

SCHEDULE B – QUOTATION

RFQ Title: Arena Refrigeration Equipment Repair and Maintenance

RFQ No: 1220-040-2024-051

**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 – Draft 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:

**TABLE A - SCHEDULE OF PRICES**

Cost for performance of the required maintenance based on Scope of Services and Equipment Inventory.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No.** | **BUILDING** | **BI-ANNUAL COST PER INSPECTION****($)****COMPRESSORS ONLY****(A)** | **ANNUAL COST****($)****PER INSPECTION****(B)** | **PROPOSED ANNUAL COST****(A + B)** |
| 1 | CLOVERDALE ARENA |  |  |  |
| 2 | NEWTON ARENA |  |  |  |
| 3 | NORTH SURREY ARENAS (2) |  |  |  |
| 4 | SOUTH SURREY ARENA |  |  |  |
| 5 | SURREY SPORTS & LEISURE COMPLEX ARENAS (3) (SSLC) |  |  |  |
| **Subtotal:** | **$** |
| **GST (5%):** | **$** |
| **TOTAL PRICE:** | **$** |

For greater certainty, labour rates, costs of general management, non-technical supporting services, general overheads, general requirements, truck charges, fuel, fuel surcharges, and profit are deemed to be covered by the above Fees and will not be subject to additional payment by the City.

**NOTES:**

* Pricing is based on allowing adequate time to perform the required maintenance procedures as listed in Schedule A.
* All required maintenance will be carried out by a certified Journeyman.
* Repairs will not be carried out without the approval of the City.
* Any conditions of concern will be addressed immediately to the City.
* All safety rules and procedures laid out by the City and WorkSafe BC will be strictly adhered to.
* The hourly rate after hours shall be calculated to cover all applicable costs and labour.
* Unscheduled work shall be invoiced at the respective hourly rate and claims shall be made for actual hours worked.

**Payment Terms:**

A cash discount of \_\_\_\_\_\_\_% will be allowed if account is paid within \_\_\_\_\_ days, or the\_\_\_\_\_\_\_\_\_ day of the month following, or net 30 days, on a best effort basis.

**TABLE B: LIST OF SEPARATE PRICES**

The following is a list of Separate Price(s) and forms part of this RFQ, upon the acceptance of any or all of the Separate Price(s). The Separate Prices are an addition or a deduction to the Total Price and do not include GST. DO NOT state a revised Total Price.

|  |
| --- |
| **NOTE: Assessment of existing plant condition and cost of this assessment. Provide a detailed estimate of any additional repairs required or first-time startup costs.** |
| Cloverdale Arena |  | **$ (ADD)** | **$ (DEDUCT)** |
| Estimated Additional Repairs Cost: | **$** | **$** |
| Estimated First Time Start-up Costs: | **$** | **$** |
| Estimated Cost of Basic Annual Compressor overhaul: | **$** | **$** |
|  |  |  |
| Newton Arena | Estimated Assessment Cost: | **$** | **$** |
| Estimated Additional Repairs Cost: | **$** | **$** |
| Estimated First Time Start-up Costs: | **$** | **$** |
| Estimated Cost of Basic Annual Compressor overhaul | **$** | **$** |
|  |  |  |
| **North Surrey Arenas (2)** | Estimated Assessment Cost: | **$** | **$** |
| Estimated Additional Repairs Cost: | **$** | **$** |
| Estimated First Time Start-up Costs: | **$** | **$** |
| Estimated Cost of Basic Annual Compressor overhaul | **$** | **$** |
|  |  |  |
| **South Surrey Arena** | Estimated Assessment Cost: | **$** | **$** |
| Estimated Additional Repairs Cost: | **$** | **$** |
| Estimated First Time Start-up Costs: | **$** | **$** |
| Estimated Cost of Basic Annual Compressor overhaul | **$** | **$** |
|  |  |  |
| **Surrey Sports & Leisure Complex Arenas (3) (SSLC)** | Estimated Assessment Cost: | **$** | **$** |
| Estimated Additional Repairs Cost: | **$** | **$** |
| Estimated First Time Start-up Costs: | **$** | **$** |
| Estimated Cost of Basic Annual Compressor overhaul | **$** | **$** |

**TABLE C: LABOUR RATES**

State Labour rates for the following coverage periods and mark-up for parts and materials.

The following hourly rates and parts pricing are for work not covered in the Preventive Maintenance Work Plans i.e. vandalism.

**NOTES:**

* Hourly Labour rates are all inclusive, including without limitation, wages, benefits, vehicles, fuel and fuel surcharges, tools, equipment, specialty tools and equipment, mobilization and demobilization, overhead and profit.
* Unscheduled work shall be invoiced at the respective hourly rate and claims shall be made for actual hours worked.
* The following labour rates are firm for a minimum period of thirty-six months.
1. **Regular Working Hours - MONDAY THRU FRIDAY, 7:00 a.m. – 6:00 p.m.**

**(includes emergency service requests)**

Refrigeration Mechanic: **$** \_\_\_\_\_\_\_\_\_\_\_ / hr.

Apprentice: $ \_\_\_\_\_\_\_\_\_\_\_ / hr.

Labourer: $ \_\_\_\_\_\_\_\_\_\_\_ / hr.

 **(Excludes GST)**

1. **After hours, Weekends & Holidays (includes emergency service requests)**

Refrigeration Mechanic: **¹$** \_\_\_\_\_\_\_\_\_\_\_ / hr.

Apprentice: **¹**$ \_\_\_\_\_\_\_\_\_\_\_ / hr.

Labourer: **¹**$ \_\_\_\_\_\_\_\_\_\_\_ / hr.

 **(Excludes GST)**

**¹**All services performed other than Monday through Friday from 7:00 am to 6:00 pm and emergency calls shall be charged at no more than 1 1/2 times the fixed hourly rate for the individual performing the service.

1. **Mark-up rate on parts, materials, rental equipment and sub-contractor’s costs:**

Contractor’s Invoice Plus (Under $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **²\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

Contractor’s Invoice Plus (Over $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **²\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

²**Original invoices for all parts shall be made available to the City upon request**.

Discount on materials purchased from Contractor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %**

1. **Service Call Out Charge including Emergencies: ³$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TABLE D: HOURLY RATES FOR CALL-OUTS**

|  |  |  |
| --- | --- | --- |
| **Labour:** | Hourly rate(excluding GST): | Specify minimum hour charge: |
| Sunday - Saturday Response within 24 hours | **$ \_\_\_\_\_\_\_\_ / hour** | **\_\_\_\_\_\_\_\_ hour(s)** |
| **Note: Overheads, General Conditions and Profit are to be included in the above amounts**.1) The rates include all labour, supervision, tools, equipment, transportation (including fuel surcharge), permits and licenses, and management to inspect, test, maintain, repair and make alterations.2) Material acquisition, handling and delivery, or for movement of Contractor owned or rental equipment, hauling of excess and/or scrap material for disposal is not chargeable directly but is overhead and the cost shall be included in the hourly rate.3) Materials and parts shall not be included in the labour rates above.  |

**³**For greater certainty, after hours emergency call out fee shall include all applicable labour rates, general conditions, overhead costs, charge for travel time, charge for vehicle (including mileage), fuel, fuel surcharges and all related costs associated with call outs. all charges listed above are inclusive; the city will not be responsible for charges that are not included on this price sheet.

**9. Supplemental Notes:**

The selected Contractor will provide the following information as part of their Quotation:

1. Approximate cost for each arena for performance of the required maintenance (based on scope of work and equipment inventory)
2. List of qualified personnel including mechanic that will be dedicated to this service and back up.
3. Response time for weekday daytime hours
4. Response time for work outside of weekday daytime hours
5. Service report form
6. Cost and specifications of basic annual compressor overhaul
7. References
8. Assessment of existing plant condition required and cost of this assessment. Provide a detailed estimate of any additional repairs required or first time start up costs.
9. Detail the work to be done on start up and shut down of each arena. Provide written schedule of maintenance included recommended service hours for major equipment inspections.

**Contact Phone Numbers:**

Contractors shall provide one or more telephone numbers for contacting a company representative at anytime, regular time, after regular working hours and for emergency repair service.

|  |  |  |
| --- | --- | --- |
|  |  | **Name and Phone Number** |
| 1. | During Regular Working Hours**7:00 a.m. to** **6:00 p.m. Monday through Friday**. |  |
| 2. | After Regular Working Hours |  |
| 3 | Emergency |  |

**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: |  |

|  |  |
| --- | --- |
| Certificate Attached: | [ ]  Yes [ ]  No [ ]  Not Applicable |

**Refrigeration Certified Technician (minimum workforce of three)**

(Preferred 5 years ammonia refrigeration experience)

|  |  |
| --- | --- |
| Name: |  |
| Experience: |  |
| Dates: |  |
| Project Name: |  |
| Responsibility: |  |
| Certificate Attached: | [ ]  Yes [ ]  No |

**Gas Fitting Personnel**

|  |  |
| --- | --- |
| Name: |  |
| Experience: |  |
| Dates: |  |
| Project Name: |  |
| Responsibility: |  |
| Certificate Attached: | [ ]  Yes [ ]  No |

**Electrical Trades Personnel**

|  |  |
| --- | --- |
| Name: |  |
| Experience: |  |
| Dates: |  |
| Project Name: |  |
| Responsibility: |  |
| Certificate Attached: | [ ]  Yes [ ]  No |

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* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Technical Criteria:**

14. **Health & Safety**: Contractor shouldprovide a description of their health and safety policy, and a written confirmation that all health and safety policies will be followed for the duration of the project (provide a copy, if available).

15. **Quality Assurance**: Contractor should describe the process and frequency of quality control inspections, and how corrective measures will be implemented. Indicate normal timeframes for a quality control process cycle (including copies of types of reports). Include a copy of Contractor’s Quality Assurance Plan, if available.

16. **Implementation Plan**: Provide a sample implementation plan that details the transition and time elements of your proposed Services including the following: Timeline/project chart showing events, responsibilities and task ownership, description the major steps and success criteria for each.

17. **Preventive Maintenance Plan**: Provide a sample comprehensive Preventive Maintenance Plan for Monthly, Quarterly, Bi-annual and Annual inspections for all refrigeration equipment including associated electrical components to be serviced that outlines scope and frequency of work to be carried out on a recurring basis. (use the spaces provided and/or attach additional pages, if necessary):

The PMP shall provide a description of how the Contractor would organize and perform and accomplish – as a minimum:

* 1. The PMP shall contain a description of how the Contractor would organize and perform the preventive maintenance services. (Refer to Appendix 1-A);
	2. Identification of critical or problem areas;
	3. Identification of programmed maintenance tasks and their performance intervals;
	4. Identification of tasks, if any, which must be accomplished by the City during performance of an agreement or prior to award to perform the work; and
	5. Reporting.

18. Contractors 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):

19. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_.

**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) |