

To : Contracts & Purchasing Division

From: Division Community Relations

Re: Agreement # E6899

Project Title: Trolley Public Transportation Services

Subject: APPROVAL OF SUBSTITUTION/ADDITION/DELETION OF SUBCONSULTANT

I am hereby submitting an approval to substitute/delete/add (circle one) a subconsultant for the above named project.

(Explain the reason for this substitution/deletion/addition)

San Pedro Property Owners Alliance rents two additional trolleys for the extended summer/special event hours.

Attached is a completed Contractor Description Form and notarized affidavit reflecting the changes, and verification that subconsultant is registered in the City's contract management database, Los Angeles Business Assistance Virtual Network (LABAVN) at www.labavn.org.

Division Head Approval 

Date: 5/25/17

Comments: _____

AFFIDAVIT OF COMPANY STATUS

"The undersigned declares under penalty of perjury pursuant to the laws of the State of California that the following information and information contained on **the attached Consultant Description Form** is true and correct and includes all material information necessary to identify and explain the operations of

San Pedro Property Owners' Alliance
Name of Firm

as well as the ownership and location thereof. Further, the undersigned agrees to provide complete and accurate information regarding ownership in the named firm, and all of its domestic and foreign affiliates, any proposed changes of the ownership and to permit the audit and examination of firm ownership documents, and the ownership documents of all of its domestic and foreign affiliates, in association with this agreement."

(1) **Small/Very Small Business Enterprise Program:** Please indicate the ownership of your company. Please check all that apply. At least one box must be checked:

☐ SBE ☒ VSBE ☐ MBE ☐ WBE ☐ DVBE ☐ OBE

- A Small Business Enterprise (SBE) is an independently owned and operated business that is not dominant in its field and meets criteria set forth by the Small Business Administration in Title 13, Code of Federal Regulations, Part 121.
- A Very Small Business Enterprise (VSBE) is 1) a small business that has average annual gross receipts of \$3,500,000 or less within the previous three years, or (2) a small business manufacturer with 25 or fewer employees.
- A Minority Business Enterprise (MBE) is defined as a business in which a minority owns and controls at least 51% of the business. A Woman Business (WBE) is defined as a business in which a woman owns and controls at least 51% of the business. For the purpose of this project, a minority includes:
 - (1) Black (all persons having origins in any of the Black African racial groups not of Hispanic origin);
 - (2) Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race);
 - (3) Asian and Pacific Islander (all persons having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands); and
 - (4) American Indian or Alaskan Native (all persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification).
- A Disabled Veteran Business Enterprise (DVBE) is defined as a business in which a disabled veteran owns at least 51% of the business, and the daily business operations are managed and controlled by one or more disabled veterans.
- An OBE (Other Business Enterprise) is any enterprise that is neither an SBE, VSBE, MBE, WBE, or DVBE.

(2) **Local Business Preference Program:** Please indicate the Local Business Enterprise status of your company.

Only one box must be checked:

☒ LBE ☐ Non-LBE

- A Local Business Enterprise (LBE) is: (a) a business headquartered within Los Angeles, Orange, Riverside, San Bernardino, or Ventura Counties; or (b) a business that has at least 50 full-time employees, or 25 full-time employees for specialty marine contracting firms, working in Los Angeles, Orange, Riverside, San Bernardino, or Ventura Counties. "Headquartered" shall mean that the business physically conducts and manages all of its operations from a location in the above-named counties.
- A Non-LBE is any business that does not meet the definition of a LBE.

Signature: _____

Printed Name: _____

Deyda Lorena Parker
Deyda Lorena Parker

Title: _____

Date Signed: _____

Executive Director

5/25/17

ACKNOWLEDGMENT

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 *May 25, 2017*

before me, *Trina Moreno, Notary Public*
(Insert name and title of the officer)

personally appeared *Deyda Lorena Parker*
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 _____

Trina Moreno

(Seal)



Consultant Description Form

PRIME CONSULTANT:

Contract Title: _____
Business Name: San Pedro Property Owners' Alliance Award Total: \$ 108,700
Owner's Ethnicity: _____ Gender _____ Group: SBE VSBE MBE WBE DVBE OBE (Circle all that apply)
Local Business Enterprise: YES ☒ NO _____ (Check only one)
Primary NAICS Code: 813910 Average Three Year Gross Revenue: \$ 1,047,856
Address: 390 W. 7th St.
City/State/Zip: San Pedro, CA 90731
County: Los Angeles
Telephone: (310) 832-2183 FAX: () _____
Contact Person/Title: Lorena Parker, Executive Director
Email Address: LParker@sanpedrobid.com

SUBCONSULTANT:

Business Name: Wheel Fun Rentals of Santa Barbara Award Percentage: _____ %
Services to be provided: dba Santa Barbara Trolley
Owner's Ethnicity: Italian Gender M Group: SBE VSBE MBE WBE DVBE OBE (Circle all that apply)
Local Business Enterprise: YES _____ NO ☒ (Check only one)
Primary NAICS Code: 487110 Average Three Year Gross Revenue: \$ 2.2m
Address: 23 E. Cabrillo Blvd.
City/State/Zip: Santa Barbara, CA
County: Santa Barbara
Telephone: (805) 729-4589 FAX: () _____
Contact Person/Title: Teddi Drew, VP
Email Address: Teddi@SBTROLLEY.com

SUBCONSULTANT:

Business Name: MV Transportation Division 200 Award Percentage: _____ %
Services to be provided: Trolley drivers, maintenance & insurance
Owner's Ethnicity: _____ Gender _____ Group: SBE VSBE MBE WBE DVBE OBE (Circle all that apply)
Local Business Enterprise: YES _____ NO ☒ (Check only one)
Primary NAICS Code: 487110 Average Three Year Gross Revenue: \$ _____
Address: 14011 S. Central Ave.
City/State/Zip: Los Angeles, CA 90059
County: Los Angeles
Telephone: (310) 305-2462 FAX: () _____
Contact Person/Title: Nancy Rincon / General Manager
Email address: nancy.rincon@mvtransit.com

Consultant Description Form

SUBCONSULTANT:

Business Name: _____ Award Percentage: _____ %

Services to be provided: _____

Owner's Ethnicity: _____ Gender _____ Group: SBE VSBE MBE WBE DVBE OBE (Circle all that apply)

Local Business Enterprise: YES _____ NO _____ (Check only one)

Primary NAICS Code: _____ Average Three Year Gross Revenue: \$ _____

Address: _____

City/State/Zip: _____

County: _____

Telephone: () _____ FAX: () _____

Contact Person/Title: _____

Email Address: _____

SUBCONSULTANT:

Business Name: _____ Award Percentage: _____ %

Services to be provided: _____

Owner's Ethnicity: _____ Gender _____ Group: SBE VSBE MBE WBE DVBE OBE (Circle all that apply)

Local Business Enterprise: YES _____ NO _____ (Check only one)

Primary NAICS Code: _____ Average Three Year Gross Revenue: \$ _____

Address: _____

City/State/Zip: _____

County: _____

Telephone: () _____ FAX: () _____

Contact Person/Title: _____

Email Address: _____

SUBCONSULTANT:

Business Name: _____ Award Percentage: _____ %

Services to be provided: _____

Owner's Ethnicity: _____ Gender _____ Group: SBE VSBE MBE WBE DVBE OBE (Circle all that apply)

Local Business Enterprise: YES _____ NO _____ (Check only one)

Primary NAICS Code: _____ Average Three Year Gross Revenue: \$ _____

Address: _____

City/State/Zip: _____

County: _____

Telephone: () _____ FAX: () _____

Contact Person/Title: _____

Email address: _____