

**TOWN OF STOW**  
**RFQ FY23-01-02H**

**Addendum #1**

**Notice to All Prospective Bidders/Quoters**

**Addendum #1 RELEASED (August 9<sup>th</sup>, 2022)**

**Meeting: Wednesday, August 17<sup>th</sup>, 2022 at 9:00AM**  
**Qualifications Due By: Friday, September 16<sup>th</sup>, 2022 at 12:00PM**  
**Written Questions Due: Friday, September 9<sup>th</sup>, 2022 at 5:00PM**

The following changes are made to the documents RFQ FY22-01-02H:

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

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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)

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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)

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