

**City of Coquitlam**

**SUBMISSION FORM**

**RFIQ No. 23-078**

**Information Communication and Technology Services**

**Submissions will be received on or before 2:00 pm local time on**

**Wednesday, September 13, 2023**

(Closing Date and Time)

**INSTRUCTIONS FOR SUBMISSION**

Proposal submissions and Microsoft Excel appendices should be submitted in the original format (MS Word and MS Excel) and any other supporting documents are to be consolidated into one PDF file and uploaded through QFile, the City’s file transfer service accessed at website: [qfile.coquitlam.ca/bid](http://qfile.coquitlam.ca/bid)

**1. In the “Subject Field” enter:** RFIQ Number and Name

**2. Add files in .pdf format and “Send”**

(Ensure your web browser remains open until you receive 2 emails from QFile to confirm upload is complete.)

Respondents are responsible to allow ample time to complete the Submission process. If assistance is required phone 604-927-3037.

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| **Legal Name of Respondent** |  |
| **Contact Person and Title** |  |
| **Business Address** |  |
| **Telephone** |  |
| **Email Address** |  |

1. **DEPARTURES AND AWARD**

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| 1. **CONTRACT -** I/We have reviewed the City’s [Standard Terms and Conditions - Purchase of Goods and Services](https://www.coquitlam.ca/DocumentCenter/View/1446/10-02-2019-Standard-Terms-and-Conditions---Purchase-of-Goods-and-Services-PDF) and or [Standard Terms and Conditions - Consulting and Professional Services (PDF)](https://www.coquitlam.ca/DocumentCenter/View/1448/10-02-2019-Standard-Terms-and-Conditions---Consulting-and-Professional-Services-PDF): and would be prepared to enter into in an agreement that incorporates the City’s Standard Terms and Conditions, amended by the following departures (list, if any): | |
| **Section** | **Requested Departure(s) / Alternative(s)** |
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| 1. **SERVICES -** I/We have reviewed the Scope of Services as descibed in this RFIQ and are prepared to meet those requirements, amended by the following departures and additions (list, if any): |
| **Requirements – Requested Departure(s) / Alternate(s) / Addition(s)** |
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| 1. **AWARD -** For eligibility of award, the City requires the successful Respondent to complete and have the following in place before providing the Goods and Services. **Section 1c items are not required as part of this Proposal but may be required prior to entering into an agreement with the City.** | |
| 1. **Insurance -** Professional Errors and Omissions Liability and Commercial General Liability as outlined on the [City's Certificate of Insurance - Consultant Form](https://www.coquitlam.ca/DocumentCenter/View/1454/Certificate-of-Insurance---Consultant-Form-PDF?bidId=), or |  |
| 1. **Insurance** – Provide Insurance coverage as per the [City's Standard Insurance Form](https://www.coquitlam.ca/DocumentCenter/View/1458/Certificate-of-Insurance---Contractor-Form-PDF) |  |
| 1. **Business License** - A City of Coquitlam or Tri Cities Intermunicipal [Business License](https://www.coquitlam.ca/602/Business-Licences) |  |
| **As of the date of this Proposal, we advise that we have the ability to meet all of the above requirements except as follows (list, if any):** | |
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1. **CORPORATE**

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| 1. **Corporate Information** | |
| Head Office Location |  |
| Local Branch Office Location |  |

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| 1. **Category Shortlist** - Respondent is to indicate the categories which they are applying for | | | |
| **Category** | **Description** | **YES** | **NO** |
| **1** | Reseller of technology equipment |  |  |
| 1a. | Operating Systems |  |  |
| 1b. | Corporate Applications |  |  |
| 1c. | Servers |  |  |
| 1d. | Storage |  |  |
| 1e. | Network |  |  |
| 1f. | Network Security |  |  |
| 1g. | Backup |  |  |
| 1h. | Personal Computing |  |  |
| 1i. | Printers |  |  |
| 1j. | Facility Security |  |  |
| **2** | IT Management/Transformation Services and Consulting |  |  |
| **3** | IT Security Services |  |  |
| **4** | IT Facility Security Services |  |  |
| **5** | Audio/Video for Meeting Rooms |  |  |

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| 1. **CAPABILITIES, CAPACITY AND RESOURCES** - Respondents to provide information on the following (use the spaces provided and/or attach additional pages, if necessary)**:** |
| 1. Structure of the Respondent, background, how many years they have been in business and organizational history (e.g. mission, vision, corporate directions, years in business, etc.): |
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| 1. Respondent is to state relevant experience and qualifications as to the Services requested in the RFIQ: |
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| 1. Respondent is to state any value added benefits and activities they can provide in delivering the Services. Provide details: |
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| 1. Respondent is to describe their capabilities, resources and capacities, as relevant to the Services requested in the RFIQ: This includes their capacity to take on this project in regards to other work the Respondent may have ongoing: |
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| 1. **REFERENCES –** Respondent shall be competent and capable of performing the Services requested and successfully delivered service contracts of similar size, scope and complexity. The City reserves the right to contact any person(s), agency(ies) or firm(s) not listed as part of an independent review (use the spaces provided and/or attach additional pages, if necessary): | |
| **Reference No. 1** | |
| **Description of Contract** |  |
| **Size and Scope** |  |
| **Work Performed** |  |
| **Start Date** |  |
| **End Date** |  |
| **Contract Value** |  |
| **Project completed on budget** |  |
| **Project completed on schedule** |  |
| **Reference Information** | Company |
| Name: |
| Phone Number: |
| Email Address: |

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| **Reference No. 2** | |
| **Description of Contract** |  |
| **Size and Scope** |  |
| **Work Performed** |  |
| **Start Date** |  |
| **End Date** |  |
| **Contract Value** |  |
| **Project completed on budget** |  |
| **Project completed on schedule** |  |
| **Reference Information** | Company |
| Name: |
| Phone Number: |
| Email Address: |

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| **Reference No. 3** | |
| **Description of Contract** |  |
| **Size and Scope** |  |
| **Work Performed** |  |
| **Start Date** |  |
| **End Date** |  |
| **Contract Value** |  |
| **Project completed on budget** |  |
| **Project completed on schedule** |  |
| **Reference Information** | Company |
| Name: |
| Phone Number: |
| Email Address: |

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| 1. **MANUFACTURE AUTHORIZATION -** Provide as an attachment a letter from manufacturer that you are an authorized dealer for resale: |
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| 1. **A brief narrative explaining why and how the Respondent’s team is best suited for the Project.** |
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1. **TECHNICAL**

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| 1. **APPROACH and METHODOLOGY**   Summarize the key features of your Submission and the Technical Approach to be used. Provide a brief description the various components required for successful completion of the work. |
| 1. **Methodology, set-up and execution -** Respondent to describe their methodology to be offered to provide Services: |
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| 1. **Quality Assurance -** Provide the measures the Respondent will use to maintain quality control for the Services being performed or products being supplied. |
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| 1. **Risk Factors -** Describe the risk factors anticipated and how the Respondent intends to mitigate these. |
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1. **SUSTAINABLE AND SOCIAL RESPONSIBILITY**

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| * 1. Describe all initiatives, policies, programs and product choices that illustrate your firm’s efforts towards sustainable practices and environment responsibility in providing the services that would benefit the City |
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| * 1. What policies does your organization have for hiring apprentices, indigenous peoples, recent immigrants, veterans, young people, women, people with disabilities and any other groups: |
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| * 1. What policies does your organization have for the procurement of goods and services from local small and medium sized business or social enterprises or Indigenous owned businesses: |
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| * 1. What policies does your organization have to support reconciliation with indigenous peoples: |
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1. **FINANCIAL**

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| 1. **PRICE -** Prices proposed are to be all inclusive; therefore, include all labour, material, tools, equipment, transportation, fuel, supervision, disposal fees, permit fees and any other items required for provision of the services (exclude GST). Attach **Appendix E –Price Worksheet**. | |
| **Yes** | **No** |

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| 1. **MATERIAL MARKUP RATES** | |
| Mark-up rate on materials | **%** |

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| 1. **Fee Structure – Attach Company fee structure.** Prices proposed are to be all inclusive; therefore, include all labour, material, tools, equipment, transportation, fuel, supervision, disposal fees, permit fees and any other items required for provision of the services (exclude GST). Attached: | |
| **Yes** | **No** |

**Attention Purchasing Manager:**

1. **I/We, the undersigned duly authorized representative of the Respondent**, having received and carefully reviewed all of the Submission documents, including the RFIQ and any issued addenda posted on the City’s website [www.coquitlam.ca/Bid-Opportunities](http://www.coquitlam.ca/140/Bid-Opportunities) , and having fully informed ourselves as to the intent, difficulties, facilities and local conditions connected to performing the Services~~,~~ submit this Submission in response to the RFIQ.
2. **I/We**  agree to the rules of participation outlined in the [Instructions to Respondents](https://www.coquitlam.ca/DocumentCenter/View/1457/Instructions-to-Proponents-PDF) and should our Submission be selected, agree to the City’s City’s [Standard Terms and Conditions - Purchase of Goods and Services](https://www.coquitlam.ca/DocumentCenter/View/1446/10-02-2019-Standard-Terms-and-Conditions---Purchase-of-Goods-and-Services-PDF) and or [Standard Terms and Conditions - Consulting and Professional Services (PDF)](https://www.coquitlam.ca/DocumentCenter/View/1448/10-02-2019-Standard-Terms-and-Conditions---Consulting-and-Professional-Services-PDF) and will accept the City’s Contract as defined within this RFIQ document.
3. **I/We acknowledge** receipt of the following Addenda related to this Request for Information and Qualification and have incorporated the information received in preparing this Submission.

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| **Addendum No.** | **Date Issued** |
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**This Submission** is submitted this \_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

**I/We have the authority to sign on behalf of the Respondent and have duly read all documents.**

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| **Name of Respondent** |  |
| **Signature(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |
| **Print Name(s) and Position(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |