

ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO. 21-DPR-ITB-370

B I D F O R M

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

BIDS WILL BE OPENED AT 2:00 P.M., ON NOVEMBER 30, 2020

FOR PROVIDING RE-LAMPING ATHLETIC FIELDS 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* _____

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?

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

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 AT: [HTTPS://VRAPP.VENDORREGISTRY.COM/BIDS/VIEW/BIDSLST?BUYERID=A596C7C4-0123-4202-BF15-3583300EE088](https://vrapp.vendorregistry.com/bids/view/bidslst?buyerid=A596C7C4-0123-4202-BF15-3583300EE088).

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.

Bid Sheet

1. REPLACEMENT COST PER LAMP (Includes price of lamp)

	Type	Estimate Annual Qty	Unit Price	Total
A.	1500 W Metal Halide T7	30		
B.	400 W Metal Halide	5		
C.	175 W Metal Halide	40		
D.	HPS 250 W	10		
E.	1000 W Musco Metal Halide (OFFSET) (NO SUBSTITUTE)	30		
F.	1500 W Musco Metal Halide (OFFSET) (NO SUBSTITUTE)	50		
G.	Halogen 1000 W	5		
H.	Halogen 1500 W	20		
I.	COST PER POLE FOR LIGHT RE-ALIGNMENT	10		
J.	1500 W METAL HALIDE	60		
			TOTAL COST FOR LAMPS	

2. FOR MAINTENANCE AND REPAIR AND REPLACEMENT OF ITEMS OTHER THAN THOSE LAMPS

INCLUDED UNDER ITEM 1:

A. ELECTRICIAN 150 HRS. X \$_____ PER HR. = \$_____

B. HELPER 150 HRS. X \$_____ PER HR. = \$_____

C. ELECTRICIAN 30 HRS. X \$_____ OT / HR. = \$_____

D. HELPER 30 HRS. X \$_____ OT / HR. = \$_____

3. FOR POLE ELECTRICAL 'WORK OVER 35 FT'

- A. ELECTRICIAN 50 HRS. X \$ _____ PER HR. = \$ _____

- B. HELPER 50 HRS. X \$ _____ PER HR. = \$ _____

4. EQUIPMENT COST INCLUDING THE PRICE FOR THE OPERATOR

- A. SERVICE TRUCK 80 HRS X \$ _____ PER HR. = \$ _____
- B. LARGE BUCKET TRUCK (45 feet or greater) 80 HRS. X \$ _____ PER HR. = \$ _____
- C. SMALL BUCKET TRUCK (less than 45 feet) 80 HRS. X \$ _____ PER HR. = \$ _____

TOTAL, ITEMS 1 THROUGH 4: BID TOTAL \$ _____

5. ADDITIONAL EQUIPMENT INCLUDING THE PRICE FOR THE OPERATOR ONLY WHERE AN OPERATOR IS APPLICABLE

NOTE: The prices submitted here are not included in the BID TOTAL figure above. They shall not be evaluated in terms of award determination. Responses are required.

- A. POLE TRAILER 1 HR. X \$ _____ PER HR. = \$ _____

- B. WALK BEHIND TRENCHER 1 HR. X \$ _____ PER HR. = \$ _____

- C. FAULT FINDER 1 HR. X \$ _____ PER HR. = \$ _____

- D. BACKHOE 1 HR. X \$ _____ PER HR. = \$ _____

- E. CABLE TRAILER 1 HR. X \$ _____ PER HR. = \$ _____

- F. CRANE 1 HR. X \$ _____ PER HR. = \$ _____

- G. AUGER 1 HR. X \$ _____ PER HR. = \$ _____

- H. DIRECTIONAL BORE MACHINE 1 HR. X \$ _____ PER HR. = \$ _____

MANDATORY REQUIREMENTS:

- **ELECTRICIANS: ACTIVE JOURNEYMAN OR MASTER ELECTRICIAN TRADESMAN CERTIFICATION THROUGH THE VIRGINIA BOARD FOR CONTRACTORS, MINIMUM 15 YEARS OF RELATED BALL FIELD EXPERIENCE.**
- **THE CONTRACTOR SHALL EMPLOY AT ALL TIMES AT LEAST THREE (3) JOURNEYMAN ELECTRICIANS AND (1) MASTER ELECTRICIAN.**
- **THE CONTRACTOR SHALL EMPLOY AT ALL TIMES AT LEAST FOUR (4) ELECTRICIAN HELPERS WITH A MINIMUM OF ONE (1) YEAR ELECTRICAL EXPERIENCE.**

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:

BIDDER NAME: _____

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: _____

BID FORM, PAGE 7 OF 8
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)

- X_1. Workers' Compensation Statutory limits of Virginia
- X_2. Employer's Liability \$100,000 accident, \$100,000 disease, \$2 Million disease policy limit
- X_3. Commercial General Liability \$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- X_4. Premises/Operations \$500,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- X_5. Automobile Liability \$1 Million BI/PD each accident, Uninsured Motorist
- X_6. Owned/Hired/Non-Owned Vehicles \$1 Million BI/PD each accident, Uninsured Motorist
- X_7. Independent Contractors \$500,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- X_8. Products Liability \$500,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- X_9. Completed Operations \$500,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- X_10. Contractual Liability (Must be shown on Certificate) \$500,000 CSL BI/PD each occurrence,
\$2 Million annual aggregate
- __11. Personal and Advertising Injury Liability \$1 Million each offense, \$2 Million annual aggregate
- X_12. Umbrella Liability \$2 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. Garage keepers 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
- X_26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent
- X_27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 days prior to action.
- X_28. The County shall be an Additional Insured on all policies except Workers Compensation and Auto and Professional Liability.
- X_29. Certificate of Insurance shall show Bid Number and Bid Title: **21-DPR-ITB-370 – RE-LAMPING ATHLETIC FIELDS**

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: _____