

ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO. 20-257-ITB

**REVISED BID FORM DATED JUNE 29, 2020**

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

BIDS WILL BE OPENED AT 2:00 P.M., ON JULY 9, 2020

FOR PROVIDING HAZARDOUS MATERIAL TESTING & MONITORING SERVICES PER THE TERMS, CONDITIONS AND SPECIFICATIONS OF THIS SOLICITATION

GRAND TOTAL FOR SECTIONS A, B, & C            \$ \_\_\_\_\_

Hourly Rates and Unit Prices shall include all labor, material, delivery costs, administrative, overhead and profit.

A. KEY PERSONNEL:

Position	Hourly Rates
Project Manager	\$ _____
Asbestos Inspector	\$ _____
Asbestos Management Planner	\$ _____
Asbestos Project Designer	\$ _____
Asbestos Project Monitor	\$ _____
Lead Inspector	\$ _____
Lead Risk Assessor	\$ _____
Lead Project Designer	\$ _____
Indoor Air Quality Specialist	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

B. SAMPLE ANALYSIS FEES: Sample analysis fees shall include all materials, equipment, analytical personnel, subcontractor's charges and delivery/transportation costs associated with analyzing each sample. Project management, office support, sample report (including interpretation and recommendation, if applicable) and report administration and quality control costs shall be included in the sample analysis unit fee. Turn-around time (TAT) shall refer to the time, in calendar days or hours, as specified, from collecting the sample to written communication of results to the County Project Officer or their designee.

- AIR SAMPLES/TAT (including all off-site labor and all supplies). Note: All samples listed below refer to asbestos samples except for Radon Screening Test Kit. **Indoor Air Quality Testing parameters include: Carbon Dioxide, Carbon Monoxide, Temperature and Relative humidity.**

Description	Unit Price
Transmission Electron Microscopy (TEM) air/ 2 days	\$ _____
Transmission Electron Microscopy (TEM) air/ 1 day	\$ _____

Transmission Electron Microscopy (TEM) air/ 12 hours	\$ _____
Phase Contrast Microscopy (PCM)/ 1 day	\$ _____
Phase Contrast Microscopy (PCM)/ 1 hour (on-site analysis)	\$ _____
Radon Screening Test Kit	\$ _____/kit
Indoor Air Quality Test/ 1 day	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

2. **MATERIALS (BULK) SAMPLES/TAT:** Note: All samples listed below refer to asbestos samples. **Point Counting reporting limits: <0.1%.**

Description	Unit Price
X-ray fluorescence (lead)/ 1 day	\$ _____
Paint Scraping Samples Analyzed by NIOSH Method 7082M	\$ _____/sample
Toxicity Characteristic Leaching Procedure-Lead/ 48 hours	\$ _____
Lead in Drinking Water Samples Analyzed by EPA Method 200.8	\$ _____/sample
Polarized Light Microscopy (PLM)/ 2 days	\$ _____
Polarized Light Microscopy (PLM)/ 1 day	\$ _____
Point counting/ 2 days	\$ _____
Gravimetric/ 2 days	\$ _____
X-ray diffraction/ 2 days	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

3. **OTHER SAMPLES RELATED TO THE WORK OF THIS CONTRACT:**

Description	Unit Price
Microbial Analysis:	
Spore Trap (24- hour TAT)	\$ _____/sample
Surface Swab (24- hour TAT)	\$ _____/sample
Surface Tape (24- hour TAT)	\$ _____/sample
Culturable ID Genus	\$ _____/sample
Culturable ID Species	\$ _____/sample
Silica	\$ _____/sample
Formaldehyde (3-day TAT)	\$ _____/sample
Construction Dust (3-day TAT)	\$ _____/sample
Polychlorinated Biphenyls (PCBs) (3-day TAT)	\$ _____/sample
<b>TOTAL</b>	<b>\$ _____</b>

4. PLEASE PROVIDE THE NAME AND ADDRESS OF THE LABORATORY THAT WILL BE PROVIDING SAMPLE ANALYSIS SERVICES UNDER THIS CONTRACT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- C. **PROJECT-BASED PRICES:** One fee will be charged per project, along with any related on-site personnel and sampling charges, for the following (requirements and deadlines are specified in Scope of Services).

Description	Unit Price
Review/revision of master specification	\$ _____ ea.
Provision of reports on CD	\$ _____/report
Abatement project cost estimate	\$ _____ ea.
Abatement project Design: County – generated specification tailoring, submitted for Contractor review and approval	\$ _____ ea.
Abatement project Design: Contractor – generated specification tailoring	\$ _____ ea.
<b>TOTAL</b>	<b>\$ _____</b>

**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)*

CORPORATION

LIMITED PARTNERSHIP

option)

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 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.

**ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: (if available)**

**IS YOUR FIRM OR ANY OF ITS PRINCIPALS CURRENTLY DEBARRED FROM SUBMITTING BIDS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION?**

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.

**Company Qualifications:** Bidders shall have 5 years of experience in HAZMAT surveying, monitoring and assessment. Bidder shall provide verification that asbestos and lead inspectors have received training for permit-required confined space entry per [OSHA standard 29 CFR 1910.146](#) with their bid submission. The experience shall be work of similar size and scope.

Bidders shall provide written Quality Assurance and Quality Control (QA/QC) program proposed by their laboratory.

**Project Experience:** Bidders shall provide a list of projects, of similar size and scope, that have been executed during the past five (5) years for consideration of application to the below individual requirements. Each project shall meet all of these requirements and bidders can submit separate projects for each requirement.

- Have completed ten (10) HAZMAT surveying, monitoring and assessment projects within the past five years.
- Have completed at least one (1) HAZMAT surveying, monitoring and assessment projects for a local, state, or federal government agency.

Bidders' list shall include the following information to show compliance with the experience criteria:

- Project Name
- Project description and scope of work
- Final contract value

Bidders' shall submit the bidder qualification matrix and complete with as much detail as required to confirm you meet each qualification.

**Staffing Qualifications:** All key personnel proposed for this project must have experience as designated key personnel in similar size and type of projects.

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:

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

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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.*).

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**

**COVERAGE MINIMUM(S)**

- 1. Workers' Compensation ..... Statutory limits of Virginia
- 2. Employer's Liability ..... \$100,000 accident, \$100,000 disease, \$500,000 disease policy limit
- 3. Commercial General Liability ..... \$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- 4. Premises/Operations ..... \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- 5. Automobile Liability ..... \$1 Million BI/PD each accident, Uninsured Motorist
- 6. Owned/Hired/Non-Owned Vehicles ..... \$1 Million BI/PD each accident, Uninsured Motorist
- 7. Independent Contractors ..... \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- 8. Products Liability ..... \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- 9. Completed Operations ..... \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- 10. Contractual Liability (Must be shown on Certificate) ..... \$500,000 CSL BI/PD each occurrence,  
\$1 Million annual aggregate
- 11. Personal and Advertising Injury Liability. .... \$1 Million each offense, \$1 Million annual aggregate
- 12. Umbrella Liability ..... \$1 Million Bodily Injury, Property Damage and Personal Injury
- 13. Per Project Aggregate
- 14. Professional Liability
  - a. Architects and Engineers ..... \$1 Million per occurrence/claim
  - b. Asbestos Removal Liability ..... \$2 Million per occurrence/claim
  - c. Medical Malpractice ..... \$1 Million per occurrence/claim
  - d. Medical Professional Liability ..... \$ Limits as set forth in Virginia Code 8.01.581.15
- 15. Miscellaneous E&O ..... \$1 Million per occurrence/claim
- 16. Motor Carrier Act End. (MCS-90) ..... \$1 Million BI/PD each accident, Uninsured Motorist
- 17. Motor Cargo Insurance
- 18. Garage Liability ..... \$1 Million Bodily Injury, Property Damage per occurrence
- 19. Garagekeepers Liability ..... \$500,000 Comprehensive, \$500,000 Collision
- 20. Inland Marine-Bailee's Insurance ..... \$ \_\_\_\_\_
- 21. Moving and Rigging Floater ..... Endorsement to CGL
- 22. Crime and Employee Dishonesty Coverage ..... \$ \_\_\_\_\_
- 23. Builder's Risk ..... Provide Coverage in the full amount of Contract, including any amendments
- 24. XCU Coverage ..... Endorsement to CGL
- 25. USL&H ..... Federal Statutory Limits
- 26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent
- 27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County  
at least 30 days prior to action.
- 28. The County shall be an Additional Insured on all policies except Workers Compensation and  
Auto and Professional Liability.
- 29. Certificate of Insurance shall show Bid Number and Bid Title.
- 30. OTHER INSURANCE REQUIRED: \_\_\_\_\_

**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: \_\_\_\_\_

**BIDDER'S STATEMENT:**

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

BIDDER NAME: \_\_\_\_\_

AUTH. SIGNATURE: \_\_\_\_\_