOC1 - HEALTHCARE GENERAL BUILDING JOC

NOW, THEREFORE, If the said Contract be timely awarded to the Principal and the Principal shall, within such time as may be specified, enter into the Contract in writing, and give bond, if bond is required, with surety acceptable to the Obligee for the faithful performance of the said Contract, then this obligation shall be void; otherwise to remain in full force and effect.

Signed and sealed this 10TH day of JULY, 2023

Minwoo Park Witness

Liyang Gao Witness

EXBON DEVELOPMENT, INC. (Seal)  
Principal  
Hee Yang, Vice President Title

GREAT AMERICAN INSURANCE COMPANY  
By KEVIN VEGA Attorney-in-Fact

**GREAT AMERICAN INSURANCE COMPANY®**

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than **FOUR**

No. 0 20974

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
PHILIP E. VEGA	ALL OF	ALL
KEVIN VEGA	COVINA, CALIFORNIA	\$100,000,000
BRITTON CHRISTIANSEN		
MYRNA F. SMITH		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this **9TH** day of **FEBRUARY**, 2021



*Atty L C B*

Assistant Secretary

GREAT AMERICAN INSURANCE COMPANY

*Mark V Vicario*

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this **9TH** day of **FEBRUARY**, 2021, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

*RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.*

*RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.*

**CERTIFICATION**

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this **10th** day of **July**, 2023



*Atty L C B*

Assistant Secretary

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of LOS ANGELES )  
On 07/10/2023 before me, PHILIP VEGA, NOTARY PUBLIC,  
*Date Here Insert Name and Title of the Officer*  
personally appeared KEVIN VEGA, ATTORNEY-in-FACT  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Orange )

On 7/11/2023 before me, Suji Ham, Notary Public,  
*Date Here Insert Name and Title of the Officer*  
personally appeared Hee Bum Yang  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

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Title or Type of Document: \_\_\_\_\_  
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

### **Checklist of Required Past JOC Experience**

This checklist is provided for the convenience of the contractor. Items listed here are required for submission.

- For each of the two (2) Job Order Contracts or Indefinite Quantity Construction Contracts entered into with a public agency, Contractor is to use separate sheets of paper that contain all of the requested information.
- In order to be responsive, bidders must provide information that can be verified. Contractor to make every effort to provide current contact information (name and phone numbers) for the stated public agency.
- For each of the two (2) past public agencies the type of construction must have been Health Care Access and Information (HCAI) program work, where all regulations surrounding the projects were met. Past public agencies including but not limited to the State of California and counties, and cities located in the State of California, within the last three (3) years.
- Contractor shall provide information for three (3) HCAI projects completed in the last four (4) years, for each of the two (2) listed public agencies.
- The Certification document must be signed by an individual(s) who has the legal authority to bind the Contractor on whose behalf that person is signing. If any information provided by a Contractor becomes inaccurate, the **Contractor will immediately notify the County and provide updated accurate information in writing within 24 hours of being notified.**

### **Past Job Order Contract Experience Information**

Contractor is to use separate sheets of paper that contain all of the requested information.

#### **Two (2) Past Public Agencies**

1. Agency Name, Location (Department name, address, and phone number)
2. Agency Contact Person for the Contract (name and current phone number)
3. Contract Start/End Dates
4. Awarded Contract Value
5. Total Value of Work Issued Against Contract
6. Required License(s)

#### **Three (3) HCAI Projects Completed in the last four (4) years**

1. Brief Description of Project
2. Agency Contact Person for the Project (name and current phone number)
3. Total Value of Work Issued for that Project
4. Total Project Duration

### **Past Job Order Contract Experience Information - 1**

1. Agency Name, Location (Department name, address, and phone number): County of San Bernardino, Project and Facilities Management Department, (909) 361-1859
2. Agency Contact Person for the Contract (name and current phone number): Michelle Viebach, (909) 361-1859
3. Contract Start/End Dates: 9/30/2020 - 5/30/2023.
4. Awarded Contract Value: \$4,000,000.00
5. Total Value of Work Issued Against Contract: \$2,238,841.17
6. Required License(s): CSLB "A" and "B"

### **HCAI Projects - (1)**

1. Brief Description of Project: Arrowhead Regional Medical Center Interior Renovation including Door Replacement, and Fire Alarm & Fire Sprinkler Upgrade.
2. Agency Contact Person for the Project (name and current phone number): Michael Maynard, 909-693-0220
3. Total Value of Work Issued for that Project: \$534,182.57
4. Total Project Duration: 10/24/2022 - 2/21/2023

### **HCAI Projects - (2)**

1. Brief Description of Project: Arrowhead Regional Medical Center Electrical and Communication Upgrades
2. Agency Contact Person for the Project (name and current phone number): Michael Maynard, 909-693-0220
3. Total Value of Work Issued for that Project: \$135,639.75
4. Total Project Duration: 1/7/2021 - 12/30/2021

### **HCAI Projects - (3)**

1. Brief Description of Project: Arrowhead Regional Medical Center Selective Demolition and Site Remedy
2. Agency Contact Person for the Project (name and current phone number): Michael Maynard, 909-693-0220
3. Total Value of Work Issued for that Project: \$210,526.76
4. Total Project Duration: 7/13/2020 - 12/30/2022



### **Past Job Order Contract Experience Information - 2**

1. Agency Name, Location (Department name, address, and phone number): West Anaheim Medical Center, 3033 W Orange Ave, Anaheim CA 92804, Paul Jung, 562-484-8682
2. Agency Contact Person for the Contract (name and current phone number): Paul Jung, 562-484-8682
3. Contract Start/End Dates: 5/22/2021 – 5/23/2022.
4. Awarded Contract Value: \$1,000,000.00
5. Total Value of Work Issued Against Contract: \$863,720.00
6. Required License(s): CSLB "A" and "B"

### **HCAI Projects - (1)**

1. Brief Description of Project: Structural Reinforcement
2. Agency Contact Person for the Project (name and current phone number): Paul Jung, 562-484-8682
3. Total Value of Work Issued for that Project: \$203,000.00
4. Total Project Duration: 10/10/2021 – 2/21/2022

### **HCAI Projects - (2)**

1. Brief Description of Project: Exterior Coating and Parking Surface Restoration
2. Agency Contact Person for the Project (name and current phone number) Paul Jung, 562-484-8682
3. Total Value of Work Issued for that Project. \$185,000.00
4. Total Project Duration 8/1/2021 – 11/1/2021

### **HCAI Projects - (3)**

1. Brief Description of Project Elevator Modernization
2. Agency Contact Person for the Project (name and current phone number) Paul Jung, 562-484-8682
3. Total Value of Work Issued for that Project. \$75,300.00
4. Total Project Duration 2/7/2022 - 5/1/2022

**CERTIFICATION FORM**

To County of San Bernardino:

I, the undersigned, certify and declare that I have read all the foregoing answers in the RFP and know their contents. The matters stated in the answers are true to the best of my knowledge. I declare, under penalty of perjury under the laws of the State of California, that the foregoing is correct.

**<< IF A SOLE OWNER OR SOLE GENERAL CONTRACTOR >>**

Name under which business is conducted

Signature (first and last name) of proprietor

Date:

**<< IF A PARTNERSHIP >>**

Name under which business is conducted

Signature (first and last name) of each member of partnership:

Date:

(Indicate character of each partner – general or special.)

**<< IF A CORPORATION >>**

A corporation requires the signature of two corporate officers. One signature shall be that of the chairman of board, the president, or any vice president, and the second signature shall be that of the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer of such corporation.

Name under which business is conducted **Exbon Development Inc.**

First Signature of Chairman of Board **Jae Jung, President/Secretary/Treasurer**

Date: **7/12/2023** **Hee Yang, Vice President**

(IMPRESS CORPORATE SEAL)

Incorporated under the laws of the State of California



13831 Newhope Street  
Garden Grove, CA 92843  
T: 714.539.2222  
F: 714.539.2223

## CORPORATE RESOLUTION

IT IS HEREBY RESOLVED BY THE DIRECTORS of EXBON DEVELOPMENT, INC.,  
a California Corporation as follows:

RESOLVED, the following corporate officers or representatives,  
**Jae K. Jung & Hee Bum Yang** are the only authorized personnel to execute bid and contract  
documents, as President and Vice President.

This resolution was adopted by the Directors of the Corporation at a regular/special meeting  
of the Corporation held on the 1<sup>st</sup> of January 2020.

## CERTIFICATE OF SECRETARY

The undersigned hereby certifies that he is the duly elected and qualified Secretary of Exbon  
Development, Inc., a California corporation and that the foregoing is a true and correct record  
of a resolution duly adopted by the Board of Directors of the Corporation on the 1<sup>st</sup> of January  
2020.

IN WITNESS WHEREOF, I have executed my name as Secretary on this January 1, 2020.

Signature:

A handwritten signature in blue ink, appearing to be 'Jae K. Jung', written in a cursive style.

Name of Secretary: Jae K. Jung

A handwritten signature in blue ink, appearing to be 'Hee Bum Yang', written in a cursive style.

Name of Person Acknowledged: Hee Bum Yang, Vice President

**NONCOLLUSION DECLARATION**

**TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID**

The undersigned declares:

I am the Vice President of Exbon Development Inc., the party making the foregoing bid.

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or of any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, to effectuate a collusion or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on July 12, 2023 [date], at Garden Grove [city], CA [state].

Signed: Hee Yang 

Title: Vice President