ARLINGTON COUNTY, VIRGINIA OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO. 21-DES-ITB-648

REVISED BID FORM

ELECTRONIC BIDS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN 2:00 P.M., JUNE 21, 2021.

FOR PROVIDING BOZMAN LOBBY ATRIUM RENOVATION IDENTIFIED HEREIN IN ACCORDANCE WITH THE DRAWINGS, SPECIFICATIONS, TERMS AND CONDITIONS OF THIS SOLICITATION

THE FULL <u>LEGAL NAME</u> 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.

SUBMITTED BY:

(legal name of entity)				
AUTHORIZED SIGNATU	RE:			
PRINT NAME AND TITL	E:			
ADDRESS:				
CITY/STATE/ZIP:				
TELEPHONE NO.:	E-MAIL ADDRESS:			
THIS ENTITY IS INCORP	ORATED			
THIS ENTITY IS A:	CORPORATION		LIMITED PARTNERSHIP	
(check the applicable option)	GENERAL PARTNERSHIP		UNINCORPORATED ASSOCIATION	
	LIMITED LIABILITY COMPANY		SOLE PROPRIETORSHIP	
IS BIDDER AUTHORIZED TO TRANSACT BUSINESS IN THE VES NO DECOMMONWEALTH OF VIRGINIA?				

SCC:

Any Bidder exempt from Virginia State Corporation Commission (SCC) authorization requirement must include a statement with its bid explaining why it is not required to be so authorized.

VIRGINIA CONTRACTOR'S LICENSE NUMBER:

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ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: (if available)			
HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED FROM SUBMITTING BIDS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION WITHIN THE PAST THREE YEARS?	YES	NO	
HAS YOUR FIRM DEFAULTED ON ANY PROJECT IN THE LAST THREE YEARS?	YES	NO	
HAS YOUR FIRM HAD ANY TYPE OF BUSINESS, CONTRACTING OR TRADE LICENSE, REGISTRATION OR CERTIFICATION REVOKED OR SUSPENDED IN THE PAST THREE YEARS?	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?	YES	NO	

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BIDDER STATUS: MINORITY OWNED: 🛛 WOMAN OWNED: 🔾 NEITHER: 🔾

The undersigned certifies that (Bidder Name)_______is currently registered with the Virginia State Board of Contractors as required by the Code of Virginia. Certificate Number _______for a Class ______License was issued on the ______day of ______, 20_____. The undersigned further certifies that the registration fee and all renewal fees required under law have been paid.

TIME LIMIT FOR PROJECT:	SUBSTANTIAL COMPLETION – 455 CALENDAR DAYS FINAL COMPLETION – 30 CALENDAR DAYS FROM SUBSTANTIAL COMPLETION
LIQUIDATED DAMAGES:	SUBSTANTIAL COMPLETION - \$2,200.00 PER DAY FINAL COMPLETION - \$800.00 PER DAY

MINIMUM BIDDER QUALIFICATIONS:

In a separate attachment, Bidders shall provide the following documentation:

- Proof of <u>five (5)</u> years of experience conducting building renovation and construction of similar facilities including performing phased construction work in a building which will remain occupied and operational during normal business hours. The experience shall be work of similar size and scope, construction, re-construction, and maintenance. The Bidder's obtained project experience shall consist of the following:
 - ↔ Floor (or suite) renovation or fit out of at least 8,000 Sqft.
 - Construction value of \$3M or greater
 - At least (2) projects of similar size for local, state, or federal government (8,000 Sqft), this may also include schools or colleges both public and private.
 - At least (2) projects requiring partial or full nighttime or off hours work within the last 5 years.
- List of <u>two</u> (2) similar projects completed projects completed during the past eight (8) years that involve the same material, equal size, and comparable length. For each project, Bidders shall list the following information:
 - Project Name
 - Project description and Bidder's scope of work within the project
 - Project manager's name, telephone number and email address
 - Work start date, scheduled completion, and actual completion date
 - Initial contract cost and final contract cost
- Please complete Attachment D Bidder Qualification Matrix with as much detail as required to confirm that your firm meets each qualification. Additionally, provide separate project information or details in your own format (separate form) as required.
- Resumes of the proposed <u>Superintendent, Project Manager, and Site Safety Officer</u> assigned to

this work, who shall have at least <u>three (3)</u> years of experience in overseeing projects of similar type and size.

- Resumes of the proposed Mechanical and Electrical subcontractors which must include similar project completed in the last five (5) years. List of similar projects shall include:
 - Project Name
 - Project description and Bidder's scope of work within the project
 - Project manager's name, telephone number and email address
 - Work start date, scheduled completion, and actual completion date
 - o Initial contract cost and final contract cost
- Proof of (i) completion by the Bidder and any potential subcontractors of specified safety training programs established by the U.S. Department of Labor, Occupational Safety and Health Administration; (ii) participation by the bidder and any potential subcontractors in apprenticeship training programs approved by state agencies or the U.S. Department of Labor; or (iii) maintenance by the Bidder and any potential subcontractors of records of compliance with applicable local, state, and federal laws, if Bidder is not prequalified by the Virginia Department of Transportation.

COMPLETE THE PRICING SHEET PROVIDED WITH THE BID DOCUMENTS AS ATTACHMENT A TO ITB NO. 21-DES-ITB-648 AND SUBMIT IT WITH YOUR BID.

FAILURE TO SUBMIT THE PRICING SHEET WITH THE BID WILL DEEM THE BIDDER NONRESPONSIVE.

THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLLOWING:

THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE FROM THE VENDOR REGISTRY WEBSITE AT: <u>HTTPS://VRAPP.VENDORREGISTRY.COM/BIDS/VIEW/BIDSLIST?BUYERID=A596C7C4-0123-4202-BF15-3583300EE088</u>.

VENDORS ARE REQUIRED TO REGISTER ON <u>VENDOR REGISTRY</u> 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.

The undersigned acknowledges receipt of the following Addenda:

ADDENDUM NO. 1	DATE:	_INITIAL:
ADDENDUM NO. 2	DATE:	_INITIAL:
ADDENDUM NO. 3	DATE:	_INITIAL:

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TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by a Bidder in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-111 of the Arlington County Purchasing Resolution, however, a Bidder seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the data or materials to be protected and state the reasons why protection is necessary.

Please mark one:

□ No, the bid that I have submitted does <u>not</u> contain any trade secrets and/or proprietary information.

□ Yes, the bid that I have submitted <u>does</u> contain trade secrets and/or proprietary information.

If Yes, you must clearly identify below the exact data or materials to be protected <u>and</u> list all applicable page numbers, sections, and paragraphs of the bid that contain such data or materials:

State the specific reason(s) why protection is necessary and why the identified information constitutes a trade secret or is proprietary:

If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution. Accordingly, upon the award of a contract, the bid will be open for public inspection consistent with applicable law.

<u>CERTIFICATION OF NON-COLLUSION</u>: The undersigned certifies that this bid is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 *et seq*.) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 *et seq*.).

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CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES

Provide the name and address of the person who is designated to receive notices and other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

NAME: ______ADDRESS: ______

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REFERENCES

Bidders should provide three (3) references for similar goods that have been provided by the Bidder within the past eight (8) 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:	

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INSURANCE CHECKLIST

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

COVERAGES REQUIRED	LIMITS (FIGURES DENOTE MINIMUMS)
	\$500,000/accident, \$500,000/disease, \$500,000/disease policy limit
	\$1,000,000 CSL BI/PD eachoccurrence, \$1 Million annual aggregate
— ·	\$500,000 CSL BI/PD each occurrence, \$ 1 Million annual aggregate
	\$1 Million BI/PD each accident, Uninsured Motorist
	\$1 Million BI/PD each accident, Uninsured Motorist
	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
	\$1 Million CSL BI/PD each occurrence, \$ 1 Million annual aggregate
	\$1 Million each offense, \$1 Million annual aggregate
	\$1 Million Bodily Injury, Property Damage and Personal Injury
13. Per Project Aggregate	
14.Professional Liability	
	\$1 Million per occurrence/claim
	\$2 Million per occurrence/claim
	\$1Million per occurrence/claim
	\$1 Million peroccurrence/claim
17. Motor Cargo Insurance	
	\$1 Million Bodily Injury, Property Damage per occurrence
	\$500,000 Comprehensive, \$500,000 Collision
	EndorsementtoCGL
	\$
	ProvideCoverage inthefullamountofcontract
	Endorsement to CGL
<u>X</u> 26. Carrier Rating shall be Best's Rating of A-VII or be	
<u>x</u> 27. Notice of Cancellation, nonrenewal or material chan prior to action.	nge in coverage shall be provided to County at least thirty (30) days
	n all policies except Workers Compensation, Errors and
X29. Certificate of Insurance shall show Bid Number a	and Did Title
—	verage of on-site clean upBI/PD \$3 Million per occurrence/\$6
	verage of on-site clean upBi/PD \$5 Minion per occurrence/\$6
Million Aggregate	ability if washroowing alage up romatiction and (assessment of the
-	ability, if workrequires clean up, remediation, and/orremoval of bio-
solids, bio-hazards waste, and any hazardous	· · ·
Business Auto Liability\$2 Million p	per occurrence with MCS-90 and CA 9948 (or equivalent

endorsements specifically referenced in the certificate of insurance

__31. Cyber insurance......\$2 Million per occurrence/Aggregate X 32. OTHER INSURANCE REQUIRED: JBG SMITH PROPERTIES LP VENDOR INSRUANCE REQUIREMENTS

INSURANCE AGENT'S STATEMENT:

I have reviewed the above requirements with the bidder named below and have advised the bidder of required coverages not provided through this agency.

AGENCY NAME:______ AUTH. SIGNATURE:_____

 BIDDER'S STATEMENT:

 If awarded the Contract, I will comply with all Contract insurance requirements.

 BIDDER NAME:
 AUTH. SIGNATURE: