

STATE OF DELAWARE

EXECUTIVE DEPARTMENT

OFFICE OF MANAGEMENT AND BUDGET

**State of Delaware**

FLEET MAINTENANCE AND REPAIR

**Invitation to Bid**

**Contract No.** GSS16526-MAINT\_REPAIR

**AUGUST 15, 2016**

***- Deadline to Respond -***

***SEPTEMBER 12, 2016***

***1:00 PM (Local Time)***

**Attachment A**

**PROPOSAL REPLY REQUIREMENTS**

The response should contain at a minimum the following information:

1. Brief Vendor Cover Letter including an Applicant's experience, if any, providing similar services.
2. Two (2) paper copy of bid response paperwork including the **Appendix A**.
3. One (1) electronic copy (CD, DVD, thumb drive) of the bid response including **Appendix A**.
   1. **NOTE**: Appendix A **must** be provided in **active** excel format.

The Appendix A – Pricing Spreadsheet is available at the following website:

[www.bids.delaware.gov](http://www.bids.delaware.gov)

Vendors **MUST** provide copies of **all** pricing spreadsheet tabs.

1. One (1) complete, signed and notarized copy of the non-collusion agreement (See Attachment C).

**MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK**

1. One (1) complete and signed copy of the Subcontractor Information Form (See Attachment E) for each subcontractor – only provide if applicable.
2. One (1) completed Business Reference form (See Attachment F) – please provide references other than State of Delaware contacts. Form must be included.
3. One (1) completed ITB Exception form (See Attachment G) – please check box if no information. Form must be included.
4. One (1) completed Confidential Information form (See Attachment H) – please check box if no information provided will be considered confidential or proprietary. Form must be included.
5. One (1) complete OSD application (see link on Attachment I) – only provide if applicable

The items listed above provide the basis for evaluating each vendor’s proposal. **Failure to provide all appropriate information may deem the submitting vendor as “non-responsive” and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

**Attachment B**

STATE OF DELAWARE

OFFICE OF MANAGEMENT AND BUDGET

GOVERNMENT SUPPORT SERVICES

CONTRACTING SECTION

100 ENTERPRISE PLACE – SUITE 4

DOVER, DELAWARE 19904-8202

**NO BID REPLY FORM**

**Contract No.** **GSS16526-MAINT\_REPAIR Contract Title: FLEET MAINTENANCE AND REPAIR**

To assist us in obtaining good competition on our Request for Bids, we ask that each firm that has received an invitation, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Bidder's List by so indicating below, or do not return this form or bona fide bid.

Unfortunately, we must offer a "No Bid" at this time because:

1. We do not wish to participate in the bid process.

2. We do not wish to bid under the terms and conditions of the Request for Bid document. Our objections are:

3. We do not feel we can be competitive.

4. We cannot submit a Bid because of the marketing or franchising policies of the manufacturing company.

5. We do not wish to sell to the State. Our objections are:

6. We do not sell the items/services on which Bids are requested.

7. Other:

FIRM NAME SIGNATURE

We wish to remain on the Bidder's List **for these goods or services**.

We wish to be deleted from the Bidder's List **for these goods or services**.

**PLEASE FORWARD NO PROPOSAL REPLY FORM TO THE CONTRACT OFFICER IDENTIFIED.** **Attachment C**

**CONTRACT NO.: GSS16526-MAINT\_REPAIR TITLE: FLEET MAINTENANCE AND REPAIR**

**DEADLINE TO RESPOND: September 12, 2016**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal**, and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Office of Management and Budget, Government Support Services.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment G, the Vendor’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Office of Management and Budget, Government Support Services.

|  |  |
| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Check one)

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| COMPANY CLASSIFICATIONS:  CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Certification type(s) | Circle all that apply |
| Minority Business Enterprise (MBE) | Yes No |
| Woman Business Enterprise (WBE) | Yes No |
| Disadvantaged Business Enterprise (DBE) | Yes No |
| Veteran Owned Business Enterprise (VOBE) | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

The above table is for informational and statistical use only.

PURCHASE ORDERS SHOULD BE SENT TO:

(COMPANY NAME)

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five (5) years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL BE SIGNED, NOTARIZED AND RETURNED FOR YOUR BID TO BE CONSIDERED**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**Attachment D**

**BOND IS WAIVED**

**Attachment E**

**SUBCONTRACTOR INFORMATION FORM**

Contract No. **GSS16526-MAINT\_REPAIR**

Contract Title: **FLEET MAINTENANCE AND REPAIR**

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| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO.  **GSS16526-MAINT\_REPAIR** | | 2. Proposing Vendor Name: | | 3. Mailing Address |
| 4. SUBCONTRACTOR | |  | | |
| a. NAME | | 4c. Company OSD Classification:  Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| b. Mailing Address: | | 4d. Women Business Enterprise  Yes  No  4e. Minority Business Enterprise  Yes  No  4f. Disadvantaged Business Enterprise  Yes  No  4g. Veteran Owned Business Enterprise  Yes  No  4h. Service Disabled Veteran Owned  Business Enterprise  Yes  No | | |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR | | | | |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | | 8. DATE SIGNED | |
| 6b. TITLE OF PERSON SIGNING |
| **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** | | | | |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | | 11. DATE SIGNED | |
| 9b. TITLE OF PERSON SIGNING |

**Use a separate form for each subcontractor**

**Attachment F**

**BUSINESS REFERENCES**

Contract No. **GSS16526-MAINT\_REPAIR**

Contract Title:  **FLEET MAINTENANCE AND REPAIR**

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please provide a separate list the contract(s).

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| 1. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
|  |  |  | | |
|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
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| 2. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
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|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
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| 3. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
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|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |

**State of Delaware personnel MAY NOT BE USED as references.**

**Attachment G**

**ITB EXCEPTIONS FORM**

Contract No. **GSS16526-MAINT\_REPAIR**

Contract Title: **FLEET MAINTENANCE AND REPAIR**

Proposals must include all exceptions to the specifications, terms or conditions contained in this ITB. If the vendor is submitting the proposal without exceptions, please state so below.

🞏 By checking this box, the Vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this ITB.

|  |  |  |
| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment H**

**CONFIDENTIALITY FORM**

Contract No. **GSS16526-MAINT\_REPAIR**

Contract Title: **FLEET MAINTENANCE AND REPAIR**

🞏 By checking this box, the Vendor acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

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| **Confidentiality and Proprietary Information** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment I**

**State of Delaware**

**Office of Supplier Diversity**

**Certification Application**

The most recent application can be downloaded from the following site:

[**http://gss.omb.delaware.gov/osd/certify.shtml**](http://gss.omb.delaware.gov/osd/certify.shtml)

Submission of a completed Office of Supplier Diversity (OSD) application is optional and does not influence the outcome of any award decision.

The minimum criteria for certification require the entity must be at least 51% owned and actively managed by a person or persons who are eligible: minorities, women, veterans, and/or service disabled veterans. Any one or all of these categories may apply to a 51% owner.



**Complete application and mail, email or fax to:**

Office of Supplier Diversity (OSD)

100 Enterprise Place, Suite 4

Dover, DE 19904-8202

Telephone: (302) 857-4554 Fax: (302) 677-7086

Email: [osd@state.de.us](mailto:osd@state.de.us)

Web site: <http://gss.omb.delaware.gov/osd/index.shtml>

**THE OSD ADDRESS IS FOR OSD APPLICATIONS ONLY.**

**THE OSD WILL NOT ACCEPT ANY VENDOR BID RESPONSE PACKAGES.**