

SCHEDULE B – QUOTATION

RFQ Title: 2024 Program Mowing North

RFQ No: 1220-040-2024-003

**CONTRACTOR**

**Legal Name:**

**Contact Person and Title:**

**Business Address:**

**Business Telephone:**

**Business Fax:**

**Business E-Mail Address:**

**CITY OF SURREY**

City Representative: Sunny Kaila, Manager, Procurement Services

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 RFQ. Except as specifically modified by this Quotation, all terms, conditions, representations, warranties and covenants as set out in the RFQ will remain in full force and effect.

3. I/We have reviewed the RFQ Attachment 1 – Agreement – Goods and Services. 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)**

 **Please State Reason for the Departure(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 at [www.surrey.ca](http://www.surrey.ca) search [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):**

 **Please State Reason for the Departure(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.

**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. 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)**

 **Please State Reason for the Departure(s):**

**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:

**Base Cutting Schedule of Prices – NORTH SURREY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item #** | **Class of Work** | **Estimated Total Sq. M. per Cut****(A)** | **Unit Price per Sq. M.** | **Cutting Frequency** | **Estimated No. of Cuts per Term** | **Total Amount per Term** |
| **(B)** | **(C)** | **(A X B X C)** |
| 1a | COS – Boulevards | 156,999 | $ | Biweekly | 15 | $ |
| 1b | COS – Medians, Medians, Islands and Walkways | 22,524 | $ | Biweekly | 15 | $ |
| 2a | TransLink – Boulevards | 85,833 | $ | Biweekly | 15 | $ |
| 2b | TransLink – Medians, Islands and Walkways | 14,030 | $ | Biweekly | 15 | $ |
| **Sub-Total:** | $ |
| **GST (5%):** | $ |
| **Total:** | $ |
| **Note: All quantities are approximate.** The City reserves the right to increase or decrease the amounts of any class or portion of the work, or to omit portions of the work that may be deemed necessary, or expedient by the City. Payment will be made only for the actual measured quantities of work performed |

SECTION B-2-1 **(OPTIONAL) Alternative Cut Schedule Prices**

The following are our prices for the alternative work listed hereunder. Such alternative work and amounts are **NOT** included in our Schedule of Prices. This Section need only be completed if the Contractor proposes an alternate to any Goods and Services specified and shown on the plans. These additional submittals are to be provided **AT THE TIME OF QUOTATION SUBMISSION.** Evaluation and acceptance, if given, will be made after the Contractor has been selected.

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM #** | **CLASS OF WORK** | **CUTTING FREQUENCY** | **UNIT PRICE PER SQUARE METER** |
| OP AL1 | Boulevards | Weekly | $ |
| OP AL2 | Medians | Weekly | $ |
| OP AL3 | Traffic Islands | Weekly | $ |
| OP AL4 | Walkways | Weekly | $ |

**Time Schedule:**

9. 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 IN \_\_\_\_\_\_\_\_\_\_\_ |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  |  |  |  |  |  |  |  |  |  |
| SAMPLE |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Experience, Reputation and Resources:**

10. Contractor's 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):

11. Contractor's references (name and telephone number) (use the spaces provided and/or attach additional pages, if necessary). 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.

12. Contractors should identify and provide 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: |  |

13. Contractors should identify and provide 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* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Describe your company’s approach in maintaining a flexible workforce to meet the needs of the City.

1. Health, Safety and Protection: Describe details of your company’s health, safety & protection plan as described in Schedule A, Section 17., Provide sample reports if available.

1. Describe your company’s training program. Provide a list (i.e. WHMS, Health & Safety, etc.) of refresher or upgrade training, if available, that your company provide for new and existing employees, including examples of subjects covered, materials and frequency.

1. Contractor’s should provide a description of how they will complete the scope of Services, manage the services, and accomplish required objectives within the City’s schedule.

1. Contractor’s should describe any difficulties or challenges they may anticipate in providing the Services to the City and how they would plan to manage these difficulties and/or challenges.

1. 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:**

1. 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 |  | r Tier 0 or r Tier 1 |  |
| 2 |  | r Tier 0 or r Tier 1 |  |
| 3 |  | r Tier 0 or r Tier 1 |  |
| 4 |  | r Tier 0 or r Tier 1 |  |
| 5 |  | r Tier 0 or r Tier 1 |  |

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024.

**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) |