

ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO. 23-DES-ITBLW-552

B I D F O R M

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

BIDS WILL BE OPENED AT 1:00 P.M., ON MAY 23, 2023

FOR PROVIDING ON-CALL FURNITURE INSTALLATION AND RELATED 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.

BID FORM, PAGE 2 OF 6

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

HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED, YES ☐ NO ☐
ENJOINED, OR SUSPENDED FROM SUBMITTING BIDS TO
ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR
POLITICAL SUBDIVISION WITHIN THE PAST THREE YEARS?

HAS YOUR FIRM DEFAULTED ON ANY PROJECT IN THE LAST YES ☐ NO ☐
THREE YEARS?

HAS YOUR FIRM HAD ANY TYPE OF BUSINESS, CONTRACTING OR YES ☐ NO ☐
TRADE LICENSE, REGISTRATION OR CERTIFICATION REVOKED OR
SUSPENDED IN THE PAST THREE YEARS?

BID FORM, PAGE 4 OF 7

HAS YOUR FIRM AND ITS PRINCIPALS/OWNERS BEEN YES ☐ NO ☐
CONVICTED OF ANY CRIME RELATING TO ITS CONTRACTING
BUSINESS IN THE PAST TEN YEARS?

HAS YOUR FIRM BEEN FOUND IN VIOLATION OF ANY LAW YES ☐ NO ☐
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 PREQUALIFIED BY THE VIRGINIA DEPT. OF YES ☐ NO ☐
TRANSPORTATION?

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 FROM THE [VENDOR REGISTRY WEBSITE](#).

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.

The undersigned acknowledges receipt of the following Addenda:

ADDENDUM NO. 1 DATE: _____ INITIAL: _____

ADDENDUM NO. 2 DATE: _____ INITIAL: _____

ADDENDUM NO. 3 DATE: _____ INITIAL: _____

MINIMUM BIDDER QUALIFICATIONS:

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

Company Qualifications: Submit a Company statement for proof of at least five (5) years of experience in commercial assembly and disassembly of modular systems furniture and in assembly and disassembly of Knoll Equity System furniture, other Knoll System Furniture, and case goods.

Contract Experience: Provide a list of three (3) similar recently completed contracts that involve the same material, equal size, and comparable length.

Staffing Qualifications:

Resumes of the proposed Supervisor and Lead Installer assigned to this work, who have the requirements as described in the Qualification of Bidders.

(ATTACH TO YOUR BID SUBMISSION)

YES ☐ NO ☐

Class B License or Better

(ATTACH TO YOUR BID SUBMISSION)

YES ☐ NO ☐

TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by an Offeror in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-112 of the Arlington County Purchasing Resolution, however, an Offeror seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the specific data or materials to be protected and state the reasons why protection is necessary. Please note that designation of an entire bid, proposal, or prequalification application or of line-item prices or the total bid amount is prohibited.

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.*).

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:

REFERENCES

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

- | | | |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | Workers' Compensation..... | Statutory limits of Virginia |
| <input checked="" type="checkbox"/> | Employer's Liability..... | \$500,000/accident, \$500,000/disease, \$500,000/disease policy limit |
| <input checked="" type="checkbox"/> | Commercial General Liability..... | \$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate |
| <input checked="" type="checkbox"/> | Premises/Operations..... | \$1 Million CSL BI/PD each occurrence, \$ 2 Million annual aggregate |
| <input checked="" type="checkbox"/> | Independent Contractors..... | \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate |
| <input checked="" type="checkbox"/> | Products Liability..... | \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate |
| <input checked="" type="checkbox"/> | Completed Operations..... | \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate |
| <input checked="" type="checkbox"/> | Contractual Liability (Must be shown on Certificate.... | \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate |
| <input checked="" type="checkbox"/> | Personal and Advertising Injury Liability..... | \$1 million each offense, \$2 Million annual aggregate |
| <input type="checkbox"/> | Moving and Rigging Floater..... | Endorsement to CGL |
| <input type="checkbox"/> | XCU Coverage..... | Endorsement to CGL |
| <input checked="" type="checkbox"/> | Automobile Liability..... | \$1million CSL BI/PD each accident, Uninsured Motorist |
| <input checked="" type="checkbox"/> | Owned/Hired/Non-Owned Vehicle..... | \$1 million BI/PD each accident, Uninsured Motorist |
| <input type="checkbox"/> | Motor Carrier Act (MCS-90) and CA9948 (or equivalent) Endorsements | \$2 million BI/PD each accident, Uninsured Motorist |
| <input checked="" type="checkbox"/> | Umbrella/Excess Liability..... | \$1 million Bodily Injury, Property Damage and Personal Injury |
| <input type="checkbox"/> | Per Project Aggregate for <input type="checkbox"/> General Liability or <input type="checkbox"/> Umbrella/Excess Liability (check coverage) | |
| <input type="checkbox"/> | Professional Liability/ Errors and Omission (E&O) | |
| <input type="checkbox"/> | a. Architects and Engineers..... | \$1 million per occurrence/claim |
| <input type="checkbox"/> | b. Asbestos Removal Liability | \$3 million per occurrence/claim |
| <input type="checkbox"/> | c. Medical Malpractice..... | \$2.55 million per occurrence/claim or the statutory VA annual claim cap whichever is greater |
| <input checked="" type="checkbox"/> | Miscellaneous E&O..... | \$1 million per occurrence/claim |
| <input type="checkbox"/> | Motor Cargo Insurance..... | \$ _____ (to the total value of the goods being transported) |
| <input type="checkbox"/> | Garage Liability..... | \$1 million Bodily Injury, Property Damage per occurrence |
| <input type="checkbox"/> | Garage Keepers Liability..... | \$1Million Comprehensive, \$1 Million Collision |
| <input type="checkbox"/> | Inland Marine-Bailee's Insurance..... | \$ _____ (maximum value of goods under Contractor's care) |
| <input type="checkbox"/> | Crime Liability/ Employee Dishonesty insurance or Dishonesty Bond..... | \$ _____ |
| <input type="checkbox"/> | | (Maximum value of revenue or goods that can be taken at one time) |
| <input type="checkbox"/> | Builder's Risk..... | \$ _____ (Provide Coverage in the full amount of contract) |
| <input type="checkbox"/> | USL&H..... | Federal Statutory Limits |
| <input checked="" type="checkbox"/> | Carrier Rating shall be Best's Rating of A-VII or better or its equivalent | |
| <input checked="" type="checkbox"/> | Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least thirty (30) days prior to action. | |
| <input checked="" type="checkbox"/> | The County shall be named Additional Insured on all policies except Workers Compensation, Errors, and Omissions/Professional Liability and auto. | |
| <input checked="" type="checkbox"/> | Certificate of Insurance shall show Bid Number and Bid Title. | |
| <input type="checkbox"/> | Environmental Impairment Liability, including coverage of on-site clean up..... | BI/PD \$3 Million per occurrence or \$6 Million Aggregate |
| <input type="checkbox"/> | a. If work requires clean up, remediation, and/or removal of bio -solids, bio-hazards waste, and any hazardous or toxic material via transportation request Business Auto Liability add #16 from this checklist. | |
| <input type="checkbox"/> | Cyber insurance with Technology E&O..... | \$2 Million per occurrence |
| <input type="checkbox"/> | OTHER INSURANCE REQUIRED: | |

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements.

BIDDERNAME:

AUTH. SIGNATURE: _____

PRICING

GRAND TOTAL FOR SECTIONS 2A, 2B, 2C, 3A AND 3B

\$ _____

1. NEW PRODUCT INSTALLATION OVER \$25,000

New product will be installed based on a lump sum price derived from the specified percentage per thousand dollars below. The lump sum is a percentage of the value of manufacturer's list price for the order. the hourly rates shall not apply to this category of the work. For example, if the furniture list price is \$100,000 the lump sum would be 3% x \$100,000=\$3,000.

_____ % Per thousand dollars from the manufacturer's list price for the order

2. PERSONNEL HOURLY LABOR RATES

HOURLY RATES SHALL APPLY TO THE ACTUAL HOURS AT THE JOBSITE AND INCLUDE THE PROVISION OF ALL THINGS NECESSARY FOR PERFORMING INSPECTION, AND INSTALLATION 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. PORTAL TO PORTAL CHARGES SHALL NOT BE ALLOWED. WORK PERFORMED DURING REGULAR BUSINESS HOURS, EVENINGS, WEEKDAYS, WEEKENDS, OR COUNTY-OBSERVED HOLIDAYS WILL BE PAID IN ACCORDANCE WITH THE CONTRACTOR'S RATES FOR THOSE CATEGORIES. **OVERTIME (OVER 8 HOURS OF CONSECUTIVE WORK) RATES SHALL BE TIME AND HALF OF REGULAR HOURLY RATES. PORTAL TO PORTAL CHARGES SHALL NOT BE ALLOWED**

A. WEEKDAYS (7:00AM TO 7:00 PM, MONDAY THROUGH FRIDAY).

POSITION	ESTIMATED HOURS	REGULAR HOURLY RATE	TOTAL (ESTIMATED HOURS MULTIPLIED BY REGULAR HOURLY RATE)
SUPERVISOR	25	\$	\$
LEAD INSTALLER	10	\$	\$
INSTALLER	1250	\$	\$
TOTAL PERSONNEL HOURLY LABOR FOR WEEKDAYS			\$

B. EVENINGS (7:01 PM TO 6:59 AM, MONDAY THROUGH THURSDAY)

POSITION	ESTIMATED HOURS	REGULAR HOURLY RATE	TOTAL (ESTIMATED HOURS MULTIPLIED BY REGULAR HOURLY RATE)
SUPERVISOR	25	\$	\$
LEAD INSTALLER	10	\$	\$
INSTALLER	1250	\$	\$
TOTAL PERSONNEL HOURLY LABOR FOR EVENINGS			\$

C. WEEKENDS (7:01 PM TO 6:59 AM, FRIDAY THROUGH MONDAY) AND COUNTY-OBSERVED HOLIDAYS

POSITION	ESTIMATED HOURS	REGULAR HOURLY RATE	TOTAL (ESTIMATED HOURS MULTIPLIED BY REGULAR HOURLY RATE)
SUPERVISOR	25	\$	\$
LEAD INSTALLER	10	\$	\$
INSTALLER	1250	\$	\$
TOTAL PERSONNEL HOURLY LABOR FOR WEEKENDS AND COUNTY-OBSERVED HOLIDAYS			\$

3. STORAGE AND VEHICLES

A. Storage Facility

FACILITY	PRICE PER SQUARE FOOT
WAREHOUSE STORAGE	\$
TOTAL	\$

B. Vehicles

VEHICLES	REGULAR HOURLY RATE
TRUCK	\$
BOX TRUCK	\$
TOTAL	\$