

**ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT**

INVITATION TO BID NO. 22-DES-ITBLW-360

ADDENDUM NO. 2

Arlington County Invitation to Bid No. 22-DES-ITBLW-360 for On-Call Electrical and Instrumentation Technical Support Services is amended as follows:

1. **Revised Bid Form is hereby replaced in its entirety with the Revised Bid Form, dated September 2, 2021.** Bid responses **Must** be on the **“Revised Bid Form, dated September 2, 2021”**.

The following clarifications are made as a result of vendor inquiries:

1. Instead of NETA can we use our NICET certification. The reason we are NICET certified is that we do electrical service and NETA limits our ability to do service?
Answer: Yes. Please reference the attached Revised Bid Form, dated September 2, 2021.

The balance of the solicitation remains unchanged.

Arlington County, Virginia

Tomeka Price, VCO, VCA
Procurement Officer
tprice@arlingtonva.us

RETURN THIS PAGE, FULLY COMPLETED AND SIGNED, WITH YOUR BID:

BIDDER ACKNOWLEDGES RECEIPT OF ADDENDUM NUMBER 2.

FIRM NAME: _____

**AUTHORIZED
SIGNATURE:** _____ **DATE:** _____

ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO.22-DES-ITBLW-360

REVISED BID FORM
dated September 2, 2021

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

BIDS WILL BE OPENED AT 1:30 P.M., ON SEPTEMBER 16, 2021

FOR PROVIDING ON-CALL ELECTRICAL AND INSTRUMENTATION TECHNICAL SUPPORT SERVICES 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.

SUBMITTED BY:

(Legal name of entity)

AUTHORIZED SIGNATURE:

PRINT NAME AND TITLE:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE NO.:

E-MAIL
ADDRESS:

THIS ENTITY IS INCORPORATED
IN:

THIS ENTITY IS A:

*(check the applicable
option)*

CORPORATION ☐

LIMITED PARTNERSHIP ☐

GENERAL PARTNERSHIP ☐

UNINCORPORATED
ASSOCIATION ☐

LIMITED LIABILITY COMPANY ☐

SOLE PROPRIETORSHIP ☐

IS BIDDER AUTHORIZED TO TRANSACT BUSINESS IN THE
COMMONWEALTH OF VIRGINIA?

YES ☐ NO ☐

IDENTIFICATION NO. ISSUED TO THE ENTITY BY
THE SCC:

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

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 ☐

IS YOUR FIRM PREQUALIFIED BY THE VIRGINIA DEPT. OF TRANSPORTATION? YES ☐ NO ☐

BIDDER STATUS: MINORITY OWNED: ☐ WOMAN OWNED: ☐ NEITHER: ☐

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 ON THE [VENDOR REGISTRY WEBSITE](#).

POTENTIAL BIDDERS ARE RESPONSIBLE FOR DETERMINING THE ACCURACY AND COMPLETENESS OF ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, INCLUDING THE COUNTY.

BIDDER SUBMISSIONS AND ASSERTIONS:

RESUMES OF THE PROPOSED CONTRACT MANAGER, SUPERVISOR, ELECTRICIAN/JOURNEYMAN AND HELPER ASSIGNED TO THIS WORK, WHO HAVE THE REQUIREMENTS AS DESCRIBED IN THE SCOPE OF SERVICE. YES ☐ NO ☐

[\(ATTACH TO YOUR BID SUBMISSION\)](#)

COPY OF CLASS A OR CLASS B LICENSE YES ☐ NO ☐
[\(ATTACH TO YOUR BID SUBMISSION\)](#)

ISA CCST-II, **NICET CERTIFICATION** OR NETA-II OR
HIGHER CERTIFICATION
(ATTACH TO YOUR BID SUBMISSION)

YES

☐

NO

☐

PRICING:

BIDDERS MUST ENTER PRICING IN US DOLLARS FOR EACH LINE HIGHLIGHTED IN BLUE BELOW. ITEMS LEFT BLANK, WILL BE DEEMED AS A NO-BID FOR THAT ITEM AND BIDDERS MAY BE DEEMED NON-RESPONSIVE.

A. PERSONNEL HOURLY LABOR RATES

HOURLY LABOR RATES INCLUDE THE PROVISION OF ALL THINGS NECESSARY FOR PERFORMING REPAIRS, INSPECTION, AND PREVENTIVE MAINTENANCE SERVICES INCLUDING BUT NOT LIMITED TO, LABOR, TOOLS, AND TRANSPORTATION TO, FROM AND BETWEEN JOBS, PARKING, TOOLS-OF-THE-TRADE, AND MEANS FOR ACCESS, AND CONSUMABLE SUPPLIES. **OVERTIME (OVER 8 HOURS OF CONSECUTIVE WORK) RATES SHALL BE TIME AND HALF OF REGULAR HOURLY RATES. 4-HR RESPONSE TIME**

POSITION	ESTIMATED HOURS	REGULAR HOURLY RATE	TOTAL (ESTIMATED HOURS MULTIPLIED BY REGULAR HOURLY RATE)
Certified Control Systems Technician, Level II, NICET certification or InterNational Electrical Testing Association (NETA), level II or higher	1500	\$ _____	\$ _____
Electrician/Journeyman	1500	\$ _____	\$ _____
Helper	1500	\$ _____	\$ _____
TOTAL ESTIMATED COST OF PERSONNEL LABOR			\$ _____

B. ON-CALL AND EMERGENCY REPAIR SERVICES HOURLY LABOR RATES - 2-HR RESPONSE TIME

HOURLY LABOR RATES INCLUDE THE PROVISION OF ALL THINGS NECESSARY FOR PERFORMING **ON-CALL AND EMERGENCY REPAIR SERVICES** INCLUDING BUT NOT LIMITED TO, LABOR, TOOLS, AND TRANSPORTATION TO, FROM AND BETWEEN JOBS, PARKING, TOOLS-OF-THE-TRADE, AND MEANS FOR ACCESS, AND CONSUMABLE SUPPLIES.

POSITION	ON-CALL EMERGENCY HOURLY RATE
Certified Control Systems Technician, Level II, NICET certification or InterNational Electrical Testing Association (NETA), level II or higher	\$ _____
Electrician/Journeyman	\$ _____
Helper	\$ _____
TOTAL ON-CALL EMERGENCY/CRITICAL REPAIR SERVICES HOURLY RATE	\$ _____

EMERGENCY CONTACT

Provide phone numbers that are answered by a live person twenty-four (24) hours a day, seven (7) days a week:

Phone number: _____

Phone number: _____

The undersigned acknowledges receipt of the following Addenda:

ADDENDUM NO. 1 DATE: _____ INITIAL: _____

ADDENDUM NO. 2 DATE: _____ INITIAL: _____

ADDENDUM NO. 3 DATE: _____ INITIAL: _____

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 not contain any trade secrets and/or proprietary information.
- ☐ Yes, the bid that I have submitted does contain trade secrets and/or proprietary information.

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

State the specific reason(s) why protection is necessary:

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.

CERTIFICATION OF NON-COLLUSION: 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.*).

CERTIFICATION OF COMPLIANCE WITH THE COVID-19 VACCINATION POLICY FOR CONTRACTORS: The undersigned certifies that it will comply with the COVID-19 Vaccination Policy for Contractors as a condition of contract award which requires that all contractor employees or subcontractors assigned to the contract must be vaccinated or undergo weekly testing pursuant to the Contract Terms and Conditions.

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: _____

E-MAIL: _____

BIDDER NAME: _____

REFERENCES

Bidders should provide three (3) references for similar services that have been provided by the Bidder within the past five (5) 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".

COVERAGES REQUIRED

LIMITS (FIGURES DENOTE MINIMUMS)

- | | |
|--|--|
| <p><input checked="" type="checkbox"/> 1. Workers' Compensation.....</p> <p><input checked="" type="checkbox"/> 2. Employer's Liability.....</p> <p><input checked="" type="checkbox"/> 3. Commercial General Liability.....</p> <p><input checked="" type="checkbox"/> 4. Premises/Operations.....</p> <p><input checked="" type="checkbox"/> 5. Automobile Liability.....</p> <p><input checked="" type="checkbox"/> 6. Owned/Hired/Non-Owned Vehicles.....</p> <p><input checked="" type="checkbox"/> 7. Independent Contractors.....</p> <p><input checked="" type="checkbox"/> 8. Products Liability.....</p> <p><input checked="" type="checkbox"/> 9. Completed Operations.....</p> <p><input checked="" type="checkbox"/> 10. Contractual Liability (Must be shown on Certificate).....</p> <p><input type="checkbox"/> 11. Personal and Advertising Injury Liability.....</p> <p><input type="checkbox"/> 12. Umbrella/Excess Liability.....</p> <p><input type="checkbox"/> 13. Per Project Aggregate</p> <p><input type="checkbox"/> 14. Professional Liability</p> <p style="padding-left: 20px;"><input type="checkbox"/> a. Architects and Engineers.....</p> <p style="padding-left: 20px;"><input type="checkbox"/> b. Asbestos Removal Liability</p> <p style="padding-left: 20px;"><input type="checkbox"/> c. Medical Malpractice.....</p> <p style="padding-left: 20px;"><input type="checkbox"/> d. Medical Professional Liability.....</p> <p><input type="checkbox"/> 15. Miscellaneous E&O/ Professional Liability</p> <p><input type="checkbox"/> 16. Motor Carrier Act End. (MCS-90)</p> <p><input type="checkbox"/> 17. Motor Cargo Insurance</p> <p><input type="checkbox"/> 18. Garage Liability.....</p> <p><input type="checkbox"/> 19. Garagekeepers Liability.....</p> <p><input type="checkbox"/> 20. Inland Marine-Bailee's Insurance.....</p> <p><input type="checkbox"/> 21. Moving and Rigging Floater.....</p> <p><input checked="" type="checkbox"/> 22. Dishonesty Bond.....</p> <p><input type="checkbox"/> 23. Builder's Risk.....</p> <p><input type="checkbox"/> 24. XCU Coverage.....</p> <p><input type="checkbox"/> 25. USL&H.....</p> <p><input checked="" type="checkbox"/> 26. Carrier Rating shall be Best's Rating of A-VII or better or its equivalent</p> <p><input checked="" type="checkbox"/> 27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least thirty (30) days prior to action.</p> <p><input checked="" type="checkbox"/> 28. The County shall be named Additional Insured on all policies except Workers Compensation, Errors and Omissions/Professional Liability and Auto.</p> <p><input checked="" type="checkbox"/> 29. Certificate of Insurance shall show Bid Number and Bid Title.</p> <p><input type="checkbox"/> 30. Environmental Impairment Liability, including coverage of on-site clean up.....</p> <p style="padding-left: 20px;">a. In addition to environmental impairment liability, if work requires clean up, remediation, and/or removal of bio-solids, bio-hazards waste, and any hazardous or toxic material via transportation request:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Business Auto Liability</p> <p><input type="checkbox"/> 31. Cyber insurance.....</p> <p>32. OTHER INSURANCE REQUIRED: _____</p> | <p>Statutory limits of Virginia</p> <p>\$500,000/accident, \$500,000/disease, \$500,000/disease policy limit</p> <p>\$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate</p> <p>\$500,000 CSL BI/PD each occurrence, \$ 1 Million annual aggregate</p> <p>\$1 Million BI/PD each accident, Uninsured Motorist</p> <p>\$1 Million BI/PD each accident, Uninsured Motorist</p> <p>\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate</p> <p>\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate</p> <p>\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate</p> <p>\$1 Million each offense, \$1 Million annual aggregate</p> <p>\$1 Million Bodily Injury, Property Damage and Personal Injury</p> <p></p> <p></p> <p>\$1 Million per occurrence/claim</p> <p>\$2 Million per occurrence/claim</p> <p>\$1 Million per occurrence/claim</p> <p>\$1 Million per occurrence/claim</p> <p>\$1 Million per occurrence/claim</p> <p>\$1 Million BI/PD each accident, Uninsured Motorist</p> <p></p> <p>\$1 Million Bodily Injury, Property Damage per occurrence</p> <p>\$500,000 Comprehensive, \$500,000 Collision</p> <p>\$ _____</p> <p>Endorsement to CGL</p> <p>\$1,000,000</p> <p>Provide Coverage in the full amount of contract</p> <p>Endorsement to CGL</p> <p>Federal Statutory Limits</p> |
|--|--|

INSURANCE AGENT'S STATEMENT:

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

AGENCY NAME: _____

AUTH. SIGNATURE: _____

OFFEROR'S STATEMENT:

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

BIDDER NAME: _____

AUTH. SIGNATURE: _____

**CERTIFICATION OF
CONTRACTOR COMPLIANCE WITH COUNTY COVID-19 VACCINATION POLICY**

I, _____ (hereinafter referred to as "Bidder"), certify that I will comply with the COVID-19 Vaccination Policy as a condition of contract award which requires that all contractor employees or subcontractors assigned to the contract must be vaccinated or undergo weekly testing pursuant to the Contract Terms and Conditions.

Signed: _____ **Date:** _____

Name of Bidder: _____