



Upper Occoquan Service Authority

Leader in Water Reclamation and Reuse

14631 COMPTON ROAD, CENTREVILLE, VIRGINIA 20121-2506
(703) 830-2200

TO ALL RECIPIENTS:

For UOSA 21-17 Cleaning Inspection and Remediation Services

SUBJECT: Addendum #

The above numbered solicitation is amended as set forth below. The hour and date specified for receipt of offers:

☐ is not extended

☐ is extended

OFFERORS MUST ACKNOWLEDGE receipt of this Addendum by one of the following methods:

- a. By acknowledgement of this Addendum on Submission Form submitted with the proposal;
- b. By referencing its receipt in your Transmittal Letter

If by virtue of this Addendum you desire to change a proposal already submitted, such change may be made by letter, provided it includes reference to the solicitation and this Addendum and is received prior to the due hour and date specified.

DESCRIPTION OF ADDENDUM:

All other Terms, Conditions, Tables, Charts and Specifications, and Drawings not otherwise changed remain as originally stated or as shown.

ISSUED BY:

Upper Occoquan Service Authority

William Gaskins

Date



Attachment #1

Solicitation Response Form

IFB Number: 21-17

Title: Cleaning Inspection and Remediation Services (Hazardous & Non Hazardous)

Company Identification

Name _____
Mailing _____
Address _____
Remit _____
Address _____
FEIN # _____

Contact Name _____
Title _____
Phone _____
Fax _____
Email _____
VA SCC ID # _____

**Pursuant to VA Code § 2.2-4311.2, an offeror organized or authorized to transact business in the Commonwealth must include its VA SCC provided ID# or proof of pending application for SCC authorization. If offeror is exempt from SCC authorization requirement they shall include, as a separate attachment, a statement accurately and completely reflecting why the offeror does not need to be so authorized. See Section 2.2 in the Standard Terms and Conditions.*

Company Classification

Principal place of business located in (state) _____ State of incorporation _____

Check one: Sole Prop. ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐ Limited Liability Corporation ☐

Check all that apply: Small ☐ Women Owned ☐ Minority Owned ☐ Service Disabled Veteran Owned ☐

Addenda Receipt Confirmation:

Addendum # _____ ☐, Addendum # _____ ☐, Addendum # _____ ☐, Addendum # _____ ☐, Addendum # _____ ☐

Confirmation of Compliance to Solicitation Requirements, Terms and Conditions

The undersigned offers and agrees to furnish the goods, and/or services requested in solicitation [] in accordance with the attached offer. The undersigned certifies that they have read and understand all standard and supplemental terms and conditions provided in the aforementioned solicitation including but not limited to Standard Terms and Conditions Section 2.1 - Collusion, Section 2.2 - Compliance with Laws and Section 2.9 - Ethics in Public Contracting.

The attached offer is in accordance with all specifications and offeror accepts all terms and conditions contained in and incorporated by reference into the solicitation,

☐ with no exceptions.

☐ with the following exceptions/modifications (provided as separate attachment).

Note: Any material exceptions to solicitation specifications, terms or conditions will render an offer non-responsive. UOSA, in its sole discretion, will determine what constitutes a material exception.

Authorized Signature _____
(must be original, ink signature)

Date _____

Printed Name _____

Title _____

Submission Checklist – The following documents and forms are required as part of your submission. See Section 1.10

Solicitation Response Form (this form) ☐
Sample Task Plan ☐
Attachment B : References ☐
Attachment C : Bidders Qualifications ☐

Attachment D : Bid Summary Sheet ☐
☐
☐
☐

ATTACHMENT B: REFERENCES

Reference 1:

Company Name:	
Address:	
Contact Person:	
Telephone:	
Fax:	
Email:	
Description and years of Work:	

Reference 2:

Company Name:	
Address:	
Contact Person:	
Telephone:	
Fax:	
Email:	
Description and years of Work:	

Reference 3:

Company Name:	
Address:	
Contact Person:	
Telephone:	
Fax:	
Email:	
Description and years of Work:	

Reference 4:

Company Name:	
Address:	
Contact Person:	
Telephone:	
Fax:	
Email:	
Description and years of Work:	

Reference 5:

Company Name:	
Address:	
Contact Person:	
Telephone:	
Fax:	
Email:	
Description and years of Work:	

ATTACHMENT C – BIDDER'S QUALIFICATIONS

1. Has your organization or any of its officers, directors, or owners had judgment entered against them within the past 10 years for the breach of contracts for governmental or non-governmental construction?

☐ Yes ☐ No

If **yes**, give complete circumstances for each occurrence on a separate sheet(s) of paper. Attachment No. _____.

2. Have any of your officers, directors, UOSA, project managers, procurement managers, or chief financial officers been convicted within the past 10 years of a crime related to governmental or non-governmental construction?

☐ Yes ☐ No

If **yes**, give complete circumstances for each occurrence on a separate sheet(s) of paper. Attachment No. _____.

3. Has your organization ever failed to complete a construction contract with a public body?

☐ Yes ☐ No

If **yes**, give complete circumstances for each occurrence on a separate sheet(s) of paper. Attachment No. _____.

4. Is your organization or any of your officers, directors, or owners currently debarred by any municipality, county, state, or federal agency?

☐ Yes ☐ No

If **yes**, give complete circumstances for each occurrence on a separate sheet(s) of paper. Attachment No. _____.

5. Has your organization ever been a party in any litigation of any type on Work for which your organization was contracted by any municipal, county, state, or federal agency?

☐ Yes ☐ No

If **yes**, give complete circumstances for each occurrence on a separate sheet(s) of paper. Attachment No. _____.

6. Which of the following services does your organization provide and how many years experience does your organization have providing that service?

- a. Overall Industrial Cleaning:

In-house ☐ Sub-contractor ☐ We do not provide this service ☐

How many years experience in the proposed type of Work has your organization had?

☐ < 5 years ☐ 5-15 years ☐ 15-30 years ☐ > 30 years

- b. Specifically industrial cleaning with Lime Dust:

In-house ☐ Sub-contractor ☐ We do not provide this service ☐

How many years experience in the proposed type of Work has your organization had?

☐ < 5 years ☐ 5-15 years ☐ 15-30 years ☐ > 30 years

c. Specifically Industrial Cleaning with Carbon Dust:

In-house ☐ Sub-contractor ☐ We do not provide this service ☐

How many years experience in the proposed type of Work has your organization had?

☐ < 5 years ☐ 5-15 years ☐ 15-30 years ☐ > 30 years

d. Specifically Industrial Cleaning with Pellet (Fertilizer) dust:

In-house ☐ Sub-contractor ☐ We do not provide this service ☐

How many years experience in the proposed type of Work has your organization had?

☐ < 5 years ☐ 5-15 years ☐ 15-30 years ☐ > 30 years

e. Mold Inspection:

In-house ☐ Sub-contractor ☐ We do not provide this service ☐

How many years experience in the proposed type of Work has your organization had?

☐ < 5 years ☐ 5-15 years ☐ 15-30 years ☐ > 30 years

f. Mold Remediation:

In-house ☐ Sub-contractor ☐ We do not provide this service ☐

How many years experience in the proposed type of Work has your organization had?

g. Hazardous Materials Cleanup:

In-house ☐ Sub-contractor ☐ We do not provide this service ☐

How many years experience in the proposed type of Work has your organization had?

☐ < 5 years ☐ 5-15 years ☐ 15-30 years ☐ > 30 years

7. The use of Sub-contractors to fulfill a majority of the Work in this solicitation is prohibited unless authorized in writing, in advance by UOSA. If you in question 7 stated that you are using Sub-contractors, provide a list of their names, addresses, contact person and the type service they provide. Indicate if this supplements in-house resources or is in lieu of in-house resources and the percentage of all such Work performed by the sub-contractor in the course of a calendar year. Attachment No. _____.

8. Can your organization respond to emergency requests within 24 hours?

☐ Yes ☐ No

9. Is your organization certified for the work you are proposing? ☐ Yes ☐ No

10. Are you individual employees certified for the proposed work? ☐ Yes ☐ No

11. Does your organization conduct a safety program that includes confined space entry training?

☐ Yes ☐ No

UOSA reserves the right to ask Bidders for any additional information that UOSA, in its sole discretion, deems necessary to make an award.

THIS FORM MUST BE SUBMITTED WITH YOUR BID/PROPOSAL

END ATTACHMENT C

ATTACHMENT D - BID SUMMARY SHEET

A. Site Pricing:

Item	Price shall be firm /fixed for the term of the Contract and shall include all labor fees (including Field Technical Supervision), transportation, per diem, and all other related charges to perform the work as stated. No extra charges allowed.	Bid Price (NON-HAZARDOUS ONLY)	Bid Price (HAZARDOUS ONLY – if applicable)
1.	Pellet (Fertilizer Dust Areas)		
1-A	U Building – Load Out Truck Bay	\$	
1-B	U Building – Dryer Area (Mezzanine & 1 st Floor)	\$	
	U Building – Support Areas (Vacuum, HVAC & Silo Room)	\$	
	TOTAL TASK AREA 1	\$	
2	Lime Dust Areas		Not Applicable
2-A	U-Building – Lime Storage Area	\$	
2-B	H2 Building – Lime slurry, Slaker and Silo Areas	\$	
2-C	H1 Building – Lime Slurry, Slaker and Silo Areas	\$	
	TOTAL TASK AREA 2	\$	
3	Carbon Dust Area		Minimal Applicability
3-A	H1 building – Carbon Furnace Facility	\$	
	TOTAL TASK AREA 3	\$	
4	Mold Areas (Provide per square foot pricing only)		Not Applicable
4-A	Administrative Buildings (Resident Work Space)		
	G-Tower – Operations Building – Administrative Offices	\$ /sf	
	F building – Administrative Offices	\$ /sf	
	S1 Building – Office and Maintenance	\$ /sf	
	S2 Building – Office and Maintenance	\$ /sf	
	Lab – Office and Laboratory	\$ /sf	
	Process buildings – Selected Areas	\$ /sf	
	TOTAL TASK AREA 4	\$	

The following sections to be used for additional services as needed. Any quotes/bids requested by UOSA must use the following rates and fees.

B. Labor Rates:

Provide the following titles/labor rates for the services identified in this IFB**:

<u>Title</u>	<u>Hourly Rate**</u>	<u>Overtime Multiplier</u>	<u>Holiday Multiplier</u>	<u>Hazardous Multiplier (if applicable)</u>
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

** Rates must include overhead, profit, travel fees and administrative costs, etc. Use separate sheet if needed.

END ATTACHEMENT D