

HVAC System Services

REQUIRED SUBMISSION DOCUMENTS

Prepared by: Metro

September 22, 2022



Regional Metropolitan Transit Authority of Omaha, d/b/a/ Metro
2222 Cuming Street
Omaha, NE 68102

REQUIRED SUBMISSION DOCUMENTS

The Regional Metropolitan Transit Authority of Omaha PROJECT NAME: HVAC System Services

The following forms are required to be submitted with the bid proposal and can be found on the pages following.

- _____ Exhibit "A" Federal Clauses for Procurement
- _____ Exhibit "B" Debarment/Suspension - Prime
- _____ Exhibit "C" Debarment/Suspension - Sub
- _____ Exhibit "D" Affidavit of Non-Collusion – Prime
- _____ Exhibit "E" Lobbying Certification
- _____ Exhibit "F" (BLANK)
- _____ Exhibit "G" Request for Clarification and Questions
- _____ Exhibit "H" Acknowledgement of Addenda
- _____ Exhibit "I" Conflict of Interest Disclosure
- _____ Exhibit "J" Bidder's List Data Form

Please ensure all forms are signed and dated and all requested information is assigned.

PROPOSAL FORM

To: The Regional Metropolitan Transit Authority of Omaha d/b/a Metro
2222 Cumming Street
Omaha, Nebraska 68102

The undersigned, having carefully examined the Technical Specifications and Scope, and all Addenda thereto and other RFP Documents prepared for the HVAC System Services for two years and having familiarized themselves with Federal, State and local laws, ordinances, rules and regulations affecting performance of the work, do hereby propose to furnish all labor, tools, material, equipment, and transportation services necessary to perform and complete said work and work incidental thereto, in a workmanlike manner, as described in Technical Specifications and Scope, and other RFP Documents including Addenda No(s). _____ issued thereto.

The undersigned understands the conditions of the project as stipulated in the Bid Form herein attached.

BASE BID -

This project is sales tax exempt. Bidders shall not include sales tax in their bid. Metro will issue the successful bidder with a sales Tax Exemption certificate and Purchasing Agent Appointment for materials used on this project.

The undersigned hereby assures that they will make sufficient and reasonable efforts to meet the DBE goals, and that they will provide DBE participation in the amount of **0%** of the dollar value of the prime contract to DBE firms. The DBE participation will be counted in accordance with 49 CFR 26.55.

The undersigned also assures that they will include the DBE clauses required by the Sponsor's DBE Program in all subcontracts that offer subcontracting opportunities. The undersigned will complete and submit (with the bid) the attached DBE Participation Form, including a demonstration of good faith effort if the DBE goal is not met. Along with the DBE Participation Forms the bidder shall submit a DBE Confirmation Form signed by each DBE subcontractor.

The undersigned certifies that they do not maintain or provide for their employees any segregated facilities at any of their establishments, and that they do not permit their employees to perform their services on any location under their control where segregated facilities are maintained. The undersigned certifies further that they will not maintain or provide for their employees any segregated facilities at any of their establishments, and that they will not permit their employees to perform their services at any location, under their control, where segregated facilities are maintained.

The undersigned agrees that a breach of this certification is a violation of the equal opportunity clause in this contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, restrooms and washrooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin, because of habit, local custom, or any other reason. The undersigned agrees that (except where they have obtained identical certifications from proposed small Subcontractors for specific time periods) they will obtain identical certifications from proposed Subcontractors prior to the award of subcontracts exceeding \$10,000 which are not exempt from the provisions of the equal opportunity clause, and that they will retain such certifications in their files.

The undersigned specifically agrees not to discriminate against any recipients of services on the basis of race, color, sex, religion, creed, age, marital status, physical or mental disability, political affiliation, national origin or ancestry, and not to discriminate against any employees or applicant for employment on the basis of race, color, sex, religion, creed, age, marital status, physical or mental disability, political affiliation, national origin or ancestry.

The undersigned states that they are complying with and will continue to comply with fair labor standards,

as defined in Nebraska State Statutes, in the pursuit of their business and in the execution of the contract pursuant to this bid.

The undersigned hereby declares that the only parties interested in this proposal are named herein, that this proposal is made without collusion with any other person, firm, or corporation, that no member of the council, officer or agent of the sponsor, is directly or indirectly financially interested in this bid.

In the event of a discrepancy between unit prices quoted in this Proposal and the extensions or totals, the unit prices shall control.

Respectfully submitted,
Signature of Proposer:

a) If an Individual:	
	(Signature of Individual)
Doing business as:	
	(Name of firm)
b) If a Partnership:	
	(Name of Partnership)
	(Signature of Partner)
	(Signature of Partner)
c) If a Corporation:	
	(Name of Corporation)
ATTEST:	
	(Officer's Signature)
	(Title)

Business Address:

Phone No. _____

Fax No. _____

Email. _____

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"CERTIFICATE"

A Corporate Contractor, in submitting this Proposal hereby represents that the Corporation has complied with all Nebraska Statutory requirements, which are prerequisite to its being qualified to do business in the State of Nebraska, or that it will take all steps necessary to so qualify, if the successful bidder.

_____ By _____
(Name of Corporation) (Officer) (Title)

If Foreign Corporation: _____
Nebraska Resident Agent

SYNOPSIS OF EXPERIENCE RECORD
(This synopsis must accompany Proposal Form)

Name of Bidder: _____

Business Address: _____

DUNS/TINS#: _____

Check one: Individual () Partnership () Corporation ()

Work successfully completed within the past five years similar in size, scope, and difficulty of work bid upon.

	Name of Owner	Name of Project	Location of Project	Amount of Contract
1.				
2.				
3.				

Signed: _____
(Name of Company)

By: _____

Title: _____

Date: _____

END OF PROPOSAL FORM

Project title: HVAC – System Services
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**EXHIBIT A
RECEIPT OF FEDERAL CLAUSES**

Project: HVAC System Services

Date: _____

I have reviewed the attached Federal Clauses for Procurement of Services in conjunction with Metro’s procurement of **HVAC System Services** for which:

(Company Name and Address) _____

has provided qualifications for consideration and hereby affirm that:

(Company Name and Address) _____

shall conform to and abide by all aforementioned requirements as set forth and any amendments thereto.

Authorized Representative

Title

Company Name

DUNS/TINS Number

Date

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EXHIBIT B
DEBARMENT AND SUSPENSION CERTIFICATION FOR PROSPECTIVE VENDOR

Primary covered transactions must be completed by Bidder for contract value over \$25,000.

Choose one alternative:

- The Proposer, _____ certifies to the best of its knowledge and belief that it and its principals:
 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 2. 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 a 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 or embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and
 4. Have not within a three-year period preceding this Proposal had one or more public transactions (federal, state or local) terminated for cause or default. OR
- The Proposer is unable to certify to all of the statements in this certification and attaches its explanation to this certification. (In explanation, certify to those statements that can be certified to and explain those that cannot.) The Proposer certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of Title 31 USC § Sections 3801 are applicable thereto.

Executed in:

Name

Authorized Signature

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EXHIBIT C

DEBARMENT AND SUSPENSION CERTIFICATION (LOWER-TIER COVERED TRANSACTION)

This form is to be submitted by each Subcontractor receiving an amount exceeding \$25,000.

–The prospective lower-tier participant (Proposer) certifies, by submission of this Proposal, that neither it nor its “principals” as defined at 49 CFR § 29.105(p) is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

If the prospective Proposer is unable to certify to the statement above, it shall attach an explanation, and indicate that it has done so by placing an “X” in the following space: _____

THE Proposer, _____ CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF _____,

EACH STATEMENT OF ITS CERTIFICATION AND EXPLANATION, IF ANY. IN ADDITION, THE PROPOSER UNDERSTANDS AND AGREES THAT THE PROVISIONS OF 31 USC §§ 3801 ET SEQ. APPLY TO THIS CERTIFICATION AND EXPLANATION, IF ANY.

Name and title of the Bidder’s authorized official:

Name

Title

Authorized Signature

Date

DUNS/TIN Number:

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**EXHIBIT D
NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled out and executed by the Proposer; if a corporation makes the proposal, then by its properly executed agent. The name of the individual swearing to the affidavit should appear on the line marked "Name of Affiant." The affiant's capacity, when a partner or officer of a corporation, should be inserted on the line marked "Capacity." The representative of the Proposer should sign his or her individual name at the end, not a partnership or corporation name, and swear to this affidavit before a notary public, who must attach his or her seal.

The form does not modify, replace, amend or supersede any provisions of the RFP Documents or the Contract Documents.

– State of _____, County of _____

I, _____, being first duly sworn, do hereby state that

(Name of Affiant)

I am _____ of _____

(Capacity)

(Name of Firm, Partnership or Corporation)

whose business is and who resides at _____

and that _____

(Give names of all persons, firms, or corporations interested in the bid)

is/are the only person(s) with me in the profits of the herein contained Contract; that the Contract is made without any connection or interest in the profits thereof with any persons making any bid or Proposal for said Work; that the said Contract is on my part, in all respects, fair and without collusion or fraud, and also that no members of the Board of Directors, head of any department or bureau, or employee therein, or any employee of the Authority, is directly or indirectly interested therein.

Sworn to before me this _____ day of _____, 20____.

- Seal -

Notary Public
Expires

My Commission

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**EXHIBIT E
LOBBYING CERTIFICATE**

The Proposer certifies, to the best its knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal department or agency, a member of the U.S. Congress, an officer or employee of the U.S. Congress, or an employee of a member of the U.S. Congress in connection with the awarding of any federal Contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification thereof.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal Contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instruction, as amended by "Government-wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96).
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, USC § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

THE PROPOSER, _____, CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF EACH STATEMENT OF ITS CERTIFICATION AND DISCLOSURE, IF ANY. IN ADDITION, THE PROPOSER UNDERSTANDS AND AGREES THAT THE PROVISIONS OF 31 USC §§ 3801 ET SEQ. APPLY TO THIS CERTIFICATION AND DISCLOSURE, IF ANY.

Name of the Proposer or Proposer's Authorized Official

Title

Signature

Date

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EXHIBIT G
REQUEST FOR CLAIIFICATION/QUESTIONS

Project: HVAC System Services

Date _____

Request for Clarifications/Questions (Must be received by 4:00 pm Central Time, Monday, October 12 2022)

Project Title: _____ Date: _____

Company Name: _____ Page No: _____

Document Reference (check one):

General Requirements: _____

Specifications: _____

Section Number: _____

Section Title: _____

CONTRACTOR'S REQUEST:

METRO RESPONSE:

Approved _____

Denied _____

Metro Comments:

Metro Authorized Signature
Manager of Procurement and Contracts
Metro Transit, 2222 Cuming Street, Omaha, NE 68102 fyusufi@ometro.com

Date of Response

Project title: HVAC – System Services
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EXHIBIT H
ACKNOWLEDGMENT OF ADDENDA

HVAC System Services--- *This form must be submitted as an attachment to the Bid Proposal Form* ---

If, in the course of this request for offers, it becomes necessary to modify the original solicitation documents, acknowledged receipt of each addendum must be clearly established and included with the Offer. Failure to acknowledge receipt of all addenda may cause an Offer to be considered non-responsive.

Acknowledgment of Addenda

Project: HVAC System Services

The undersigned acknowledges receipt of the following addenda to the original solicitation documents:

Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____

Company

Street Address, City, State, Zip

Signature of Authorized Representative

Title of Authorized Representative

Phone

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EXHIBIT I
CONFLICT OF INTEREST DISCLOSURE STATEMENT

Project Name: HVAC System Services

As the Contractor’s project manager or approved representative, I, _____ hereby certify that: I am familiar with the attached conflict of interest guidance and the conflict of interest laws including, but not limited to, 49 CFR 18.36, 48 Fed Reg. 34263, 40 CFR 1506 and Nebraska Rev. Stat. §§49-1401 to 1444 and 49-1493 to 14,104.

- And to the best of my knowledge and belief, of all relevant facts – concerning past present or currently planned interests or activities (financial, contractual, organizational or otherwise that relate to the proposed work and bear on whether I have or my organization has a possible conflict of interest), determined that, for myself, any Owner, partner or employee with my firm or any of my sub-consulting firms providing services for this project, including any family members and personal interests, that for the above referenced project:

- No real or potential conflicts of interest exist with respect to (1) be able to render impartial, technically sound, and objective assistance or advice and (2) being given an unfair competitive advantage

- Real conflicts of interest or the potential for conflicts of interest exist.

- Furthermore, I certify that I have reviewed the proposed scope of work and project area and to the best of my knowledge, determined that, for myself, any Owner, partner or employee, with my firm or any of my sub-consulting firms providing services for this project, including family members and personal interests of the above persons that are no financial or other interests in the outcome of the project, including but not limited to work associated with the Bus Rapid Transit Final Design unless described and noted on the attached.

If a real or potential conflict has been identified, describe on the attached sheet the nature of the conflict, including the information requested on the reverse side of this form for the type of conflict being reported, and provide a detailed description of Contractor’s proposed mitigation measures (if possible). Complete and sign this form and send it, along with all attachments, to Metro.

Furthermore, I certify that for myself, any Owner, partner or employee with my firm or any of my sub-consulting firms providing services for this project, will comply with professional codes of conduct governing participation in the above referenced project and whenever conducting business on behalf of Metro.

I recognize that a conflict of interest disclosure is an ongoing obligation. Should I or my organization become aware of any actual or potential conflicts of interest during the performance of this contract, I or my organization will advise Metro and propose mitigation or explain why none is needed. Conflicts of interest or the failure to disclose conflicts, real or potential, may preclude award of a contract or termination of a contract for cause.

Signature: _____

Printed Name: _____

Organization: _____

Title: _____

Date: _____

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EXHIBIT I- (cont.)
CONFLICT OF INTEREST DISCLOSURE FORM

The following Sections are provided as guidance in determining whether a real or potential Conflict of Interest (COI) exists and in disclosing details concerning potential conflicts of interest.

Section 1 – Contractor Officer or Employee COI

Is there anyone in your firm or business who is either; (1) employed by, on a full or part time basis; or (2) a public official or agent of, the local public agency or partner agencies from whom this Request for Qualifications (IFB) has been received?

If yes, please list below: (1) the name, address and phone number of the person(s); (2) the position held by that person(s) with Contractor; (3) the position held by that person(s); and (4) a detailed description of the duties of that person(s) for the local public agency, including whether that person(s) has any duties concerning the negotiating, approving, accepting or administering of any contract or subcontract for the federal-aid transportation project?

Section 2 – Persons Associated with local public agency, Financial or Personal Interest Conflict of Interest

The potential for conflicts of interest extends to persons associated with a local public agency official, employee or agent. There may be a conflict of interest on a federal-aid project if a person associated with an official, employee or agent has a financial or personal interest in a consulting firm or business providing services for a project. These indirect conflicts of interest can extend to the following persons associated with an LPA official, employee, or agent: (a) Any member of his [or her] immediate family; (b) his [or her] partner; or (c) an organization which employs, or is about to employ, any of the above, when that organization has a financial or other interest in the firm selected for award. Is there anyone with a financial or personal interest in your firm or business who is associated with (as listed in the preceding sentence) and responsible for negotiating, approving, accepting or administering any contract or subcontract on behalf of Metro for this project?

If yes, please below: (1) the name, address and phone number of the person(s); (2) the nature of the financial or personal interest in firm; (3) the person's relationship to Metro, including the position held by the official, employee or agent of Metro; and (4) a detailed description of the duties of the official, employee or agent of Metro, including whether that person(s) has any duties for the Metro concerning the negotiating, approving, accepting or administering of any contract or subcontract for Metro's federal-aid transportation project?

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EXHIBIT I- (cont.)
CONFLICT OF INTEREST DISCLOSURE FORM

Section 3 – Real Estate COI

If Contractor (or sub-Contractor) has an interest in real estate located along or near the project **that might be acquired, in whole or in part**, for this federal-aid transportation project, which interest is either; (1) through anyone in Contractor’s organization, including a member of immediate family or a sub-Contractor, having an ownership interest in; or (2) through a client for whom Contractor has been retained to provide professional services to the owner for that tract of land, then Contractor must disclose such interest and abstain from being involved in any aspect of the right-of-way valuation or acquisition process for the federal-aid transportation project.

If either of these situations exist, please provide below: (1) the name of the Owner, the address and legal description of the property, and a description of the Contractor’s interest in the property; (2) a map or aerial photo identifying the location of the property; (3) a description of the potential need or use of this property for the federal-aid transportation project; and (4) a declaration by Contractor that it will comply with the third sentence of 23 CFR Section 1.33.

Section 4 – Outcome of Project bias/Objectivity

If Contractor, agent or subcontractor because of other activities, financial interests, relationships, or contracts is unable, or potentially unable, to render impartial assistance or advice to the grantee (including the appearance of inability), then the Contractor must disclose such interest.

If any of these situations exist, please list below the nature of any potential partiality or appearance of any potential bias when Contractor, agent or subcontractor has or at any time during the life of the contract, any pecuniary or other interests in the outcomes of the project not listed above.

Section 5 – Unfair Competitive Advantage

Unfair competitive advantage occurs when one contractor has information not available to other contractors in the normal course of business. For example, an unfair competitive advantage would occur when a contractor developing specifications or work statements has access to information that the grantee has paid the contractor to develop, or information which the grantee has furnished to the contractor for its work, when that information has

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**EXHIBIT I- (cont.)
CONFLICT OF INTEREST DISCLOSURE FORM**

not been made available to the public. Another example where an unfair competitive advantage might arise is where a contractor is allowed to write specifications or statements of work around its own or an affiliate's corporate strengths or products and then compete for a contract based on those specifications. If an individual employee has access to inside information, a possible solution would be to wall off that employee, so he cannot give his employer an unfair competitive advantage.

If any of these conditions exist, describe below (1) the nature of the unfair competitive advantage including the type of information involved, (2) its source, and (3) the dates when such information was obtained or generated.

Section 6 – Supplemental

Do you (or your organization or subcontractor(s)) have or have you ever had any contracts, agreements, special clauses or other arrangements which prohibit you from proposing work to be performed in this solicitation or any portion thereof:

To avoid what you perceive as a possible conflict of interest do you or your organization or subcontractors propose to exclude portions of the proposed work; employ special clauses; or take other measures?

Other relevant information pertaining to a conflict of interest or potential for a conflict of interest:

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**EXHIBIT I- (cont.)
CONFLICT OF INTEREST DISCLOSURE**

Section 7 – Mitigation Plan

If applicable, please describe any proposed mitigation measures or plan:

Signature: _____

Printed Name: _____

Organization: _____

Title: _____

Date: _____

EXHIBIT J

BIDDERS LIST DATA FORM

Metro is required pursuant to 49 CFR Part 26(c) to create and maintain a comprehensive Bidders List. This Bidders List Data Form will be used to collect bidder information used to determine the relative availability of Disadvantaged Business Enterprise (DBE) and non-DBEs, and will assist with establishing Metro’s annual DBE goal. Metro’s Bidders List is a compilation of bidders, proposers, quoters, subcontractors, and suppliers of materials and services who have submitted bids during the advertising period of a solicitation for services and/or goods. **Please print legibly and provide the following information:**

PART A: BUSINESS DATA

1. Business Name: _____
2. Business Address: _____

3. Contact Person: _____ Title: _____
4. Phone: () _____ Fax: () _____
5. Email Address: _____
6. Is this business a certified DBE under Nebraska’s Department of Roads Unified Certification Program? ____ Yes ____ No
7. Age of Business: ____ Years ____ Months
8. Business Annual Gross Receipts:
 < \$500,000 \$500,000 to \$1,000,000 \$1,000,000 to \$2,000,000
 \$2,000,000 to \$5,000,000 >\$5,000,000

PART B: PROJECT AND WORK DESCRIPTION

9. Project Name: _____
10. Provide a brief description of the scope of work, service, and/or materials to be performed or furnished:

11. Provide the NAICS code(s) that best defines your business: _____
12. Will the business subcontract any of work, service, and/or materials? ____ Yes* ____ No
(*If Yes, then the subcontractor(s) must also complete an individual Bidders List Data Form.)

PART C: SIGNATURE

The undersigned hereby declares that the information set forth on this form is current, complete and accurate.
Authorized Signature: _____ Date: _____
Printed Name: _____ Title: _____