



**CITY OF WEST HAVEN
DEPARTMENT OF FINANCE
PURCHASING DIVISION
355 MAIN STREET
WEST HAVEN, CONNECTICUT 06516**

**FRANK CIEPLINSKI
DIRECTOR OF FINANCE**

**PHONE 203-937-3620
FAX: 203-937-3621**

January 25, 2022

NOTICE TO BIDDERS ADDENDUM # 2

BID: 2022-01 Replacement of Catch Basins

OPENING DATE & TIME: 01/28/2022 at 11:00am

Please acknowledge receipt of all addendum on the proposal pages.

The purpose of this addendum is to; 1) Add revised proposal pages. 2) Include forms which vendor must complete and return with bid documents. 3). Insurance requirements, as attached.

Bidders **MUST** use REVISED proposal pages (as attached) or your bid may be disqualified.

REVISED PROPOSAL PAGE

Bidder Name: _____

PRICING PROPOSAL

ALL PRICES INCLUDE LABOR AND MATERIALS

Catch Basin Type C 0'- 10' Deep	per ea. \$ _____	_____
	written figures	dollars and cents
Catch Basin Type CL 0'- 10' Deep	per ea. \$ _____	_____
	written figures	dollars and cents
Manhole 4' 0'- 10' Deep	per ea. \$ _____	_____
	written figures	dollars and cents
Reset Type C catch Basin	per ea. \$ _____	_____
	written figures	dollars and cents
Reset Manhole	per ea. \$ _____	_____
	written figures	dollars and cents
Manhole Frame and Cover	per ea. \$ _____	_____
	written figures	dollars and cents
Catch Basin Top, Type C	per ea. \$ _____	_____
	written figures	dollars and cents
Catch Basin Top, Type CL	per ea. \$ _____	_____
	written figures	dollars and cents

Other applicable costs. Please explain:

REVISED PROPOSAL PAGE

Bidder Name: _____

The undersigned hereby certifies under the penalties of perjury that this bid is in all respects bona fide, fair and made without collusion or fraud with any other person. As used in this section, the word, "person" shall mean any natural person, joint venture, partnership, corporation, or other business or legal entity.

Social Security Number
Or Federal Identification
Number

Signature of Individual or
Corporate Name

By: _____
Corporate Officer
(if applicable)

(Name)

By: _____
(Title)

(Business Address)

(City and State)

Date _____

Note: If the Bidder is a corporation, indicate State of incorporation under signature, and affix corporate seal; if a partnership, give full names and residential addresses, if different from business address.

VENDOR BACKGROUND DATA

COMPANY INFORMATION

Name _____

Address _____
Street City State Zip Code

Email Address _____

Phone NO. _____ Fax NO. _____

President _____

Vice President _____

Secretary _____

Treasurer _____

NO. of Employees _____ Years in Business _____

Year Organized _____ Year Incorporated _____

Have you ever failed to complete a contract? Yes _____ No _____

If yes, explain _____

REFERENCES:

COMPANY	CONTACT	PHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER MUNICIPAL CONTRACTS:

CITY	YEAR	CONTACT	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____

**VENDOR CERTIFICATION AND AFFIDAVIT
OF NO REAL OR PERSONAL PROPERTY TAXES OWED
BY BIDDER FOR CONTRACT(S) TO
THE CITY OF WEST HAVEN**

STATE OF _____)

) SS:

COUNTY OF _____)

Personally appeared, _____, as
_____ on behalf of _____

(indicate position of office with bidder)

_____ (hereinafter called the "Bidder") and, who, being duly
sworn, deposes and says:

1. I am over 18 years of age and know the obligations of an oath.
2. I am making this affidavit of my own personal knowledge, and it is true and Correct and made under penalty of perjury, I make this certification pursuant to Section 42-8B (1) (j) of the Ordinances of the City of West Haven, I hereby certify and attest that no real or personal property back taxes are owed to the City of West Haven on any property that is owned by the Bidder.

Duly Authorized

Subscribed and sworn to before me on this _____ day of 2022 .

Notary Public/Commissioner of the Superior

Court My Commission expires:

Affix Seal here

NOTICE: THE FINANCE DEPARTMENT RESERVES THE RIGHT TO VERIFY WITH THE TAX COLLECTOR THAT SUCH TAXES ARE NOT OWED. THIS RIGHT DOES NOT WAIVE OR REMOVE THE RESPONSIBILITY AND OBLIGATION OF THE PARTY MAKING THIS CERTIFICATION FROM THE DUTY OF VERIFYING THAT SUCH FACTS ARE TRUE OR REPRESENTATIONS MADE THEREUNDER.

LITIGATION DISCLOSURE

Failure to fully and truthfully disclose the information required by this litigation disclosure form may result in disqualification of your proposal from consideration or termination of the contract, once awarded.

- 1. Has any member of your Firm/Company to be assigned to this engagement ever been indicted or convicted of a felony in the last five (5) years?

YES **NO**

- 2. Has any member of your Firm/Company been terminated (for cause or otherwise) from any work being performed for any Federal, State or Local Government, or Private Entity?

YES **NO**

- 3. Has any member of your Firm/Company been involved in any claim or litigation with any other Federal, State or Local Government, or Private Entity during the last five (5) years?

YES **NO**

If you have answered "YES" to any of the above questions, please indicate the name(s) of the person(s) and firm, the nature, and the status and/or outcome of the indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.

Signature/Title of Authorized Representative

Date

BIDDER'S NON COLLUSION AFFIDAVIT FORM

The undersigned proposer, having fully informed himself/herself/itself regarding the accuracy of the statements made herein, certifies that:

- (1) The proposer developed the proposal independently and submitted it without collusion with, and without any agreement, understanding, communication or planned common course of action with, any other person or entity designed to limit independent competition;
- (2) The proposer, its employees and agents have not communicated the contents of the proposal to any person not an employee or agent of the proposer and will not communicate the proposal to any such person prior to the official opening of the proposal and award.
- (3) No elected or appointed official or other officer or employee of the City of West Haven is directly or indirectly interested in the proposer's proposal, or in the supplies, materials, equipment, work or labor to which it relates, or in any of the profits thereof.

The undersigned proposer further certifies that this affidavit is executed for the purpose of full disclosure to the City of West Haven to consider its proposal and make an award in accordance therewith.

Legal Name of Bidder

(signature)

Bidder's Representative, Duly Authorized

Name of Bidder's Authorized Representative

Title of Bidder's Authorized Representative

Subscribed and sworn to before me this _____ day of _____, 2022.

Notary Public

My Commission Expires:

AWARDED CITY OF WEST HAVEN CONTRACTS

Has your ever been awarded a contract to do work for the City of West Haven in the past?

If yes to the question above, please list.

Has your company ever failed to complete a contract with the City Of West Haven?

Yes _____ No _____

If yes to the question above, please explain.

I _____ Principal _____
(Name) (Title)

OF _____
(Company)

Certify that the above information is true and my company is located in the City /Town of _____ above address.

Date: _____

Signed: _____

CONTRACTORS LIABILITY INSURANCE REQUIREMENTS

The Insurance required by this contract shall be written for not less than the following, and greater if required by law: ***Failure to maintain insurance requirements will result in the immediate termination of the contract.*** .

Contractor shall bear all resulting costs and losses, and shall indemnify and hold harmless Owner and Engineer, and the officers, directors, members, partners, employees, agents, consultants, and subcontractors of each and any of them from and against all claims, costs, losses, and damages if Contractor performs any Work or takes any other action knowing or having reason to know that it is contrary to Laws or Regulations.

1. Worker's Compensation:

- a. State: Connecticut – Statutory
- b. Applicable Federal (e.g. Longshoremen's): Statutory
- c. Employer's Liability: \$1,000,000.00 per accident

2. Comprehensive or Commercial Liability (Including Premises – Operations; Independent Contractors Protective; Products and Completed Operations; Broad Form Property Damage): Contractual Liability and personal Injury

- a. 1,000,000.00 each occurrence C.S.L.
- b. 1,000,000.00 Personal & Advertising Injury
- c. Products and Completed Operations Insurance shall be maintained for five (5) years after final payment.

3. Comprehensive automobile Liability: (included owned, non-owned and hired vehicles)

Limited: \$1,000,000.00 each accident (CSL) (BI & PD)

4. Umbrella Excess liability \$2,000,000. each occurrence

5. Contractor shall purchase all risk on completed value form in the names of the owner, contractor, subcontractor and subcontractors, as their interests may appear, with limits or amount equal to the contract sum for the work.

6. Contractor shall provide appropriate insurance certificates, naming the City of West Haven as an additional insured on all policies. 30 days notification shall be required for cancellation or non-renewal.

7. The Contractor shall furnish one copy each of certificates of insurance herein required for each copy of the contract which shall specifically set forth evidence of all coverage required. The form of certificate shall be accord 25 (9/09), or accepted equal. The contractor shall subsequently issue amending coverage or limits.