

**City of Coquitlam**

**PROPOSAL SUBMISSION FORM**

**RFP No. 25-029**

**Eagle Ridge Pool Repair**

**Proposals will be received as per the date and time specified in the Key Dates Section of the RFP**

**INSTRUCTIONS FOR PROPOSAL 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:** RFP Number and Name

**2. Add files and “Send Files”**

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

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

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

1. **DEPARTURES AND AWARD**

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| 1. **CONTRACT -** I/We have reviewed City of Coquitlam’s Supplementary General Conditions to the CCDC 2 – 2008 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 RFP 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. **CORPORATE**

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| 1. **CAPABILITIES, CAPACITY AND RESOURCES** - Proponents to provide information on the following (use the spaces provided and/or attach additional pages, if necessary)**:**
 |
| 1. Structure of the Proponent, 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. Proponent is to state relevant experience and qualifications as to the Services requested in the RFP:
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| 1. Proponent is to state any value added benefits and activities they can provide in delivering the Services. Provide details:
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| 1. Proponent is to describe their capabilities, resources and capacities, as relevant to the Services requested in the RFP: This includes their capacity to take on this project in regards to other work the Proponent may have ongoing:
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| 1. **REFERENCES –** Proponent 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. **KEY PERSONNEL –** Proponent proposes the following key personnel for the Services stated in the RFP. No changes, additions or deletions are to be made to these Key Personnel without the City’s written approval (use the spaces provided and/or attach additional pages, if necessary).
 |
| **LINE ITEM** | **NAME** | **TITLE/POSITION** | **EXPERIENCE AND QUALIFICATIONS** | **YEARS WITH YOUR ORGANIZATION** |
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| 1. **SUB-CONTRACTORS -** The following Sub-contractors will be utilized in provision of the Services and will comply with all the terms and conditions of this RFP. No changes, additions or deletions are to be made to these subcontractors without the City’s written approval:
 |
| **Sub-Contractor No. 1** |
| **Legal Name** |  |
| **Trade/Services Performed** |  |
| **Background and Experience** |  |
| **Contact Information** | Name: |
| Phone Number: |
| Email Address: |

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| **Sub-Contractor No. 2** |
| **Legal Name** |  |
| **Trade/Services Performed** |  |
| **Background and Experience** |  |
| **Contact Information** | Name: |
| Phone Number: |
| Email Address: |

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| 1. **HEALTH AND SAFETY**
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| 1. Proponent to attach current [Work Safe BC Employer Report](https://www.worksafebc.com/en/resources/about-us/shared-data/employer-report?lang=en)
 |
| [ ]  **Yes** | [ ]  **No** |
| **If no, explain:** |
|  |
| 1. Confirm the Proponent has a written safety program in place that meets the requirements of WorkSafeBC?
 |
| [ ]  **Yes** | [ ]  **No** |
| 1. Is your company COR (Certificate of Recognition) certified with respect to WorkSafeBC?
 |
| [ ]  **Yes** | [ ]  **No** |

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| 1. We are registered with one or more of these Safety Management System/Program: OHSAS 18001, CAN/CSA Z1000, ANSI Z10 or other. Please specify:
 |
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1. **SUSTAINABLE BENEFITS 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. **TECHNICAL**

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| 1. **APPROACH and METHODOLOGY**

Summarize the key features of your Proposal and the Technical Approach to be used. Provide a brief description the various components required for successful completion of the work. |
| 1. **Delivery, Set-Up and Execution -** Proposals should address the plan for the delivery, set up and execution of the work; as well as the disposal, recycle or reuse for the surplus materials. Include any safety and pedestrian control measures.
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| 1. **Quality Assurance -** Provide the measures the Proponent will use to maintain quality control for the Services being performed.
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| 1. **Risk Factors -** Describe the risk factors anticipated and how the Proponent intends to mitigate these.
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| 1. **Safety -** Proponent is to state how they will address safety on the work site.
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| 1. **Disposal and Recycling -** Provide details on all disposal and recycling locations.
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| 1. **COMPLETION DATE**
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| 1. The Proponent states that they are available and ready to start this work and confirms the work shall be completed on or before **May 8, 2026**. This date will be an important consideration in the evaluation.
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| [ ]  **Yes** | [ ]  **No** |
| 1. If Proponent has stated NO, please state date and explanation as to proposed completion date:
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1. **FINANCIAL**

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| * 1. **PRICE -** Prices proposed are to be all inclusive; therefore, include all labour, material, mark-ups, tools, equipment, transportation, fuel, supervision, disposal fees, permit fees and any other items required for provision of the services (exclude GST):
 |
| **ITEM** | **SCOPE OF WORK** | **Unit of Measure** | **PRICE** (exclude GST) |
|  | Removal/grinding/preparation | Total | $ |
|  | Repair and coating | Total | $ |
|  | Weatherproof enclosure (cash allowance) | Total | $ |
|  | Other not Listed: |  | $ |
|  | Other not Listed: |  | $ |
|  | Other not Listed: |  | $ |
|  | **TOTAL** |  | **$** |

**Attention Purchasing Manager:**

1. **I/We, the undersigned duly authorized representative of the Proponent**, having received and carefully reviewed all of the Proposal documents, including the RFP and any issued addenda posted on the City’s website and having full knowledge of the Site, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions connected to performing the Services~~,~~ submit this Proposal in response to the RFP.
2. **I/We** agree to the rules of participation outlined in the **Instructions to Proponents** (per section 2 of RFP) and should our Proposal be selected, agree to the City’s **Supplementary General Conditions** (SGC’s) to CCDC 2 – 2020, and would be prepared to enter into in an agreement that incorporates the SGC’s, and will accept the City’s Contract as defined within this RFP document.
3. **I/We confirm** that, if I/we am/are awarded the Agreement, I/we will at all times be the “Prime Contractor” as provided by the Worker's Compensation Act (British Columbia) with respect to the Services. I/we further confirm that if I/we become aware that another contractor at the place(s) of the Services has been designated as the “Prime Contractor”, I/we will notify the City immediately, and I/we will indemnify and hold the City harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the City in connection with any failure to so notify the City.
4. **I/We acknowledge** receipt of the following Addenda related to this Request for Proposals and have incorporated the information received in preparing this Proposal.

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

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

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