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|  | SCHEDULE B – FORM OF QUOTATION |

RFQ Title: **JANITORIAL AND CUSTODIAL MAINTENANCE SERVICES**

 **GUILDFORD RECREATION CENTRE OVERNIGHT CLEANING**

RFQ No: 1220-040-2017-069

**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, Purchasing Manager

Address: Surrey City Hall

 Finance & Technology Department – Purchasing 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 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 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:

**TABLE A – CONTRACT SERVICES - FIXED FEE SCHEDULE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category**  | **Enter Estimated # of Cleaning Personnel Provided** | **Enter Estimated Total Monthly Cleaning Service Hours** | **Enter ¹Hourly Rate (Per Billable Hour)** | **Enter Price Per Month** **(C x D)** | **Enter Estimated Amount Year 1****(Per Month x 12)** |
| **A** | **B** | **C** | **D** | **E** | **F** |
| **1. LABOUR (CLEANING PERSONNEL)** |
| 1. Regular Shift

Monday through Sunday from 11:00a.m. |  |  | $ | $ | $ |
| 1. Night Shift

Monday through Friday from 10:00p.m. |  |  | $ | $ | $ |
| 1. Other Services

Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ | $ | $ |
| **Total:** | $ | $ |

|  |  |  |
| --- | --- | --- |
| **Contractor Supplied Cleaning Supplies and Consumables** | **Enter Price Per Month** | **Enter Estimated Amount Year 1****(Per Month x 12)** |
| **2. MATERIALS (CLEANING SUPPLIES AND CONSUMABLES)** |
| *(Refer to Section 5.3 of Schedule A)* | $ | $ |
| **SUMMARY** |
| **SUB TOTAL (SUM OF ITEMS 1 & 2 ABOVE):** | $ |
| **GST (5%):** | $ |
| **TOTAL QUOTATION PRICE:** | $ |

There are no additional fees to be paid to the Contractor other than the hourly rates charged for hours worked in the categories above. The City will only pay for the cleaning hours provided by the Contractor. Should the scope of work change and necessitate a reduction, the amount paid by the City shall be adjusted by the “price per month” Quotation price. Increases in scope and amount to be negotiated as needed.

The pricing sheet at minimum should cover the scope of Services provided, the expected frequency and the monthly rate. In addition, identify any special services that require separate pricing and scheduling and which are beyond the services highlighted in this RFQ. The pricing sheet can be used as a guide when preparing a response.

Standard, agreed upon rates will apply for all hours. No overtime for either regularly scheduled or special event personnel will be paid by the City for cleaning personnel supplied by the Contractor.

¹Hourly Rate ($) Billing Rate shall include but not limited to:

(a) is a fixed, all inclusive hourly rate for the supply of the Services;

(b) includes all vehicle, equipment and fuel costs;

(c) includes all labour costs including wages, salaries, benefits, dues, holiday and vacation pay, employment insurance, workers’ compensation insurance, training and all other charges, costs and expenses;

(d) shall apply to all seasonal and weather related conditions and whether or not the Services are provided during the normal scheduled hours or outside of normal scheduled hours;

(e) takes into account Schedule A – Scope of Services; and

(f) shall be in effect for the duration of the Contract subject to adjustment as provided in the Contract.

**Extra Work (ON DEMAND)**

The following are the maximum all-inclusive hourly rates (on-site) the Contractor may charge for the following personnel for approved demand emergency call outs and special events. The City will request a quotation based on these hourly labour rates. (Use the spaces provided and/or attach additional pages, if necessary):

No payment will be made for travel time to and from each site and such time shall not be included in the time measured for payment.

**TABLE B – EXTRA WORK (On Demand)**

|  |  |
| --- | --- |
|  | **Maximum Hourly Labour Rates by Labour Classification** |
| **Labour Classification** | **Straight Time/hr** **(excluding GST)** | **Overtime Rate/hr** **(excluding GST)** |
| 1. Site Supervisor
 | $ | $ |
| 2. Light Duty Cleaners | $ | $ |
| 3. Heavy Duty Cleaners | $ | $ |
| Others (please state): |
| 4. | $ | $ |

 **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.

SECTION B-3

**Time Schedule: NOT APPLICABLE TO THIS QUOTATION**

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

**Key Personnel & Sub-Contractors:**

10. Contractors should provide information on the background and experience of all key personnel proposed to provide the Goods and Services. Provide a description of the responsibilities such personnel will have in the performance of the Services and a description of the relevant experience of such personnel, using a format similar to the following: (use the spaces provided and/or attach additional pages, if necessary

**Key Personnel**

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

11. 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* |
|  |  |  |  |
|  |  |  |  |
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SECTION B-5

**Experience and References:**

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

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

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13. **References:** 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):

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

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14. Provide a detailed description of monitoring procedures that the Contractor will use to ensure that its cleaning personnel are performing their duties in accordance with the scope of Services. Provide sample report if available.

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1. What follow-up steps would the Contractor take with individual personnel who are found not to be performing the required cleaning services.

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16. **Training Program**: Describe your company’s training program. Describe any refresher or upgrade training that your company provides for its existing employees, including examples of subjects covered, materials, and frequency.

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

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18. **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).

19. **Contracts**

(a) Has your firm or any predecessor firm defaulted on a contract or had work terminated for non-performance within the last five (5) years? [ ]  Yes [ ]  No If “Yes”, Contractor should briefly describe the circumstances/reason(s):

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

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 (b) Contractor should identify projects where there were any outstanding deficiencies. List any contractor charge backs for failure to perform services in full or in part:

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

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20.. **Customer Service**:

Contractor should briefly describe your company’s standards and associated process with respect to response time regarding resolution of service issues.

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21 **Sustainability**: Provide information on any initiatives, programs implemented (i.e. alternative fuel vehicles) that the Contractor has made that could be considered environmental, financial/economic, social/ethically sustainable value.

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22. 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 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) |

**This Quotation** is accepted by the City this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_.

**CITY OF SURREY**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Authorized Signatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name and Position of Authorized Signatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Authorized Signatory) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Purchasing Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name of Purchasing Representative) |

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