**RFP #:2024 - 019**

## SUBMISSION PACKAGE

The completed exhibits contained in this packet will be incorporated into the final contract along with the request.

### It is the proposers responsibility to ensure WTA has received their submission. WTA bears no responsibility for proposals that may be sent, but not received due to technical issues.

Proposals will be submitted through WTA’s Procurement Portal using the provided submission packet. Email’s, USB/CD copies, or hard copies will not be reviewed. WTA will not review submissions if the packet or forms are altered in anyway.

***By submitting a proposal, Contractor is assuring that they have reviewed the solicitation request in its entirety.***

Prices do not include sales tax, although WTA is not tax exempt for the work. Proposals will conform to the following and use WTA’s provided submission packet:

* Pages of the proposal should be numbered
* Single spaced, no columns
* Minimum twelve (12) point font
* No more than ten (10) double sided pages, excluding Exhibits and samples requested

### A single, searchable PDF or Word file with the submission and all completed forms

WTA will reject submissions if they are completed by hand and scanned into a PDF.

Marketing materials, alternate agreements, and any other information not requested will be counted against the page limit.

# Proposals with altered forms, or completed by hand will be considered non-responsive.

**Exhibit A: Proposal Cover Sheet**

## EXHIBIT A: PROPOSAL CONFIRMATION & COVER SHEET

All fields must be completed where applicable. ***Failure to complete this form will result in the proposal being rejected as non‐responsive.***

|  |
| --- |
| Business Name: |
| Type of Business* Sole Proprietorship ☐ Partnership ☐ Corporation (State of Incorporation ) ☐ LLC
 |
| Physical Business Address (Must NOT be a PO Box) |
| City | State | Zip Code |
| Business Telephone # | Business Fax # | Business Email |
| **WA State UBI1** # | Federal EIN# | WA Contractor License # |
| Receipt is hereby acknowledged of Addenda No(s): **NOTE: Failure to acknowledge receipt of addenda will be considered non‐ responsive to the proposal** |

## OFFICAL AUTHORIZED TO SIGN FOR PROPSER

|  |
| --- |
| *“I declare under penalty of perjury under the laws of the State of Washington that the proposal submitted is genuine. This proposal is not fake or made on behalf of any person who has an interest in the award. No other proposer has been solicited to put a false bid, adjust their price lists, or coerced any other company to refrain from proposing. I guarantee that my firm has not attempted to secure an advantage over any other proposer through collusion. All statements and information contained in the submitted proposal are true, correct, and based on the requested scope of work. All employees and agents of the proposer are skilled and experienced in the work proposed. In the event that the Project or any aspect of the project is found to be non‐compliant, I understand my company will be held responsible to remedy all deficiencies at no additional cost.**My signature below assures WTA that the firm understands, acknowledges, and will comply with all requirements of this solicitation and subsequent contract.”* |
| **Signature of Authorized Officer/Agent** | **Date** |
| **Print Name & Title** | *The individual named herein is duly authorized to obligate the firm to a**contract.* |

*Note: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.*

1 Bellingham Municipal Code 6.05.025

## EXHIBIT B: PROPOSER DEMOGRAPHICS AND REFERENCES

Provide ALL of the requested information about your organization. ***Failure to provide ALL requested information will result in rejection of the submission as non‐responsive****.*

|  |  |
| --- | --- |
| BUSINESS NAME |  |
| PRIMARY CONTACT* Name
* Title
* Phone
* Email
 |  |
| YEARS IN INDUSTRY |  |
| ANNUAL REVENUES\* | * Less than $500,000
* $500,000‐$1 million
* $1 – 2 million
* $2 – 5 million
* $5 – 10 million
* More than $10 million
 |
| MBE/DBE ☐ Yes ☐ No DBE Registration# | SBA ☐ Yes ☐ No SBA Registration# |
| STAFF SIZEList staff numbers & positions whowill be assigned to this contract |  |
| CUSTOMER LIST (3‐5 additional customers besides referencesbelow) |  |
| NAICS NUMBERS(naics.org for more info) |  |
| DUNS NUMBER(Provided w/SAM.gov registration) |  |

*\* WTA reserves the right to request financial statements from proposers to demonstrate financial responsibility. Failure to provide requested documentation will result in the proposal being rejected as non‐responsive and not responsible*

Please list a total of three (3) RECENT customers using the following format for which you have performed service similar to what the WTA is seeking in this RFP. Proposers are advised to ensure the accuracy of the information provided. For example, ensure the email address and telephone numbers are correct and current. WTA will not evaluate the reference if the information provided is incorrect.

Name Address

Contact Name, Phone number, Email address Length of service

Type of Agency Scope of Project

# Janitorial Service

**RFP #:–2024 – 019**

**Exhibit C: Price Proposal**

### Exhibit C: PRICE PROPOSAL

Please refer to site and floor plans, cleaning schedule outlines, and square footage lists to determine the following. Scoring for pricing will be based on the total cost per month for items 1 – 6. Items 5 and 6 will be divided over 12 months to be used to calculate evenly. WTA will not make any accommodations for contractors who did not consider all the requirements of the scope in their pricing.

**Vendors are not required to submit pricing or proposal for all locations. Vendors may submit pricing and proposals for one or more location.**

**Do not include tax:**

|  |  |  |
| --- | --- | --- |
| Location | Description | Total Cost per Month |
| MOAB | WTA Maintenance, Operations & Administration Base, General Facilities Cleaning, to include all items in Scope of Work provided in Sections 2.D1 and 2.D.2. | $\_\_\_\_\_\_\_\_\_\_ |
| BTS | Bellingham Station, General Facilities Cleaning, to include all items in Scope of Work in Section 2.D.3. | $\_\_\_\_\_\_\_\_\_\_ |
| CTS | Cordata Station , General Facilities Cleaning to include all items in Scope of Work 2.D.4. | $\_\_\_\_\_\_\_\_\_\_ |
| FTS | Ferndale Station (FTS), Floor care to include all items in Scope of Work 2.D.6. | $\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Location | Description | Total Cost per Cleaning |
| BTS | Pressure washing of rooftop over pedestrian concourse and covered walkway as described in section 2.C.2.**North Side** | $\_\_\_\_\_\_\_\_\_\_ |
| BTS | Pressure washing of rooftop over pedestrian concourse and covered walkway as described in section 2.C.2.**North Side** | $\_\_\_\_\_\_\_\_\_\_ |

### Exhibit D: Conflict of Interest Statement

The undersigned, being first duly sworn, on oath, states on behalf of the Provider:

1. Conflict of Interest

The Proposer, by entering submitting this proposal to Whatcom Transportation Authority (WTA) to perform or provide work, services or guarantees and ensures, that it has no direct or indirect, perceived or actual financial or proprietary interest. Proposer shall not acquire or currently have any such interest, which conflicts in any manner or degree with the services required to be performed under a Contract. Proposer shall not employ any person or agent having such interest.

In the event that the Proposer or its agents, employees or representatives acquires such a conflict of interest, it shall immediately disclose such interest to the WTA and take action immediately to eliminate the conflict or to withdraw from this contract, as the WTA may require.

1. Contingent Fees and Gratuities

That the Provider, by entering into this contract with the WTA to perform or provide services or materials for the WTA guarantees, and by this affidavit does again guarantee:

That no person or selling WTA except bona fide employees or designated agents or representatives of the Proposer has been employed or retained to solicit or secure this contract with an agreement or understanding that a commission, percentage, brokerage, or contingent fee would be paid; and

That no gratuities, in the form of entertainment, gifts or otherwise, were offered or given by the Provider or any of its agents, employees or representatives, to any official, member or employee of the WTA or other governmental WTA with a view toward securing this contract or securing favorable treatment with respect to the awarding or amending, or the making of any determination with respect to the performance of this contract.

Date: Signature:

Printed Name: Title:

### Exhibit E: Debarment and Compliance Statement

By submitting a signed proposal, each Proposer is assuring WTA of the following:

* 1. The Proposer is not on the current list of Washington State debarment lists.
	2. The Proposer is registered with SAM.gov and is not restricted or prohibited from proposing or doing business with a government agency.
	3. The Proposer agrees to adhere to ADA requirements.
	4. The Proposer will work to promote employment and opportunity among Disadvantaged Business Enterprises (DBE) as well as small and women/minority owned businesses. The Proposer, sub-recipient, or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The Proposer shall carry out applicable requirements of 49 CFR part 26 in the award and administration of DOT assisted contracts. Failure by the Proposer to carry out these requirements is a material breach of any contract, which may result in the termination of any contract or such other remedy as the recipient deems appropriate.
	5. The Proposer certifies that he/she/it does not maintain or provide for his/her/its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained.
	6. That the Proposer assures that the he/she/it is fully licensed, bonded, and insured. A copy of the successful Proposer’s certificate of insurance and a W9 will be required prior to the issuance of a Notice to Proceed or a Purchase order. Business licenses and/or professional certifications will be used to establish Proposer responsibility as part of the evaluation process.

Date: Signature:

**RFP #:2024 ‐ 019**

**Exhibit F: Compliance with Wage Statutes**

***Procurement & Contracts***

### Exhibit F: Compliance with Prevailing Wage Statutes

The Contractor hereby certifies that, within the three-year period immediately preceding September 19, 2018 the Contractor is not a “willful” violator, as defined in RCW 49.48.082, of any provision of chapters 49.46, 49.48, or 49.52 RCW, as determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Business Name

Signature of Authorized Official\*

Printed Name

Title

Date

City State

Witness Signature Date

Witness Printed Name

Note: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.