

TOWN OF STOW
RFQ FY23-01-01H

Addendum #1

Notice to All Prospective Bidders/Quoters

Addendum #1 RELEASED (August 9th, 2022)

Qualifications Due By: Tuesday, August 30th, 2022 at 12:00PM
Written Questions Due: Monday, August 22nd, 2022 at 2:30PM

The following changes are made to the documents RFQ FY22-01-01H:

1. Addition of Required Forms to be filled out by applicants (attached below).

Questions Received by this office and answers to the questions provided:

1. No questions have been received thus far.

CHECKLIST AND REQUIRED FORMS FOR SUBMISSION

Checklist

Company Name: _____

- Bidder has completed, signed, and enclosed the **Bidder Acknowledgements**.
- Bidder has completed, signed, and enclosed the **Certificate of Good Faith**.
- Bidder has completed, signed, and enclosed the **Certificate of Compliance with Massachusetts Tax Laws** or Certificate of Good Standing issued by the Massachusetts Department of Revenue.
- Bidder has provided at least five (5) references on the **Professional Reference Form** of which at least 3 are governmental units (municipal /county/regional district/state agency/special district).
- If the bid submission is signed by someone other than the Owner/President of the company, a completed **Certificate of Authority or Corporate Resolution** for the person who signed the proposal or a valid Corporate Resolution stating the individual has the authority to submit the proposal on behalf of the Company and can bind the Company to the contract if awarded.
- The Bid Deposit (Bond) enclosed
- Bidder acknowledged all addenda, if any
Addendum Number 1 dated _____
Addendum Number 2 dated _____
Addendum Number 3 dated _____
Addendum Number 4 dated _____
Addendum Number 5 dated _____

This form must be completed and filed with bid submission

Bidder Information Response

Legal Name of the Bidder: _____

Company Name: _____

Company Address: _____

City State Zip: _____

Company Web Address: _____

Company Telephone: _____ Company Fax number: _____

State of Incorporation (Date): _____

If the bidder is a partnership, give full names and addresses of all partners; and if an individual, give residential address if different from business address.

Company Contacts - Required

Individual submitting the bid (this is the individual who should sign the Certificate of Good Faith):

Name: _____ Title: _____

Mailing Address _____

Telephone: _____ Fax number: _____

Email Address: _____

Individual to be contacted about the bid (if different from the individual submitting the bid):

Name: _____ Title: _____

Mailing Address _____

Telephone: _____ Fax number: _____

Email Address: _____

Best Times to Contact: _____

Individual authorized to contractually bind the company (This will be the individual whose name and title will appear in the contract documents and will execute the contract if the contract is awarded to the company):

Name: _____ Title: _____

Mailing Address _____

Telephone: _____ Fax number: _____

Email Address: _____

Best Times to Contact: _____

1. Has the bid been signed by a person legally authorized to commit the Bank to contract, if awarded?
 Yes No
2. Is the bidder prepared to provide the insurances as required? Yes No
3. Has the bidder placed any conditions or restrictions with its bid to the Town which conflict with the Scope of Services? Yes No If yes, the bid may be deemed conditional.
4. Is the Bidder prepared to execute the Town's contract if awarded? Yes No

This form must be completed and filed with the technical proposal.

CERTIFICATE OF GOOD FAITH

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature of individual submitting the bid or proposal

Individual Full Name (Print/Type)

Name of Business (Print/Type)

(Date)

Two Witnesses or Notary

Witness One Signature

Witness Two Signature

Witness One Full Name (Print/Type)

Witness Two Full Name (Print/Type)

Witness One Primary Address

Witness Two Primary Address

OR

Commonwealth of Massachusetts

County of _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____(name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

- as partner for _____, a partnership.
- as _____ for _____, a corporation.
- as attorney in fact for _____, the principal.
- as _____ for _____, (a) (the) _____.

(official signature and seal of notary)

My commission expires: _____

This form must be completed and filed with the technical proposal.

CERTIFICATE OF COMPLIANCE WITH MASSACHUSETTS TAX LAWS

Certificate of Good Standing issued by the Massachusetts Department of Revenue dated no earlier than 90 days before the bid submission deadline may be submitted in place of this certificate.

Pursuant to Massachusetts General Laws, chapter 62C, section 49A, the undersigned acting on behalf of the Bidder*, certify under the penalties of perjury that to my best knowledge and belief, the Bidder* is in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and Bidders, and withholding and remitting child support.

Individual

Signature

Date

Name (please type or print)

Social Security Number

Corporate

Corporate Name (please type or print)

Signature of Corporate Officer

Date

Name of Corporate Officer (please type or print)

Title (please type or print)

Taxpayer Identification Number

* As used in this certification, the word "Bidder" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals

This Form or Certificate of Good Standing issued by the Massachusetts Department of Revenue is to be filed with the technical proposal.

CERTIFICATE OF AUTHORITY

1. I hereby certify that I am the Clerk/Secretary of _____
(Insert full name of Corporation)
2. corporation, and that _____
(Insert the name of officer who signed the **contract and bonds**)
3. is the duly elected _____
(Insert the title of the officer in line 2)
4. of said corporation, and that on _____
(The date must be **ON OR BEFORE** the date the officer signed the **contract and bonds.**)

at a duly authorized meeting of the Board of Directors of said corporation, at which all the directors were present or waived notice, it was voted that

5. _____ the _____
(Insert **name** from line 2) (Insert **title** from line 3)

of this corporation be and hereby is authorized to execute contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

6. ATTEST: _____ AFFIX CORPORATE
(Signature of **Clerk or Secretary**)* SEAL HERE

7. Name: _____
(Please print or type name in line 6)*

8. Date: _____
(Insert a date that is **ON OR AFTER** the date the officer signed the **contract and bonds.**)

* The name and signature inserted in lines 6 & 7 must be that of the Clerk or Secretary of the corporation.

Professional Reference Form for Road/Intersection Category

Minimum requirements

Three (3) references related to design work completed for a municipality
Two (2) references for contractors that constructed the work

Customer: _____

Mailing address _____

Period of Service (MM/YYYY): _____ through _____

Is this a Municipal or other Governmental Unit? Yes No

Primary Contact: _____ Title: _____

Telephone: _____ Ext: _____

Email: _____

Customer: _____

Mailing address _____

Period of Service (MM/YYYY): _____ through _____

Is this a Municipal or other Governmental Unit? Yes No

Primary Contact: _____ Title: _____

Telephone: _____ Ext: _____

Email: _____

(Make as many copies as necessary)

THIS FORM OR SUBSTITUTE WITH THE REQUESTED INFORMATION

MUST BE FILED WITH TECHNICAL PROPOSAL

Professional Reference Form for Traffic Lights Category

Minimum requirements

Three (3) references related to design work completed for a municipality
Two (2) references for contractors that constructed the work

Customer: _____

Mailing address _____

Period of Service (MM/YYYY): _____ through _____

Is this a Municipal or other Governmental Unit? Yes No

Primary Contact: _____ Title: _____

Telephone: _____ Ext: _____

Email: _____

Customer: _____

Mailing address _____

Period of Service (MM/YYYY): _____ through _____

Is this a Municipal or other Governmental Unit? Yes No

Primary Contact: _____ Title: _____

Telephone: _____ Ext: _____

Email: _____

(Make as many copies as necessary)

**THIS FORM OR SUBSTITUTE WITH THE REQUESTED INFORMATION
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Professional Reference Form for Stormwater Category

Minimum requirements

Three (3) references related to design work completed for a municipality
Two (2) references for contractors that constructed the work

Customer: _____

Mailing address _____

Period of Service (MM/YYYY): _____ through _____

Is this a Municipal or other Governmental Unit? Yes No

Primary Contact: _____ Title: _____

Telephone: _____ Ext: _____

Email: _____

Customer: _____

Mailing address _____

Period of Service (MM/YYYY): _____ through _____

Is this a Municipal or other Governmental Unit? Yes No

Primary Contact: _____ Title: _____

Telephone: _____ Ext: _____

Email: _____

(Make as many copies as necessary)

**THIS FORM OR SUBSTITUTE WITH THE REQUESTED INFORMATION
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