SUPPLEMENTAL BIDDER RESPONSIBILITY CRITERIA
2015 Priority Storm and Sewer Repairs

These forms shall be completed in their entirety and submitted by the apparent two lowest Bidders to
the Contracting Agency by 12:00 P.M. (noon) of the second business day following the bid submittal
deadline.

Failure to submit and meet the requirements as stated in Section 1-02 of the Special Provisions shall be
grounds for rejection of the bid. The City of Olympia will be the sole judge in determining if the prospective
contractor meets the minimum experience requirements.

Contractor:

Name: ____________________________
Address: ____________________________
Phone: ____________________________
Contact Person: ____________________________

4. Subcontractor Responsibility: Attach standard subcontract form for review and a written description
of its procedure for validating the responsibility of subcontractors.

5. Claims Against Retainage and Bonds:

Instructions to Bidders: Check the appropriate box

☐ The Bidder has not had claims against retainage and bonds in the three (3) years prior to
   the bid submittal date.

☐ Alternatively, the Bidder has had claims against retainage and bonds in the three (3) years
   prior to the bid submittal date.

If the Bidder has had claims against retainage and bonds in the three (3) years prior to the bid
submittal date, submit a list of public works projects completed during this period that have had
claims against retainage and bonds and include name of Project, Owner and contact information for
the Owner, a list of claims filed against retainage and/or payment bond for any of the projects listed;
and a written explanation of circumstances surrounding each claim and the ultimate resolution of
the claim.
6. **Public Bidding Crime:**

Instructions to Bidders: Check the appropriate box

☐ The undersigned certifies that the Bidder and/or its Owners have not been convicted of a crime involving bidding on a public works contract in the five (5) years prior to the bid submittal date.

☐ Alternatively, the undersigned confirms that the Bidder and/or its Owners have been convicted of a crime involving bidding on a public works contract in the five (5) years prior to the bid submittal date.

If the Bidder and/or its Owners have been convicted of a crime involving bidding on a public works contract, provide a written explanation identifying the date of the conviction and a description of the circumstances surrounding the conviction.

_________________________  ____________________________
(Date)                        (Signature)

__________________________
(Print Name)

__________________________
(Title)
7. Termination for Cause/Termination for Default

Instructions to Bidders: Check the appropriate box

☐ The undersigned certifies that the Bidder has not had any public works contracts terminated for cause or terminated for default by a government agency in the five (5) years prior to the bid submittal date.

☐ Alternatively, the undersigned confirms that the Bidder has had public works contracts terminated for cause or terminated for default by a government agency in the five (5) years prior to the bid submittal date.

If the Bidder has had any public works contracts terminated for cause or terminated for default in the five (5) years prior to the bid submittal date, provide a written explanation for all contracts terminated for cause or terminated for default by identifying the Project contract that was terminated, the government agency which terminated the contract, the date of the termination, and a description of the circumstances surrounding the termination.

__________________________  ____________________________
(Date)                      (Signature)

__________________________
(Print Name)

__________________________
(Title)
8. Lawsuits

Instructions to Bidders: Check the appropriate box

☐ The undersigned certifies that the Bidder has not had any lawsuits with judgments entered against the Bidder in the five (5) years prior to the bid submittal date that demonstrate a pattern of failing to meet the terms of contracts.

☐ Alternatively, the undersigned confirms that the Bidder has had any lawsuits with judgments entered against the Bidder in the five (5) years prior to the bid submittal date that demonstrate a pattern of failing to meet the terms of contracts.

If the Bidder has had any lawsuits with judgments entered against the Bidder in the five (5) years prior to the bid submittal date that demonstrate a pattern of failing to meet the terms of contracts, submit a list of lawsuits along with a written explanation of the circumstances surrounding each lawsuit. The Contracting Agency shall evaluate these explanations to determine whether the lawsuits demonstrate a pattern of failing to meet the terms of contracts.

________________________________       ______________________________
(Date)                                    (Signature)

________________________________
(Print Name)

________________________________
(Title)
9. Completion of Similar Projects

- The bidder must have completed at least three (3) projects totaling a minimum of 20,000 linear feet using the CIPP rehabilitation technology for a municipality in the two (2) years prior to the bid submittal date for this project.

“Municipality” means the state or a municipality authorized by Washington law to contract to contract for the execution of a public work, all as defined in RCW 39.04.010.

#1 Owner’s Name and Contact Information:____________________________________________
_________________________________________________________________________
_________________________________________________________________________
Name of Owners Representative:______________________________________________
Project Name:______________________________________________________________
Awarded Contract Amount:____________________________________________________
Final Contract Amount________________________________________________________
Completion Date:____________________________________________________________
Project Description:___________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Linear Feet of CIPP Installed__________________________________________________

#2 Owner’s Name and Contact Information:____________________________________________
_________________________________________________________________________
_________________________________________________________________________
Name of Owners Representative:______________________________________________
Project Name:______________________________________________________________
Awarded Contract Amount:____________________________________________________
Final Contract Amount________________________________________________________
Completion Date:____________________________________________________________
Project Description:___________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Linear Feet of CIPP Installed__________________________________________________
#3 Owner’s Name and Contact Information: ____________________________________________

Name of Owners Representative: _________________________________________________

Project Name: ________________________________________________________________

Awarded Contract Amount: ______________________________________________________

Final Contract Amount: __________________________________________________________

Completion Date: ______________________________________________________________

Project Description: ____________________________________________________________

Linear Feet of CIPP Installed ____________________________________________________

10. Contractor Licensing/Manufacturing Certification

The following must be submitted with this form:

1. Documentation from the CIPP manufacturer that the Bidder is certified to install the manufacturer’s product.

2. Documentation from the CIPP manufacturer that the CIPP material and installation process meets the requirements of Section 7-22.

3. Any and all subcontractors installing the CIPP must be licensed/certified by the manufacturer and must provide documentation of the license/certification.

Manufacturer Information:

Name: __________________________________________________________

Address: ___________________________________________________________

Phone: ____________________________________________________________

Contact Person: _______________________________________________________

11. Experience of Contractor's Personnel

- Field Superintendent:

The field superintendent must have successfully completed three (3) projects totaling a minimum of 20,000 linear feet of pipe repair using CIPP rehabilitation technology in the two (2) years prior to the bid submittal date.

Name: __________________________________________________________

Address: __________________________________________________________

Phone: ___________________________________________________________
<table>
<thead>
<tr>
<th>#1 Project Name:</th>
<th>Owner's Name and Contact Information</th>
<th>Name of Owner's Representative</th>
<th>Name of Contractor</th>
<th>Completion Date</th>
<th>Linear Feet of CIPP Installed</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2 Project Name:</td>
<td>Owner's Name and Contact Information</td>
<td>Name of Owner's Representative</td>
<td>Name of Contractor</td>
<td>Completion Date</td>
<td>Linear Feet of CIPP Installed</td>
</tr>
<tr>
<td>#3 Project Name:</td>
<td>Owner's Name and Contact Information</td>
<td>Name of Owner's Representative</td>
<td>Name of Contractor</td>
<td>Completion Date</td>
<td>Linear Feet of CIPP Installed</td>
</tr>
</tbody>
</table>

- **Installation Crew Lead:**

  Installation crew lead shall have accumulated a minimum of two (2) years of CIPP installation experience as crew lead during the five (5) years prior to the bid submittal deadline for this project.

  Name: ____________________________
  Address: ____________________________
  Phone: ____________________________

  Describe CIPP Installation Crew Lead Experience (minimum 2-year requirement):
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

- **Resin Impregnation Crew Lead:**

  Resin impregnation crew lead shall have accumulated a minimum of two (2) years of CIPP impregnation crew lead experience during the five (5) years prior to the bid submittal deadline for this project.

  Name: ____________________________
  Address: ____________________________
  Phone: ____________________________
Describe Resin Impregnation Crew Lead Experience (minimum 2-year requirement):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

• Boiler Technician:

Boiler technician shall have accumulated a minimum of two (2) years of CIPP experience as a boiler technician during the five (5) years prior to the bid submittal deadline for this project.

Name: ____________________________________________
Address: __________________________________________
Phone: ____________________________________________

Describe Boiler Technician Experience (minimum 2-year requirement):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

• Lateral Cutting Technician:

Lateral cutting technician shall have accumulated a minimum of two (2) years of experience as a lateral cutting technician with use of robotic cutting equipment during the five (5) years prior to the bid submittal deadline for this project.

Name: ____________________________________________
Address: __________________________________________
Phone: ____________________________________________

Describe Lateral Cutting Technician Experience (minimum 2-year requirement):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
*****BIDDER NOTIFICATION*****

DETERMINATION
OF
NON-RESPONSIBILITY

(Date)

(Contractor Name)
(Contractor Mailing Address)

Sent via: Fax: 360.000.10000
Email: lowbidder@.......com

RE: ____________________________Project, #______
Notification of Determination of Non-Responsibility

Dear Sir/Madam,

This letter concerns your bid for the City of Olympia, Washington, on the ______________________ project. Upon review of your bid, City staff has made an initial determination that your proposal does not meet the bidder responsibility criteria for this project for the following reasons:

- The bid packet requires at (1)(a) that, at the time of bid submittal, the contractor must __________________________________________________. Your bid submittal failed to meet this requirement because ________________________________.

If you wish to submit additional information for re-consideration of this determination, please refer to the procedure found in Section 1-02._______ of the Project bid packet. Any appeal of this determination must be received by the City no later than ____ p.m. on ______________, 2016. Please mark the package “NON-RESPONSIBILITY APPEAL” and deliver it to: City of Olympia, Attn: __________, _____________________ (Address).

Sincerely,

_____________
** BIDDER NOTIFICATION **

** FINAL DETERMINATION THAT BIDDER DOES NOT MEET RESPONSIBILITY CRITERIA **

(DATE)

(CONTRACTOR NAME)

(ADDRESS)

Sent via: Fax: 000.000.0000
Email: bidder@..............net

RE: ___________________Project #AA23 Bid Proposal
Notification of Final Determination of Non-Responsibility

Dear _________________:

This letter concerns the bid submitted by _________________ to the City of Olympia, Washington, for the above referenced project. After considering all of the information submitted, City Council made a final determination that you failed to meet the following supplemental bidder responsibility criteria for this project:

- The contractor failed to meet Section 1-02.1(3) ________. Completion of Similar Projects. Contractor has not successfully completed the installation of at least 2,000 linear feet of large diameter (36-inch diameter or larger) welded joint steel pipe during the five (5) year period immediately preceding the bid submittal deadline for this Project. The contractor did not list any similar projects;

- The contractor failed to meet Section 1-02.1(4) _______. Experience of Contractor’s Personnel. The field superintendent must have successfully supervised the installation of at least 2,000 linear feet of large diameter (36-inch diameter or larger) welded joint steel pipe during the five (5) year period immediately preceding the bid submittal deadline for this Project. The field superintendent’s experience supervising the installation of large diameter welded joint steel pipe occurred more than five (5) years ago.

Council awarded the contract to _________________ at its meeting on ____________________. As required by law, the City will not execute a contract for two days following your receipt of this notification.

Sincerely,

________________
City Manager