

**BROWARD COUNTY HOUSING AUTHORITY
SOLICITATION NUMBER QR 22-305
REQUEST FOR QUOTATION
MULTI-SITE PAINTING AND CLEANING SERVICES**

PROFILE OF FIRM FORM – ATTACHMENT A
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1. Proposer Information

Name of Firm	
Address	
City, State, Zip	
Telephone	
Fax	
E-Mail Address	
Year Established	
Year Established in Florida	
Former Names (if applicable)	
Parent Company and Date Acquired (if applicable)	

2. Complete and attach IRS Form W-9, found at <http://www.irs.gov/pub/irs-pdf/fw9.pdf> . This completed form should be submitted with the proposal, or must be submitted within three (3) working days of the BCHA’s request.

3. Debarred Statement: Has the firm, or any principal(s) ever been debarred from providing any services to the federal government, any state government, or any local government agency?

Yes No

If yes, please attach a full detailed explanation, including dates, circumstances and current status.

4. Disclosure Statement: Does this firm or any principal(s) have any current, past personal or professional relationship with any Commissioner or Officer of BCHA?

Yes No

If yes, please attach a full detailed explanation, including dates, circumstances and current status.

5. This business is owned and operated by persons at least 51% of the following ethnic background:

Asian/Pacific / Black /Hasidic Jew /Hispanic /Native Americans /White

6. This business qualifies as: Section 3 / Small Business / Woman Owned

7. Non-Collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal fee of affiant or of any other proposer, to fix overhead, profit, or cost element of said proposal fee, or that of any other proposer or to secure any advantage against BCHA or any person interested in the proposed contract; and that all statements in said proposal are true.
Continue on next page.

8. Licensing and Insurance Information

Business License Jurisdiction, Number, and Expiration Date	
Worker's Comp Carrier, Policy Number, and Expiration Date	
General Liability Carrier, Policy Number, and Expiration Date	
Professional Liability Carrier, Policy Number, and Expiration Date	NOT APPLICABLE (N/A)
Vehicle Insurance Carrier, Policy Number, and Expiration Date	

9. Copies of license and insurance certificates should be submitted with the proposal, or must be submitted within three (3) working days of the BCHA's request.

10. Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if BCHA discovers that any information entered herein to be false, such shall entitle BCHA to not consider or make award of to cancel any award with the undersigned party.

Signature	
Title	
Date Signed	
Printed Name	
Firm or Company	

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PROPOSED SERVICES – ATTACHMENT B

Instructions: Complete this form by indicating the appropriate response or by indicating “N/A” if not applicable. Attach additional sheets if necessary.

1. Describe the methodology, equipment, and supplies to be utilized to perform services as described in the Scope of Work section.

2. Describe the experience of the company and staff expected to be assigned to this contract.

Sector List, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the BCHA for goods or services may be terminated at the option of the BCHA if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

COMPANY NAME

SIGNATURE

PRINT NAME

TITLE

Must be executed and returned with attached proposal to be considered.

QR 22-305 Multi-Site Tub and Solid Surface Tops Glazing

ATTACHMENT G

PROPOSED FEES

All prices submitted are to be on the form below.

A. Instructions: Please indicate the cost:

B. Note: Price shall include all labor, materials, equipment and associated costs

C. Note: Schedule of value and time schedule may be requested prior to award.

D. Quantities listed within this quotation are not a guarantee, but solely an estimate of for evaluation purposes.

Item No.	Description	Estimated Qty* (A)	Unit (\$) (B)	Total (AxB)
1	Refurbish tub using the glazing process	39	\$ _____ Lump Sum per tub	\$
2	Sand, refinish, and spray countertops and cupboards	2,245 sq. ft.	\$ _____ per sq. ft.	\$
3	Sand, refinish, and spray vanities	402 sq. ft.	\$ _____ per sq. ft.	\$
4	Prepare, refinish, and spray tub surround (tile, fiberglass, etc.)	1,320 sq. ft.	\$ _____ per sq. ft.	\$
5	Extensive repairs	40 hours	\$ _____ per hour	\$
Total/Vendors Quote*:				\$

***Estimated quantities are for evaluation purposes only and do not represent the minimum or maximum quantities the vendor may be authorized to perform.**

Warranty Period:

Warranty will be for _____ year (s), not to be less than one (1) year

The awarded contractor shall commence work within (3) days following the issuance of the purchase order.

By completing and submitting this form and all other documents within this bid submission, the undersigned Bidder hereby certifies and understands that:

1. He/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if BCHA discovers that any information entered herein to be false, such shall entitle BCHA to not consider or make award of to cancel any award with the undersigned party;
2. He/she is agreeing to abide by all terms and conditions pertaining to this solicitation document as issued by BCHA including an agreement to execute a contract form; and
3. He/she has the ability to sign and bind the firm or company to the services to be performed within the fees proposed.

Signature	
Title	
Date Signed	
Printed Name	
Firm or Company	
Telephone #	