

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD, SUITE 500  
ARLINGTON, VIRGINIA 22201

**NOTICE OF CONTRACT AWARD**

FROEHLING & ROBERTSON	DATE ISSUED:	<u>JANUARY 23, 2019</u>
22923 QUICKSILVER DR, SUITE 111	CURRENT REFERENCE NO:	<u>18-016-RFP-2</u>
DULLES, VA 20166		CONSTRUCTION INSPECTION, MONITORING, AND TESTING SERVICES
	CONTRACT TITLE:	

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**THIS IS A NOTICE OF AWARD OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE  
VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.**

THE CONTRACT DOCUMENTS CONSIST OF THE TERMS AND CONDITIONS OF AGREEMENT NO. 18-016-RFP-2  
INCLUDING ANY ATTACHMENTS OR AMENDMENTS THERETO.

**EFFECTIVE DATE:** FEBRUARY 2, 2019

**EXPIRES:** FEBRUARY 1, 2020

**RENEWALS:** THREE (3) ONE (1) YEAR RENEWAL OPTIONS FROM FEBRUARY 2, 2020 TO FEBRUARY 1, 2023

**COMMODITY CODE(S):** 90900

**LIVING WAGE:** N

**ATTACHMENTS:**

AGREEMENT NO. 18-016-RFP-2  
CERTIFICATE OF INSURANCE  
CONTRACT PRICING

**EMPLOYEES NOT TO BENEFIT:**

**NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE  
GENERAL PUBLIC.**

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**VENDOR CONTACT:** CARL BELL

**VENDOR TEL. NO.:** 703-996-0123

**EMAIL ADDRESS:** CBELL@FANDR.COM

**COUNTY CONTACT:** MICHAEL MANOS (DES - FACILITIES  
DESIGN AND CONSTRUCTION)

**COUNTY TEL. NO.:** (703) 228-4437

**COUNTY CONTACT EMAIL:** MMANOS@ARLINGTONVA.US



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McGriff Insurance Services, Inc. 2108 W. Laburnum Ave Suite 300 PO Box 17370 Richmond VA 23227		<b>CONTACT NAME:</b> Jenny Fisher <b>PHONE (A/C No, Ext):</b> 804-678-5025 <b>E-MAIL ADDRESS:</b> jfisher@bbandt.com <b>FAX (A/C No):</b> 888-751-3010	
<b>INSURED</b> 35FROEHROB Froehling & Robertson Inc 3015 Dumbarton Road Richmond VA 23228		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : XL Specialty Insurance Company NAIC # 37885 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	


**COVERAGES** CERTIFICATE NUMBER: 359725778 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A						PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Professional Liability			DPR9936116	1/1/2019	1/1/2020	\$5,000,000 \$5,000,000 \$250,000 Per Claim Aggregate Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract Number 18-016-RFP-2

<b>CERTIFICATE HOLDER</b> Arlington County Dept of Management and Finance/Purchasing Division 2100 Clarendon Blvd, Suite 500 Arlington VA 22201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency, LLC 4900 Libbie Mill East Boulevard, Suite 100 Richmond VA 23230	<b>CONTACT NAME:</b> Certificates
	<b>PHONE (A/C No., Ext):</b> 804-780-0611 <b>FAX (A/C, No):</b> 804-788-8944 <b>E-MAIL ADDRESS:</b> certificates@marshMMA.com
<b>INSURED</b> Froehling and Robertson, Inc. 3015 Dumbarton Road Richmond VA 23228	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Valley Forge Insurance Company      20508
	<b>INSURER B:</b> Continental Insurance Company      35289
	<b>INSURER C:</b> Continental Casualty Company      20443
	<b>INSURER D:</b>
	<b>INSURER E:</b>
<b>INSURER F:</b>	


**COVERAGES**      **CERTIFICATE NUMBER:** 1275971231      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	6023711554	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		6023711558	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		6023711540	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	6023711537	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER    USL&H E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Scheduled Equipment Leased/Rented/Borrowed Equipment		6023797951	12/31/2018	12/31/2019	\$3,183,146 Limit \$250,000 Limit      \$5,000 Deductible \$500 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Notice of Intent to Award RFP No. 18-016-RFP-2

County Board of ARLINGTON COUNTY of VIRGINIA is included as additional insured under the General Liability with respect to work performed by the named insured for specifically referenced jobs or as required by written contract. Contractual Liability is covered under the General Liability shown on this certificate. Per the cancellation clause contained in the policies noted on this certificate, the policy provisions include at least 30 days notice of cancellation except for non-payment of premium.

<b>CERTIFICATE HOLDER</b>  ARLINGTON COUNTY Department of Management and Finance/Purchasing Division 2100 CLARENDON BOULEVARD, SUITE 500 ARLINGTON VA 22201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## John Jefferson

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**From:** Carl Bell <CBell@FandR.com>  
**Sent:** Saturday, January 19, 2019 9:52 AM  
**To:** John Jefferson  
**Subject:** RE: Arlington County Contract No. 18-016-RFP-2, Construction Inspection, Monitoring, and Testing Services

Mr. Jefferson,

We will maintain the existing rates for next year.

Thank you.

**Carl P. Bell, P.E., LEED® AP**  
Dulles Branch Manager  
Senior Engineer

**FROEHLING & ROBERTSON, INC.**  
22923 Quicksilver Drive, Suite 111, Dulles, VA 20166 | USA  
T 703.996.0123 | F 703.996.0124 | M 540.907.5727  
[www.FandR.com](http://www.FandR.com) [Join us on Facebook!](#)

**From:** John Jefferson <jjefferson@arlingtonva.us>  
**Sent:** Thursday, January 17, 2019 3:32 PM  
**To:** Carl Bell <CBell@FandR.com>  
**Subject:** RE: Arlington County Contract No. 18-016-RFP-2, Construction Inspection, Monitoring, and Testing Services

Carl:

I realized I didn't attach a copy of the pricing sheet. This message has Attachment B attached for your convenience.

John

**From:** Carl Bell [<mailto:CBell@FandR.com>]  
**Sent:** Thursday, January 17, 2019 12:00 PM  
**To:** John Jefferson <jjefferson@arlingtonva.us>  
**Subject:** RE: Arlington County Contract No. 18-016-RFP-2, Construction Inspection, Monitoring, and Testing Services

Received and thank you.

**Carl P. Bell, P.E., LEED® AP**  
Dulles Branch Manager  
Senior Engineer

**FROEHLING & ROBERTSON, INC.**  
22923 Quicksilver Drive, Suite 111, Dulles, VA 20166 | USA  
T 703.996.0123 | F 703.996.0124 | M 540.907.5727  
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**AGREEMENT NO. 18-016-RFP**

**CONTRACT RATES**  
**(Best and Final Offer)**

<b>Item</b>	<b>Unit Rate</b>
<b>STAFF COSTS</b>	
Field Engineer (more complicated field tasks requiring engineering judgment)	\$80.00/HR
Senior Engineer Tech (more complicated leadership role: testing or inspection of foundations, reinforced concrete, concrete or soils, formwork, reinforced masonry)	\$50.00/HR
Engineer Tech (testing or inspection of foundations, reinforced concrete, concrete or soils testing, formwork, reinforced masonry)	\$38.00/HR
Structure Steel Inspection (welded or bolted connections, erection)	\$85.00/HR
Testing or inspection of Precast Concrete Fabrication or Installation	\$65.00/HR
Concrete Coring Crew (to obtain cores of hardened concrete) – two (2) person crew (not including equipment)	\$100.00/HR
Roofing, Exterior Building Waterproofing, Below Grade Waterproofing Inspection (i.e., Building Envelope)	\$75.00/HR
Curtain Wall Assembly Review-Sr. Project Engineer	\$125.00/HR
Review of Critical Structures Requirements per project-Principal	\$145.00/HR
Project Principal (P.E.)	\$145.00/HR
Sr. Project Engineer (P.E.)	\$125.00/HR
Senior Project Manager	\$110.00/HR
Project Engineer (P.E.)	\$95.00/HR
Project Manager	\$80.00/HR
Secretarial/Administrative Support	\$30.00/HR
<b>SERVICES</b>	
Concrete Comp Test	\$14.00/ea.
Mortar Cube Comp Test	\$14.00/ea.
Concrete Mix Verification	Included in the hourly rate
Mortar Mix Verification	Included in the hourly rate
Concrete block Comp Test	\$60.00/ea.
Concrete Core Comp Test	\$50.00/ea.
Soil Moisture Content	\$10.00/ea.

Item	Unit Rate
Atterberg Limits	\$70.00/ea.
Moisture Density Relationship (modified or Standard Proctor)	\$150.00/ea.
California Bearing Ratio Test	\$200.00/ea.
Sieve/Gradation Analysis	\$70.00/ea.
Asphalt Extraction & Gradation	\$150.00/ea.
Asphalt Core Specific Gravity	\$65.00 per test
Asphalt Mix Verification	Included in the hourly rate
Fireproofing Density Tests	\$50.00 per test
Fireproofing Cohesion Tests (in field by Sr. Tech rate)	\$35.00 per test
<b>ADDITIONAL UNIT RATES (EQUIPMENT)</b>	
Nuclear Density Gauge	\$30.00/per day Included in the Engineering Tech hourly rate
Concrete Cylinder Pickup	
Windsor Probe Equipment	\$50.00/per day
Windsor Probe Expendables	\$25.00/per shot Included in the Structural Steel Inspector hourly rate
Torque Wrench/Plumb Bob	
Skidmore-Wilhelm (structural steel bolts)	\$40.00/per day
Pacometer	\$20.00/per day
Coring Equipment (bit wear - 3 to 12 inch dia cores)	\$40.00/per day Included in the Engineering Tech hourly rate
Mortar Probe Expendables	
Mortar Penetrometer	\$15.00/per day
Field Curing Box	\$10.00/per day

FROEHLING & ROBERTSON, INC:

AUTHORIZED SIGNATURE: \_\_\_\_\_

*Carl Bell*

Digitally signed by  
cbell@fandr.com  
DN: cn=cbell@fandr.com  
Date: 2018.01.24 10:58:49  
-05'00'

NAME AND TITLE: Carl Bell, PE Branch Manager

DATE: 1.24.18