# **REVISED ATTACHMENT C**

# **BID SUBMITTAL FORMS**

For

# MOWING SERVICES FOR CITY WEED ORDINANCE RFB #PUR0116-125

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| Company Name  |  |  |  |
|---|--|--|--|
|   |  |  |  |
| Company Address   |  |  |  |
| General Description of the Company:   |  |  |  |
|   |  |  |  |
| Type of Organization (franchise, corporation, partnership, etc.)  |  |  |  |
|   |  |  |  |
| Number of years in business:  |  |  |  |
|   |  |  |  |
| References  |  |  |  |
| List three (3) customers who are current or have been served by your company within the last three (3) years with projects of similar scopes. (Name of firm, address, contact person, phone number) |  |  |  |
| Reference #1 - Name:  |  |  |  |
| Address:  |  |  |  |
| Contact Person & Phone:   |  |  |  |
| Date & Description of Job:  |  |  |  |
| Contract Value:   |  |  |  |
| Reference #2 - Name:  |  |  |  |
| Address:  |  |  |  |
| Contact Person & Phone:   |  |  |  |
| Date & Description of Job:  |  |  |  |
| Contract Value:   |  |  |  |
| Reference #3 - Name:  |  |  |  |
| Address:  |  |  |  |
| Contact Person & Phone:   |  |  |  |
| Date & Description of Job:  |  |  |  |
| Contract Value:   |  |  |  |
|   |  |  |  |
| Personnel   |  |  |  |
| Name and title of person overseeing the City account:   |  |  |  |
| Name and title of person overseeing the City account:   |  |  |  |
| Office Phone: Mobile: Email:  |  |  |  |
| Names, titles and years of experience of persons expected to service the City account:  |  |  |  |
|   |  |  |  |
| Coloty Descend  |  |  |  |
| Safety Record   |  |  |  |
| Has your company received an OSHA violation in the past five (5) years? Yes No<br>If yes, please attach copies of the citations and an explanation of how they have been resolved.                  |  |  |  |

# **CONTRACTOR'S EQUIPMENT LIST**

| Contractor Name:<br>Date:<br>Address where equipment can be inspected: |                |               |
|--|----------------|---------------|
| Description of Equipment to be Used for                                | this Contract: | Estimated Age |
|  |                |               |
|  |                |               |
|  |                |               |
|  |                |               |
|  |                |               |
|  |                |               |
|  |                |               |

## **CERTIFICATION REGARDING ABILITY TO OBTAIN REQUIRED INSURANCE**

# CERTIFICATION BY BIDDER'S INSURANCE AGENT/BROKER REGARDING BIDDER'S ABILITY TO OBTAIN REQUIRED INSURANCE COVERAGE AND ENDORSEMENTS

I hereby certify that my client, as identified below, will be able to meet all of the insurance requirements of Attachment B, has been advised of any additional costs associated with doing so, and has agreed to obtain such coverage and endorsements if selected as the successful bidder of the RFB to which my client has responded:

| Project Name and Number:          |      |      |
|-----------------------------------|------|------|
| Legal Name of Bidder:             |      |      |
| Name/Address of Insurance Agency: |      |      |
|                                   |      | <br> |
|                                   |      |      |
| Phone:                            | Fax: |      |
| Email:                            |      |      |
| Name of Agent/Broker (Print):     |      |      |
| Signature of Agent/Broker:        |      |      |
| Date of Signature:                |      |      |

## **REVISED BID PRICING SUBMITTAL FORM**

The Contractor shall, at its sole cost and expense, provide, perform and complete in the manner described and specified in this Request for Bid all necessary work, labor, services, transportation, equipment, materials, apparatus, information, data, freight and other items necessary to accomplish the Project as defined below, in accordance with the Scope of Work as described in Section 4.0. The Work will also include procuring and furnishing all approvals and authorizations, permits, and certificates and policies of insurance as specified herein necessary to complete the Project.

Firm fixed price shall provide all labor, equipment and materials for mowing, trimming, sweeping, and litter and debris removal as specifically requested in each work order and in accordance with all terms and conditions in this bid document:

| Lot Size   | Firm Fixed Price                                     |
|--|--|
| Smaller than 5,000 sq. ft.   | \$   |
| Between 5,001 and 10,000 sq. ft.   | \$   |
| Between 10,001 and 15,000 sq. ft.  | \$   |
| Between 15,001 and 20,000 sq. ft.  | \$   |
| Between 20,001 and 40,000 sq. ft.  | \$   |
| Greater than 40,001 sq. ft.  | \$   |
| Removal of Vegetative Debris, including but not limited to, Non-Purposefully<br>Planted (NPP) Trees, Brush, Vines and Noxious Weeds<br>(Disposal will be in 20 cubic yard dumpster located at City Services Center building) | \$<br>less than ¼ of a one<br>ton pick-up truck load |
| Removal of Vegetative Debris, including but not limited to, Non-Purposefully<br>Planted (NPP) Trees, Brush, Vines and Noxious Weeds<br>(Disposal will be in 20 cubic yard dumpster located at City Services Center building) | \$<br>¼ to ½ full of a one<br>ton pick-up truck load |
| Removal of Vegetative Debris, including but not limited to, Non-Purposefully<br>Planted (NPP) Trees, Brush, Vines and Noxious Weeds<br>(Disposal will be in 20 cubic yard dumpster located at City Services Center building) | \$<br>½ to ¾ full of a one<br>ton pick-up truck load |
| Removal of Vegetative Debris, including but not limited to, Non-Purposefully<br>Planted (NPP) Trees, Brush, Vines and Noxious Weeds<br>(Disposal will be in 20 cubic yard dumpster located at City Services Center building) | \$<br>¾ to full one ton pick-<br>up truck load       |

Work order requests will include private properties and, if requested, other City properties.

Square Footage for each parcel will be listed on Work Order. Square footage is determined by the City Assessor's Site. <u>http://cedarrapids.iowaassessors.com/</u>

#### A Work Order will be the document that authorizes each mowing job to begin.

Name of Company:

Authorized Signature:

Date:

#### SIGNATURE PAGE FORM

The undersigned, having examined these documents and having full knowledge of the condition under which the Work described herein must be performed, hereby proposes fulfillment of the obligations contained herein in accordance with all insurance documents, instructions, terms, conditions, and specifications set forth; and that all required Work be furnished and that all incidental costs be paid in strict conformity with these documents, for the stated prices as payment in full.

| Submitting                         | Firm:                        |                  |         |        |      |  |
|------------------------------------|------------------------------|------------------|---------|--------|------|--|
| Address:                           |                              |                  |         |        |      |  |
| City:                              |                              | County:          |         | State: | Zip: |  |
| Authorized Representative (print): |                              |                  |         | Ti     | tle: |  |
| Authorized                         | Signature:                   |                  |         |        |      |  |
| Date:                              |                              |                  | E-mail: |        |      |  |
| Phone #                            | ( )                          |                  | Fax #   | ( )    |      |  |
| Federal ID                         | Number                       |                  |         |        |      |  |
| lowa Depa                          | rtment of Labor Registration | n Number, if app | licable |        |      |  |

The State of Iowa requires that all individual contractors and businesses performing "construction" work within Iowa be registered with the Division of Labor and renew that registration annually. More information about this law can be found at <a href="http://www.iowaworkforce.org/labor/contractor.htm">http://www.iowaworkforce.org/labor/contractor.htm</a>

#### **FIRM PRICING**

Offered pricing shall remain firm for a minimum of sixty (60) days after the due date of this solicitation unless indicated otherwise. Accepted pricing shall remain firm for the duration of the contract.

#### ADDENDA {It is the Bidder's responsibility to check for issuance of any addenda}

The above-signed hereby acknowledges receipt of the following addenda:

| Addenda Number:   | Date:                     | Addenda Numb          | ber:         | Date:            |                  |
|---|---------------------------|-----------------------|--------------|------------------|------------------|
| Addenda Number:   | Date:                     | Addenda Numb          | ber:         | Date:            |                  |
| PAYMENT METHOD<br>Do you accept a credit o  | card for payment of purch | ases? Yes             | □ No [       |                  |                  |
| QUICK PAY DISCOUNT   If you provide a discount for quick payment, please state the discount and terms: % days |                           |                       |              |                  |                  |
| Does this discount apply to payments made by MasterCard? Yes No   |                           |                       |              |                  |                  |
| PROPOSED SUBCONTRACTORS (Reference General Terms and Conditions, section titled Subcontracting).              |                           |                       |              |                  |                  |
| If awarded this project,  | do you plan to use any su | bcontractors? Yes 🗌 I | No 🗌 🛛 If ye | s, list informat | tion below.      |
| Subcontractor Company   | y Name Address            |                       |              | IA Contracto     | r Registration # |
|   |                           |                       |              |                  |                  |
|   |                           |                       |              |                  |                  |
|   |                           |                       |              |                  |                  |

We choose not to bid at this time. We would like to be considered for future solicitations.

The Cedar Rapids City Council adopted the Buy Local Purchasing Policy through City Council Resolution No. 1239-10-10.

- 1. Who is local?
  - a. Businesses located within Linn County, Iowa who have paid Linn County property taxes on a plant, office or store occupied by the business for the past year; or
  - b. Businesses located within Linn County, lowa who have paid rent for the past year to a landlord or owner who has paid Linn County property taxes for the past year on the plant, office or store occupied by the business.
- 2. How do I apply for local preference status?
  - a. Complete a "Local Business Certificate". (See page 3 of this packet)
  - b. Mail the notarized, completed certificate to:

City of Cedar Rapids – Purchasing Division 101 First Street SE Cedar Rapids, IA 52401

#### 3. After I return the notarized certificate, how do I know if my business is on the list?

A list of certified businesses can be viewed on the City's website:

www.cedar-rapids.org/government/departments/purchasing

Please allow up to 10 days for processing of the certificate before the business is listed.

4. Will the local preference policy be applied to all purchases for goods and services?

No, the following types of purchases are excluded:

- a. Purchases subject to the competitive laws of the State of Iowa
- b. Purchases subject to federal, state or county grant stipulations
- c. Purchases from the State of Iowa or other national contracts
- d. Sole source purchases

#### 5. <u>Do you have questions or feedback about the Buy Local Program?</u>

Please send questions via email to buylocal@cedar-rapids.org

6. If I work out of my home, and my home is in Linn County, am I eligible to become a certified local business?

In order to qualify as local business your business must pay commercial property taxes related to the business being certified as local business. Residential property taxes paid for a home business do not qualify for the buy local certification.

#### 7. <u>How does the Buy Local Program work?</u>

Preference shall be applied to acceptable quotes, bids and proposals greater than \$1,000 from businesses within Linn County, Iowa who have submitted a notarized "Local Business Certificate".

**Example A:** Preference shall be given in the procurement of goods and/or services by <u>bid or quote</u> when a local Contractor's bid or quote exceeds the acceptable low bid by no more than:

10% for bids less than \$25,000

5% for bids equal to or greater than \$25,000 but less than \$200,000

1% for bids equal to or greater than \$200,000

| Bid Tabulation for a 20' Enclosed Trailer |              |               |              |  |  |
|---|--------------|---------------|--------------|--|--|
| Contractor A Contractor B Contractor C    |              |               |              |  |  |
|   | Marion, IA   | Davenport, IA |              |  |  |
| BID PRICE                                 | \$ 15,147.99 | \$ 14,770.55  | \$ 18,250.00 |  |  |

- This bid is less than \$25,000 so the preference is 10%
- Contractor B submitted the lowest bid of \$14,770.55
- Contractor B is not a local business
- Contractor A submitted the next lowest bid of \$15,147.99
- Contractor A is a certified local business
- \$15,147.99 \$14,770.55 = \$377.44 / 14,770.55 = 2.56%
- The difference between the two bids is 2.56% which is within 10% so the local preference applies
- The bid is awarded to the local Contractor A for \$15,147.99

**Example B:** Preference shall be given in the procurement of goods and/or services by <u>Request for Proposal</u> (RFP) by awarding additional points to the evaluation scores of proposals received from certified local businesses as follows:

10% of all available points for proposals less than \$25,000

5% of all available points for proposals equal to or greater than \$25,000 but less than \$200,000

1% of all available points for proposals equal to or greater than \$200,000

| Proposal Summary                            |       |     |       |  |  |
|---|-------|-----|-------|--|--|
| Contractor A Contractor B Contractor C      |       |     |       |  |  |
| Iowa City, IA Cedar Rapids, IA Hiawatha, IA |       |     |       |  |  |
| Points                                      | 976.7 | 723 | 636.8 |  |  |
| Points for Local Preference                 | 0     | 50  | 50    |  |  |
| TOTAL POINTS                                | 976.7 | 773 | 686.8 |  |  |

- This proposal is greater than \$25,000 but less than \$200,000 so the preference is 5%
- The total available points are 1,000 (5% of 1,000 points = 50 points)
- The proposal received from Contractor A was given 976.7 points by the evaluation team
- Contractor B and Contractor C each received 50 additional points per the local preference policy
- After the additional points were applied, Contractor A remained the highest ranked proposal
- Local preference did not change the award in this case



# STATEMENT OF POLICY

### CITY OF CEDAR RAPIDS LOCAL BUSINESS CERTIFICATE

Pursuant to Cedar Rapids City Council Resolution 1239-10-10, in conducting the procurement of goods and/or services by competitive solicitation, the City of Cedar Rapids shall give preference to a responsive bid or proposal from a business located within the limits of Linn County, Iowa over an acceptable bid or proposal submitted by a business located outside of Linn County.

Preference shall be given in conducting procurement of goods and/or services by bid or quote when a local bidder's bid or quote exceeds the acceptable low bid by no more than:

- 10% for bids less than \$25,000
- 5% for bids equal to or greater than \$25,000 but less than \$200,000
- 1% for bids equal to or greater than \$200,000

Preference shall be given in conducting procurement of goods and/or services by request for proposal by awarding additional points to each proposal where the business is located in Linn County as follows:

- 10% of all available points for proposals less than \$25,000
- 5% of all available points for proposals equal to or greater than \$25,000 and less than \$200,000
- 1% of all available points for proposals equal to or greater than \$200,000

The local preference is not applicable to goods and services purchased with the assistance of federal, state or county grants or funds, or pursuant to the competitive laws of the State of Iowa.

#### WRITTEN STATEMENT REQUESTING LOCAL BUSINESS STATUS

| l,, am an  | authorize            | d represer                   | tative of  | (name of                |  |
|--|----------------------|------------------------------|--|-------------------------|--|
| business) and on behalf of the business request the  |                      |                              |  |                         |  |
| "Buy Local" program. Answering yes to question   |                      |                              |  | the business as a local |  |
| business. In support of this request I certify the fo  | llowing info         | ormation a                   | s being true and correct:                        |                         |  |
| Name of Business Here $\rightarrow \rightarrow \rightarrow$  |                      |                              |  |                         |  |
| (1) Is your business located within the limits of Linn County, Iowa?   | 🗌 Yes                | 🗌 No                         | No. of Years:                                    |                         |  |
|  |                      |                              | Street address of property:                      |                         |  |
| (2) Did your business pay Linn County property   | ☐ Yes                | ΠNο                          |  |                         |  |
| taxes on a plant, office or store occupied by  |                      |                              | Is this your home residence?                     | Yes 🔄 No                |  |
| the business for the past year?  |                      |                              | If yes, see page 1, #6                           |                         |  |
| <ul><li>(3) Did your business pay rent for the past year<br/>to a landlord or owner who has paid Linn</li></ul>            |                      |                              | Street address of property:                      |                         |  |
| County property taxes for the past year on   | ☐ Yes                | □ No                         | Is this your home residence?                     | Yes 🗌 No                |  |
| a plant, office or store occupied by your  |                      |                              | If yes, see page 1, #6                           |                         |  |
| business?  |                      |                              | ,,,,,,,,   |                         |  |
| I understand that misrepresentation of any facts in constrained to business list. I also agree the business is required to |                      |                              | •  |                         |  |
| Signature  | Title                |                              |  | Date                    |  |
| Address  | City/Stat            | e                            |  | Zip                     |  |
| Phone  | Email                |                              |  | County                  |  |
| Subscribed and sworn to this day of  | ,                    | 20 bef                       | ore the undersigned Notary Public.               |                         |  |
| NOTARY PUBLIC, STATE OF IOWA   |                      |                              |  |                         |  |
| To confirm your status, check the certified local busin  |                      | ch is posted                 | on the City's website:                           |                         |  |
| www.cedar-rapids.org/government/departments/pu   | rchasing.            |                              |  |                         |  |
| Questions about the Buy Local program may be emained   | iled to <u>buylo</u> | ocal@cedar-                  | rapids.org.                                      |                         |  |
| Mail the notarized, completed certificate to   |                      | City of Ceda<br>Finance Der  | ır Rapids<br>partment – Purchasing Services Divi | sion                    |  |
| Internal Use Only:   |                      | 101 First Sti<br>Cedar Rapic | reet SE  |                         |  |
| Contractor ID: Contractor Lo   |                      |                              | Updated by:                                      |                         |  |