

## **APPENDIX 6 – ADDITIONAL FORMS**

**TRANSMITTAL LETTER**

Solicitation #: 19-14      Solicitation Name: Waldorf Senior & Recreational Center Modifications

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Company / Firm Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Company / Firm Formation Date (MM/DD/YYYY): \_\_\_\_\_

\_\_\_\_\_  
*(Company / Firm Name)*

is licensed or will be licensed to do business in the State of Maryland prior to contract award, and complies with and takes no exceptions to all requirements of the ITB. Any information identified as "Confidential" is noted by reference and appended to the Transmittal Memo. Each item identified as "Confidential" is accompanied by an explanation. Bid is valid for a minimum of one hundred twenty (120) days from the due date.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

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**ADDENDUM CERTIFICATION FORM**

\*\*\*Please note N/A if Not Applicable.\*\*\*

Solicitation #: 19-14 Solicitation Name: Waldorf Senior & Recreational Center Modifications

**Addendum Number:**

**Date of Addendum:**

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*Signature*

*Date*

*Printed Name*

**EXPERIENCE FORM**

Solicitation #: 19-14 Solicitation Name: Waldorf Senior & Recreational Center Modifications

Bidder/Offeror/Quoter: \_\_\_\_\_

Bidder/Offeror/Quoter must provide the number of projects successfully completed in the time period specified in the Solicitation Document(s), similar in nature and scope to the work required herein. "Completed" means accepted and final payment issued by the Owner. Firms which, in the sole opinion of the County, lack sufficient specific experience, may be deemed non-responsible, and will not be considered for this project. Incomplete forms may be deemed non-responsive. This form may be duplicated if additional space is required. Letters of testament are desirable, but not required.

**Reference #:** \_\_\_\_\_ **Company/Firm Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person Title: \_\_\_\_\_

Project Name: \_\_\_\_\_ Original Project \$ Amount \_\_\_\_\_

Responsible for \_\_\_\_\_ % of the project \$ Amount of all Change Orders \_\_\_\_\_

Project Begin Date \_\_\_\_\_ Final Project \$ Amount \_\_\_\_\_

Original Project End Date \_\_\_\_\_ # of days project was extended \_\_\_\_\_

Why project was extended \_\_\_\_\_

Location work was provided (specify City, State): \_\_\_\_\_

Describe the work provided and explain how it relates to the work solicited:

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

**Reference #:** \_\_\_\_\_ **Company/Firm Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person Title: \_\_\_\_\_

Project Name: \_\_\_\_\_ Original Project \$ Amount \_\_\_\_\_

Responsible for \_\_\_\_\_ % of the project \$ Amount of all Change Orders \_\_\_\_\_

Project Begin Date \_\_\_\_\_ Final Project \$ Amount \_\_\_\_\_

Original Project End Date \_\_\_\_\_ # of days project was extended \_\_\_\_\_

Why project was extended \_\_\_\_\_

Location work was provided (specify City, State): \_\_\_\_\_

Describe the work provided and explain how it relates to the work solicited:

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

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**Reference #:** \_\_\_\_\_ **Company/Firm Name:** \_\_\_\_\_

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

\_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Contact Person Title: \_\_\_\_\_

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Project Name: \_\_\_\_\_ Original Project \$ Amount \_\_\_\_\_

Responsible for \_\_\_\_\_ % of the project \$ Amount of all Change Orders \_\_\_\_\_

Project Begin Date \_\_\_\_\_ Final Project \$ Amount \_\_\_\_\_

Original Project End Date \_\_\_\_\_ # of days project was extended \_\_\_\_\_

Why project was extended \_\_\_\_\_

Location work was provided (specify City, State): \_\_\_\_\_

Describe the work provided and explain how it relates to the work solicited:

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

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**Reference #:** \_\_\_\_\_ **Company/Firm Name:** \_\_\_\_\_

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

\_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Contact Person Title: \_\_\_\_\_

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Project Name: \_\_\_\_\_ Original Project \$ Amount \_\_\_\_\_

Responsible for \_\_\_\_\_ % of the project \$ Amount of all Change Orders \_\_\_\_\_

Project Begin Date \_\_\_\_\_ Final Project \$ Amount \_\_\_\_\_

Original Project End Date \_\_\_\_\_ # of days project was extended \_\_\_\_\_

Why project was extended \_\_\_\_\_

Location work was provided (specify City, State): \_\_\_\_\_

Describe the work provided and explain how it relates to the work solicited:

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

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**Reference #:** \_\_\_\_\_ **Company/Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Fax:** \_\_\_\_\_  
\_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Person Title:** \_\_\_\_\_

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**Project Name:** \_\_\_\_\_ **Original Project \$ Amount** \_\_\_\_\_

**Responsible for** \_\_\_\_\_ **% of the project** **\$ Amount of all Change Orders** \_\_\_\_\_

**Project Begin Date** \_\_\_\_\_ **Final Project \$ Amount** \_\_\_\_\_

**Original Project End Date** \_\_\_\_\_ **# of days project was extended** \_\_\_\_\_

**Why project was extended** \_\_\_\_\_

**Location work was provided (specify City, State):** \_\_\_\_\_

**Describe the work provided and explain how it relates to the work solicited:**  
\_\_\_\_\_  
\_\_\_\_\_

**INTENDED NON-MBE SUB-CONTRACTORS FORM**

**\*\*\*Please note N/A if Not Applicable.\*\*\***

Solicitation #: 19-14 Solicitation Name: Waldorf Senior & Recreational Center Modifications

Note: Any MBE sub-contractors intended for this project shall be identified on the Proposed MBE Sub-Contractors forms.

**Sub-Contractor (Name and Address):**

**Work to be performed:**

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*Signature*

*Date*

*Printed Name*

**MBE UTILIZATION AFFIDAVIT FORM**

**\*\*\*Please note N/A if Not Applicable.\*\*\***

Solicitation #: 19-14 Solicitation Name: Waldorf Senior & Recreational Center Modifications

Please respond to the following questions:

Check One

- |                                            | <u>Yes</u>               | <u>No</u>                |
|--------------------------------------------|--------------------------|--------------------------|
| 1. Certified Minority Business Enterprise? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Certified by: State of Maryland?        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Federal 8-A Registration?               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Charles County Local Government?        | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other (please list) _____               |                          |                          |

Principle Owner's Minority Class (please check):

African American       Asian American       Women   
 Native American       Hispanic American

Other (please list): \_\_\_\_\_

- |                                                                                                                                                                                                                            | Check One                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                                                                            | <u>Yes</u> <u>No</u>                              |
| 2. If the response to Question 1 is no, have Minority Business Enterprises provided services, or supplied any items associated with your response to this Request for Quotes, Request for Proposals, or Invitation to Bid? | <input type="checkbox"/> <input type="checkbox"/> |

NOTE: If the response to Question 2 is yes, please include a list on the next page of all MBE subcontractors, names and addresses, the nature of the services or supplies being furnished, percentage of the overall contract amount and complete the remainder of this form. If the response to Question 2 is no, please provide signature and title at bottom of form.

Total Bid/Proposal/Quote: \$ \_\_\_\_\_

Total Minority Business Enterprise Bid/Proposal Cost/Value/Amount: \$ \_\_\_\_\_

Percent of Total Minority Business Enterprise Contract: \_\_\_\_\_ %

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*



**PROPOSED MBE SUB-CONTRACTORS FORM**

\*\*\*Please note N/A if Not Applicable.\*\*\*

Solicitation #: 19-14 Solicitation Name: Waldorf Senior & Recreational Center Modifications

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

Company Address: \_\_\_\_\_

Product/Services: \_\_\_\_\_

\*Minority Class: \_\_\_\_\_ Percent of Participation: \_\_\_\_\_ %

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

Company Address: \_\_\_\_\_

Product/Services: \_\_\_\_\_

\*Minority Class: \_\_\_\_\_ Percent of Participation: \_\_\_\_\_ %

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

Company Address: \_\_\_\_\_

Product/Services: \_\_\_\_\_

\*Minority Class: \_\_\_\_\_ Percent of Participation: \_\_\_\_\_ %

=====

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

**NON-COLLUSION AFFIDAVIT FORM**

Solicitation #: 19-14      Solicitation Name: Waldorf Senior & Recreational Center Modifications

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I do solemnly declare and affirm, under the penalties of perjury, the following:

1. That neither I, nor the best of my knowledge, information and belief, the Bidder/Offeror/Quoter, nor any officer, director, partner, member, associate or employee of the Bidder/Offeror/Quoter, nor any person in his behalf, has in any way agreed, connived or colluded with any one for and on behalf of the Bidder/Offeror/Quoter, to obtain information that would give the Bidder/Offeror/Quoter an unfair advantage over others, nor gain any favoritism in the award of this contract, nor in any way to produce a deceptive show of competition in the matter of bidding or award of this contract.

2. That neither I, nor the best of my knowledge, information and belief, the Bidder/Offeror/Quoter, nor any officer, director, partner, member, associate of the Bidder/Offeror/Quoter, nor any of its employees directly involved in obtaining contracts with the State of Maryland or any County or any subdivision of the State has been convicted of bribery, attempted bribery or conspiracy to bribe under the laws of any State or Federal Government of acts or omissions committed after July 1, 1977, except as noted below: All pursuant to Article 78A, Section 16D of the Annotated Code of Maryland.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name and Title of Signer*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Date*

Subscribed to and sworn to before me, a Notary Public of the State of \_\_\_\_\_ County or City of this \_\_\_\_\_ year and date first written above.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expire

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**SMALL LOCAL BUSINESS ENTERPRISE (SLBE) UTILIZATION AFFIDAVIT**

\*\*\*Please note N/A if Not Applicable.\*\*\*

<b>Solicitation Information</b>		
<b>Solicitation Name:</b> <u>Waldorf Senior &amp; Recreational Center Modifications</u>		<b>Solicitation #:</b> <u>19-14</u>
<b>Part 1. Prime Bidder/Offeror SLBE Status</b>		
<b>Name of Bidder/Offeror:</b> _____		
<b>Respond to the following questions:</b>		
	<b>Check One</b>	
	<b>Yes</b>	<b>No</b>
1. Is the Prime Contractor a Registered SLBE?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, identify the Bidder/Offeror's SLBE Registration #:		
2. If the response to Question 1 is "No", is the Bidder/Offeror claiming SLBE preference based upon the use of <b><u>registered</u></b> SLBE(s) to provide services or items associated with the Bidder's/Offeror's Bid/Proposal?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: If the response to Question 2 is <b>Yes</b> , complete Part 2 below and the "SLBE Subcontractors Participation Schedule" form in Part 4.		
<b>Part 2. SLBE Subcontractor Participation</b>		
Provide the total value of SLBE work to be provided and complete the "SLBE Subcontractors Participation Schedule" form in Part 4 identifying the individual SLBE(s) and the amount of their intended involvement.		
Total Bid/Proposal Price:	\$ _____	
Total SLBE Work – Bid/Proposal Value:	\$ _____	
Percentage of Total Work (Dollar Value) of SLBE(s):	%	
<b>Part 3. Certification of SLBE Preferences</b>		
By signing below, the BIDDER/OFFEROR certifies that it has complied with SLBE program requirements and during the course of the project will maintain all terms and conditions set forth in the SLBE forms, including the SLBE participation schedule and Letters of SLBE Intent. Additionally, the BIDDER/OFFEROR will notify the Chief of Purchasing within 72 hours via written notice if a subcontractor on the SLBE participation schedule is unable to perform work set forth in the schedule; and within 7 consecutive days of making the determination, make a written request to amend the SLBE participation schedule. The COUNTY shall be granted access to inspect any relevant matter related to SLBE Program compliance, including records and the jobsite and to interview subcontractors and workers. The BIDDER/OFFEROR is aware that noncompliance, as determined by the COUNTY, may result in the BIDDER/OFFEROR to take corrective actions and/or result in sanctions as set forth in the contract.		
_____	_____	_____
<i>Signature</i>	<i>Title</i>	<i>Date</i>

**Part 4. SLBE Subcontractors Participation Schedule**

**Instructions:** Identify each registered SLBE subcontractor below, including SLBE registration numbers, Federal Employer Identification Numbers (FEINs), company names and addresses, the nature of the services or supplies being furnished, value of work to be performed by the SLBE, and the percentage of the overall project amount and complete the “Official Letter of SLBE Intent” with each SLBE subcontractor/joint-venture partner included in the schedule below.

SLBE Registration #	FEIN or Social Security #	Company Name Address Phone & Fax	Services to be Provided	Value of SLBE Work From Letter of Intent	SLBE % of Contract
				\$	%
				\$	%
				\$	%
				\$	%
				\$	%

If additional space is needed, please submit information on a separate sheet and attach hereto. For each registered SLBE subcontractor identified, complete an “Official Letter of SLBE Intent” form provided below.

**OFFICIAL LETTER OF SLBE INTENT**

\*\*\*Please note N/A if Not Applicable.\*\*\*

A LETTER OF INTENT is required for each SLBE identified in Part 4 of the SMALL LOCAL BUSINESS ENTERPRISE (SLBE) UTILIZATION AFFIDAVIT. The LETTER OF INTENT must be signed by both the Bidder/Offeror and Registered SLBE Firm.

**Solicitation Information**

**Solicitation Name:** Waldorf Senior & Recreational Center Modifications **Solicitation #:** 19-14

**Part 1. To be Completed by the Bidder/Offeror**

Name of Bidder/Offeror: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Identify the services to be performed or items to be supplied by the SLBE, including Bid Item (if applicable):

\_\_\_\_\_

Value of Work to be Performed by the SLBE: \$ \_\_\_\_\_

Value of Work as a Percentage of Total Bid/Proposal Price: \_\_\_\_\_ %

**Part 2. To be Completed by the SLBE**

Name of SLBE: \_\_\_\_\_

SLBE Registration #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Part 3. Certification of SLBE Intent**

The Bidder/Offeror certifies its intent to utilize the SLBE identified above for the effort identified in this bid/proposal, and that the work described above is accurate. Bidder/Offeror will provide the County with a copy of the related subcontract agreement and/or purchase order prior to commencement of the SLBE's work. The SLBE firm certifies that it has agreed to provide such work identified and/or supplies for the amount stated above.

**Bidder/Offeror:** \_\_\_\_\_  
*Signature Title Date*

**SLBE Firm Rep:** \_\_\_\_\_  
*Signature Title Date*

