ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO. 24-DES-ITB-465

BID FORM

SUBMIT ONE FULLY-COMPLETED AND SIGNED BID FORM ELECTRONICALLY VIA VENDOR REGISTRY

BIDS WILL BE OPENED AT 3:01 P.M., ON FEBRUARY 5, 2024.

FOR PROVIDING EXTERIOR AUTOMOTIVE WASHING AND SELF-SERVICE VACUUMING PER THE TERMS, CONDITIONS AND SPECIFICATIONS OF THIS SOLICITATION

THE FULL LEGAL NAME OF THE ENTITY SUBMITTING THIS BID MUST BE WRITTEN IN THE SPACE BELOW. THIS BID FORM AND ALL OTHER DOCUMENTS THAT REQUIRE A SIGNATURE MUST BE FULLY AND ACCURATELY COMPLETED AND SIGNED BY A PERSON WHO IS AUTHORIZED TO BIND THE BIDDER, OR THE BID MAY BE REJECTED.

(legal name of entity)						
AUTHORIZED SIGNATU	IRE:					
PRINT NAME AND TITL	E:					
ADDRESS:						
CITY/STATE/ZIP:						
TELEPHONE NO.:		IAIL DRESS:				
THIS ENTITY IS INCORP	ORATED					
THIS ENTITY IS A:	CORPORATION		LIMITE	D PARTNERS	SHIP	
(check the applicable option)	GENERAL PARTNERSHIP		UNI	NCORPORA ASSOCIAT		
	LIMITED LIABILITY COMPANY		SOLE PF	ROPRIETORS	SHIP	
IS BIDDER AUTHORIZEI COMMONWEALTH OF	D TO TRANSACT BUSINESS IN T VIRGINIA?	HE	YES		NO	
IDENTIFICATION NO. IS THE SCC:	SSUED TO THE ENTITY BY					
	m Virginia State Corporation Co ent with its proposal explaining v		•	•		
ENTITY'S DUN & BRAD	STREET D-U-N-S NUMBER: (if a	vailable):				

HAS YOUR FIRM OR ANY ENJOINED, OR SUSPENDE ARLINGTON COUNTY, VI POLITICAL SUBDIVISION	ED FROM SUBMITT RGINIA, OR ANY OT	ING BIDS THER STA	TO TE OR	YES		NO	
HAS YOUR FIRM DEFAUL THREE YEARS?	TED ON ANY PROJE	ECT IN TH	E LAST	YES		NO	
HAS YOUR FIRM HAD AN TRADE LICENSE, REGISTR SUSPENDED IN THE PAST	ATION OR CERTIFIC	-		YES		NO	
HAS YOUR FIRM AND ITS PRINCIPALS/OWNERS BEEN CONVICTED OF ANY CRIME RELATING TO ITS CONTRACTING BUSINESS IN THE PAST TEN YEARS?				YES		NO	
HAS YOUR FIRM BEEN FOUND IN VIOLATION OF ANY LAW APPLICABLE TO ITS CONTRACTING BUSINESS (LICENSING LAWS, TAX LAWS, WAGE AND HOUR LAWS, PREVAILING WAGE LAWS, ENVIRONMENTAL) WHERE THE RESULT OF SUCH VIOLATION WAS THE PAYMENT OF A FINE, BACK PAY DAMAGES, OR ANY OTHER PENALTY IN THE AMOUNT OF \$5000 OR MORE?							
IS YOUR FIRM PREQUALI TRANSPORTATION?	FIED BY THE VIRGIN	NIA DEPT	. OF	YES		NO	
BIDDER STATUS: M	INORITY OWNED:		WOMAN OWN	ED: [_	NEITHER:	
THE UNDERSIGNED UND	ERSTANDS AND ACK	NOWLED	GES THE FOLLO	WING:			
THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE FROM THE VENDOR REGISTRY WEBSITE AT: HTTPS://VRAPP.VENDORREGISTRY.COM/BIDS/VIEW/BIDSLIST?BUYERID=A596C7C4-0123-4202-BF15-3583300EE088. VENDORS ARE REQUIRED TO REGISTER ON VENDOR REGISTRY IN ORDER TO SUBMIT A RESPONSE TO							
THIS INVITATION TO BID. NO RESPONSES WILL BE ACCEPTED AFTER THE BID DUE DATE AND TIME.							
POTENTIAL BIDDERS ARE RESPONSIBLE FOR DETERMINING THE ACCURACY AND COMPLETENESS OF ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, INCLUDING THE COUNTY.							

BID PRICING SHEET

Item	Item Description	Unit of	Total Unit
Number		Measure	Price
1	Washing a light passenger vehicle, including sedans,	Each	\$
	light trucks, and vans with self-service vacuuming		
	included. No vehicle will exceed a 7,8501b GVWR or		
	the equivalent of a Ford F150 half-ton pickup truck.		

	light trucks, and vincluded. No veh	vans with self-ser icle will exceed a	vice vacuuming 7,8501b GVWR or ton pickup truck.	Duon	•
The condensions					•
rne undersigne	ed acknowledges rec	eipt of the followin	ig Addenda:		
ADDENDUM NO. 1		DATE:	INITIAL:		
ADDENDUM NO. 2		DATE:	INITIAL:		
ADDENDUM NO. 3		DATE:	INITIAL:		
Pursuant to Sec protect submit materials, ident necessary. Plea line-item prices	ction 4-112 of the Ar ted data or materia tify the specific data ase note that design s or the total bid amo	lington County Pur als from disclosure or materials to be ation of an entire	under the Virginia Frechasing Resolution, how must, before or upon protected and state the bid, proposal, or prequ	vever, an Offer submission o e reasons why	ror seeking to f the data or protection is
☐ No.	mark one: , the bid that I hav rmation.	e submitted does	not contain any trade	secrets and/o	or proprietary
		ubmitted <u>does</u> con	tain trade secrets and/c	or proprietary	information.
			the exact data or mater I that contain such data		ected <u>and</u> list

DIDDED MANAE		
BIDDER NAME:	<u></u> -	
	State the specific reason(s) why protection is necessary:	
•	e to identify the data or materials to be protected or to state the reason(s) on will not have invoked the protection of Section 4-111 of the Purchasi	
Accordingly, up applicable law.	on the award of a contract, the bid will be open for public inspection o	onsistent with
CERTIFICATION	OF NON-COLLUSION: The undersigned certifies that this bid is not the resul	t of or affected
by (1) any act of defined in Virg	of collusion with another person engaged in the same line of business or inia Code §§ 59.1-68.6 et seq.) or (2) any act of fraud punishable under	commerce (as
Governmental I	Frauds Act (Virginia Code §§ 18.2-498.1 et seq.).	
CONTACT PERS	ON AND MAILING ADDRESS FOR DELIVERY OF NOTICES	
	ame and address of the person who is designated to receive notic is regarding this solicitation. Refer to the "Notices" section in the draft Cont	
	nformation regarding delivery of notices.	race remisana
NAME:		
ADDRES	SS:	

E-MAIL:

BID FORM, PAGE 5 OF 6

REFERENCES

Bidders should provide three references for similar services that have been provided by the Bidder within the past five years. The County reserves the right to evaluate the quality of Contractor's work through site visits with Contractor's references.

REFERENCE 1:	Contact Name:
	Organization:
	Phone Number:
	E-mail Address:
	Contract/Project Name:
	Contract/Project Dates (from-to):
	Contract/Project Description:
REFERENCE 2:	Contact Name:
	Organization:
	Phone Number:
	E-mail Address:
	Contract/Project Name:
	Contract/Project Dates (from-to):
	Contract/Project Description:
REFERENCE 3:	Contact Name:
	Organization:
	Phone Number:
	E-mail Address:
	Contract/Project Name:
	Contract/Project Dates (from-to):
	Contract/Project Description:
BIDDER NAME:	

INSURANCE CHECKLIST

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X".

COVER	<u>'ERAGES REQUIRED</u>	LIMITS (FIGURES DENOTE
MINI	NIMUMS)	
<u>X</u> 1.	1. Workers' Compensation	Statutory limits of Virginia
<u>X</u> 2.	2. Employer's Liability\$500	0,000/accident, \$500,000/disease, \$500,000/disease policy
	limit	
<u>X</u> 3.	3. Commercial General Liability\$1,000,0	
	X3a. Premises/Operations\$1, Million	
	X3b. Personal and Advertising Injury Liability\$1 million	== =
<u>X</u> 4.	4 Automobile Liability	\$1 million CSL BI/PD each accident, Uninsured
	Motorist	
	X4a. Owned/Hired/Non-Owned Vehicle	
<u> </u>	Carrier Rating shall be Best's Rating of A-VII or better or its equivale	nt
<u>X6</u> .	$\underline{6}$. Notice of Cancellation, nonrenewal or material change in coverage ${f s}$	hall be provided to County at least thirty (30) days prior to
	action.	
<u>X</u> 7.	7. The County shall be named Additional Insured on all policies except \	Norkers Compensation, Errors, and Omissions/Professional
	Liability and auto.	
<u>X</u> 8.	8. Certificate of Insurance shall show Bid Number and Bid Title.	
BID	<u>IDDER'S STATEMENT</u> :	
If av	awarded the contract, I will comply with contract insuranc	e requirements.
	BIDDER NAME:	
		
	AUTH, SIGNATURF:	