

Appendix A: Proposal Package Checklist

1. Electronic Submission of Proposal to:
 - a. ebids_proposals@dpp.vi.gov
 - b. Subject line contains- **Company's Name- Solicitation Number and Due Date.**
 - c. File format: PDF- in a single PDF file that include each of the following:
 - i. Introductory Cover Letter;
 - ii. Executive Summary with Key Staff
 - iii. Title Page
 - iv. Table of Contents
 - v. Firm Background and Experience
 - vi. Current Business License
 - vii. Current Tradename Registration Certificate
 - viii. Certificate of Good Standing
 - ix. Certificate of Resolution/Memorandum Authorizing Signatory on Company letterhead
 - x. Copy of SAM.GOV registration
 - xi. Proof of DUNs number registration
 - xii. Articles of Incorporation/Articles of Organization/Limited Partnership Agreement
 - xiii. Staffing;
 - xiv. Subcontractors
 - xv. Firm background and Experience;
 - xvi. Project Approach;
 - xvii. Acknowledgement of Addenda, if any;
 - xviii. Exceptions to the Terms and Conditions Specified in the RFP and General Contract Provisions;
 - xix. Insurance Requirements;
 - xx. Reference letters;
 - xxi. Cost proposal;
 - xxii. Appendix A: Proposal Package Checklist;
 - xxiii. Appendix B: Cost Proposal
 - xxiv. Appendix C: Respondent's Qualification Statement
 - xxv. Appendix D: Certification of Information
 - xxvi. Appendix E: Women and Minority Owned Business Enterprises Participation Plan
 - xxvii. Appendix F: GVI Non-Collusive Affidavit

- xxviii. Appendix G: Debarment Certification Form
- xxix. Appendix H: Acknowledgment of any Addenda

Appendix B: Cost Proposal Fish Fry Drive Drainage and Stabilization Improvements – Phase 1

COST PROPOSAL - SUMMARY TABLE OF PROFESSIONAL SERVICES			
Design Services			
Item	Service	Description	Lumpsum Amount
1.	Study	<u>Surveying – Route Location and Reconnaissance Studies, Field Survey, Photogrammetry, Subsurface Utility Engineering</u>	
2.	Study / Report	<u>Hydrological and Hydraulic (H&H) Study</u>	
3.	Study / Report	<u>Geotechnical Study</u>	
4.	Environmental / Permitting	<u>Support and Preparation for all required DPNR Permit Applications (SWPPP, Earth Change, Flood, CZM, Building)</u>	
5.	Design Plans	<u>Preliminary Plans, Specifications, and Estimate - 30%</u>	
6.	Design Plans	<u>Preliminary Plans, Specifications, and Estimate - 60%</u>	
7.	Design Plans	<u>Preliminary Right of Way Plans</u>	
8.	Design Plans	<u>Final Plans, Specifications, and Estimate, 90%</u>	
9.	Design Plans	<u>Final Right of Way Plans</u>	
10.	Design Plans	<u>Final Plans, Specifications, and Estimate</u>	
Total Design =			

Not to Exceed

Direct Travel Expenses (inclusive in Total Design Cost): \$ _____
 Provide breakdown of anticipated travel expenses on separate sheet.
 Approved travel expenses may be invoiced as incurred. The invoiced amount will be deducted from the corresponding lumpsum item amount.

Appendix C: Respondent’s Qualification Statement

Minimum Qualifications Questionnaire

MINIMUM QUALIFICATIONS QUESTIONNAIRE	
Criteria	Description / Location in Proposal
The ability and resources to perform the scope of services, including at least ten (10) years’ experience in providing design services similar to those called for in the scope of services; provide references of specific projects as part of the proposal.	
Consultant shall have served as lead design contractor overseeing consultants of various disciplines and have experience managing multidisciplinary teams on roadway facilities projects completed within the ten (10) years immediately preceding this RFP. Experience must include coordination with public and private utilities.	
Experience with programs that utilize FEMA or federal funding and the ability and resources to ensure compliance with all applicable funding requirements.	
Surveyor shall be a professionally licensed surveyor with a minimum of ten (10) years’ experience.	
Experience shall include previous completed projects with within the last ten (10) years with similarly complex drainage structures, preferably in coastal environment.	
Experience shall include previous completed projects with within the last ten (10) years requiring coastal barrier system.	

By: _____ Date: _____

Name: _____ Title: _____

Contractor Name: _____

Respondent's Qualification Statement

Name of License Holder: _____
Name of Company/DBA (if any): _____
Legal Status: (check one) Corporation LLC Sole Proprietorship Partnership
Business Location (office): _____
Mailing Address: _____
Telephone Number: _____ Fax Number: _____ Email: _____
Website address (if any): _____

Type of License(s) _____
Number of Architectural & Engineering Services completed in the last 5 Years _____, Average value of these Contracts \$ _____
Do you have plan to use Subcontractors? Yes No If yes, company _____

Have you ever failed to complete a project, been fired, sued by one of your clients and/or found in default of contract terms? Yes No
If yes, explain on another sheet, of other means were used to resolve the issue and the circumstances and the outcome.
Are there or have there been any; Claims, Arbitration, Judgments or Liens against you? Yes No
If yes, explain on another sheet, the circumstances and outcome.

List three non-GVI references that can be contacted for their input concerning your abilities:

- 1) Client Name _____ Contact Number _____
- 2) Client Name _____ Contact Number _____
- 3) Client Name _____ Contact Number _____

List your current Projects under Contract (Project Title or Clients Name), Value (Contract Value) and Percentage of Completion:

- 1) Client Name _____ Value: _____ % _____
- 2) Client Name _____ Value: _____ % _____
- 3) Client Name _____ Value: _____ % _____

(If you have more contracts, please list on separate sheet)

Respondent shall certify that the above information is true and shall grant permission to the GVI to contact the above-named person or otherwise verify the information provided.

Name and Title of Authorized Representative: _____

Signature

Date

Appendix D: Certification of Information

The undersigned, on behalf of the company named below, hereby represents and certifies to the best of their knowledge that:

1. The information contained in the enclosed response is accurate and truthful as it relates to this Request for Proposal for Design Professional Services.
2. Compliance to all applicable laws, regulation, or ordinances of applicable Federal, State, and other governmental or regulatory agencies, which have jurisdiction, will continually be maintained.
3. Unless fully disclosed in the response, the information submitted was not prepared in conjunction or cooperation with any other company and or individual.
4. The firm named below unconditionally accepts all terms and conditions listed in this request for proposal, unless fully disclosed in the response.
5. They have examined the Request for Proposal, drawings, and related documents, and hereby submit the following Proposal for Design Professional Services and doing all things necessary for the satisfactory completion of the work in accordance with said documents required for the analysis and design of renovations and expansions at the project premises.
6. The individual signing this form is an officer of the firm and is authorized to sign agreements on behalf of the company.
7. They agree to commence work under this contract within five (5) days of receipt of written "Notice to Proceed" from GVI and to substantially complete the entire work of the contract as specified.
8. This proposal shall hold for and may not be withdrawn for a period of fifteen (15) calendar days from the Proposal due date.
9. They have received of all addenda to the Request for Proposal, all of the provisions and requirements of which addenda have been taken into consideration in preparation of this Proposal.
10. No claim will be made on account of any increased wage, scale, material prices, taxes, insurance, cost indexes, or material prices.
11. GVI reserves the right to reject any or all bids and to waive any formality in the bidding

Date: _____

Signed: _____

Name: _____

Title: _____

Name of Firm: _____

Organized as a (mark one):

_____ Sole Proprietorship _____ Partnership _____ Corporation Under

the Law of the State of: _____

Legal Address: _____

Telephone: _____

Facsimile: _____

Web: _____

If a corporation, indicate the state of incorporation, if a partnership, enumerate all partners. Current, valid Insurance Certificates and Union Cards for all trades are required for this project, and must be forwarded to the Vice President, Territorial Capital Projects for file record following award.

Appendix E: Women & Minority Owned Business Enterprise Participation Plan

E.1 Subcontractor Participation Plan

Check one: Initial Plan Amended Plan

The purpose of this form is to ensure that appropriate planning and consideration go into the subcontractor utilization process, and to serve as documentation of your commitment to comply with MWBE requirements for this project. Please complete and sign this form and submit with the proposal package.

I affirm the following statements are true and accurate:

1. I have read and understand the MWBE requirements of the project.
2. I will make and thoroughly document good faith efforts to meet MWBE requirements.
3. This Subcontractor Participation Plan lists all subcontractors I intend to use, including non-MWBE firms. I understand the Intent to Perform as Subcontractor form, which verifies subcontractors have been contacted and intend to participate in this project, must be submitted for each contractor with this form.
4. I understand that I must submit an amended Subcontractor Participation Plan if there are any changes to the information provided herein.
5. Upon request, I will provide Virgin Islands State Division of Homeland Security and Emergency Services (DHSES) with proof of payments made to subcontractors.
6. **FOR CONSTRUCTION CONTRACTS ONLY.** I must submit a separate Subcontractor Participation Plan for each direct subcontractor listed below who will retain second-tier subcontractors. Each direct subcontractor plan should be received prior to the date that subcontractor commences work on the project. If a direct subcontractor on this form is not subcontracting out part of its work, it must submit a Self-Perform Statement in lieu of a plan.

Authorized Person

Date

Subcontractor Information

Business Name	MWBE Certified (Y/N)	Award Amount	Services to be Provided	Anticipated Start Date

E.2 Intent to Perform as Subcontractor

Respondent/ Prime Contractor		Subcontractor	
Name		Name	
Address		Address	
Phone		Phone	
Federal Id Number		Federal Id Number	
Contract/RFP Number			
Projected Start Date			
Projected Completion Date			
Work to be Performed			
Price of Work to be Performed			

Certification

The Contractor hereby commits to hiring the Subcontractor, and the Subcontractor hereby affirms its intent to participate on the project. The Contractor must notify Roy University Medical Center of any changes to the information provided herein. By signing below, each party certifies that the above information is true and accurate. Providing false or misleading information shall be grounds for the application of any applicable criminal and/or civil penalties for perjury.

 Contractor Signature

 Date

 Contractor Title

 Subcontractor Signature

 Date

 Subcontractor Title

E.3 Self-Perform Statement

This project has Minority and Women Owned Business Enterprise (MWBE) goals. Any subcontracting must be reported by filling out the Subcontractor Participation Plan and submitting to your Prime Contractor. If your business will be self-performing all of the work assigned under this contract, an authorized representative must sign below and submit to your Prime Contractor. Signing below is an acknowledgment that if circumstances change and subcontracting does occur, a Subcontractor Participation Plan must be submitted immediately else payment may be withheld.

I have read and understand the above state, and I affirm that business (name of business) _____ will be executing 100 percent of the work assigned to it by (Prime Contractor) _____ under the _____ (Project Location name) Redevelopment Project, and thus will not be subcontracting any work.

Authorized Signature

Date

Print Name

Title

Appendix F:

**GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF PROPERTY AND PROCUREMENT**

NON-COLLUSION AFFIDAVIT

— 0 —

..... being duly sworn, deposes and says that –

(1) He is [owner, partner, officer, representative, or agent] of.....

..... the bidder that has submitted that attached bid;

(2) He is duly informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;

(3) Such bid is genuine and is not a collusive or sham bid;

(4) Neither the said bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder, or to fix any overhead, profit or cost element of the price or the bid price of any other bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against The Government of the Virgin Islands or any person interested in the proposed contract; and

(5) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Signature of Affidavit

SUBSCRIBED AND SWORN to before me this....., day of

Notary Public

Appendix G:

GOVERNMENT OF THE VIRGIN ISLANDS DEPARTMENT OF PROPERTY AND PROCUREMENT

DEBARMENT CERTIFICATION FORM

Certification Regarding Debarment, Suspension and Ineligibility

- (1) The Respondent certifies, by submission of this solicitation, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or local programs in the Territory or any Federal department or agency.
- (2) Signing this Certification without disclosing all pertinent information about a debarment or suspension shall result in rejection of the offer or cancellation of a contract. The GVI may also exercise any other remedy available by law.
- (3) Where the Respondent is unable to certify to any of the statements in this certification, such Respondent shall attach an explanation to this solicitation.

Name and Title of Authorized Representative:

Signature

Date

Subscribed and sworn to before me on the Island of _____, this
_____ day of _____, 2021, by _____ of legal age,

(Trade or Corporation)

and personally, known to me.

(SEAL)

Notary Public

Appendix H- Acknowledgment of any Addenda

RESPONDENT

Name: _____
Address: _____
Tax Identification #: _____

RESPONDENT 'S CONTACT PERSON

Name: _____
Title: _____
Telephone: _____

SCHEDULE OF ADDENDA

(I) or (We) acknowledge receipt of the Addenda to the RFP Package hereinafter named, for the project(s) included in this RFP and declare that (I) or (We) accept these Addenda and that every change is included in this proposal.

Addendum Number _____ Date _____

Addendum Number _____ Date _____

Addendum Number _____ Date _____

Addendum Number _____ Date _____

RESPONDENT 'S AUTHORIZED REPRESENTATIVE

Name: _____

Title: _____

Signature: _____ Date: _____