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|  | SCHEDULE B - QUOTATION |

RFQ Title: **Commercial Dumpster Services – Various City Facilities**

RFQ No: 1220-040-2019-082

**CONTRACTOR**

**Legal Name:**

**Contact Person and Title:**

**Business Address:**

**Business Telephone:**

**Business Fax:**

**Business E-Mail Address:**

**CITY OF SURREY**

City Representative: Richard D. Oppelt, Manager, Procurement Services

Address: Surrey City Hall

 Finance Department – Procurement Services Section

 Reception Counter – 5th Floor West

 13450 - 104 Avenue, Surrey, B.C., Canada, V3T 1V8

E-mail for PDF Files: purchasing@surrey.ca

1.If this Quotation is accepted by the City, a contract will be created as described in:

(a) the Agreement;

(b) the RFQ; and

(c) other terms, if any, that are agreed to by the parties in writing.

2.Capitalized terms used and not defined in this Quotation will have the meanings given to them in the Agreement and RFQ. Except as specifically modified by this Quotation, all terms, conditions, representations, warranties and covenants as set out in the Agreement and RFQ will remain in full force and effect.

3. I/We have reviewed the RFQ Attachment 1 – Draft Agreement. If requested by the City, I/we would be prepared to enter into that Agreement, amended by the following departures (list, if any):

**Section Requested Departure(s) / Alternative(s)**

4. The City requires that the successful Contractor have the following in place **before providing the Goods and Services**:

1. Workers’ Compensation Board coverage in good standing and further, if an “Owner Operator” is involved, personal operator protection (P.O.P.) will be provided,

Workers' Compensation Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. Prime Contractor qualified coordinator is Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. Insurance coverage for the amounts required in the proposed Agreement as a minimum, naming the City as additional insured and generally in compliance with the City’s sample insurance certificate form available on the City’s Website [Standard Certificate of Insurance](http://www.surrey.ca/files/DCT_Standard_Certificate_of_Insurance_2014.docx);

(d) City of Surrey or Intermunicipal Business License: Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

(e) If the Contractor’s Goods and Services are subject to GST, the Contractor’s GST Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

(f) If the Contractor is a company, the company name indicated above is registered with the Registrar of Companies in the Province of British Columbia, Canada, Incorporation Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As of the date of this Quotation, we advise that we have the ability to meet all of the above requirements **except as follows** (list, if any):

 **Requested Departure(s) / Alternative(s)**

5.The Contractor acknowledges that the departures it has requested in Sections 3 and 4 of this Quotation will not form part of the Agreement unless and until the City agrees to them in writing by initialing or otherwise specifically consenting in writing to be bound by any of them.

SECTION B-1

**Changes and Additions to Specifications:**

6. In addition to the warranties provided in the Agreement, this Quotation includes the following warranties:

7. I/We have reviewed the RFQ Attachment 1, Schedule A – Specifications of Goods and Scope of Services, to Attachment 1. If requested by the City, I/we would be prepared to meet those requirements, amended by the following departures and additions (list, if any):

**Requested Departure(s) / Alternative(s) / Addition(s)**

SECTION B-2

**Fees and Payments**

8.The Contractor offers to supply to the City of Surrey the Goods and Services for the prices plus applicable taxes as follows:

The **Schedule B-2 Fees and Payments** **Response Schedule** can be downloaded from the embedded spreadsheet attached.

******

nse Schedule

**Additional Services:**

9. Cost for extra containers and pick-ups as needed (Special events/short term containers):

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dumpster Size (Cubic Yard)** | **# of containers** | **Price per pickup** |
| The price includes all labour, material, equipment delivery and removal & disposal fees. | 2 | 1 | **$** |
| 3 | 1 | **$** |
| 4 | 1 | **$** |
| 6 | 1 | **$** |

**ROLL-OFF CONTAINER SERVICES [EMPTIED UPON REQUEST]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cost Per Day** | **Cost Per Week** | **Cost Per Month** | **Additional Charges** |
| Flat Fee for 40 cu. yard roll-off container: |  **$** |  **$** |  **$** | **Delivery: $** |
| **Removal: $** |
| Flat Fee for 30 cu. yard roll-off container: |  **$** |  **$** |  **$** | **Delivery: $** |
| **Removal: $** |
| Flat Fee for 20 cu yard roll-off container: |  **$** |  **$** |  **$** | **Delivery: $** |
| **Removal: $** |
| Flat Fee for 15 cu yard roll-off container: |  **$** |  **$** |  **$** | **Delivery: $** |
| **Removal: $** |
| Flat Fee for 10 cu. yard roll-off container: |  **$** |  **$** |  **$** | **Delivery: $** |
| **Removal: $** |
| Cost Per Tonne [Disposal Fee]: |  |  |  **$** |  |

SECTION B-3

**Time Schedule:**

10. Contractors should provide an estimated schedule, with major item descriptions and times indicating a commitment to provide the Goods and perform the Services within the time specified (use the spaces provided and/or attach additional pages, if necessary).

MILESTONE DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ACTIVITY | SCHEDULE |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  |  |  |  |  |  |  |  |  |  |
| SAMPLE |  |  |  |  |  |  |  |  |  |  |
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SECTION B-4

**Key Personnel & Sub-Contractors:**

11. Contractors should provide information on the background and experience of all key personnel proposed to provide the Goods and Services (use the spaces provided and/or attach additional pages, if necessary):

**Key Personnel**

|  |  |
| --- | --- |
| Name: |  |
| Experience: |  |
| Dates: |  |
| Project Name: |  |
| Responsibility: |  |

12. Contractors should provide the following information on the background and experience of all sub‑contractors and material suppliers proposed to undertake a portion of the Goods and Services (use the spaces provided and/or attach additional pages, if necessary):

|  |  |  |  |
| --- | --- | --- | --- |
| *Description of Goods & Services* | *Sub-Contractors & Material Suppliers Names* | *Years of Working with Contractor* | *Telephone Number and Email* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SECTION B-5

**Experience, Reference:**

13. **Experience:** Contractor's should provide information on their relevant experience and qualifications in delivering Goods and Services similar to those required by the Agreement (use the spaces provided and/or attach additional pages, if necessary):

14. **Reference:** Contractor's should provide information on their relevant references (name and telephone number). The City's preference is to have a minimum of three references. Previous clients of the Contractor may be contacted at the City’s discretion (use the spaces provided and/or attach additional pages, if necessary):

16. **Equipment and Materials:**

 Do you maintain a list of the major equipment/containers your company has available for work at the service locations listed in Schedule A-1?

 [ ]  Yes [ ]  No.

16. **Support Services**. Contractors should provide a description of the support services:

What specific support could the Contractor provide to the City? Please describe the services that will be provided and how the City’s needs will be addressed in critical times. Please include the breadth and depth of the support.

1. **Quality Assurance Program:** Describe your Quality Assurance Program. Provide sample if available.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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19. **Health and Safety:** Utilization of Occupational Health and Safety (OH&S) – Contractor should provide evidence of a current program in place, a sample or example OH&S program with general safety program for all workers

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Do you have specific Health and Safety Training Program for supervisors?

[ ]  Yes [ ]  No

 Have your employees received the required Health and Safety training and retraining?

 [ ]  Yes [ ]  No

[ ]  Corporate OH&S policy attached (please tick to confirm).

18. Contractor should describe their sustainability initiatives relating to the environmental impacts. The environmental attributes (green) of their Goods and Services. Anticipated objectives (e.g. carbon neutral by 2015). Information pertaining to their environmental policies, programs and practices. Confirm that the Contractor complies with any applicable objective (use the spaces provided and/or attach additional pages, if necessary):

**Metro Vancouver’s Non-Road Diesel Engine Emissions Regulation By-law:**

20. Contractors should confirm they are in compliance with By-law (if applicable):

❒ Applicable as follows ❒ Not applicable to this project

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Equipment Description | Engine Tier Designation | Engine Registration Number as Issued by Metro Vancouver |
| 1 |  | ❒ Tier 0 or ❒ Tier 1 |  |
| 2 | SAMPLE | ❒ Tier 0 or ❒ Tier 1 |  |
| 3 |  | ❒ Tier 0 or ❒ Tier 1 |  |
| 4 |  | ❒ Tier 0 or ❒ Tier 1 |  |
| 5 |  | ❒ Tier 0 or ❒ Tier 1 |  |

21. I/We the undersigned duly authorized representatives of the Contractor, having received and carefully reviewed the RFQ and the Agreement, submit this Quotation in response to the RFQ.

**This Quotation** is offered by the Contractor this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_.

**CONTRACTOR**

**I/We have the authority to bind the Contractor**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Legal Name of Contractor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Authorized Signatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name and Position of Authorized Signatory) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Authorized Signatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name and Position of Authorized Signatory) |