



ATTACHMENT A – PROPOSAL FORM

Instructions: Potential vendors submitting proposals must complete this form in its entirety and accurately. Failure to submit all attachments and answer all questions can result in the vendor being considered non-responsive. Responses to the following questions must be submitted and signed by an authorized Company representative. This questionnaire is provided as a fillable form .pdf document. Vendors may also complete all required attachments as a stand-alone response (written or typed).

PRINCIPAL OFFICE INFORMATION / ADDRESS:

Individual / Company Name: _____

Street Address _____

City _____

State _____ Zip Code _____

Telephone _____

Email _____

Taxpayer Identification Number _____

VENDOR QUESTIONNAIRE:

- 1) COMPANY HISTORY AND BACKGROUND - Please describe the history of your company, number of active employees, location of corporate office, etc.



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- 2) CUSTOMERS - How many customers does your company service on average during one season? Any customers of comparable size to Ottawa County?

- 3) EMPLOYEES & SUBCONTRACTORS - Does your company use any subcontractors? Are employees paid per hour or per location? How many employees will be involved on this contract?

- 4) EQUIPMENT OWNED – Please list all equipment owned by your company that will be used in the scope of work. How many vehicles, plows, etc. will be used for this contract?

- 5) EQUIPMENT / FIELD LOCATIONS – Where is the equipment housed that will be used for this contract?

- 6) OTHER INFORMATION – Include any other information that would be helpful to the County.



VENDOR QUALIFICATIONS:

Please confirm that your organization has the capacity and qualifications to complete the project from start to finish at a standard at or above industry standards. Please check each box to confirm qualifications.

- Minimum of three (3) years' experience in the business of providing the requested service or product as stated in the solicitation document.
- Able to provide proof of the following coverages as stated in the solicitation document: workers compensation, employer's liability, comprehensive general liability.
- Vendor will have and maintain all applicable local, state, and federal licenses, permits and certifications required by the industry;
- The Contractor will have sufficient vehicles to provide the level of service proposed;
- The Contractor must maintain, and provide to the County, a complete listing of all vehicles and/or equipment proposed to be used in the performance of the contract, including their license and vehicle identification numbers.
- Contractor employees operating motor vehicle or machinery shall hold and maintain the proper licenses including but not limited to driver's license.



REFERENCES

Please provide at least two (2) references of similar that required similar size and scope of project.

Reference 1			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			

Reference 2			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			

Reference 3			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			

The undersigned hereby authorizes the County to obtain all information that said recipient may have concerning the undersigned's contract performance history and releases all parties from all liability for any damage that may result from furnishing the same to the County. A photocopy of this authorization will be deemed equivalent to the original.

Authorized Representatives Signature

Date

Authorized Representative's Printed Name and Title and Company Name (and Legal Name) for Business

ATTACHMENT B – PRICING FORM

The undersigned hereby agrees to perform all work in accordance with the specifications, terms, and conditions of the County’s Request for Proposal 20-29 for the costs described below. The fees proposed will be considered firm and cannot be altered after receipt of the proposal by the County per the terms of this RFP. The pricing cannot not change over the term of any contract executed as a result of this RFP. All costs must be identified in contractor’s response.

CONFIRMATION: Do you confirm that you have thoroughly read and reviewed all documents associated with this solicitation? Yes No

PRICING BY LOCATION:

Please complete the price by location. Price will cover all costs of any nature incidental to the work, including labor, material, equipment, transportation, insurance, and all else necessary to perform and complete the work in the manner and within the time specified.

Location	Price per event (US\$)
12220 Fillmore St. West Olive	
12120 Fillmore St. West Olive	
12130 Fillmore St, West Olive	
1111 Fulton St, Grand Haven	
414 Washing St, Grand Haven	
415 Franklin, Grand Haven	
3100 Port Sheldon Rd, Hudsonville	
85 W. 8 th St, Holland	
12265 James St. A Bldg, Holland	
12263 James St. B Bldg, Holland	
12251 James St. C Bldg, Holland	
12185 James St. D Bldg, Holland	
14053 Quincy, Holland	
16850 Comstock Ave, Grand Haven	



PRICING AS NEEDED AND/OR BY EQUIPMENT:

Equipment	Price / Hour (US\$)
4x4 Pick up straight blade	
2 ton, v-blade	
Front end loader w/ blade	
Front end loader	
Loader with pusher box or bucket	
Snow pusher	
Loaders	
Lead dump truck	
Tandem/Tri dump trucks	
Shoveling	
Dump Truck	
Rock Salt (parking lot) – state by ton, LB, or yard	
Salting with truck & operator	
Haul of snow in parking lot	

DISCOUNTS: If contractor is awarded multiple locations, will the contractor provide any discounts on pricing? Y ___ N ___ If Yes, please provide and explain discounts:

CONTRACTOR COMMENTS / DESCRIBE ALL ASSUMPTIONS:

Authorized Representatives Signature

Date

Authorized Representative’s Printed Name and Title and Company Name (and Legal Name) for Business



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ATTACHMENT C – CONTRACTOR CONDITIONS

Contract has read the solicitation documents in their entirety and agrees to the conditions set forth below.

Incurred Expenses / Confidentiality:

The County is not responsible for any cost or expense incurred by Contractor preparing and submitting qualifications prior to execution of an agreement.

Conflict of Interest:

By submission of a response, the vendor agrees that at the time of submittal, he/she: (1) has no interest (including financial benefit, commission, etc.) and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of vendor’s services, or (2) benefit from an award resulting in a “Conflict of Interest.” Contractor shall identify interests, and the individuals involved, on separate paper with the response and understand that the County, at its discretion may reject their submission.

Iran Linked Business:

By submission of this form, the Contractor certifies, under civil penalty for false certification, that it is fully eligible to do so under law and that it is not an “Iran linked business,” as that term is defined in the Michigan Economic Sanctions Act, 2012 P.A. 517.

Debarment & Suspension

The Contractor certifies to the best of its knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its’ principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this form been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

BY: _____
Signature of Authorized Representative

Date

Authorized Representative’s Printed Name and Title and Company Name (and Legal Name) for Business



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ATTACHMENT D – ALTERNATE PRICING FORM

The undersigned hereby agrees to perform all work in accordance with the specifications, terms, and conditions of the County’s Request for Proposal 20-29 for the costs described below for the Ottawa County Central Dispatch Authority. The fees proposed will be considered firm and cannot be altered after receipt of the proposal by the County per the terms of this RFP. The pricing cannot not change over the term of any contract executed as a result of this RFP. All costs must be identified in contractor’s response. Pricing includes the “pricing as needed and/or by equipment” located in Attachment B of RFP 20-29 for as needed services. This serves as an opportunity for contractors to submit a proposal to the Ottawa County Central Dispatch Agency for snow removal and ice control. Any proposal for this Alternate will be a separate contract with possible varying terms & conditions.

CONFIRMATION: Do you confirm that you have thoroughly read and reviewed all documents associated with this solicitation? Yes ____ No ____

PRICING BY LOCATION:

Please complete the price by location. Price will cover all costs of any nature incidental to the work, including labor, material, equipment, transportation, insurance, and all else necessary to perform and complete the work in the manner and within the time specified.

Location	Price per event (US\$)
12101 Stanton Street, West Olive	

CONTRACTOR COMMENTS / DESCRIBE ALL ASSUMPTIONS:

Authorized Representatives Signature

Date

Authorized Representative’s Printed Name and Title and Company Name (and Legal Name) for Business