



RFQ PW22-0019
REQUEST FOR QUALIFICATIONS
JOB ORDER CONTRACT FOR HVAC SERVICES

City of Kingman
Public Works Department
3700 E. Andy Devine Ave.
Kingman, AZ 86401



This proposal is submitted by: _____

,

a corporation organized under the laws of the State of _____; a partnership

consisting of _____; or individual trading as _____

_____ of the City of _____,

and is the holder of current Arizona State Contractors License Classification _____

License No: _____.

Respectfully Submitted:

DATE: _____

NAME OF FIRM REPRESENTATIVE: _____

TITLE: _____

SIGNATURE: _____

FIRM ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____



ADDENDUM ACKNOWLEDGEMENT

RECEIPT OF ADDENDA:

Contractor acknowledges receipt of the following Addenda relating to the Request for Qualifications (RFQ) for Job Order Contracting (JOC) for HVAC installation and servicing.

Addendum No.

Date

Company Name

Representative Name (Print)

Representative's Signature

Date



DISCLOSURE OF RESPONSIBILITY STATEMENT

A. List any convictions of any person, subsidiary, or affiliate of the company, arising out of obtaining, or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract.

B. List any convictions of any person, subsidiary, or affiliate of this company for offenses such as embezzlement, theft, fraudulent schemes, etc. or any other offenses indicating a lack of business integrity or business honesty, which affects the responsibility of the contractor.

C. List any convictions or civil judgments under state or federal antitrust statutes.

D. List any violations of contract provisions such as failing to perform (without good cause), or unsatisfactory performance, in accordance with the specifications of a contract.

E. List any prior suspensions or debarments by any governmental agency.

F. List any contracts not completed on time.

G. List any penalties imposed for time delays and/or quality of materials and workmanship.

H. List any documented violations of federal or state labor laws, regulations, or standards, occupational safety and health rules.

I, _____ as _____
Name of individual Title & Authority

of _____, declare under oath that the above statements, including Company Name any supplemental responses attached hereto, are true.

BY: _____ (Signature of Individual/Representative)



NON-COLLUSION AFFIDAVIT

STATE OF:)
) ss
CITY OF:)

(Name of Company, Representative)

being first duly sworn, deposes and says:

That she/he is _____ of _____
(Title) (Name of Company)

and that pursuant to Section 112 (C) of Title 23 USC or other applicable laws, he/she certifies as follows: That neither he/she nor anyone associated with the said

CONTRACTOR NAME: _____

has, directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding for:

Job Order Contracting – Request for Qualifications for HVAC

This proposal is genuine and not made in the interest of or on behalf of any undisclosed firm or corporations and is not submitted to conform to any agreement or rules of any group, association, organization or corporation. Bidder has not submitted a false bid or solicited whether directly or indirectly with any other Bidder to submit a false bid which would give one particular bid any advantage over others or the owner.



By: _____ (Signature of Individual/Representative)

My Commission Expires: _____SEAL
STATE OF: _____)
) ss.
COUNTY OF: _____)

On this the ____ day of , 20____, before me, the undersigned NOTARY PUBLIC, personally appeared _____, who acknowledged to me that they executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

My Commission Expires _____ NOTARY PUBLIC

Jen Miles, Mayor Date

OFFER ACCEPTANCE IN WHITNESS WHEREOF, the parties hereto executed this Agreement through their duly authorized representatives and bind their respective entities as of the effective date.

Attest:

Annie Meredith, Clerk Date



CERTIFICATE OF INSURABILITY

I hereby certify that as a Bidder to City of Kingman (City) for Solicitation No. _____ I am fully aware of insurance requirements contained in the Contract and by the submission of this bid. I hereby assure City that I am able to produce the insurance coverage required should I be selected to be awarded the Contract.

Should I be awarded the Contract by City and then become unable to produce the insurance coverage specified within ten (10) working days, I am fully aware and understand that this will constitute a material breach of this Contract and will be subject to penalties up to and including termination of the Contract at the sole discretion of the City. I also understand and am fully aware that I may not be considered for further projects by City.

Signature of Contractor

Company

Date