

**INFORMAL
BID PROPOSAL FORM**
STATE OF NEW JERSEY
DEPARTMENT OF TRANSPORTATION

The bid proposal is to be returned to the buyer via the e-mail noted in the solicitation. Proposals sent to any other e-mail address may result in the proposal being rejected. The quote must be submitted in PDF format. No other format will be accepted. Proposals will be accepted no later than **10:00 AM on Tuesday, February 4, 2025.**

FIRM NAME
AND ADDRESS:
(Please type or print)

ID#:

PROJECT: T0686-03 Southampton Septic System Repairs

The undersigned proposes to furnish all labor and materials as called for in the specifications for:
Insert "X" opposite trade:

C062 – Pumping Stations

Single Bid (lump sum all trades) \$ _____
(Numerical figures only)

The proposal is based upon the bid documents listed below:

1. Solicitation dated December 17, 2024, which includes General Conditions, Instructions to Bidders and Scope of Work.
2. Drawing(s) #G-1, E-1 and C-1 by Gannett Fleming, dated March 2024.

This project will be fully completed and ready for occupancy within **90** calendar days.

Liquidated Damages: in accordance with Paragraph 10 of the Specifications, liquidated damages will be assessed at \$500.00.

The above price is good through 60 days after the bid opening date.

Bid Bond, Payment and Performance Bonds are waived.

The contractor acknowledges receipt of the following Bulletins:

BULLETIN

DATE OF BULLETIN

PROJECT: T0686-03 Southampton Septic System Repairs

FOR SINGLE BID (LUMP SUM ALL TRADES) ONLY

The names and addresses of each Subcontractor included in this Single Bid proposal are listed below and are classified with DPMC in accordance with N.J.S.A. 52:35-1 et seq. at time of the bid due date. The Contractor acknowledges the failure to list classified Subcontractors as part of the Single Bid proposals shall constitute a non-waivable material deviation resulting in a rejection of the bid.

TRADE: _____

NAME:

ADDRESS: _____

TRADE: _____

NAME:

ADDRESS: _____

TRADE: _____

NAME:

ADDRESS: _____

PROJECT: T0686-03 Southampton Septic System Repairs

CERTIFICATION

I certify that the below named firm is classified by the Division of Property Management and Construction in the approved amount of \$ _____ for (trade) _____ until _____ (expiration date).

I further certify that this firm's bid for this project does not cause the firm to exceed its aggregate rating limit, including consideration of uncompleted construction work (please refer to N.J.A.C. 17:19-2.13, which describes how certain major trade subcontract work is discounted 85% for purposes of calculating whether a contractor is within its rating).

(Affix Seal –
if bid proposal is
by a corporation)

Respectfully submitted,

By: _____
(Name of firm)

(Signature)

(Title)

(Business Street Address ONLY – No PO Box)

(City, State, County, Zip)

(Phone #)

(Fax #)

FEDERAL IDENTIFICATION #: _____

HAS THERE BEEN ANY CHANGE IN OWNERSHIP INFORMATION SINCE FILING YOUR REQUEST FOR CLASSIFICATION (FORM GSA-27)?

[] YES

[] NO

IF YES, ATTACH EXPLANATION.

PROJECT: T0686-03 Southampton Septic System Repairs

**STATE OF NEW JERSEY
DEPARTMENT OF TRANSPORTATION
NON-COLLUSION AFFIDAVIT**

Project: T0686-03
Name: Septic System Repairs
Location: NJDOT Southampton Maintenance Facility
County: Burlington

Bid Due Date: **Tuesday, February 4, 2025@ 10:00 AM**

STATE OF NEW JERSEY [_____]
[**SS.**]
COUNTY OF [_____]

I, _____ of the City of _____ in the
County of _____ and the State of _____ of

full age, being duly sworn according to law on my oath depose and say that:

I am _____ of the firm

of _____ the Contractor making the
Bid Proposal for the above named project, and that I execute the said Bid Proposal with full authority so to do; that
said Contractor has not , directly or indirectly, entered into any agreement, participated in any collusion, or otherwise
taken any action in restraint of free, competitive bidding in connection with the above named project; and that all
statements contained in said Bid Proposal and in this Affidavit are true and correct, and made with full knowledge
that the State of New Jersey relies upon the truth of the statements contained in said Bid Proposal, and in the
statements contained in this Affidavit in awarding the contract for the said project.

SIGNATURE OF PRINCIPAL

Subscribed and sworn to
Before me this day
of ,

Notary Public of

My Commission expires _____, _____

SBE FORM A - SCHEDULE OF SMALL BUSINESS ENTERPRISE PARTICIPATION

PROJECT: T0686-03 Southampton Septic System Repairs

BID AMOUNT: _____

DATE: _____

NAME OF SMALL BUSINESS ENTERPRISE	ADDRESS/ PHONE #	TYPE OF WORK AND CONTRACT ITEMS OR PARTS THEREOF TO BE PERFORMED	ACTUAL DOLLAR AMOUNT OF SBE CONTRACT WORK	PERCENT OF TOTAL BID AMOUNT	ETHNICITY

_____ SBE LIAISON OFFICER _____
 BIDDER (Print Name)

TELEPHONE NUMBER _____

Attach copies of (SBE) Certification from Division of Minority & Women Business Development for Prime and Subcontractors.

FORM B - CERTIFICATION OF SBE STATUS

PROJECT: T0686-03 Southampton Septic System Repairs

I, _____ OF THE CITY OF
AND THE STATE OF _____, CERTIFY THAT:

I AM _____ OF THE FIRM OF _____, HAVING AN ADDRESS OF _____, WHICH FIRM IS CERTIFIED AS A SBE BY THE NEW JERSEY COMMERCE AND ECONOMIC GROWTH COMMISSION.

I FURTHER WARRANT THAT I AM AUTHORIZED BY THE SAID FIRM TO MAKE THIS CERTIFICATION AND WILL PROVIDE INFORMATION REQUESTED BY THE DIVISION OF PROPERTY MANAGEMENT & CONSTRUCTION TO DOCUMENT THE FACT THAT THE SAID FIRM IS AN SBE.

(SIGNATURE)

SOURCE DISCLOSURE CERTIFICATION FORM

Bidder: _____

Project: T0686-03 Southampton Septic System Repairs

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Bidder.

The Bidder submits this Certification as part of a bid proposal in response to the referenced solicitation issued by the State of New Jersey, Department of Treasury, Division of Property Management and Construction (DPMC), in accordance with the requirements of Public Law 2005, Chapter 29, (N.J.S.A. 52:34-13.2 et seq., superseding Executive Order 129 (2004)), issued by Governor James E. McGreevey on September 9, 2004 (hereinafter "E.O. No 1290)).

The following is a list of every location where services will be performed by the bidder and all subcontractors.

<u>Bidder or Subcontractor</u>	<u>Description of Services</u>	<u>Performance Location(s) by Country</u>
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Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced Project Number will be immediately reported by the Bidder to the Contract Compliance Unit in the DPMC, Department of Treasury, State of New Jersey, PO Box 034, Trenton, NJ 08625.

I understand that, after award of a contract to the Bidder, it is determined that the Bidder has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Director, Division of Property Management and Construction, that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the State of New Jersey, the Bidder shall be deemed in breach of contract, which contract will be subject to termination for cause under its contract with DPMC.

I further understand that this Certification is submitted on behalf of the Bidder in order to induce DPMC to accept a bid proposal, with knowledge that the State of New Jersey and DPMC are relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Bidder: _____
[Name of Organization or Entity]

By: _____

Title: _____

Print Name: _____

Date: _____

PUBLIC LAW 2005, CHAPTER 271
 VENDOR CERTIFICATION AND POLITICAL CONTRIBUTION DISCLOSURE FORM

NAME AND ADDRESS OF COMMITTEE TO WHICH CONTRIBUTION WAS MADE	DATE OF CONTRIBUTION	AMOUNT OF CONTRIBUTION	CONTRIBUTOR'S NAME
Indicate " <u>none</u> " if no Reportable Contributions were made. Attach Additional Pages as Needed			

CERTIFICATION:

I certify as an officer or authorized representative of the Vendor that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Name of Vendor: _____

Signed: _____

Title: _____

Print Name: _____

Date: _____

BIDDERS ARE REQUIRED TO COMPLETE AND SUBMIT ALL COMPLIANCE FORMS LISTED ON THE DPA FORMS LINK UNDER THIS SOLICITATION ON THE EMS WEBSITE; THEREBY ENSURING ALL COMPLIANCE REQUIREMENTS HAVE BEEN MET. FAILURE TO SUBMIT ALL REQUIRED FORMS WITH YOUR PROPOSAL MAY RESULT IN YOUR BID BEING REJECTED.

Federal System for Award Management (SAM) Registration

CERTIFICATION

I certify that the below named firm has registered with the Federal System Award Management (SAM) system per the below requirement:

Contractors are advised that due to recently approved Legislation (P.L. 2019, Chapter 406), any firm seeking to be awarded a contract must register with the Federal System for Award Management (SAM) prior to contract award. In order to comply with this requirement, firms must register in SAM at <http://www.sam.gov>. It is recommended that Contractors register with the SAM as soon as possible to avoid delays in the award of a contract.

Name of Vendor: _____

Signed: _____

Title: _____

Print Name: _____

Date: _____