

**City of Coquitlam**

**SUBMISSION FORM**

**RFIQ No. 24-038**

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

**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](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** |  |

**DEPARTURES AND AWARD**

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| 1. **CONTRACT -** I/We have reviewed **Appendix A Consulting and Professional Services Agreement** and would be prepared to enter into in an agreement that incorporates the **Appendix A Consulting and Professional Services Agreement**, 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. **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/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)
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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. **Category Shortlist** - Respondent is to indicate the categories which they are applying for
 |
| **Category** | **Description** | **YES** | **NO** |
| **1** | **Category 1 – Land Use Planning, Policy, Bylaws and Procedures Review** |  |  |
| **2** | **Category 2 – Urban Design, Architecture, Landscape Architecture** |  |  |
| **3** | **Category 3 – Housing and Social Planning and Policy** |  |  |
| **4** | **Category 4 - Development Finance** |  |  |
| **5** | **Category 5 – Development Process Improvement** |  |  |
| **6** | **Category 6 –** **External Engagement Materials and Activities** |  |  |
| **7** | **Category 7 –** **Technical Reviews and Inspections**  |  |  |
| **8** | **Category 8 – General Administration and Data Management Services** |  |  |

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| 1. **CORPORATE** - 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, etc.):
 |
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| 1. Respondent is to describe the firm including the size, range of activities, etc. Particular emphasis should be given as to how the firm-wide experience and expertise is to be brought to bear on the proposed work.
 |
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| 1. Respondent is to provide a narrative as to their demonstrated ability to provide the Services requested in the RFIQ :
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| 1. Respondent is to state if the Respondent has a national, local or regional presence. Please include the office address of where the work will be performed:
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| 1. Proponents must indicate whether they are members in good standing with any of the following organizations: Canadian Institute of Planners (CIP),the Association of Consulting Engineering Companies (ACEC), Architectural Institute of British Columbia (AIBC) or British Columbia Society of Landscape Architects (BCSLA)
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| 1. **Demonstrated ability to complete assignments on time and within budget.**
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| 1. **a.**
 | Briefly describe how your company will complete assignments on time and within budget? |
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| 1. **b.**
 | In the past 5 years, has your firm been delayed in delivering an assignment to the City, or for a client listed in Section 3? |
| Yes [ ]  No [ ]  |
| 1. **c.**
 | What were the reasons for the delay? |
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| 1. **d.**
 | How did your firm make attempts to mitigate the issue? |
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| 1. **e.**
 | In the past 5 years, has your firm needed to request an increase to its budget in delivering an assignment to the City, or a client listed in section 3?  |
| Yes [ ]  No [ ]  |
| 1. **f.**
 | What were the reasons for increasing the budget? |
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| 1. **g.**
 | How did your firm attempt to mitigate the issue? |
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| 1. **Sub-Consultants –** Respondent is to state sub-consultants, roles and why the sub consultant was chosen to be part of your team:
 |
| **Sub-consultant** | **Brief reason as to why the sub-consultant is on your team.**  |
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| 1. **Examples of Successful Projects** - Principal projects awarded to the Respondent in the past five years.
 |
| **Project Title and Year** |  |
| Project Value $ |  |
| Initial Budget $ |  |
| Final Budget $ |  |
| Explain Variance |  |
| Project Initial Schedule: |  |
| Project Final Schedule: |  |
| Explain Variance |  |
| Project owner/client |  |
| Consulting services Value $ |  |
| Provide a brief description of the Project including the methodology and/or steps involved in the consulting services, and the deliverables provided by your firm |  |
| Key personnel involved with the consulting services.  |  |
| Describe why you believe the project was successful and the role your firm had in the success. |  |
| Reference person ( client) |  |
| Telephone and email of reference person |  |

**\* (for above) The Maximum number of examples to be provided for each category is 3.**

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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. **ADDITIONAL LABOUR RATES**

The following are rates for personnel that would be used to perform the Services. These rates are all inclusive without limitation, including all labour, wages, taxes and assessments, benefits payable in accordance with applicable laws, mobilization and demobilization, supervision, administration, small tool allowance including small tool rental, overhead and profit.  |
| **ITEM** | **SCOPE OF WORK** | **Unit of Measure** | **PRICE** (exclude GST) |
|  | State: |  | $ |
|  | State: |  | $ |
|  | State: |  | $ |
|  | State: |  | $ |
|  | State: |  |  |
|  | State: |  |  |
|  | State: |  |  |

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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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**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 **Appendix A Consulting and Professional Services Agreement** 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.** |