

**City of Coquitlam**

**Request for Information and Qualifications**

**RFIQ No. 21-062**

**Consulting Services for Spani Pool Renewal**

Submissions will be received on or before 2:00 pm local time

**Wednesday September 22, 2021**

(“Closing Date and Time”)

**INSTRUCTIONS FOR SUBMISSION**

Submissions are to be consolidated into one PDF file and uploaded electronically through QFile, the City’s file transfer service accessed at website: [qfile.coquitlam.ca/bid](http://qfile.coquitlam.ca/bid)

**1. In the “Subject Field” enter:** RFIQ Number and Name

**2. Add files in .pdf format and “Send”**

 (Ensure your web browser remains open until you receive 2 emails from Qfile to confirm upload is complete.)

Respondents are responsible to allow ample time to complete the Submission process. If assistance is required phone 604-927-3037.

 **SUBMISSION FORM**

Complete and return this section including Resumes

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Company Name)

1. **PROJECT TEAM / EXPERIENCE**

List your firm’s key personnel who would make up the team that would be working on the assignment along with their qualifications, experience and role in the project. (Add rows as required). **Please include resumes**

|  |  |
| --- | --- |
| **Name** | **Qualifications / Experience / Role** |
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1. **Resumes**

Respondent is to **provide Personnel Resumes** for each Key Personnel and include as an Attachment to this Submission

* Maximum 2 pages each resume - Resumes attached: Yes [ ]
1. **References of Similar successful Projects**

Provide two (2) references including organization, contact name and phone number for similar assignments that were successful.

|  |
| --- |
| **REFERENCE NO. 1** |
| **Project Title and Year** |  |
| **Project budget** |  |
| **Project owner/client** |  |
| **Original Consulting services budget** |  |
| **Final Consulting Services Costs** |  |

|  |  |
| --- | --- |
| **Provide a brief description of the Project including the methodology and/or steps involved in the consulting services, and the deliverables provided by your firm** |  |
| **Key personnel involved with the consulting services.**  |  |
| **Describe why you believe the project was successful and the role your firm had in the success.** |  |
| **Reference person ( client)** |  |
| **Telephone and email of reference person** |  |

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| --- |
| **REFERENCE NO. 2** |
| **Project Title and Year** |  |
| **Project budget** |  |
| **Project owner/client** |  |
| **Original Consulting services budget** |  |
| **Final Consulting Services Costs** |  |
| **Provide a brief description of the Project including the methodology and/or steps involved in the consulting services, and the deliverables provided by your firm** |  |
| **Key personnel involved with the consulting services.**  |  |
| **Describe why you believe the project was successful and the role your firm had in the success.** |  |
| **Reference person ( client)** |  |
| **Telephone and email of reference person** |  |

1. **Demonstrated ability to complete assignments on time and within budget**

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| --- | --- |
| **1**. | Briefly describe how your company will complete assignments on time and within budget? |
|  |
| **2.** | In the past 5 years, has your firm been delayed in delivering an assignment to the City, or for a client listed in Section 3?  |
| Yes [ ]  No [ ]   |
| **3.** | If there was a delay, what were the reasons for the delay? |
|  |
| **4.** | If there was a delay, how did your firm make attempts to mitigate the delay? |
|  |
| **5.** | In the past 5 years, has your firm needed to request an increase to its budget in delivering an assignment to the City, or a client listed in section 3? |
| Yes [ ]  No [ ]  |
| **6.** | If yes, what were the reasons for increasing the budget? |
|  |
| **7.** | If yes, how did your firm attempt to mitigate the delay? |
|  |

1. **Sub-Consultants**

The Respondent proposes to use the following sub-consultant(s) to supplement their team:

|  |  |  |
| --- | --- | --- |
| **Sub-consultant** | **Role** | **Brief reason as to why the sub-consultant is on your team.**  |
|  | Landscape Architect |  |
|  | Civil Engineer |  |
|  | Mechanical Engineer |  |
|  | Structural Engineer |  |
|  | Electrical Engineer |  |
|  | Qualified Environmental Professional (Fisheries) |  |
|  | Registered Professional Forester or Certified Arborist |  |
|  | Quantity Surveyor |  |

1. **PROFESSIONAL ASSOCIATION(S)**

State the association(s) the Respondent is a member of:

|  |
| --- |
|  |

1. **Sustainable Benefits**

Briefly describe your firm’s social, economic and environmental initiatives, innovations, and practices and how those would benefit the City:

|  |
| --- |
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1. **Value Added Benefits**

Provide information on what makes your firm innovative and how creativity will be incorporated in providing options, what is your competitive advantage, and what other services your firm provides that would assist or be of benefit to the City:

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1. **Conflict of Interest Declaration**

Respondents shall disclose any actual or potential conflicts of interest and existing business relationships it may have with the City, their elected or appointed officials or employees:

|  |
| --- |
|  |

1. **REQUESTED DEPARTURES – CONTRACT**

The Proponent has reviewed the [Appendix A – Consulting and Professional Services](#AppendixA) Agreement and the City’s [Standard Terms and Conditions - Consulting and Professional Services](https://www.coquitlam.ca/DocumentCenter/View/1448/10-02-2019-Standard-Terms-and-Conditions---Consulting-and-Professional-Services-PDF)

I/We would be prepared to enter into that Contract, amended by the following departures (list, if any):

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1. **Conflict of Interest Declaration**

Respondents shall disclose any actual or potential conflicts of interest and existing business relationships it may have with the City, their elected or appointed officials or employees:

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1. **Addenda**

We acknowledge receipt of the following Addenda related to this RFIQ and have incorporated the information received in preparing this Submission:

|  |  |
| --- | --- |
| **Addendum No.** | **Date Issued** |
|  |  |
|  |  |
|  |  |

1. **Authorization**

The Respondent states that the signature below is an authorized representative that can bind the company to statements made in this Submission. For the purpose of this RFIQ, electronic signatures will be accepted.

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **GST Registration No.:** |  |
| **Project Contact:**Name and Title of Individual*for communication related to this RFIQ (*please print) |  |
| **Contact Email:** |  |
| **Name & Title of Authorized Signatory:**(please print) |  |
| **Signature:** |  |
| **Date:** |  |

**- End of Submission Form -**