

## Cook County Leak Repair Program Invitation for Bid (IFB) Response Form

**Your business and staff:** Provide information about key staff who have experience working on similar projects including relevant licenses and certifications.

**Project examples:** Provide any relevant examples of projects your firm has completed that reflect the nature of this program (e.g. a direct install program, utility partnership to replace household water meters, etc.)

**References:** Provide at least three (3) references who can speak to your performance on projects that include the types of work in the IFB. Please notify references an Elevate team member may contact them to discuss work performed.

**Subcontractors:** Provide Subcontractor company name, contact name, title, phone number, and eligible measures performed.

**Supplier Information:** Provide material company name, contact name, phone number, and notes on what materials they will supply.

**Pricing Worksheet:** Elevate and the awarded contractor will agree to these prices per measure for the contract term.

**Price Schedule:** Bids will be evaluated based upon the lowest total price submitted on the Pricing Schedule by a responsive and responsible bidder. *Quantities provided are only estimates and are in no way binding to Elevate.*

### COMPLIANCE AND CHECKLIST DOCUMENTATION

- Business information: general information about the contractor and areas of expertise.
- Staff information: list of professionals who will be responsible for the work and their qualifications.
- Project Examples: listing of prior projects completed by the firm similar to those expected in this IFB, detailing the size of project and client (or client representative) who may be contacted as a reference.
- References
- Contractor Diversity form
- Signed Bidder Acknowledgement
- Signed Contract Agreement statement
- Pricing Worksheet
- Price Schedule

### Checklist documentation:

- Current business license(s): including general contractor license, business license, plumbing license and proof of being in good standing with the state of Illinois.
- W9

### Certified MBE/WBE/VBE/DBE:

- Current diversity certifications



## Business Information

Legal business name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Business entity: *(For example, sole proprietor, corporation, limited liability company, partnership, or other; if "other", please specify the type).*

\_\_\_\_\_

Incorporation date: \_\_\_\_\_

Business address: \_\_\_\_\_

Number of field staff: \_\_\_\_\_

Number of office staff: \_\_\_\_\_

### Trades Licenses/Certifications:

Please include all current licenses and/or certifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Staff Information

Business owner name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Area of expertise: \_\_\_\_\_

Licenses/certifications: \_\_\_\_\_

Key Staff Person 1 Name: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Area of expertise: \_\_\_\_\_

Licenses/certifications: \_\_\_\_\_

Key Staff Person 2 Name: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Area of expertise: \_\_\_\_\_

Licenses/certifications: \_\_\_\_\_

Key Staff Person 3 Name: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Area of expertise: \_\_\_\_\_

Licenses/certifications: \_\_\_\_\_



**ELEVATE**

Equity through climate action

## Project Examples

Provide any examples of projects your company has completed that include the types of work described in this bid form. Please include all relevant details.

Example 1:

Example 2 (optional):

Example 3 (optional):



## Reference

Provide at least three (3) references who can speak to your performance on projects. Please notify references an Elevate team member may contact them to discuss work performed.

### Reference 1

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Cost of Project: \_\_\_\_\_

Date Project Started: \_\_\_\_\_

Date Project Ended: \_\_\_\_\_

### Reference 2

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Cost of Project: \_\_\_\_\_

Date Project Started: \_\_\_\_\_

Date Project Ended: \_\_\_\_\_

### Reference 3

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Cost of Project: \_\_\_\_\_

Date Project Started: \_\_\_\_\_

Date Project Ended: \_\_\_\_\_



## Contractor Diversity

Has your business been certified as a Minority-Owned Business Enterprise (MBE), a Woman-Owned Business Enterprise (WBE), Veteran Business Enterprise (VBE) or Disadvantaged Business Enterprise (DBE)?

- Yes, as an MBE *(If yes, include a copy of your current MBE certification in your response package.)*
- Yes, as a WBE *(If yes, include a copy of your current WBE certification in your response package.)*
- Yes, as a VBE *(If yes, include a copy of your current VBE certification in your response package.)*
- Yes, as a DBE *(If yes, include a copy of your current DBE certification in your response package.)*
- No

Is your business *eligible* to be certified as an MBE, WBE, VBE and/or DBE?

- Yes, as an MBE
- Yes, as a WBE
- Yes, as a VBE
- Yes, as a DBE
- No



## Subcontractors

*Please list up to five contractors you sub work to most regularly. If MBE/WBE/VBE/DBE certified, include a copy of the sub-contractor's current certification in your response package.*

### Subcontractor 1

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Website: \_\_\_\_\_

MBE, WBE, VBE, DBE certified?  Yes  No

### Subcontractor 2

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Website: \_\_\_\_\_

MBE, WBE, VBE, DBE certified?  Yes  No

### Subcontractor 3

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Website: \_\_\_\_\_

MBE, WBE, VBE, DBE certified?  Yes  No



Subcontractor 4

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Website: \_\_\_\_\_

MBE, WBE, VBE, DBE certified?  Yes  No

Subcontractor 5

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Website: \_\_\_\_\_

MBE, WBE, VBE, DBE certified?  Yes  No



## Supplier Information

This program is funded by a federal grant. To the greatest extent practicable, Elevate has a preference for goods, products, and materials produced in the United States. Please identify in the Supplier Notes section below any domestically manufactured goods, products, and materials that your company would obtain from each supplier for use in this program.

Company Name	
Contact Name	
Address	
Phone	
Email	

Supplier Notes

Company Name	
Contact Name	
Address	
Phone	
Email	

Supplier Notes

Company Name	
Contact Name	
Address	
Phone	
Email	

Supplier Notes



## Contractor Service Area

Contractors may apply to service one or both geographic regions as designated in the Scope of Work. If a contractor has chosen to include a service call fee, the contractor may elect to provide different prices per region. If a contractor is only willing to service one region, they should only provide one service call fee. By submitting pricing for both the Northern Service Area and Southern Service Area in the IFB Pricing Worksheet and checking the “Both” box below, Bidders certify that they have the capacity and are willing to serve both regions if selected.

*Please designate which geographic areas you are willing to service for the purposes of this bid:*

- Northern Region (Approximately north of 95<sup>th</sup> street)
- Southern Region (Approximately south of 95<sup>th</sup> street)
- Both (Bids will be evaluated separately by region)



## Bidder Acknowledgments

*Please check the statements below to acknowledge.*

### Bidder Agreement Statement

Bidder acknowledges that any successful Bidder shall enter into an agreement with Elevate Energy, which will include contractual terms substantially similar to those in the sample contract included as Appendix C to the IFB (including, but not limited to, insurance requirements), before commencing work under this program;

Bidder acknowledges that Elevate Energy reserves the right in its sole discretion to modify the contractual terms at any time prior to a final agreement with selected contractors;

Bidder accepts the terms included in the sample contract in Appendix C to the IFB without modification;

Or

Bidder accepts the terms included in the sample contract in Appendix C to the IFB with the following proposed modifications (include additional pages/markups if necessary):

Bidder Company: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Submission of Responses

Bids are solicited for furnishing the goods, supplies, equipment and/or services as set forth in this solicitation. Bids must be received by Sealed Bid by date and time specified and will be publicly opened and read aloud at the Bid Unsealing/Review session. Sealed Bids that are either mailed or delivered must be enclosed in a sealed envelope, addressed to the Director, Water Programs, and have the project name, closing date, and company name clearly marked on the outside of the envelope. Sealed Bids received late will be returned; they will not be opened nor considered in the evaluation of the bid. The undersigned agrees, if the bid is accepted, to furnish any and all items upon which prices are offered, at the price(s) and upon the terms and conditions contained in the specifications. The period of acceptance of this bid must be at least 90 calendar days after the bid opening date.

Sealed Bids should be mailed or hand delivered to the following address:

Elevate Energy  
Cook County Leak Repair Program  
Attn: Director, Water Programs  
322 S Green St., Ste 300  
Chicago, IL 60607