**(INSERT AGENCY NAME)**

**REQUEST FOR QUOTATION**

**For**

**WEATHERIZATION**

**MATERIALS AND SERVICES**

**Release Date: \_\_\_\_\_\_\_\_\_\_\_\_, 2020**

**Deadline for Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 \_\_\_\_PST at Agency**

**Opening of Quotations: \_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 \_\_\_\_ PST at Agency**

**INSERT AGENCY NAME**

**ADDRESS**

**CITY, STATE and ZIP CODE**

**PHONE NUMBER**

**EMAIL ADDRESS OF AGENCY’S PRIMARY CONTACT PERSON**

**TTY for Deaf and Hard of Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If Agency does not have a TTY number, insert:**

**Nevada Housing Division’s TTY number: 1.800.326.6868)**

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**I. INTRODUCTION**

**I.1 PURPOSE OF THIS REQUEST FOR QUOTATION**

The (Insert Agency Name) is soliciting quotations for weatherization materials and services assigned on an as-needed basis.  The (Insert Agency Name) does not guarantee any minimum number of projects under this process.  The award(s) will be based on the lowest bid (50%), the capacity of the Contractor, as well as quality of performance on currently assigned projects.  A Vendor or Offeror may apply and receive awards for one or all of the service areas and housing types.  If one Contractor is selected to provide service in the area(s) based on the lowest bid and the capacity of the Contractor, that Contractor will perform weatherization services for the entire program year.  If the winning Contractor cannot perform the weatherization services for any reason or lacks the capacity to perform the services, the second lowest bidder from the RFQ process will be assigned the remaining projects. If the second winning Contractor cannot perform the weatherization services for any reason or lacks the capacity to perform the services, the third lowest bidder from the RFQ process will be assigned the remaining projects.

**I.2 OVERVIEW OF (Insert Agency Name) WEATHERIZATION PROGRAM**

The Weatherization Program reduces energy costs for low-income households by increasing the energy efficiency of their homes, while ensuring their health and safety. The program prioritizes services to the elderly, persons with disabilities and families with children under six years of age.

(Insert Agency Name) is a non-profit organization (or quasi-government entity) that operates a weatherization program in (Insert Counties). (Insert Agency Name)’s professionally trained weatherization crews use computerized energy audits, along with advanced diagnostic equipment to determine the most cost-effective materials and services (measures) appropriate for each dwelling. Typical measures may include: installing insulation, sealing ducts, repairing and replacing heating and cooling systems, mitigating air infiltration, and reducing electric baseload consumption.

The State of Nevada, Department of Business and Industry, Housing Division administers the state-wide program and provides local non-profits funds from Federal and State sources to implement the program. Those funds will be used to pay for the materials and services under this contract.

**I.3 MAJOR OBJECTIVES REQUEST FOR QUOTATION**

The major objectives of this solicitation are to:

1) Provide a procurement procedure that facilitates open and free competition in the selection of contractor(s).

2) Identify Vendor/Offerors that will provide weatherization materials and services for the Agency.

3) Ensure all materials and services meet the Agency’s, the Housing Division and various funder standards and requirements.

4) Ensure that all materials and services are provided in the timeframe established by the Agency from **July 1, 2020** to **June 30, 2021** (first year).

**I.4 OVERSIGHT AND MANAGEMENT**

Oversight and Management of the Agreement will be exercised by (Insert the Title of the Position) of the Agency’s staff. He/she is responsible for coordinating the delivery of the scope of work under this Agreement.

**I.5 PRIMARY CONTACT OR PROJECT MANAGER**

(Insert Name of Agency’s Primary Contact) will serve as the primary Agency contact or project manager and central communication link between the Agency and the Vendor/Offeror for the duration of the contract.

**I.6 TYPE OF AGREEMENT AND PAYMENT SCHEDULE**

This Agreement will be on a cost reimbursement or fixed price basis depending upon the materials and services being purchased. There will be an initial 1-year period from July 1, 2020 through June 30, 2021 with four (4) 1-year options available. Each of these Agreements will be priced separately and exercised at the Agency’s discretion. Payments will be made after completion of the work, delivery of services, inspection and acceptance by the Agency. Upon award of the contract, there will be a 90-day base period for the Agency to evaluate the contractor’s performance. Failure to deliver services and meet the performance standards or requirements in the agreed scope of work may be grounds to terminate the Agreement.

**I.7 PROCUREMENT SCHEDULE KEY DATES**

The following are the key dates on the schedule for this procurement:

|  |  |
| --- | --- |
| **Agency Activity** | **Dates\*** |
| Issue Request for Quotation (RFQ) | Enter Date |
| Conduct Bidders Conference | Enter Date |
| Issue Modifications, if applicable | Enter Date |
| Open Responses to RFQ | Enter Date |
| Conduct Evaluation  | Enter Date |
| Select Vendor/Offeror(s) | Enter Date |
| Issue Notice of Award | Enter Date |
| Execute Contract with Final Contractor(s) | Enter Date |

\*(Insert Agency Name) reserves the right to proceed under a modified version of this schedule, if required.

**II. QUOTATION REQUIREMENTS**

**II.1 INQUIRIES**

All inquiries concerning this Request for Quotation (RFQ) will be answered at the Bidders Conference.

(Insert Agency Name) assumes no responsibility for representations concerning conditions made by its Officers or Staff prior to the execution of the Agreement; unless such representations are specifically incorporated into the RFQ by subsequent official written Addenda. Oral conversations pertaining to modifications or clarifications of the RFQ shall not be considered as part of the RFQ; unless confirmed, in writing, by official written Addenda.

**II.2 BIDDERS CONFERENCE**

A Bidders Conference will be held:

**Date:**

**Time:**  \_\_\_ (Pacific Standard Time)

**Place:**  (Insert Agency’s full address)

All potential Vendor/Offerors will be required to register at the Bidders Conference. All instructions for the RFQ will be provided at the Bidders Conference.

**II.3 DATE, TIME AND PLACE TO SUBMIT QUOTATION**

One (1) original document labeled **“Response to Weatherization RFQ”** shall be submitted in a SEALED package and addressed to:

(Insert Name of Agency’s Primary Contact Person)

AGENCY NAME

ADDRESS

CITY, STATE and ZIP CODE

Quotations shall be accepted until \_\_\_\_ (Insert time) PST, on (insert day of week), (insert date). Quotations shall be accepted in person, email, courier service or via the US Postal Service. It is the sole responsibility of prospective Vendor/Offeror to take notice of the date and time that quotations are due, and to ensure their submittals are received prior to the due date and time. Late quotations shall not be accepted.

**II.4 QUOTATION SUBMISSIONS**

All information provided in response to this RFQ is subject to verification by the Agency. Misleading, incomplete and/or inaccurate information shall be grounds for disqualification at any stage in the procurement process.

The Vendor/Offeror must sign all required documents and enclose the checklist. Submission of the signed quotation is an acknowledgment and acceptance of all the terms and conditions of the solicitation. (Insert Agency Name) reserves the right to reject all quotations.

**II.5 QUOTATION OPENING**

Quotations shall be opened publicly at the time and place designated on the cover page of this document. The name of each Vendor/Offeror shall be read publicly and recorded. Prices will not be read. Quotations are not subject to public inspection.

**II.6 MINIMUM VENDOR/OFFEROR QUALIFICATIONS**

The Vendor/Offeror shall have a minimum of two (2) years’ experience in weatherization, energy efficiency programs or housing rehabilitation.

**II.7 INTEGRITY OF QUOTATION**

By signing and submitting the quotation, a Vendor/Offeror affirms that he/she has not given any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or materials/service to a member of the staff or official of (Insert Agency Name) in connection with the submitted quotation. Failure to sign the quotation, or signing it with a false statement, shall void the submitted quotation or any resulting Agreement(s), and the Vendor/Offeror shall be removed from all supplier contractor lists with the Agency.

**II.8 QUOTE APPLICABILITY**

Vendor/Offeror must substantially conform to the terms, conditions, specifications and other requirements found within the text of the Cost per Measures or specifications and pricing quotes. All previous Agreements or other documents which may have been executed between the Vendor/Offeror and the Agency are not applicable to this Request for Quotation or any resulting Agreement.

**II.9 LICENSES**

Vendor/Offeror(s) shall maintain all Federal, State and local licenses, permits and certifications required for the operation of business conducted by the Vendor/Offeror in Nevada to perform the scope of work.

**II.10 PREFERENCES IN CONTRACTING**

Preference may be given to each of the following:

1) Nevada is eligible as one of the Labor Surplus Areas (LSA), US Department of Labor;

2) Minority-owned Business Enterprises; and/or,

3) Women-owned Business Enterprises.

**II.11 DOCUMENTATION OF INSURANCE**

After the issuance of the Notice of Award and prior to the implementation date of the Agreement, the Vendor/Offeror shall provide (Insert Agency Name) with documentation evidencing the fulfillment of insurance(s) requirements as established by the various funders and the State of Nevada for professional and equipment liability. The Vendor/Offeror shall name (Insert Agency Name) as an additional insured party to address application and equipment damage that occurs during the implementation of this Agreement or service operations.

**II.12 ECONOMY OF PRESENTATION**

Quotation must address the specific RFQ requirements. All items requested by the RFQ shall be answered clearly and concisely. Additional promotional materials, unrelated to a specific requirement, shall not be included in the quotation or as attachments to the quotation.

**II.13 COSTS FOR PREPARATION OF QUOTATIONS**

No payments shall be made to cover costs incurred by or the associated costs of any Vendor/Offeror in the preparation or submission of the Response to the Weatherization Request for Quotation.

**II.14 RFQ MODIFICATIONS**

(Insert Agency Name) shall prepare written modifications, if needed. All modifications to this RFQ shall be prepared by (Insert Agency Name) and formally issued to all registrants from the Bidders Conference. Addenda shall be issued not later than seven (7) calendar days prior to the deadline for receipt of **Response to the Weatherization RFQ**. Written addenda shall serve to amend the RFQ documents.

**II.15 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**

By submission of a response to this RFQ, the Vendor/Offeror certifies that in connection with this procurement the prices in the quotations have been arrived at independently, without consultation, communication, or agreement with competing Vendor/Offeror(s), for the purpose of restricting competition, as to any matter relating to such prices with any competitor.

Each person signing the quotation also certifies either that:

1) He/she is the person in the Vendor/Offeror’s organization responsible for the decision as to any prices being offered, and that he/she has not participated in, and shall not participate in, any action contrary to the requirements of this document.

2) He/she is not the person in the Vendor/Offeror’s organization responsible for the decision as to any prices being offered, but he/she has been authorized to act as agent for the persons responsible for such decisions. Furthermore, those persons have not participated in, and shall not participate in, any action contrary to the requirements of this RFQ.

Any offer made or any clarification to the submitted quotation shall be signed by an officer of the offering firm or a designated agent empowered to bind the firm in an Agreement.

**II.16 QUOTATION EVALUATION AND AWARD(S)**

Quotations shall be evaluated in accordance with (Insert Agency Name)’s criteria.

(Insert Agency Name) may accept an RFQ, as written, by issuing an Agreement that refers to the Response to the Weatherization Request for Quotation. Because (Insert Agency Name) may use this option, the Vendor/Offeror shall include in their written Response all requirements, terms and conditions it may have, and shall not assume an opportunity will exist to add such matters after the submission.

**II.17 INTEGRITY OF (Insert Agency Name)**

(Insert Agency Name) is committed to an open and free competitive procurement process. (Insert Agency Name) reserves the right to accept or reject any part of any quotations, and to accept or reject any or all quotations without penalty.

**III. AGENCY AGREEMENT**

Please refer to the Vendor/Offeror’s Information on Application Form.

**III.1 VENDOR/OFFEROR’S INFORMATION ON APPLICATION FORM**

**III.2 COMPLETED COST PER MEASURE FORMS**

See Attachment A SFY 2021 Contractor Price Agreement Form (Excel Spreadsheet) and Attachment B SFY 2021 HVAC Price Agreement Form (Word Document). These are separate from this document and should be provided in an electronic format.

**III.3 TURNAROUND TIME**

Vendor/Offeror shall provide the timeframe from the date this project file is assigned by the (Insert Agency Name) for an estimate until the day Vendor/Offeror notifies (Insert Agency Name) of completion. See previous year workload below.

**III.4 CAPACITY**

Vendor/Offeror acknowledges the capacity to provide monthly production to the (Insert Agency Name). Projects projected for completed from July 1, 2020 through June 30, 2021:

|  |  |  |  |
| --- | --- | --- | --- |
| AGENCY | Number of Homes | Percent of Homes | Numberof Contractors |
| Agency Name:Service Area |  | % |  |

**III.5 CURRENT LICENSES**

Vendor/Offeror shall include one copy of all business licenses:

1) State of Nevada, Secretary of State

2) Applicable County Governments

3) Applicable City Governments

4) Nevada State Contractors Board

5) Manufactured Housing License (when applicable)

6) Copy of Certificate: Environmental Protection Agency, Lead-Safe Certified Firm.

**IV. PROPOSAL EVALUATION PROCESS AND CRITERIA**

**IV.1 EVALUATION PROCESS**

(Insert Agency Name) will evaluate this RFQ based on the established criteria. (Insert Agency Name) will determine the best offer(s). Quotations must meet all the mandatory criteria for evaluation. Quotations that are incomplete or contain significant inconsistencies or inaccuracies may be rejected.

**IV.2 EVALUATION CRITERIA**

All Responses to the Weatherization Request for Quotation will be evaluated based on responses to the following:

**Experience 10% or Points**

See Application Form.

**Training – Related to weatherization programs. 10% or Points**

See Application Form.

**Turnaround Time** **10% or Points**

Describe the turnaround time to complete weatherization projects.

**Capacity**

See Application Form **10% or Points**

**Conformance to terms and conditions of this RFQ with attention to thoroughness and complete responses. 5% or Points**

See Application Form.

**Preferences in Contracting. 3% or Points**

See Application Form.

**Business References (3). 2%\_ or Points**

See Application Form.

**Pricing. 50% or Points**

Reasonableness of cost (low bid) for typical Heating Ventilation and Air Conditioning (HVAC) package and/or General Weatherization Measure package. If Vendor/Offeror bids on more than one housing type or on HVAC and General Weatherization Measure package, each package will be evaluated and scored separately.

**TOTAL 100% or Points**

**See RFQ Attachments.**

**RFQ ATTACHMENTS**

**CHECKLIST for PACKAGE CONTENTS**

**(Attachments)**

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place checklist as cover page.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acknowledgement of Registration at Bidders Conference

 See Attachment No. 1.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acknowledgement of Receipt of RFQ Modifications

 See Attachment (If any)

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor/Offeror’s Responses to **Application Form**

 See Attachment No. 2.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Statement of Independent Price Determination

 See Attachment No. 3.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Statement of Proposed Service Area(s) by County (Signed) See Attachment No. 4.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Licenses See Attachment No. 5.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity See Attachment No. 6.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Debarment See Attachment No. 7.

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Experience (See Application Form.)

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training (See Application Form.)

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conformance (See Application Form.)

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferences in Contracting (See Application Form.)

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business References (See Application Form.)

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price: Attachments A and B.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Name Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Signature Date**

**ACKOWLEDGEMENT OF BIDDERS CONFERENCE ATTACHMENT NO. 1**

**Vendor/Offeror acknowledges having attended and registered during the Bidders Conference. The following person(s) participated:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Name Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Signature Date**

**REQUEST FOR QUALIFICATIONS ATTACHMENT NO. 2**

**VENDOR/OFFEROR**

**APPLICATION FORM**

Date:

Business Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Representatives:

Business Address:

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

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

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

City State Zip Code

Phone: Area Code \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: Area Code \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered as a LSA, Minority-owned or Women-owned Business Enterprise? Yes No. If yes, please submit a copy of the certification.

Please explain the type of weatherization or energy-related home improvements your firm performed in the past two (2) years:

1) Attic, wall, floor or duct insulation

2) Windows and Doors (Repair and Replace)

3) Solar Screens

4) Heating and Air Conditioning Repairs and Replacements

5) Water Heaters

6) Mitigating Air Infiltration

7) Reducing Electric Base Load Consumption

8) Other \_\_\_\_ Explain.

Please list all education and training specifically related to Building Science and Weatherization:

|  |  |  |
| --- | --- | --- |
| **Vendor/Offeror Staff** | **Training Course** | **Dates Completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please list all Certifications related to Building Science and Weatherization:

|  |  |  |
| --- | --- | --- |
| **Vendor/Offeror Staff** | **Certifications** | **Expiration Dates** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**How long has your firm operated in the building industry?**

**\_\_\_\_\_\_\_\_ Years \_\_\_\_ Months**

List the names and addresses of three (3) references regarding the quality of your services:

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Area Code/Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

Approximately how many jobs has your firm completed as a general contractor in the past two (2) years?

What is the smallest/value job?

What is the largest/value job?

How many employees are currently employed full-time?

If awarded, how many employees will be utilized for weatherization projects?

**The undersigned Vendor/Offeror certifies that all information given herein is substantially correct and further agrees:**

**All work will be performed in accordance with the property requirement standards, codes and zoning regulations.**

**If any work performed by the Vendor/Offeror, if selected as the Contractor, is found to be unsatisfactory by the administering agency or if contract relations between the Contractor, homeowner or other parties are found to be unsatisfactory, that the (Insert Agency Name) may remove the Contractor’s name from the approved list, with such accompanying publicity as it deems necessary.**

**The Vendor/Offeror, if selected as the Contractor, will abide by the federal and state laws, rules and regulations pertaining to Equal Employment Opportunity.**

**The Vendor/Offeror, if selected as the Contractor, will promptly provide certificates of insurance and other verifications as described in the RFQ Instructions.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Name Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Signature Date**

**STATEMENT OF INDEPENDENT PRICE DETERMINATION ATTACHMENT NO. 3**

By submission of a response to this RFQ, the Vendor/Offeror certifies that in connection with this procurement the prices in the quotations have been arrived at independently, without consultation, communication, or agreement with competing Vendor/Offeror(s), for the purpose of restricting competition, as to any matter relating to such prices with any competitor.

Each person signing the quotation also certifies either that:

1) He/she is the person in the Vendor/Offeror’s organization responsible for the decision as to any prices being offered, and that he/she has not participated in, and shall not participate in, any action contrary to the requirements of this document.

2) He/she is not the person in the Vendor/Offeror’s organization responsible for the decision as to any prices being offered, but he/she has been authorized to act as agent for the persons responsible for such decisions. Furthermore, those persons have not participated in, and shall not participate in, any action contrary to the requirements of this RFQ.

Any offer made or any clarification to the submitted quotation shall be signed by an officer of the offering firm or a designated agent empowered to bind the firm in an Agreement.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Name Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Signature Date**

**STATEMENT OF PROPOSED SERVICE AREA BY COUNTY ATTACHMENT NO. 4**

Vendor/Offeror proposes to provide weatherization materials and services relative to this quotation in the following counties:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Name Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 **Signature Date**

**ATTACHMENT NO. 5**

**LICENSES SHOULD FOLLOW THIS PAGE:**

Vendor/Offeror shall include one copy of all business licenses:

1) State of Nevada, Secretary of State

2) Applicable County Governments

3) Applicable City Governments

4) Nevada State Contractors Board

5) Manufactured Housing License (when applicable)

6) Copy of Certificate: Environmental Protection Agency, Lead-Safe Certified Firm.

 **ATTACHMENT NO. 6**

**CAPACITY**

Describe the capacity of the field staff for weatherization projects in the proposed service area.

 **ATTACHMENT NO. 7**

**DEBARMENT**

(Insert Agency Name)

(Insert Agency Address)

Phone: (Insert Phone Number) Fax: (Insert Fax Number)

 **VENDOR/OFFEROR**

Vendor/Offeror NAME:

 Certification Regarding

 Debarment, Suspension, and Other Responsibility Matters

 Primary Covered Transactions

**This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).**

 (Before Signing Certification, Read Attached Instruction)

**1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:**

**a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;**

**b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;**

**c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and**

**d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.**

**2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.**

 NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

 **Name Title**

 **Signature Date**

****