

**SCHEDULE C – FORM OF QUOTATION**

**RFQ Title: Moveable Wall Replacement, Guildford Rec Centre**

**RFQ No: 1220-040-2024-007**

**CONTRACTOR**

**Legal Name of Contractor:**

**Contact Person and Title:**

**Business Address:**

**Business Telephone:**

**Business Fax:**

**Business E-Mail Address:**

TO:

**CITY OF SURREY**

City Representative: Sunny Kaila, Manager, Procurement Services

Email 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 Contract;

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

3. I/We have reviewed the sample Contract (Schedule B). If requested by the City, I/we would be prepared to enter into the sample Contract, 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 Work**:

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 Contract 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):

**Section 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 Contract 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 and Scope:**

6. In addition to the warranties provided in the Contract, this Quotation includes the

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

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

**SCHEDULE OF QUANTITIES AND PRICES**

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

|  |  |  |
| --- | --- | --- |
| F.O.B.Destination | Payment Terms:A cash discount of \_\_\_\_% will be allowed if invoices are paid within \_\_\_ days, or the \_\_\_ day of the month following, or net 30 days, on a best effort basis. | Ship Via: |
| **Item #** | **Item Name** | **Amount** |
| 1. | The Contractor will provide all labour, materials, equipment and plant and all other relevant services necessary for the performance of the Work as stated in the specifications and drawings, at 15105 105 Ave, Surrey, B.C., V3R 7G8Place of Work location is Guildford Recreation Centre, Surrey, B.C.The detailed scope of Work is as described on the Contract Drawings (Schedule B – Appendix 2A), Special Provisions (Schedule B – Appendix 1), and Supplementary Specifications (Project) (Schedule B- Appendix 2).Note: All Overhead costs, general conditions and profit are to be included in the above amount(s). | **$\_\_\_\_\_\_\_\_\_\_\_\_** |
| 2. | Cash Allowances, if any. |
| CURRENCY: Canadian | Subtotal: | $ |
| GST (5%): | $ |
| **TOTAL QUOTATION PRICE:** | **$** |

**List of Optional Prices:**

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

|  |  |
| --- | --- |
| **Description of Optional Prices** | **Amount** |
| OP-1: Electrically powered wall operation with lockable electrification by way of key, switch or push button. | $ |

**List of Separate Prices**:

10. The following is a list of Separate Price(s) to the Work 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 Quotation Price and do not include GST. DO NOT state a revised Total Quotation Price.

|  |  |
| --- | --- |
| Description of Separate Price Items | Amount |
| SP-1. Performance Bond at 50% of total contract value: |
| CCDC 221 (latest Preferred) | $ |
| SP-2. Labour and Material Payment Bond at 50% of total contract value: |
| CCDC 222 (latest Preferred) | $ |

**Force Account Labour and Equipment Rates:**

11. Contractors should complete the following tables setting out the all-inclusive hourly labour rates including Overhead and profit for approved extras/credits for all applicable categories of labour (use the spaces provided and/or attach additional pages, if necessary):

**Table 1 – Hourly Labour Rate Schedule for Services:**

|  |  |  |
| --- | --- | --- |
| Labour Category | Straight Time/hr(Plus GST) | Overtime Rate/hr(Plus GST) |
| .1 Superintendent | $ | $ |
| .2 Foreman | $ | $ |
| .3 Journeyman | $ | $ |
| .4 Apprentice | $ | $ |
| .5 Skilled Labourer | $ | $ |
| .5 | $ | $ |
| .6 | $ | $ |

 **Table 2 – Hourly Equipment Rate Schedule:**

| No. | Equipment Description *(State)* | Hourly Equipment Rate |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |

**Preliminary Construction Schedule:**

12. Contractors should provide a preliminary construction schedule, with major item descriptions and time:

(a) Commence the Work on or before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

(b) to achieve Substantial Performance of the Work on or before: \_\_\_\_\_ (WORK DURATION).

Contractor should provide a Microsoft Project (or similar) schedule outlining the Critical Path and should include all major phases of the Work and indicate start and substantial completion dates for each.

|  |  |
| --- | --- |
| ACTIVITY | Time from Notice to Proceed in Days |
|  | **10** | **20** | **30** | **40** | **50** | **60** | **70** | **80** | **90** | **100** |
|  |  |  |  |  |  |  |  |  |  |  |
|  | SAMPLE |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Proposed Disposal Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Personnel & Subcontractors:**

13. Contractors should provide information on the background and experience of all key personnel proposed for the performance of the Work (use the spaces provided and/or attach additional pages, if necessary):

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

|  |  |
| --- | --- |
| Responsibility: |  |

14. Contractors should identify subcontractors, if any, the Contractor intends to use for the performance of the Work, describe the portion of the Work proposed to be subcontracted and a description of the relevant experience of the subcontractor, using a format similar to the following:

|  |  |  |  |
| --- | --- | --- | --- |
| *Subcontractor Services* | *Subcontractor Name* | *Years of Working with Contractor* | *Business Telephone Number and Business Email Address* |
|  |  |  |  |
|  |  |  |  |

The City reserves the right of approval for each of the subcontractors and material suppliers. The Contractor will be given the opportunity to substitute an acceptable subcontractor and material supplier, if necessary.

**Experience, Reputation and Resources**

15. Contractors should provide information on their relevant experience and qualifications for the performance of the Work similar to those required by the Contract (use the spaces provided and/or attach additional pages, if necessary):

16. Contractors should provide references for work performed by your firm of a similar nature and value (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)

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

This Quotation is executed 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) |