

REQUEST FOR QUALIFICATIONS No. 24-DES-RFQ-399
ARLINGTON COUNTY, VIRGINIA

ATTACHMENT A – APPLICATION FORM

APPLICATIONS WILL BE RECEIVED ELECTRONICALLY VIA VENDOR REGISTRY NOT LATER THAN 1:00 P.M., NOVEMBER 30, 2023.

PREQUALIFICATION OF FIRMS FOR THERMAL HYDROLYSIS PROCESS (THP) EQUIPMENT AND SERVICES IN ARLINGTON COUNTY, VIRGINIA.

THE FULL LEGAL NAME OF THE ENTITY SUBMITTING THIS APPLICATION MUST BE WRITTEN IN THE SPACE BELOW. THIS APPLICATION 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 APPLICANT, OR THE APPLICATION 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 APPLICANT AUTHORIZED TO TRANSACT BUSINESS IN THE COMMONWEALTH OF VIRGINIA?

YES

NO

VIRGINIA STATE CORPORATION COMMISSION (SCC)

IDENTIFICATION NUMBER:

Any Applicant that is exempt from the SCC authorization requirement must include a statement with its application explaining why it is exempt.

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 REQUEST FOR QUALIFICATIONS. **NO RESPONSES WILL BE ACCEPTED AFTER THE APPLICATION DUE DATE AND TIME.**

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

1. APPLICANT MUST SUBMIT: ONE ELECTRONIC COMPLETE SIGNED APPLICATION THAT INCLUDES AS ITS FIRST PAGE THIS APPLICATION FORM.
2. INDICATE THE NAME AND CONTACT INFORMATION OF THE PERSON WHO CAN RESPOND AUTHORITATIVELY TO QUESTIONS REGARDING THIS APPLICATION.

NAME (PRINTED): _____ TITLE: _____

E-MAIL ADDRESS: _____ TEL. NO.: _____

TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by an Applicant 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, an Applicant 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 application that I have submitted does not contain any trade secrets and/or proprietary information.
- Yes, the application 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 application 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 application will be open for public inspection consistent with applicable law.

CERTIFICATION OF NON-COLLUSION: The undersigned certifies that this application 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.*).

APPLICANT NAME: _____

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**SUBMIT COMPLETED APPLICANT'S PREQUALIFICATION STATEMENT ELECTRONICALLY VIA VENDOR
REGISTRY**

ATTACHMENT B – APPLICANT'S PREQUALIFICATION STATEMENT

Applicant Name: _____

Applicant Address: _____

Person who can respond authoritatively to any questions about this statement:

Name: _____ Title: _____

Phone number: _____ E-mail address: _____

1. Provide a brief company history, year your organization was established and how many years has your organization been in business providing the type of services for which you are requesting to be pre-qualified? _____
2. How many years has your organization been in business under its present name? _____
3. Has your firm been involved in any reorganization, acquisition, or merger within the past three (3) years? If so, please provide details and under what other names has your organization operated?

4. If your organization is a corporation, indicate:

Date of incorporation: _____

State of incorporation: _____

President's name: _____

Vice President's name(s): _____

Secretary's name: _____

Treasurer's name: _____

5. If your organization is a partnership, indicate:

Date of organization: _____

Type of partnership (if applicable): _____

Name(s) of general partners: _____

6. If your organization is a sole proprietorship, indicate:

Date of organization: _____

Name of owner: _____

7. If the form of your organization is other than those listed above, describe it and name the principals:

8. Is the Applicant related to another firm as a parent, subsidiary or affiliate?

Yes

No

If yes, give names and addresses of all affiliated parent and/or subsidiary companies. Indicate which companies are subsidiaries.

9. **Submittal Elements:** Each of the submittal elements should be provided in the order listed below:

A. *Qualifications and Experience of Firm (Maximum 2 pages + appendices)*

Describe your experience in development and supply of thermal hydrolysis equipment for municipal biosolids applications. Provide the total number of worldwide and United States installations currently in operation of the model being proposed for thermal hydrolysis of

municipal wastewater residuals at the WPCP. As an appendix, provide a complete list of all installations of the model being proposed, including date of installation, date of commissioning, current operational status, and capacity (in dry tons per day). Indicate the number of years the model being proposed has been offered by the Supplier.

Provide the number of operational and maintenance support staff available in the United States, including location. Describe approach for providing spare and replacement parts for pumps and critical components, including the location where parts are stored, typical quantity stocked and turnaround time for shipment to Arlington WPCP.

B. *Thermal Hydrolysis Process and Controls Details (Maximum 2 pages)*

Provide a description of the proposed thermal hydrolysis process and controls. Describe the evolution of the process and unique features of the proposed system. Describe how sludge is fed and distributed to the process reactors and approach to depressurization and digester feed. Describe controls for steam, including balancing of the steam loads. Describe approach to capturing and treating process gases and preventing odor release. Describe upcoming innovations that may be implemented in future systems.

C. *Performance Guarantees (Maximum 1 page)*

Provide information to aid the County and Contractor in establishing appropriate performance guarantees. Describe how the Offeror will meet these requirements.

- Class A biosolids:
 - Meet all requirements for producing a Class A, pathogen free product as defined by the United States Environmental Protection Agency as defined in 40 CFR Part 503.
 - Confirm agreement for reactor hold time of 20 minutes at 6 bar pressure.
 - Confirm agreement to a fecal coliform limit of 1000 MPN/gram dry solids or salmonella less than 3 MPN per 4 grams dry solids, tested as described in Attachment A: Specifications, Section 46 34 50.
- Steam Usage
 - Provide guarantees for steam usage, in tons of steam per dry ton of solids.
 - Confirm instantaneous demand is less than 4.4 tons of steam per hour.
- Thermally Hydrolyzed Solids (THS) Flow Control
 - Confirm agreement with demonstrated accuracy of THS flow control rate of +/- 5% between the two digesters being fed (comparing one digester flow rate to the other).

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SUBMIT COMPLETED SAMPLE SURETY STATEMENT ELECTRONICALLY VIA VENDOR REGISTRY

ATTACHMENT C – SAMPLE SURETY STATEMENT

APPLICANT NAME: _____

(Name of Applicant) has been a client of (Name of Surety Company) for (_____) years. During that time, we have supported this firm in its pursuit of projects in the \$_____ range and in total programs in excess of \$_____.

We are prepared to provide a performance bond on the project for which Arlington County seeks prequalification through RFQ No. 24-DES-RFQ-399 if (name of Applicant) accepts an award of the contract and applies to us on or about the time that the work is to begin and if we are satisfied with the prevailing underwriting conditions, including but not limited to, contract terms and job specifications, bond forms and financing.

We possess certificates of authority as an acceptable surety authorized to do business in the Commonwealth of Virginia as published annually in the Federal Register, Department of Treasurer, Fiscal Service, Department Circular 570.

Sincerely,

Attorney-In-Fact

Name of Surety

Signature

Typed Signature

Date

Address

Telephone

Companies who wish to implement digital signatures may do so, along with a SURETY BOND SEAL ADDENDUM which contains an electronic corporate seal [Surety Company] has authorized its Attorney-in-Fact to affix [Surety Company's] corporate seal to any bond executed on behalf of [Surety Company] by any such Attorney-in-Fact by attaching this Addendum to said bond.

To the extent this Addendum is attached to a bond that is executed on behalf of [Surety Company] by its Attorney-in-Facts, [Surety Company\ hereby agrees that the seal below shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.”

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**SUBMIT COMPLETED PROJECT SPECIFIC EXPERIENCE STATEMENT ELECTRONICALLY VIA VENDOR
REGISTRY**

ATTACHMENT D – PROJECT SPECIFIC QUALIFICATIONS

Provide all information required below. The County will consider for prequalification only information that is included in the application. One representative project may qualify for both criteria listed below.

Provide references for a minimum of five (5) wastewater treatment plants worldwide where the Supplier’s thermal hydrolysis equipment has been in service as a pre-conditioning step for anaerobic digestion of municipal wastewater solids residuals. Plants referenced shall have a capacity greater than 30 dry tons per day fed to the THP system. Supplier’s THP system at each referenced plant must have been in operation for more than three years.

Provide references for a minimum of two (2) wastewater treatment plants in the United States where the Supplier’s thermal hydrolysis equipment has been used to provide time and temperature for Class A biosolids through a batch treatment process as defined by the United States Environmental Protection Agency as a pre-conditioning step for anaerobic digestion of municipal wastewater solids residuals. Plants referenced may be of any capacity over 5 dry tons per day fed to the THP system with a representative Class A sewage sludge utilization permit. Supplier’s THP system at each referenced plant must have been in operation for more than one year.

Applicant Name: _____

1. **Name of Project:** _____

Contract No. or Project No. (if applicable) _____

Project Location: _____

2. **Project Owner:** _____

Contact Person: _____ Telephone: (____) _____

Email address: _____

3. **Contract Dates:** Attach explanation if project was not on schedule.

Started: _____

Contractual Completion Date: _____

Actual Completion Date: _____

4. **Original Contract Value:** \$ _____
Final Contract Value: \$ _____
Value of Change Orders to Date: \$ _____
Outstanding Claims to Date: \$ _____

5. **Project Manager and Project Superintendent:** List all Project Managers and Project Superintendents who had substantive work or responsibilities on this project:

Name: _____ Responsibility _____

Name: _____ Responsibility _____

Name: _____ Responsibility _____

6. **Project description and Applicant's scope of work within the project:** Describe the dry tons per day fed to the THP system for each represented project.

7. **If Applicant's work for this project was performed under the management of a General Contractor or Construction Management firm, provide the following:**

Firm Name: _____

Contact Person: _____ Telephone: (_____) _____

Email address: _____

8. **If Applicant used sub-contractor(s) in the performance of this project provide the following:**

Firm Name: _____ Responsibility _____

Firm Name: _____ Responsibility _____

Firm Name: _____ Responsibility _____

Firm Name: _____ Responsibility _____

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ATTACHMENT F – PRIOR JUDGMENTS CERTIFICATION

Has the Applicant, or any officer, director or owner thereof, had any judgments entered against it within the past ten years for the breach of any contract for governmental or nongovernmental construction, including, but not limited to, design-build and construction management contracts?

Yes ___ No ___

If yes, then attach a separate sheet(s) of paper that identifies and explains all such judgments.

The Applicant understands that its failure to complete and sign this Certification shall render its Submittal non-responsive and the Applicant unqualified.

Signed: _____

Date: _____

Name of Applicant: _____

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ATTACHMENT G –

COMPLIANCE WITH PRIOR CONTRACTS WITH PUBLIC BODIES CERTIFICATION

Has the Applicant, except for good cause, substantially complied with the terms and conditions of all prior contracts with Arlington County? If the Applicant has not previously contracted with Arlington County Government contracts, then has the Applicant, except for good cause, substantially complied with the terms and conditions of all prior contracts with other “public bodies” as that term is defined in the Virginia Public Procurement Act?

Yes ___ No ___

If no, then attach a separate sheet(s) of paper that identifies and explains all such instances of substantial non-compliance.

The Applicant understands that its failure to complete and sign this Certification shall render its Submittal non-responsive and the Applicant unqualified.

Signed: _____ Date: _____

Name of Applicant: _____

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ATTACHMENT H – PRIOR CONVICTIONS CERTIFICATION

Has the Applicant, or any officer, director, owner, project manager, procurement manager or chief financial officer thereof, been convicted within the past ten years of a crime related to governmental or nongovernmental construction or contracting, including, but not limited to, a violation of (i) Article 6 of the Virginia Public Procurement Act, (ii) the Virginia Governmental Frauds Act, (iii) Chapter 4.2 of title 59.1 of the Code of Virginia, or (iv) any substantially similar law of the United States or another state?

Yes ___ No ___

If yes, then attach a separate sheet(s) of paper that identifies and explains all such convictions.

Within the past three years, has the Applicant been found in violation of any law applicable to its contracting business, including, but not limited, to licensing laws, tax laws, wage and hour laws, prevailing wage laws, environmental laws or others, where the result of such violation was the payment of a fine, back pay damages or any other type of penalty in the amount of \$5,000) or more.

Yes ___ No ___

If yes, then attach a separate sheet(s) of paper that identifies and explains all such violations.

Signed: _____ **Date:** _____

Name of Applicant: _____

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ATTACHMENT I – DEBARMENT CERTIFICATION

Is the Applicant, or any officer, director or owner thereof, currently debarred, enjoined, or suspended pursuant to an established bidding or contracting procedure with any “public body” as that term is defined in the Virginia Public Procurement Act, agency of another state, or agency of the federal government?

Yes ___ No ___

If yes, then attach a separate sheet(s) of paper that identifies and explains all such debarments.

The Applicant understands that its failure to complete and sign this Certification shall render its Submittal non-responsive and the Applicant unqualified.

Signed: _____ **Date:** _____

Name of Applicant: _____