

**City of Coquitlam**

**SUBMISSION FORM**

**RFIQ No. 24-060**

**Public Art Consultant**

**Proposals will be received as per date and time in** [**Key Dates**](#kdate) **Section**

**INSTRUCTIONS FOR SUBMISSION**

Proposal submissions are to be returned in Microsoft Word and any other supporting documents to be consolidated into one PDF file and uploaded through QFile, the City’s file transfer service accessed at website: qfile.coquitlam.ca/bid [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 Files”**

 (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 - Consulting and Professional Services](https://www.coquitlam.ca/DocumentCenter/View/11868/Standard-Terms-and-Conditions---Consulting-and-Professional-Services---Ver-4?bidId=) and would be prepared to enter into in an agreement that incorporates the City’s StandardTerms 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):
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| **Requirements – Requested Departure(s) / Alternate(s) / Addition(s)** |
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| 1. **AWARD -** For eligibility of award, the City requires the successful Proponent 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.**
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| 1. **WCB** - WorkSafe BC coverage in goodstanding and further, if an “Owner Operator” is involved, personal operator protection (P.O.P.) will be provided:
 | WCB Registration Number: |
| 1. **Insurance** – Provide Insurance coverage as per the [City's Standard Insurance Form](https://www.coquitlam.ca/DocumentCenter/View/11868/Standard-Terms-and-Conditions---Consulting-and-Professional-Services---Ver-4?bidId=)
 |  |
| 1. **Business License** - A City of Coquitlam or Tri Cities Intermunicipal [Business License](https://www.coquitlam.ca/602/Business-Licences)
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| **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. **EXPERIENCE, CAPABILITIES, CAPACITY AND RESOURCES** - Respondents to provide information on the following (use the spaces provided and/or attach additional pages, if necessary)**:**
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| 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. Outline your network connections and ability to procure goods and services from local artists, small and medium sized businesses or social enterprises, or Indigenous owned businesses and artists
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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. Respondent is to provide list of 3 relevant projects that reflect their experince and abilities. Include up to 10 digital images: **Attached to Submission Form:**
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| [ ]  **Yes** | [ ]  **No** |
| **If No, explain:** |
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| 1. **PROJECT EXAMPLES AND DEMONSTRATED WORKS –** Respondent shall be competent and capable of performing the Services requested and successfully delivered 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):
 |
| **Example No. 1** |
| **Description of Contract** |  |
| **Size and Scope** |  |
| **Location** |  |
| **Start Date** |  |
| **End Date** |  |
| **Contract Value** |  |
| **Project completed on budget** |  |
| **Project completed on schedule**  |  |
| **Artist Information** |  |
| **Fabricator Information** |  |
| **Installer Information** |  |
| **Reference Information** | Company |
| Name: |
| Phone Number: |
| Email Address: |

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

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

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| 1. **KEY PERSONNEL –** Respondent proposes the following key personnel for the Services stated in the RFIQ. No changes, additions or deletions are to be made to these Key Personnel without the City’s written approval.
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| **LINE ITEM** | **NAME** | **TITLE/POSITION** | **EXPERIENCE AND QUALIFICATIONS** | **YEARS WITH YOUR ORGANIZATION** |
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| (use the spaces provided and/or attach additional pages/bio, if necessary. Maximum 1 pages each) |

1. **TECHNICAL**

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| 1. **APPROACH and METHODOLOGY**

Provide a brief description of the various components required for successful completion of the work and summarize key features of your submission. |
| 1. **Project Management -** Describe your project management process from initiation to delivery. Including coordination with of City, artists, sub consultants and trades..
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| 1. **Quality Control & Assurance -**  Describe processes the Respondent will use to ensure the delivery of high quality Services for the City.
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| 1. **Risk Factors -** Identify anticipated risks and mitigation measures.
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| 1. **Safety -** How will the Respondent address safety on the work site.
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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. State any value added benefits and activities they can provide in delivering the Services. Provide details:
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| * 1. What policies does your organization have to support reconciliation with indigenous peoples:
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**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 [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 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.** |