### **BID FORM**

### DATE:

PROJECT: VDOT Joint Safety Operations Center Voltage Regulation Project Code: 501-B3501-014 IFB No: 158603

To: Commonwealth of Virginia Virginia Department of Transportation (VDOT)

In compliance with and subject to your Invitation for Bids and the documents therein specified, all of which are incorporated herein by reference, the undersigned bidder proposes to furnish all labor, equipment, and materials and perform all work necessary for construction of this project, in accordance with the Plans and Specifications dated <u>December 20, 2023</u>, and the Addenda noted below, as prepared by <u>Virginia A&E</u> located at <u>115 Vista Park Drive, Forest, VA 24551</u> for the consideration of the following amount:

### **BASE BID (including the following part):**

Lump sum price for construction/installation of new electrical equipment, including, but not limited to the installation of a stepdown transformer and other related equipment to protect existing HVAC equipment from voltage fluctuations, and in accordance with the Plans and Specifications:

## TOTAL BASE BID AMOUNT (PART A) IS:

DOLLARS (\$\_\_\_\_\_)

Contract award will be based on the TOTAL BASE BID AMOUNT shown above (including any properly submitted bid modifications). See DGS-30-055 (CO-7A) Instructions to Bidders (Award of Contract).

The bidder has relied upon the following public historical climatological records: **National Weather Service** for **Richmond, Richmond International Airport (KRIC)**, VA.

*Code of Virginia,* § *2.2-4376.2* shall be applicable to the Work of the Contract.

The undersigned understands that time is of the essence and agrees that the time for Substantial Completion of the entire project shall be <u>90 (ninety)</u> consecutive calendar days from the date of commencement of the Work as specified in the Notice to Proceed, and Final Completion shall be achieved within 30 consecutive calendar days after the date of Substantial Completion as determined by the A/E.

Acknowledgment	is made	of receipt	of the	following	Addenda

No. 1 Date:	Signature
No. 2 Date:	Signature
No. 3 Date:	Signature
No. 4 Date:	Signature
No. 5 Date:	Signature
No. 6 Date:	Signature
No. 7 Date:	Signature
No. 8 Date:	Signature
No. 9 Date:	Signature
No. 10 Date:	Signature

### **Ouestions Pertaining to This IFB:**

# Any questions pertaining to the IFB should be submitted to the Contract Officer using the contact information below:

Mr. George Jellerson

Email: george.jellerson@vdot.virginia.gov

If notice of acceptance of this bid is given to the undersigned within 30 days after the date of opening of bids, or any time thereafter before this bid is withdrawn, the undersigned will execute and deliver a contract in the prescribed form (Commonwealth of Virginia Contract Between Owner and Contractor, Form CO-9) within 10 days after the contract has been presented to him for signature. The required payment and performance bonds, on the forms prescribed, shall be delivered to the Owner along with the signed Contract.

Immigration Reform and Control Act of 1986: The undersigned certifies that it does not and shall\_not during the performance of the Contract for this project violate the provisions of the Federal Immigration Reform and Control Act of 1986, which prohibits employment of illegal aliens\_or knowingly employ an unauthorized alien as defined in the Federal Immigration Reform and Control Act of 1986.

DISQUALIFICATION OF CONTRACTORS: By signing this bid or proposal, the undersigned certifies that this Bidder or any officer, director, partner or owner is not currently barred from bidding on contracts by any Agency of the Commonwealth of Virginia, or any public body or agency of another state, or any agency of the federal government, nor is this Bidder a subsidiary or affiliate of any firm/corporation that is currently barred from bidding on contracts by any of the same. We have attached an explanation of any previous disbarment(s) and copies of notice(s) of reinstatement(s).

Either the undersigned or one of the following individuals, if any, is authorized to modify this bid prior to the deadline for receipt of bids by writing the modification and signing his name on the face of the bid, on the envelope in which it is enclosed, on a separate document, or on a document which is telefaxed to the Owner:

\_\_\_\_\_

\_\_\_\_\_

I certify that the firm name given below is the true and complete name of the bidder and that the bidder is legally qualified and licensed by the Virginia Department of Professional and Occupational Regulation, Board for Contractors, to perform all Work included in the scope of the Contract.

Virginia License No.:	Bidder:
C	Bidder:(Name of Firm)
Contractor Class:	
	By:(Signature)
Specialty:	Valid until:
FEIN/SSN:	Title:
E-Mail Address	
	_
If General Partnership (List Partners' Names)	Business Address:
FAX #	Telephone #

If Corporation, affix Corporate Seal & list State of Incorporation

State:

(Affix Seal)

Virginia State Corporation Commission ID No.: \_\_\_\_\_; or

If Contractor is a foreign business entity not required to be authorized to transact business in the Commonwealth under Titles 13.1 or 50 of the Code of Virginia, or as otherwise required by law, please provide an explanation as to why such entity is not required to be so authorized:

# Contractor's Proposed Small Business Participation: \_\_\_\_\_% Contractor insert percentage required

Evidence of compliance reporting for your Small Business Subcontracting Plan and any additional subcontracting shall be entered directly through the Subcontractor Payment Reporting tool accessible in your eVA Supplier Account. The Contract Officer will provide the Reporting Job Aid upon request from the awarded Contractor.

# **Small Business Subcontracting Plan**

## IFB # 158603

It is the goal of the Commonwealth that over 42% of its purchases be made from small businesses. All potential bidders are required to include this document with their bid response in order to be considered responsive.

**Small Business:** "Small business (including micro)" means a business which holds a certification as such by the Virginia Department of Small Business and Supplier Diversity (DSBSD) on the due date for bids. This shall also include DSBSD-certified women- owned and minority-owned businesses and businesses with DSBSD service disabled veteran owned status when they also hold a DSBSD certification as a small business on the bid due date. Currently, DSBSD offers small business certification and micro business designation to firms that qualify.

Certification applications are available through DSBSD online at www.SBSD.virginia.gov (Customer Service).

### Bidder Name:

Preparer Name: \_\_\_\_\_

Date:

Who will be doing the work: 
□ I plan to use subcontractors □ I plan to complete all work

#### Instructions

A. If you are certified by the DSBSD as a micro/small business, complete only Section A of this form.

B. If you are **not** a DSBSD-certified small business, complete Section B of this form. For the bid to be considered and the bidder to be declared responsive, the bidder shall identify the portions of the contract that will be subcontracted to DSBSD-certified small business for the initial contract period in relation to the bidder's total price for the initial contract period in Section B.

#### Section A

If your firm is certified by the DSBSD provide your certification number and the date of certification.

Certification number:\_\_\_\_\_

Certification Date:

#### Section B

If the "I plan to use subcontractors box is checked," populate the requested information below, per subcontractor to show your firm's plans for utilization of DSBSD-certified small businesses in the performance of this contract for the initial contract period in relation to the bidder's total price for the initial contract period. Certified small businesses include but are not limited to DSBSD-certified women-owned and minority-owned businesses and businesses with DSBSD service disabled veteran-owned status that have also received the DSBSD small business certification. Include plans to utilize small businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc. It is important to note that these proposed participation will be incorporated into the subsequent contract and will be a requirement of the contract. Failure to obtain the proposed participation percentages may result in breach of the contract.

# B. Plans for Utilization of DSBSD-Certified Small Businesses for this Procurement

Subcontract #1		
Company Name:	SBSD Cert #:	
Contact Name:	SBSD Certification:	
Contact Phone:	Contact Email:	
Value % (Initial Term):	Contact Address:	
Description of Work:		
Subcontract #2		
Company Name:	SBSD Cert #:	
Contact Name:	SBSD Certification:	
Contact Phone:	Contact Email:	
Value % (Initial Term):	Contact Address:	
Description of Work:		
Subcontract #3		
Company Name:	SBSD Cert #:	
Contact Name:	SBSD Certification:	
Contact Phone:	Contact Email:	
Value % (Initial Term):	Contact Address:	
Description of Work:		
Subcontract #4		
Company Name:	SBSD Cert #:	
Contact Name:	SBSD Certification:	
Contact Phone:	Contact Email:	
Value % (Initial Term):	Contact Address:	
Description of Work:		
Subcontract #5		
Company Name:	SBSD Cert #:	
Contact Name:	SBSD Certification:	
Contact Phone:	Contact Email:	
Value % (Initial Term):	Contact Address:	
Description of Work:		



#### CAPITAL OUTLAY VENDOR QUALIFICATION CERTIFICATION FORM

All bidders responding to this IFB should complete and return all requested information applicable to performing the work. Place N/A beside all questions that do not apply. This form must be provided to the Contract Officer within 2 business days of request if not returned with the bid or the bidder may be deemed non-responsive.

1. Name of Business: \_\_\_\_\_\_

2. Name of Owner or Chief Executive Officer: \_\_\_\_\_\_ Telephone Number: \_\_\_\_\_

3. How many persons are currently employed by the firm?\_\_\_\_\_

4. List all current projects and the value of the project that is being performed by your firm.

 Is the firm currently removed from a vendor list or debarred/enjoined from doing business with any Commonwealth of Virginia Agency?
 Yes\_\_\_\_\_ No\_\_\_\_\_ If yes explain:

6. Provide the firm name, contact person, email address and telephone / fax numbers of three (3) customers, for which your firm has provided services of the same/similar scope as those requested in this inquiry. We may contact these customers as references.

FIRM'S NAME	CONTACT PERSON	EMAIL ADDRESS	TELEPHONE / FAX #

7. Identify any VDOT locations for which your firm is currently working, the contract number associated with the work and the location where the work is being performed.