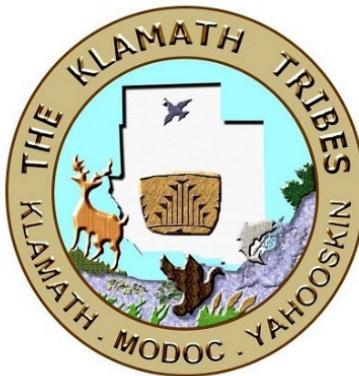


**THE KLAMATH TRIBES**  
**AMBODAT DEPARTMENT**



**INVITATION**  
**FOR**  
**BID**

**STOCKWATER WELLS**

**IFB 01-26**

ISSUED: JANUARY 22, 2025

CLOSES: FEBRUARY 19, 2025

**Invitation For Bids (IFB)**  
**Stockwater Wells Project**  
**Klamath Tribes Ambodat Department**  
**IFB Number: 01-26**

**A. General Information:**

The Klamath Tribes Ambodat Department is requesting Firm Fixed Price Bids from interested parties to provide goods and materials, and to perform well drilling services for four landowners in the Upper Klamath Lake watershed to develop and implement restoration efforts.

The contract of the lowest responsible responsive bidder will run from the date of the contract award until agreed to completion date with an option to amend or approve change orders. This option is exercisable solely at the Tribes discretion.

**B. Instructions for Bidders:**

Described below are the technical requirements for the material, product, or service to be procured, including the minimum essential characteristics and standards which it must meet to satisfy its intended use. Bidder must comply with this section and provide all requested information or documents.

1. This IFB is directed at parties who qualify to perform well drilling services. The Bidder must be able to provide all necessary materials, equipment, and meet the requirements of Oregon Water Resources Department Chapter 690, Division 210.
2. Attached to this IFB are the following required documents to be completed and returned with the bid packet. All bid prices submitted in response to this IFB must remain firm for sixty (60) days following the bid opening. Indian preference is only required if applicable.

<i>Document Type</i>	<i>Attachment Number</i>	<i>Required</i>
Invitation For Bid (IFB)		
Scope of Work	Attachment: 1	
Cost Estimate Form **	Attachment: 2	X
Competitive Bid Form	Attachment: 3	X
Non-Collusive Affidavit	Attachment: 4	X
Wage Determination	Attachment: 5	
Certified Payroll Forms	Attachment: 6	
W-9 Request for Taxpayer	Attachment: 7	X
Debarment Acknowledgement Form	Attachment: 8	X
Reference Form	Attachment: 9	X
Indian Preference Qualification	Contact Tribes for application if needed	X

\*\*Cost Estimate Form can also be submitted on vendors form with further break down. The Klamath Tribe's form is utilized for easy comparison from multiple bidders.

3. Interested parties can submit a Firm Fixed Price (FFP) Bid based on the Specifications listed in the Scope of Work (Attachment 1). The Bidder can provide the Firm Fixed Price (FFP) Bid using Estimated Cost Form (Attachment 2), to include cost per each item, total cost, other unidentified costs and Grand Total. This can be itemized or one lump sum. Bidder can also supply the bid in format of their choice as long as all information is provided. All bids must remain firm throughout the contract term.

4. The Bidder representative must be available to drill 5 livestock wells, specific locations can be found in Attachment 1.
5. All bid prices must include a 1-year warranty for all parts and on-site labor. Any warranty documents shall be provided to Klamath Tribes Ambodat Department upon completion of work.

**C. Quality Requirements:**

The Tribes and Ambodat Department will award contracts only to responsible prospective contractors who have the ability to perform successfully under the terms and conditions of the proposed contract. In determining the responsibility of a bidder, the Tribes Ambodat Department will consider such matters as the bidder's

- Integrity;
- Compliance with public policy;
- Record of past performance;
- Financial and technical resources. (including construction and technical equipment).

1. Bidder must provide all items described in Section B and comply with all Bid Submission Requirements.
2. Bidder must have five (5) years of experience in well drilling industry or must have completed at least three (3) projects of similar size and scope.
3. Bidder must provide proof of being bondable from a Guarantee or Surety Company acceptable to the U.S. Government and authorized to do business in the State of Oregon.
4. Bidder must provide proof of business insurance(s) (Automobile, General Liability, and Professional Liability Insurance, SAIF or other)
5. Bidder must provide Contractors Board Certificate of License (copy).
6. Bidder must provide confirmation that company/individual cannot be disqualified or disbarred from doing business with The Klamath Tribes, state, or federal government. (See Attachment 8)
7. Three (3) references for completed contracts of similar size and scope. (See Attachment 9)

**Preferred or If Applicable**

1. Federal Employer ID # or Social Security # preferred at time of bid, but no later than signing of contract.
2. Bidder must provide proof of Indian preference (if applicable).
3. Registration on SAM.gov is preferred and recommended. (Registration can replace Attachment 8 submission).
4. State Registry and/or business licenses preferred to be submitted with bid.

**D. Evaluation Factors and Scoring:**

1. Selection Procedures: The Klamath Tribes Administration utilizes the formal Invitation for Bid (IFB) to award the contract to the responsive and responsible party whose bid is most advantageous to the program with price and other factors considered. All timely responses to this IFB will be considered. The Klamath Tribes Administration reserves the right to reject any and all bids based on documented reasons including determining any or all bids to be non-responsive.

The Klamath Tribes' Administration and its authorized representatives will review all bids received and may contact bidders or their representatives to request further information, in writing, verbally, or by demonstration. The Klamath Tribes' Administration may accept any given bid as submitted or may negotiate with the bidder or representative to establish terms most advantageous to the Tribes. The decision of The Klamath Tribes' Administration shall be final and not subject to appeal.

The Klamath Tribes will award the contract to the lowest responsive and responsible bidder, as determined by the Klamath Tribes and may enter into a contract with bidder and/or use the purchase order system in accordance with Tribal Procurement Policies.

The contract will be awarded within thirty (30) days after the bid opening. The time for award may be extended for up to 45 additional days by mutual agreement between the Tribes and the apparent lowest responsive and responsible bidder

2. Anticipated Solicitation Schedule

<i>Date</i>	<i>Schedule of Information</i>
01/22/2026	Bid Sent for Solicitation
02/12/2026	Receipt of Questions of Inquiry by 4 p.m.
02/19/2026	Bid Closing at 4 p.m.
02/20/2026	Bid Opening at 10:00 am in the Administration Building
02/27/2026	Notice of Intent to Award

3. Questions

All inquiries, whether relating to the IFB process, administration, deadline, award, the intent, or technical aspects of the services must be directed to:

Hannah Ruiz – Contract & Procurement Officer  
PO Box 436  
Chiloquin, OR 97624  
541-783-2219 ext 118  
procurement@klamathtribes.com.

All questions must be received no later than be at least 7 days before bid opening. Substantive questions and answers will be issued as official addenda to this IFB. When appropriate, revisions, substitutions or clarifications of the IFB or attached terms and conditions will be issued as official addendum to this IFB. Changes or modifications to this IFB shall be binding on the Tribes only if in the form of written addendum which is issued by the Tribes.

Written responses will be emailed to all bidders on record as having picked up the IFB.

A bidder may correct, modify, or withdraw a bid by written notice received by the Tribes prior to the time and date set for the bid opening. Bid modifications must be submitted in a sealed envelope clearly labeled “Modification No. \_\_\_\_”. Each modification must be numbered in sequence, and must reference the original IFB.

4. Addenda

The Tribes reserves the right to make changes in the IFB document by written addenda prior to the closing time and date. Addenda will be e-mailed, mailed, or faxed to all parties on the IFB list.

5. Method of Scoring:

All bids received on time will be evaluated and scored as follows:

- a. By lowest responsive responsible Firm Fixed Price. (55 possible points)
- b. All attachments have been filled out, signed and provided with bid. (15 possible points)
- c. Quality Requirements information has been provided with bid. (30 possible points)
- d. Indian preference: If claiming Indian preference, contractor will be responsible to provide a completed Indian Enterprise Qualification Statement to claim the 15% when using Method #3 of the Policies.
- e. In the case of duplicate bids, the earliest postmarked envelope will be reviewed, provided all criteria are met.

**100 TOTAL POINTS POSSIBLE** (without Indian preference)

In the case of duplicate bids, the earliest postmarked envelope will be awarded, provided all criteria is met.

**E. Instructions for Submitting Bids:**

**Submission by Mail:**

Return bid in a sealed envelope clearly marked according to the following instructions below. One (1) original and two (2) copies shall be submitted. Fee schedule should be in separate sealed clearly marked envelope or attachment.

Sealed Bids can be submitted in person, through US Postal Service, or by ground delivery to:

The Klamath Tribes  
Administration Office  
**Attention: Hannah Ruiz, Contract & Procurement Officer**  
P.O. Box 436  
501 S. Chiloquin Blvd.  
Chiloquin, OR 97624

On outside of sealed envelope write: **01-26 Stockwater Wells Project**

**Submission by Email:**

If submitting Sealed Bid via email, the technical proposal and cost proposal must be saved in separate PDF documents and emailed to [procurement@klamathtribes.com](mailto:procurement@klamathtribes.com) as separate, clearly labeled attachments, and containing the IFB number 01-26 in the subject line. The **maximum** size of a single email (including all text and attachments) that can be received by The Klamath Tribes is **20mb (megabytes)**. If the email containing the proposal exceeds this size, the proposal must be sent in multiple emails that are each less than 20 megabytes and each email must comply with the requirements described above.

Please note that email transmission is not instantaneous. Similar to sending a hard copy proposal/bid, if you are emailing it, The Klamath Tribes recommends sending it with enough time to ensure the email is delivered by the deadline for receipt of proposals.

It is the offerors responsibility to contact the issuing agency to confirm that the email has been received. The Klamath Tribes is not responsible for unreadable, corrupt, or missing attachments.

- IFB Number and Name must be in subject line “01-26 Stockwater Wells Project”
- Fee Schedule/pricing must be in separate attachment clearly marked “01-26 Sealed Bid”
- If over 20mb please send in multiple emails

**F. Closing/Opening Date and Time and Method of Solicitation:**

1. Bids will be accepted at the address listed above up to **4:00 p.m. on February 19, 2026**. All timely responses to this IFB will be considered. The Klamath Tribes reserve the right to reject any and all bids including those bids received after the closing date and time. If, at the time of the scheduled bid closing date, Klamath Tribes Administration is closed due to uncontrolled events or administration closures, bids will be accepted until 4:00 p.m. on the next normal business day.
2. Bids will be opened at **10:00 a.m. on February 20, 2026** at the Klamath Tribal Administration office, 501 S. Chiloquin Blvd., Chiloquin Oregon at the Administration office. If, at the time of the scheduled bid opening date, Klamath Tribes Administration is closed due to uncontrolled events or Administration closures, bids will be opened at 10:00 a.m. on the next normal business day.
3. This IFB has been published by:

	Publication in a Newspaper of general circulation
X	Direct solicitation of proposals from an adequate number of known sources
X	Posted to Klamathtribes.org (The Klamath Tribes webpage)

## **G. Indian Preference:**

1. To the greatest extend feasible, preference and opportunities for training and employment shall be given to Indians, and, preference in the award of contracts and subcontracts shall be given to Indian organizations and Indian-owned economic enterprises.
2. Indian Preference is given to Indian-owned enterprises that provide proof of at least 51 percent ownership of the enterprise submitted on an Indian Enterprise Qualification Statement showing:
  - Ownership, control, and interest;
  - Certification by a tribe that bidder is an Indian;
  - Evidence of stock ownership, structure, management, control, and financing affecting the Indian Character of the enterprise;
  - Evidence that the contractor has the technical, administrative, and financial capability to perform contract work of the size and type involved.
3. Preference and opportunities for training and employment in connection with the administration of these activities shall be given to Indian and Alaskan Natives.

## **H. Provisions:**

- a. If required, all bidders must submit with their bids a statement detailing their employment and training opportunities and their plan for providing preference to Indians.
- b. All contractors must observe the Klamath Tribes' employment preference policy.
- c. The Klamath Tribes shall conduct all procurement transactions in a manner that provides full and open competition.
- d. The Klamath Tribes wish to assure that supplies, services, and construction are procured efficiently, effectively, and at the most favorable prices available.
- e. The Klamath Tribes shall take reasonable affirmative steps to assure that DBE's MBE's WBE's are used when possible but without infringing on Indian preference where Indian preference is applicable.
- f. The Klamath Tribes shall not use federal grantor funds to do business with any entity who is disbarred in accordance with the Federal Government Disbarment list.
- g. Invitation for Bids may be terminated by The Klamath Tribes' Administration at any time for cause.
- h. Each person and firm submitting a bid is certifying that he/she has not colluded with any other person, firm or corporation in regard to securing the services being solicited.
- i. No employee, officer, or agent of the Klamath Tribes may solicit or accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to subcontractors.
- j. Negotiation: Provisions not addressed by this solicitation will be negotiated with the professional once a selection has been made.
- k. Agreement: The selected professional will enter into an enforceable agreement that fully conforms to the contracting provisions pursuant to OMB Circular A-87 and Circular A-133. Copies of these requirements are available for review at the grantee's offices.

**Background**

The Klamath Tribes have a responsibility to restore and steward treaty resources within the Upper Klamath Lake watershed, including culturally significant fish species such as c'waam (Lost River sucker), koptu (Shortnose sucker), salmon, and redband trout. Populations of these species have declined, and their habitats have been degraded as a result of decades of poor water and land management practices. To address these challenges, the Klamath Tribes implement habitat restoration projects on private lands within the boundaries of the former Reservation in the Upper Klamath Lake watershed.

The Klamath Tribes have been working with four landowners in the Upper Klamath Lake watershed to develop and implement restoration efforts on their properties, including the installation of livestock watering facilities. These projects are located on pastureland and mixed conifer stands in the Williamson River and Sprague River sub-watersheds in Northern Klamath County, Oregon (Figure1).

**Objective**

These projects include the drilling of stockwater wells to provide off-stream watering sources for livestock. By reducing the need for direct access to streams and rivers, the wells will help protect waterways and riparian vegetation and habitat from the negative impacts of grazing, trampling, and bank destabilization. Providing an alternative watering source, combined with excluding livestock from directly accessing streams and rivers, allows riparian areas to recover and reestablish native vegetation. This effort is also expected to reduce bank erosion, sedimentation, and nutrient inputs into these waterways, which in turn supports improved water quality in Upper Klamath Lake.

**Required Tasks:**

1. Frost: Drill one (1) livestock well (approximate location: 42.59167, -121.86232).
2. Foreman: Drill one (1) livestock well (approximate location: 42.57709, -121.75871).
3. Parrish: Drill one (1) livestock well (approximate location: 42.46540, -121.50989).
4. Yasana: Drill two (2) livestock wells (approximate location: 42.4517236, -121.2639186 and 42.4539453 -121.2668537).
5. Contractor will be responsible to remove and discard all debris and clean area of Job using own dumpsters or method of disposal, etc. At end of Job, area should be cleaned to its pre-project condition.
6. Contractor shall be responsible for obtaining all required permits.

If the extent of the repairs is different than the approved Scope of Work, then an approved change order may be arranged.

Bidders must provide the Material and Labor cost for each item on the Cost Estimate form (Attachment 2).



Figure 1

(Fill in for all costs)

1. **Mobilization/Demobilization for Frost Property (approximate location: 42.59167, -121.86232)**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
2. **Mobilization/Demobilization for Foreman Property (approximate location: 42.57709, -121.75871)**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
3. **Mobilization/Demobilization for Parrish Property (approximate location: 42.46540, -121.50989).**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
4. **Mobilization/Demobilization for Yasana Property (approximate location 42.4517236, -121.2639186 and 42.4539453, -121.2668537).**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
5. **Drilling and installation of one (1) livestock well at Frost Property (approximate location: 42.59167, -121.86232).**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
6. **Drilling and installation of one (1) livestock well at Foreman Property (approximate location: 42.57709, -121.75871).**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
7. **Drilling and installation of one (1) livestock well at Parrish Property (approximate location: 42.46540, -121.50989).**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
8. **Drilling and installation of two (2) livestock wells at Yasana Property (approximate location 42.4517236, -121.2639186 and 42.4539453, -121.2668537).**  
Material cost \_\_\_\_\_  
Labor cost \_\_\_\_\_
9. **Start Card and Associated Fees**  
Material cost \_\_\_\_\_

Total cost for Material \_\_\_\_\_  
Total cost for Labor \_\_\_\_\_  
TOTAL PROJECT COST \_\_\_\_\_

**Competitive Bid Form**  
**(Please submit all required documents)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Bid Amount: \_\_\_\_\_

1. I/We have signed and enclosed a notarized Non-Collusive Affidavit.  Y  N
2. My/Our Federal I.D. Number is: \_\_\_\_\_  
My/Our State I.D. Number is: \_\_\_\_\_  
My/Our Contractors License Number is: \_\_\_\_\_  
Copies enclosed  Y  N
3. I/We will provide a copy of our Certificate of insurance listing The Klamath Tribes as a certificate holder.  
Insurance Company: \_\_\_\_\_  Y  N
4. I/We will provide a copy of our Workman's Compensation Insurance Coverage.  Y  N  
(If working partnership, N/A)
5. We are a Partnership Company and have provided a copy of our signed partnership agreement. If partnership, power of Attorney must be included authorizing an individual to act as an agent for the said company. Provide copies.  Y  N
6. I/We have reviewed the Proposal and attachments and have included required information.  Y  N
7. I/We have provided the Cost Estimate Form and is enclosed.  Y  N

Bidder's Initials \_\_\_\_\_

**Non-Collusive Affidavit**

State of \_\_\_\_\_  
\_\_\_\_\_  
County of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_)

\_\_\_\_\_. being first duly sworn depose and says:

That I am \_\_\_\_\_  
(Owner, Partner or Officer of the firm)

The party making the foregoing proposal or bid that such proposal or bid is genuine and not collusive or sham. That said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion or communication or conference with any person to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price or that any other bidder, or to secure any advantage against The Klamath Tribes or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

\_\_\_\_\_  
Individual, Partner, Corporation

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Notary Public for State of Oregon

My Commission expires: \_\_\_\_\_  
(Seal)

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"General Decision Number: OR20260071 01/02/2026

Superseded General Decision Number: OR20250071

State: Oregon

Construction Type: Heavy

County: Klamath County in Oregon.

**HEAVY CONSTRUCTION PROJECTS**

Modification Number	Publication Date
0	01/02/2026

CARP0096-006 06/01/2025

	Rates	Fringes
MILLWRIGHT.....	\$ 59.35	22.38

CARP0503-019 06/01/2025

	Rates	Fringes
CARPENTER (Excluding Form Work).....	\$ 53.94	16.81

ELEC0659-012 01/01/2025

	Rates	Fringes
ELECTRICIAN.....	\$ 45.58	20.70

ENGI0701-039 01/01/2024

	Rates	Fringes
<b>POWER EQUIPMENT OPERATOR</b>		
GROUP 1.....	\$ 56.66	16.90
GROUP 1A.....	\$ 58.82	16.90
GROUP 1B.....	\$ 60.98	16.90
GROUP 2.....	\$ 54.75	16.90
GROUP 3.....	\$ 53.60	16.90
GROUP 4.....	\$ 50.27	16.90
GROUP 5.....	\$ 49.03	16.90
GROUP 6.....	\$ 45.81	16.90

**POWER EQUIPMENT OPERATORS CLASSIFICATIONS**

GROUP 1: CRANE: Helicopter Operator, when used in erecting work; Whirley Operator, 90 ton and over; LATTICE BOOM

CRANE: Operator 200 tons through 299 tons, and/or over 200 feet boom; HYDRAULIC CRANE: Hydraulic Crane Operator 90 tons through 199 tons with luffing or tower attachments;

GROUP 1A: HYDRAULIC CRANE: Hydraulic Operator, 200 tons and over (with luffing or tower attachment); LATTICE BOOM

CRANE: Operator, 200 tons through 299 tons, with over 200 feet boom;

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GROUP 1B: LATTICE BOOM CRANE: Operator, 300 tons through 399 tons with over 200 feet boom; Operator 400 tons and over

GROUP 2: CRANE: Cableway Operator, 25 tons and over; HYDRAULIC CRANE: Hydraulic crane operator 90 tons through 199 tons (without luffing or tower attachment); TOWER/WHIRLEY OPERATOR: Tower Crane Operator; Whirley Operator, under 90 tons; LATTICE BOOM CRANE: 90 through 199 tons and/or 150 to 200 feet boom; HYDRAULIC CRANE: Hydraulic crane operator, 50 tons through 89 tons (with luffing or tower attachment); Rubber tired scraper with tandem scrapers; BLADE: Auto Grader; Blade Operator-Robotic; Bulldozer over 120,000 lbs and above;

GROUP 3: HYDRAULIC CRANE: Hydraulic crane operator, 50 tons through 89 tons (without luffing or tower attachment); LATTICE BOOM CRANES: Lattice Boom Crane-50 through 89 tons (and less than 150 feet boom); Rubber Tired Scraper: with tandem scrapers; self loading, paddle wheel, auger type, finish and/or 2 or more units; Bulldozer over 70,000 lbs up to and including 120,000 lbs;

GROUP 4: CRANE: Hydraulic Crane Operator, under 50 tons; LATTICE BOOM CRANE OPERATOR: Lattice Boom Crane Operator, under 50 tons; TRACKHOE/BACKHOE-ROBOTIC: track and wheel type, up to and including 20,000 lbs. with any or all attachments; BLADE: Blade Operator; Tractor operator with boom attachment; DRILLING: Churm Drill and Earth Boring Machine Operator; Directional Drill Operator over 20,000 lbs pullback; CRANE: Chicago boom and similar types; Boom type lifting device, 5 ton capacity or less; Rubber-Tired Scraper, single engine, single scraper; Compactor-Self Propelled; Bulldozer over 20,000 lbs and more than 100 horse up to 70,000 lbs; Screed; Compactor with blade; Mechanic Hoist Operator two or more drums, Stiff leg, guy derrick or similar type 50 ton and over

GROUP 5: TRACKHOE/BACKHOE-HYDRAULIC: Track type up to and including 20,000 lbs, Wheel type (Ford, John Deer, Case Type); Boom truck operator; DRILLING: Churm Drill and Earth Boring Machine Operator; Directional Drill Operator less than 20,000 lbs pullback; Forklift over 5 ton, Bulldozer 20,000 lbs or 100 horses or less; Roller; Compactor without blade; Hoist Operator single drum.

GROUP 6: Oiler; Grade Checker; Crane oiler; Forklift; Roller (non-asphalt)

Zone Differential (add to Zone 1 rates):

Zone 2 - \$3.00

Zone 3 - \$6.00

For the following metropolitan counties: MULTNOMAH; CLACKAMAS; MARION; WASHINGTON; YAMHILL; AND COLUMBIA; CLARK; AND COWLITZ COUNTY, WASHINGTON WITH MODIFICATIONS AS INDICATED:

All jobs or projects located in Multnomah, Clackamas and Marion Counties, West of the western boundary of Mt. Hood National Forest and West of Mile Post 30 on Interstate 84

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and West of Mile Post 30 on State Highway 26 and West of Mile Post 30 on Highway 22 and all jobs or projects located in Yamhill County, Washington County and Columbia County and all jobs or projects located in Clark & Cowlitz County, Washington except that portion of Cowlitz County in the Mt. St. Helens "Blast Zone" shall receive Zone I pay for all classifications.

All jobs or projects located in the area outside the identified boundary above, but less than 50 miles from the Portland City Hall shall receive Zone II pay for all classifications.

All jobs or projects located more than 50 miles from the Portland City Hall, but outside the identified border above, shall receive Zone III pay for all classifications.

For the following cities: ALBANY; BEND; COOS BAY; EUGENE; GRANTS PASS; KLAMATH FALLS; MEDFORD; ROSEBURG

All jobs or projects located within 30 miles of the respective city hall of the above mentioned cities shall receive Zone I pay for all classifications.

All jobs or projects located more than 30 miles and less than 50 miles from the respective city hall of the above mentioned cities shall receive Zone II pay for all classifications.

All jobs or projects located more than 50 miles from the respective city hall of the above mentioned cities shall receive Zone III pay for all classifications.

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IRON0029-013 07/07/2025

Rates	Fringes
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IRONWORKER (Reinforcing and Structural) .....	\$ 48.31	34.52
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LAB00737-005 06/01/2024

Rates	Fringes
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Laborers: (Mason Tender-Cement/Concrete) .....	\$ 43.79	17.05
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LAB00737-031 06/01/2024

Rates	Fringes
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Laborers:		
GROUP 1.....	\$ 39.11	17.30
GROUP 2.....	\$ 40.41	17.30

#### LABORER CLASSIFICATIONS

GROUP 1: Asphalt Spreader

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GROUP 2: Grade Checker

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PAIN0010-006 07/01/2025

Rates Fringes

## Painters:

Brush, Roller and Spray.....\$ 39.94 16.68

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PLUM0290-008 04/01/2025

Rates Fringes

Plumbers and Pipefitters.....\$ 60.77 34.72

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SUOR2009-069 11/23/2009

Rates Fringes

CARPENTER (Form Work Only).....\$ 23.50 9.27

CEMENT MASON/CONCRETE FINISHER....\$ 21.13 8.90

LABORER: Common or General.....\$ 23.88 7.45

LABORER: Fence Erection.....\$ 23.88 7.45

LABORER: Flagger.....\$ 19.31 5.31

LABORER: Pipelayer.....\$ 20.52 4.51

LINE CONSTRUCTION: Groundman....\$ 31.36 7.27

OPERATOR: Bobcat/Skid  
Steer/Skid Loader.....\$ 22.77 7.90

OPERATOR: Broom/Sweeper.....\$ 32.31 6.43

OPERATOR: Excavator.....\$ 30.12 6.23

OPERATOR: Loader.....\$ 32.31 6.43

OPERATOR: Paver (Asphalt,  
Aggregate, and Concrete) .....\$ 27.59 2.96

TRUCK DRIVER: Dump Truck.....\$ 23.79 5.95

TRUCK DRIVER: Off the Road  
Truck.....\$ 31.81 6.33

TRUCK DRIVER: Water Truck.....\$ 26.12 6.53

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WELDERS - Receive rate prescribed for craft performing  
operation to which welding is incidental.

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Note: Executive Order (EO) 13706, Establishing Paid Sick Leave

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for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Note: Executive Order 13658 generally applies to contracts subject to the Davis-Bacon Act that were awarded on or between January 1, 2015 and January 29, 2022, and that have not been renewed or extended on or after January 30, 2022. Executive Order 13658 does not apply to contracts subject only to the Davis-Bacon Related Acts regardless of when they were awarded. If a contract is subject to Executive Order 13658, the contractor must pay all covered workers at least \$13.30 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2025. The applicable Executive Order minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under Executive Order 13658 is available at [www.dol.gov/whd/govcontracts](http://www.dol.gov/whd/govcontracts).

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (iii)).

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The body of each wage determination lists the classifications and wage rates that have been found to be prevailing for the type(s) of construction and geographic area covered by the wage determination. The classifications are listed in alphabetical order under rate identifiers indicating whether the particular rate is a union rate (current union negotiated rate), a survey rate, a weighted union average rate, a state adopted rate, or a supplemental classification rate.

#### Union Rate Identifiers

A four-letter identifier beginning with characters other than ""SU"", ""UAVG"", ?SA?, or ?SC? denotes that a union rate was prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2024. PLUM is an identifier of the union whose collectively bargained rate prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council

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number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. The date, 07/01/2024 in the example, is the effective date of the most current negotiated rate.

Union prevailing wage rates are updated to reflect all changes over time that are reported to WHD in the rates in the collective bargaining agreement (CBA) governing the classification.

#### Union Average Rate Identifiers

The UAVG identifier indicates that no single rate prevailed for those classifications, but that 100% of the data reported for the classifications reflected union rates. EXAMPLE:

UAVG-OH-0010 01/01/2024. UAVG indicates that the rate is a weighted union average rate. OH indicates the State of Ohio. The next number, 0010 in the example, is an internal number used in producing the wage determination. The date, 01/01/2024 in the example, indicates the date the wage determination was updated to reflect the most current union average rate.

A UAVG rate will be updated once a year, usually in January, to reflect a weighted average of the current rates in the collective bargaining agreements on which the rate is based.

#### Survey Rate Identifiers

The ""SU"" identifier indicates that either a single non-union rate prevailed (as defined in 29 CFR 1.2) for this classification in the survey or that the rate was derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As a weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SUFL2022-007 6/27/2024. SU indicates the rate is a single non-union prevailing rate or a weighted average of survey data for that classification. FL indicates the State of Florida. 2022 is the year of the survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. The date, 6/27/2024 in the example, indicates the survey completion date for the classifications and rates under that identifier.

?SU? wage rates typically remain in effect until a new survey is conducted. However, the Wage and Hour Division (WHD) has the discretion to update such rates under 29 CFR 1.6(c)(1).

#### State Adopted Rate Identifiers

The ""SA"" identifier indicates that the classifications and prevailing wage rates set by a state (or local) government were adopted under 29 C.F.R 1.3(g)-(h). Example: SAME2023-007 01/03/2024. SA reflects that the rates are state adopted. ME refers to the State of Maine. 2023 is the year during which the state completed the survey on which the listed classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. The date, 01/03/2024 in the example, reflects the date on which

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the classifications and rates under the ?SA? identifier took effect under state law in the state from which the rates were adopted.

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**WAGE DETERMINATION APPEALS PROCESS**

1) Has there been an initial decision in the matter? This can be:

- a) a survey underlying a wage determination
- b) an existing published wage determination
- c) an initial WHD letter setting forth a position on a wage determination matter
- d) an initial conformance (additional classification and rate) determination

On survey related matters, initial contact, including requests for summaries of surveys, should be directed to the WHD Branch of Wage Surveys. Requests can be submitted via email to davisbaconinfo@dol.gov or by mail to:

Branch of Wage Surveys  
Wage and Hour Division  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

Regarding any other wage determination matter such as conformance decisions, requests for initial decisions should be directed to the WHD Branch of Construction Wage Determinations. Requests can be submitted via email to BCWD-Office@dol.gov or by mail to:

Branch of Construction Wage Determinations  
Wage and Hour Division  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

2) If an initial decision has been issued, then any interested party (those affected by the action) that disagrees with the decision can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Requests for review and reconsideration can be submitted via email to dba.reconsideration@dol.gov or by mail to:

Wage and Hour Administrator  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative

## **Wage Determination**

**Attachment 5**

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Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210.

=====

END OF GENERAL DECISION

"

**U.S. Department of Labor**

Wage and Hour Division

Attachment 6



**PAYROLL**

For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR	OR SUBCONTRACTOR	ADDRESS						OMB No. 1235-0008 Expires 09/30/2026				
PAYROLL NO.		FOR WEEK ENDING			PROJECT AND LOCATION			PROJECT OR CONTRACT NO.				
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT, OR ST.	(4) DAY AND DATE		(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY					FICA	WITH- HOLDING TAX		
			O									
			S									
			O									
			S									
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) \_\_\_\_\_ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

\_\_\_\_\_  
(Contractor or Subcontractor) on the\_\_\_\_\_  
; that during the payroll period commencing on the

(Building or Work)

\_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_  
(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

## (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

## REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**W-9**  
 Form (Rev. March 2024)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	2 Business name/disregarded entity name, if different from above.
<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor   <input type="checkbox"/> C corporation   <input type="checkbox"/> S corporation   <input type="checkbox"/> Partnership   <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .  <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) . . . . .</p>	
<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . .</p>	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number						
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
or						
Employer identification number						
<input type="text"/>	-	<input type="text"/>				

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

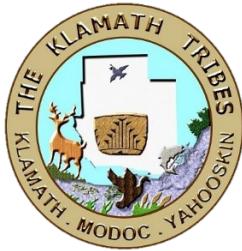
### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**Procurement:**  
**Debarment, Suspension, Ineligibility or Voluntary Exclusion**  
**Certification Form**

**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 2 CFR Part 180. Regulations can be found at [ecfr.gov](http://ecfr.gov) and [federalregister.gov](http://federalregister.gov).**

**READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.**

- 1) The prospective primary recipient certifies to the best of their knowledge and belief that it and its principals:
  - a. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b. Have not within a (3) three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, Tribal, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, Tribal, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, Tribal, or local) terminated for cause or default.
- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

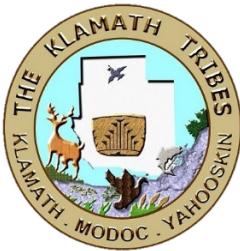
If The Klamath Tribes later determines that you failed to disclose your exclusion or disqualification under sections (1) (a.-d.) and (2) of this certification at the time of submission, The Klamath Tribes may pursue any available remedies, including suspension and debarment. Additionally, if you become aware of any information regarding your exclusion or disqualification under these sections after entering into a covered transaction, you are required to provide immediate written notice to The Klamath Tribes. This obligation is critical for maintaining transparency and compliance with the regulations governing federal contracting.

Business Name:

Printed Name and Title of Authorized Representative:

Signature:

Date:



## Procurement: FREQUENTLY ASKED QUESTIONS

### **What is “Debarment, Suspension, Ineligibility, and Voluntary Exclusion”?**

These terms refer to the status of a person or company that cannot contract with or receive grants from a federal agency.

In order to be debarred, suspended, ineligible, or voluntarily excluded, you must have:

- had a contract or grant with a federal agency, and
- gone through some process where the federal agency notified or attempted to notify you that you could not contract with the federal agency.
- Generally, this process occurs where you, the contractor, are not qualified or are not adequately performing under a contract, or have violated a regulation or law pertaining to the contract.

### **Why am I required to sign this certification?**

You are requesting a contract or grant with The Klamath Tribes. Federal law (Executive Order 12549) requires The Klamath Tribes ensure that persons or companies that contract with The Klamath Tribes are not prohibited from having federal contracts.

### **What is Executive Order 12549?**

Executive Order 12549 refers to Federal Executive Order Number 12549. The executive order was signed by the President and directed federal agencies to ensure that federal agencies, and any state or other agency receiving federal funds were not contracting or awarding grants to persons, organizations, or companies who have been excluded from participating in federal contracts or grants. Federal agencies have codified this requirement in their individual agency Code of Federal Regulations (CFRs).

### **What is the purpose of this certification?**

The purpose of the certification is for you to tell The Klamath Tribes in writing that you have not been prohibited by federal agencies from entering into a federal contract.

### **What does the word “proposal” mean when referred to in this certification?**

Proposal means a solicited or unsolicited bid, application, request, invitation to consider or similar communication from you to The Klamath Tribes.

### **What is a covered transaction when referred to in this certification?**

Covered Transaction means a contract, oral or written agreement, grant, or any other arrangement where you contract with or receive money from The Klamath Tribes. Covered Transaction does not include mandatory entitlements and individual benefits.

## Reference List

Attachment 9

1. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Contact: \_\_\_\_\_