



CITY AND COUNTY OF SAN FRANCISCO
San Francisco Municipal Transportation Agency
Request for Proposals
THE PROCUREMENT OF
30-Foot, 40-FOOT AND 60-FOOT LOW FLOOR
DIESEL HYBRID COACHES

Proposal Section	Title	Bid Submission Requirements
5	Business Tax Certificate Requirement	5) In addition, Proposers must submit the following additional forms in order to be eligible for award of a contract: Business Tax Certificate Requirement (Appendix A-4) b. Business Tax Declaration (A-5) c. Compliance with FTA Bus Testing Requirements (A-6) d. Declaration - Nondiscrimination in Benefits (Appendix A-7)

5. BUSINESS TAX DECLARATION

Please indicate "Yes" or "No" by marking the boxes on Items 1-8, based on your company's situation as of now, whether a contract is signed or not. If any answers would change for your company if awarded a bid that is pending, see the last paragraph in this column*.

Do you conduct business in San Francisco?

- | Yes | No | <u>Does the business entity currently...</u> |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Maintain a fixed place of business within San Francisco? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Exercise corporate or franchise powers within San Francisco? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Own or lease real property within San Francisco for business purposes? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Regularly maintain a stock of tangible personal property for sale in San Francisco? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Employ or loan capital on property within San Francisco? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Solicit business within San Francisco for all or part of any seven days during one fiscal year? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Perform work or render services within San Francisco for all or part of any seven days during one fiscal year? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Utilize the street within San Francisco in connection with the operation of motor vehicles for business purposes for all or part of any seven days during one fiscal year? |

- If you indicated "Yes" to any of Items 1-8, you must complete Items 9-15 in this Declaration and **must register immediately**.
- If you answered "No" to **all** Items 1-8, ordinarily you are not conducting business in San Francisco. In this case, you need not register with the Tax Collector and may omit items 9-15, but you **must sign and return** this Declaration, which is subject to review by the Tax Collector.

* If the awarding of a bid would cause any of the responses to items 1-8 to change to "Yes," indicate those item numbers here:

- 1 2 3 4 5 6 7 8

If awarded a bid, an application for a Business Registration Certificate must be submitted within 15 days of the effective date.

Tax-exempt Entities, Banks, Insurance Companies, Others

If you answer "Yes" to any of Items 9-12, you still need to register but need not pay the registration fee. To register, you must submit proof of tax-exempt status to the Tax Collector, with other forms. For non-profit entities, proof is usually an exemption letter from the IRS, noting §501(c) or (d) of the Internal Revenue Code.

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. This is a non-profit, tax-exempt entity. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. This entity is a bank or an insurance company. If "Yes," indicate your type of business: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. This entity is a skilled nursing facility licensed under Title 22, CA Admin. Code, Div. 5. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Other Exemptions. See Francisco Business and Tax Regulations Code Article 12A, Section 906(d) to (f), available online at: www.sfgov.org/BTRcode |

Applying for a Business Registration Certificate

If you answered "Yes" to any of Items 1-8, check item 13, 14, or 15 and complete any applicable blanks. If no item is checked, or if the Declaration is not signed, this will constitute a basis for OCA to reject the bid.

- 13. This entity has registered with the Tax Collector and is assigned Certificate Number: 321041 (6 digits, e.g., "123456").
- 14. This entity applied for a Certificate by mailing the application and fee to the Tax Collector, or by submitting the application in person, on _____ (mm-dd-yyyy).
The application is pending.
(NOTE: Completing this Declaration is not the same as applying for a Business Registration Certificate.)
- 15. This entity needs to register and will do so immediately.

I understand that my representation, if any, that I am not engaged in business in San Francisco is subject to review by the Tax Collector. If the Tax Collector determines that I am conducting business in San Francisco, the City may either cancel the contract or withhold payment ten days after written notification by the Tax Collector. I declare (or certify) under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 22 day of July, 2014, at Winnipeg, Manitoba Canada,
(City) (State)

New Flyer of America Inc.
Name of company (please print)

[Signature]
Signature

City Contractor number (see reverse for how to obtain one)

Paul Smith
Name of person signing

711 Kermaghan Avenue
Mailing address

(204) 224-1251
Telephone

Winnipeg, Manitoba Canada R2C 3T4
City, State, ZIP
(FEIN)

45-044949
Federal Employer Identification Number

Routing: ▪ Please fax this P-25 form to (415) 554-6207, or you may mail it to: Treasurer & Tax Collector, City Hall, Room 140, #1 Carlton B. Goodlett Place, San Francisco, CA 94102-4696.
▪ If you are registering, obtain an application from the Tax Collector's website (http://sfgov.org/tax/business_forms). Include this form.
▪ If you submitted this form previously and if your business tax status has not changed, discard this form.

Questions:

...regarding how to apply for a certificate, call the Tax Collector at (415) 554-6718 or (415) 554-4400.

... regarding a bid, call the Office of Contract Administration at (415) 554-6743.

6. CERTIFICATION OF COMPLIANCE WITH FTA'S BUS TESTING REQUIREMENTS


The undersigned [Contractor/Manufacturer] certifies that the vehicle offered in this procurement complies with 49 U.S.C. A 5323(c) and FTA's implementing regulation at 49 CFR Part 665.

The undersigned understands that misrepresenting the testing status of a vehicle acquired with Federal financial assistance may subject the undersigned to civil penalties as outlined in the Department of Transportation's regulation on Program Fraud Civil Remedies, 49 CFR Part 31.

In addition, the undersigned understands that FTA may suspend or debar a manufacturer under the procedures in 49 CFR Part 29

Company Name: New Flyer of America Inc.

Date: July22, 2014

Signature:  _____

Title: Executive V.P., Sales & Marketing

7. DECLARATION SAN FRANCISCO ADMINISTRATIVE CODE CHAPTER 12B NONDISCRIMINATION IN CONTRACTS

A What is Chapter 12B of the Administrative Code?

Chapter 12B of the S.F. Administrative Code is entitled "Nondiscrimination in Contracts," and requires companies providing products or services to, or acquiring a real property interest from, City government to agree not to discriminate against specified groups for specified reasons, and to include a similar provision in subcontracts and other agreements. Those provisions are the subject of this form. The text of Chapter 12B is posted on the Web at: www.sfhumanrights.org/lgbth.

If you cannot fulfill all the requirements of Chapter 12B, the City cannot do business with you, except under very limited circumstances. (See Sec. 12B.5-1.)

Chapter 12B also requires contractors to submit workforce reports and affirmative action plans to the City for review. Those documents, however, are **not** related to this Information Sheet or Declaration and are considered separately on a bid-by-bid basis.

The Human Rights Commission is the City department responsible for enforcing the provisions of Chapter 12B.

B. What City Contracts are covered by Chapter 12B?

- Contracts where the City purchases products, services or construction.
- Leases of property owned by the City. In these cases, the City is the landlord.
- Concessions or franchisees granted by the City.

C. What are the specified groups?

You may not discriminate against:

- your employees
- an applicant for employment
- any employee of City government
- a member of the public having contact with you.

D. What are the prohibited types of discrimination?

You may not discriminate against the specified groups for the following reasons (see Question 1a on reverse):

- race
- creed
- ancestry
- sex
- sexual orientation
- HIV status
- Color
- national origin
- age
- disability
- gender identity (transgender status)
- In the provision of benefits, discriminating between employees with spouses and employees with

domestic partners, or between the spouses and domestic partners of employees, subject to the conditions listed in F.2 below.

E. How are subcontracts affected?

For any subcontract, sublease, or other subordinate agreement you enter into which is related to a contract you have with the City, you must include a nondiscrimination provision as required by Sec. 12B.1(a) and 12B.2. (See Question 1b on reverse.) The subcontracting provision need not include nondiscrimination in benefits as part of the nondiscrimination requirements. If you're unsure whether a contract qualifies as a subcontract, contact the City department administering the (prime) contract. "Subcontract" also includes any subcontract of your subcontractor for performance of 10% or more of the subcontract.

A. Nondiscrimination in benefits for spouses and domestic partners

1. Who are domestic partners?

If your employee and another person are currently registered as domestic partners with a state, county or city which authorizes such registration, then those two people ARE DOMESTIC PARTNERS. It doesn't matter where the domestic partners now live, or whether they are a same-sex couple or an opposite-sex couple.

2. What is nondiscrimination in benefits?

You must provide the same benefits to employees with spouses and employees with domestic partners, and to spouses and domestic partners of employees, subject to the following qualifications (see Question 2c on reverse):

- If your cost of providing a benefit for an employee with a domestic partner exceeds that of providing it for an employee with a spouse, or vice versa, you may require the employee to pay the excess cost.
- If you are unable to end discrimination in benefits, despite taking all reasonable measures to do so, you must provide the employee with a cash equivalent. This qualification is intended to address situations where your benefits provider will not provide equal benefits and you are unable to find an alternative source. (See Question 2d on reverse.)
- The law does not require any benefits be offered to spouses or domestic partners. It does require, however, that whatever benefits are offered to spouses be offered equally to domestic partners, and vice versa.

3. Examples of benefits

The law is intended to apply to all benefits offered to employees with spouses and employees with domestic partners. A sample list appears in Question 2c on reverse.

B. Form required

Complete the other side of this form to tell the City whether you comply with Chapter 12B's nondiscrimination requirements. After June 1, 1997, when a contract is amended or when a new contract is awarded, the City will require you to complete the form. All parties to a Joint Venture must submit separate Declarations.

Please submit an original of the Declaration and keep a copy for your records. If a City department should ask you to complete the form again, you may submit a copy of the form you originally submitted, unless you are advised otherwise.

C. Attachments

If you provide equal benefits, as indicated by your answers to Question 2c on reverse, **YOU MUST ATTACH DOCUMENTATION TO THIS FORM**, unless documentation does not exist. See item 3, "Documentation for Nondiscrimination in Benefits," on reverse. If documentation does not exist, attach an explanation (e.g., some of your policies are informal and unwritten).

D. If your answers change

If, after you submit the Declaration, your company's nondiscrimination policy or benefits change such that the information you provided to the City is no longer accurate, you must advise the City promptly by submitting a new Declaration.

1. Nondiscrimination Protected Classes

a. Is it your company's policy that you will **not** discriminate against your employees, applicants for employment, employees of the City, or members of the public for the following reasons:

	Yes	No
• race	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• color	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• creed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• national origin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• ancestry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• age	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• gender identity (transgender status)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

• HIV status

b. Do you agree to insert a similar nondiscrimination provision in any subcontract you enter into for the performance of a substantial portion of the contract you have with the City?

If you answered "no" to any part of 1a, or 1b, the City cannot do business with you. Item 2 does not apply to subcontracts or subcontractors.

2. Nondiscrimination – Spousal and Domestic Partner Benefits

a. Do you provide, or offer access to, any benefits to employees with spouses or to spouses of employees?

b. Do you provide, or offer access to, any benefits to employees with domestic partners (DPs) or to domestic partners of employees?

If you answered "no" to both 2a and 2b, skip 2c and 2d, and sign, date and return the form. If you answered "yes" to 2a or 2b, continue to 2c.

c. If "yes," please indicate which ones. This list is not intended to be exhaustive. Please list any other benefits you provide.

	Yes for Spouses	Yes for DPs	No
Medical (health, dental, vision)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family leave	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employee assistance programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relocation and travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company discounts, facilities, events	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Credit union	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. If you answered "yes" to 2a or 2b, and in 2c indicated that you **do not provide equal benefits**, you may still comply with Chapter 12B if you have taken all reasonable measures to end discrimination in benefits, have been unable to do so, and now provide employees with a cash equivalent.

Yes No

(1) Have you taken all reasonable measures? ✓

(2) Do you provide a cash equivalent? ✓

1.3.Documentation for Nondiscrimination in Benefits

If you answered "yes" to any part of Question 2c or to Question 2d, **you must attach to this form** those provisions of insurance policies, personnel policies, or other documents you have which verify your compliance with Question 2c or 2d. Please include the policy sections which list the benefits for which you indicated "yes" in Question 2c. **If documentation does not exist**, attach an explanation, e.g., some of your personnel policies are informal and unwritten. If you answered "yes" to Question 2d(1), complete and attach form HRC-12B-102, "Nondiscrimination in Benefits—Documentation of Reasonable Measures," available from the Human Rights Commission. **You need not document your "yes" answer to Question 1a or 1b.**

I declare (or certify) under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 22 day of July, 192014, at winnipeg, Manitoba, Canada
New Flyer of America Inc. (City) (State)
Name of Company (please print) 711 Kernaghan Avenue
etc. Mailing Address for General Correspondence, P.O,
[Signature] Winnipeg, Manitoba Canada R2C 3T4
Signature City, State, ZIP
Paul Smith
Name of Signatory (please print) Remittance Address, if different
Executive V.P., Sales & Marketing
Title City, State, ZIP
(204) 224-1251
Telephone Number 45-0414949
Federal ID or Social Security Number
Vendor Number (if known)

- Check here if your address has changed.
- Check here if your organization is nonprofit. Approx. number of employees in the U.S.: 2000

Return this form to: HRC,25 Van Ness Ave., Suite 800, San Francisco 94102-6033, or to the department which sent the form to you if the department so requests.

HRC-12B-101 (4-97)



NEW FLYER

July 22, 2014

To Whom It May Concern:

Please be advised that it is the policy of New Flyer Industries Canada ULC to provide equal employment opportunities to all employees and applicants for employment. No person shall be discriminated against in employment and job selection because of race, religion, colour, sex, age, national origin, or handicap. This policy applies to all terms, conditions, and privileges of employment including recruitment, hiring, probation, training, promotion, compensation, benefits, educational assistance, social and recreation programs, termination, and retirement.

Additional, New Flyer Industries Canada ULC is in full compliance with the Manitoba Human Rights Code and Provincial Employment Standards with respect to the issues of employment fairness and discrimination. Employment Standards Laws in Manitoba promote fairness in the workplace for employers and employees. While Canadian Law does not allow for the tracking of designated group quotas, it is incumbent upon employers to develop a workforce that is fairly representative of the Canadian population.

Should you require further information, please do not hesitate to contact me directly at (204)-224-6481.

Regards,

Pam Grushka
Director, Human Resources
New Flyer Industries Canada ULC

**Headquarters/
Winnipeg Facility**
711 Kernaghan Ave.
Winnipeg, Manitoba
R2C 3T4 Canada
Ph: (204) 224-1251

Aftermarket Facility
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www.newflyer.com