ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO. 21-DES-ITB-66

B I D F O R M

ELECTRONIC BIDS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN 1:00 P.M., AUGUST 26, 2020

FOR PROVIDING ROOF MAINTENANCE AND REPAIR SERVICES IDENTIFIED HEREIN IN ACCORDANCE WITH THE DRAWINGS, SPECIFICATIONS, TERMS AND CONDITIONS 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 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.

VIRGINIA CONTRACTOR'S LICENSE NUMBER: _____

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 ❑

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 ❑

BIDDER STATUS: MINORITY OWNED: ❑ WOMAN OWNED: ❑ NEITHER: ❑

The undersigned certifies that (Bidder Name)_____ is currently registered with the Virginia State Board of Contractors as required by the Code of Virginia. Certificate Number_____ for a Class_____ License was issued on the_____day of _____, 20____. The undersigned further certifies that the registration fee and all renewal fees required under law have been paid.

LIQUIDATED DAMAGES: FINAL COMPLETION - **$500.00** PER DAY

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

Company Qualifications:

- Submit a Company statement for proof of 5 years of experience in providing roofing maintenance and repair services. The experience shall be work of similar size and scope.
- The Bidder shall be certified by at least two (2) manufacturers per each roof type listed to install build-up, single-ply and modified bitumen roofs. **The apparent low and next lowest Bidder** shall submit their certificates within twenty-four (24) hours of the bid opening to Tomeka Price at tprice@arlingtonva.us.

Project Experience:

- Provide a list of projects, of similar size and scope, that have been executed during the past 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.

  For Maintenance and Repair Services:
  - Have completed at least one (1) roof installation project within the past (5) five years.
  - Have completed at least three (3) commercial roof maintenance, repair, retrofit, and replacement projects

  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

Staffing Qualifications:

- Submit resumes of all key personnel proposed for this project that have experience as designated key personnel in similar size and type of projects.

- Bidders shall complete the following and submit with their bid:
  1. Attachment B – Pricing Sheet
  2. Attachment C – Green Roof Qualification Form
  2. Attachment D – Green Roof Reference Form
  3. Safety Plan including documentation of OSHA Fall Protection Devices. **The apparent low and next to the lowest Bidder** shall submit their Safety Plan including documentation of OSHA Fall Protection Devices within twenty-four (24) hours of the bid opening to Tomeka Price at tprice@arlingtonva.us.

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.

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, sections, and paragraphs of the bid that contain such data or materials:

_____

_____

_____

_____

State the specific reason(s) why protection is necessary and why the identified information constitutes a trade secret or is proprietary:

_____

_____

_____

_____

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 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, $500,000 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, $1 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
__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
_X_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
_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.
__30. OTHER INSURANCE REQUIRED: _____

INSURANCE AGENT'S STATEMENT:
I have reviewed the above requirements with the bidder named below and have advised the bidder 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:_____

Roof Maintenance and Repair Bidders Qualification Matrix					
#	**Question**	**Confirmation (Yes/No)**	**Project Names**	**Project Description**	**Final Contract Value**
1	Has 5 years of experience in providing roofing maintenance and repair services.				
2	Certified by at least two (2) manufacturers for the installation of build-up, single-ply and modified bitumen roofs.				
3	Has completed at least one (1) roof installation project within the past (5) five years				
4	Has completed at least three (3) commercial roof maintenance, repair, retrofit, and replacement projects.				
5	Will provide a Designated Project Manager				
6	Will provide a Designated Project Superintendent(s)/Supervisor with a minimum of ten (10) years' experience in roofing projects				
7	Will provide a Designated Foreman with a minimum of five (5) years' experience in roofing projects				

Note:
1. Designated = Will not change and is solely responsible for this project (Designated does not mean fulltime)
2. Each line item is separate and not related to another
3. You can use the same project for multiple line items if applicable

GREEN ROOFS

- FIRM QUALIFICATIONS AND REFERENCES -

The form shall be completed in its entirety or it will be considered incomplete

MINIMUM FIRM QUALIFICATIONS (Must possess all three)

☐ 1) DEQ Certified Stormwater Management Inspector

☐ 2) Minimum of three (3) years of experience in maintenance of green roofs on commercial or municipal properties.*

☐ 3) Must have Personal Fall Arrest System (OSHA)*

* *Provide documentation of the Personal Fall Arrest System and Attachment D - Reference Form with the Bid submission*

Check one and provide name and training information below:

DEQ Certified Stormwater Management Inspector

☐ **Personnel is a DEQ Certified Stormwater Management Inspector**

☐ **Personnel has already taken training and is scheduled to take the exam**

☐ **Personnel is scheduled for training and will take exam within six months of training completion**

Name of DEQ Inspector, Dates of Training and Exam Date

** NOTE: It is important that the Contractor address information on minimum qualifications on the Reference Form **

PERSONNEL QUALIFICATIONS

The Contractor shall provide on-going, dedicated leadership to direct and monitor work performance. The Contractor shall have leadership on the job site at all times, and the time may be split between the Crew Foreman and Crew Chief. The Crew Foreman and Crew Chief shall have demonstrated experience and understanding of landscape maintenance and possess the following qualifications:

CREW FOREMAN

Professional Experience (Must possess all five):

☐ Minimum of two (2) years of experience as a Crew Foreman

☐ Minimum of two (2) years of experience in green roof maintenance and weed identification

☐ Minimum of three (3) years of verifiable experience in landscape maintenance and/or installation

☐ Demonstrated experience reading & comprehending Construction Documents

☐ Fluent in English

** Submit resume(s) or qualification summary for the Foreman with the Bid submission*

IN THE CASE OF MAJOR REPAIRS OR RECONSTRUCTION, THE CONTRACTOR SHALL HAVE ON STAFF OR SUBCONTRACT THIS PERSONNEL:

- ☐ Green Roof Professional (GRP) Certification through Green Roofs for Healthy Cities, OR
- ☐ Certified Green Roof Contractor through Roofmeadow, OR
- ☐ Experience designing/installing three (3) or more commercial or municipal green roofs

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** Contractor shall print out and sign below **

Contractor: Please check both:

- ☐ **I understand that any replacement Crew Foreman during the term of the contract MUST meet the criteria above and are subject to approval of the Contract Administrator.**
- ☐ **I understand that non-compliance with any of the above requirements may be sufficient reason to cause rejection of the Offeror's bid and/or termination of the contract.**

By signing below, the Contractor certifies that all information described herein accurately reflects Firm qualifications

DATE

BUSINESS NAME

NAME and TITLE

SIGNATURE

GREEN ROOFS

- FIRM REFERENCES -

The form shall be completed in its entirety or it will be considered incomplete

FIRM REFERENCES

** REMINDER: The Contractor shall provide information on minimum qualifications below **

Provide five (5) references from the last three (3) years for qualification verification

REFERENCE #1

Project Name	
Project Location	
Project Officer's Name	
Project Officer's Phone	
Project Officer's Email	
Project Scope	
Similarities to this Scope of Work	

REFERENCE #2

Project Name	
Project Location	
Project Officer's Name	
Project Officer's Phone	
Project Officer's Email	

Project Scope

Similarities to this Scope of Work

REFERENCE #3

Project Name

Project Location

Project Officer's Name

Project Officer's Phone

Project Officer's Email

Project Scope

Similarities to this Scope of Work

REFERENCE #4

Project Name

Project Location

Project Officer's Name

Project Officer's Phone

Project Officer's Email

Project Scope

Similarities to this Scope of Work

REFERENCE #5

Project Name

Project Location

Project Officer's Name

Project Officer's Phone

Project Officer's Email

Project Scope

Similarities to this Scope of Work

** REMINDER: Submit personnel resume(s) or qualification summary(ies) with the Bid submission **

USE THIS SPACE TO DESCRIBE ANY ADDITIONAL QUALIFICATIONS or RELEVANT EXPERIENCE *(Optional)*

** Contractor shall print out and sign below **

By signing below, the Contractor certifies that all information described herein accurately reflects Firm qualifications.

DATE

BUSINESS NAME

SIGNATURE and TITLE