

EXHIBIT D HOURLY RATE SCHEDULE

Helix Environmental Construction Group, Inc.

Landscape Improvements		HELIX
<i>Classification Description</i>		<i>Hourly Rate</i>
Site Supervisor	\$	115.50
Working Foreman	\$	72.60
Landscape Laborer	\$	53.75
Equipment Operator	\$	135.01
Irrigation Systems		HELIX
<i>Classification Description</i>		<i>Hourly Rate</i>
Site Supervisor	\$	115.50
Working Foreman	\$	72.60
Irrigation Technician	\$	64.90
Landscape Laborer	\$	53.75
Decomposed Granite (DG) Trail Restoration/Repair		HELIX
<i>Classification Description</i>		<i>Hourly Rate</i>
Site Supervisor	\$	115.50
Working Foreman	\$	72.60
Landscape Laborer	\$	53.75
Weed Control/Brush Abatement Services		HELIX
<i>Classification Description</i>		<i>Hourly Rate</i>
Site Supervisor	\$	115.50
Working Foreman	\$	72.60
Landscape Laborer	\$	53.75
Chainsaw Operator	\$	64.90
Herbicide Applicator	\$	53.75
Erosion Control Services		HELIX
<i>Classification Description</i>		<i>Hourly Rate</i>
Site Supervisor	\$	115.50
Working Foreman	\$	72.60
Landscape Laborer	\$	53.75
Mulching		HELIX
<i>*Pricing includes labor, delivery, and materials</i>		<i>Per Cubic Yard</i>
Hand spread (50/50 Mix Mulch)	\$	132.67
Blower truck application (50/50 Mix Mulch)		N/A**
		** Cost provided on Task Order

EXHIBIT E
NON-COLLUSION AFFIDAVIT

To the City of Chula Vista, Director of Public Works:

The undersigned, in submitting a bid for performing the following work by Contract being duly sworn, deposes and says:

That he/she has not, either directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding and has not accepted any deposit from any subcontractor or material supplier through any bid depository, the by-laws, rules, and regulations of which prohibit or prevent the Contractor for considering any bid from any subcontractor or material supplier, which is not processed through said bid depository, or which prevent any subcontractor or material supplier from bidding to any Contractor who does not use the facilities or accept bids from or through such bid depository in connection with this Contract.

Business Address

Company

Place of Residence

Signature of Bidder

(Attach Proper Notarization)

EXHIBIT F
WORKERS' COMPENSATION INSURANCE DECLARATION

Date: _____

I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this Contract.

Signature

Contractor

State Contractor's License No.

Address

City/State

Phone Number

(Attach Proper Notarization)