



Boston Public Health Commission
Division of Property Management
Mattapan Campus
205 River Street
Mattapan MA 02126

**Plumbing Emergency Repairs Pre-Selection Contract
December 1st, 2020 – November 30, 2023**

Project # PM-2C-2023

**BOSTON PUBLIC HEALTH COMMISSION
PROPERTY MANAGEMENT DIVISION**

ADVERTISEMENT

**EMERGENCY REPAIRS PRESELECTION CONTRACT
December 1st, 2020 – November 30th, 2023**

INVITATION TO INTERESTED, RESPONSIBLE AND COMPETENT PERSONS OR FIRMS ENGAGED IN PLUMBING WORK OR BUSINESS TO APPLY AND QUALIFY FOR CONTRACTS WITH THE BOSTON PUBLIC HEALTH COMMISSION

The Boston Public Health Commission, acting through its Property Management Division invites competent persons, firms or corporations to apply for pre-qualification on a bidder's list and thereafter enter into a contract or contracts as may be requested from time to time by the Official for the performance of PLUMBING general work, repairs, and/or preventive maintenance, and to perform such work when and as it may be required by the Official.

Copies of the application and related may be obtained via e-mail at: mmacdougall@bphc.org and ktejada@bphc.org on November 2, 2020.

APPLICATIONS MUST BE SUBMITTED DIRECTLY TO: PROPERTY MANAGEMENT DIVISION OF THE BOSTON PUBLIC HEALTH COMMISSION – 205 River Street, Mattapan 02126. Applications must be in a sealed envelope. The front of the envelope must be labeled “PLUMBING PRESELECTION CONTRACTS / EMERGENCY REPAIRS – December 1st, 2020 – November 30th, 2023.

Applications to pre-qualify for contracts for such work will be accepted until 3:30PM on November 17, 2020. LATE PROPOSALS WILL NOT BE ACCEPTED.

The Boston Public Health Commission (the Commission) will require a Contract Information Session for contractors interested in providing PLUMBING Emergency Repair Work for Commission-owned property. Interested applicants may contact the Project Managers and ask questions about bidding process, contractual documents and facilities. Previous contracted vendors are waived from the mandatory visit.

The attention of all applicants is directed to the provision of the contract documents, and particularly to the requirements for insurance and security for performance as may be applicable.

The Boston Public Health Commission and the Awarding Authority reserve the right to contract only in those cases and in accordance with those applications as the Awarding Authority determines to be in the best interest of the Boston Public Health Commission. Except in case of emergency, contracts for regular upgrades, repairs / works will be awarded to the lowest responsive and responsible bidder after a solicitation of bids from qualified applicants.

INSTRUCTIONS TO APPLICANTS

A fully completed Contract Proposal must be submitted directly to the Property Management Division Office, 205 River Street, Mattapan; no later than 3:30PM on November 17, 2020; with the following items below: Applications must be in a sealed envelope. The front of the envelope must be labeled “PLUMBING - Emergency Repairs Pre Selection – December 1st, 2020 – November 30, 2023”. LATE PROPOSALS WILL NOT BE ACCEPTED.

- (1) If your company is considered a corporation, a Certificate of Authority is required. It must name the person who is your company’s authorized signatory, and must be signed and sealed by the clerk or secretary of your corporation. If no seal is obtained, the Certificate of Authority must be signed by two (2) company officials. This document must be original (no photocopies).
- (2) If your company is classified as incorporation, a copy of the Articles of Organization must be provided.
- (3) An ORIGINAL, CURRENT INSURANCE CERTIFICATE (S) is required.
- (4) The vendor must fill out all the forms enclosed.
- (5) Proof of OSHA training
- (6) 5% Bid Bond
- (7) All services shall be in compliance with current state and city ordinances

Please be sure to review all sheets and completely fill out all forms with original signatures. Return the entire application. Do not discard any part of the package. THE PROPERTY MANAGEMENT DEPARTMENT RESERVES THE RIGHT TO REJECT ANY PROPOSALS SUBMITTED WITH INCOMPLETE DOCUMENTS. Any questions regarding this package may be directed to Keren Tejada at ktejada@bphc.org.

BOSTON PUBLIC HEALTH COMMISSION

Notice to applicants

1. INVITATION

The Boston Public Health Commission, acting by its Property Management Department, invites applications for a pre-selection of qualified Plumbers to provide services and to perform the work under emergency situations. *EMERGENCY WORK IS DEFINED AS ANY WORK REQUIRED TO BE PERFORMED WITHIN ONE HOUR OF NOTICE (AS DETERMINED BY THE BOSTON PUBLIC HEALTH COMMISSION), AND AFTER REGULAR BUSINESS HOURS AND ON HOLIDAYS – EMERGENCY WORK IS ANY WORK REQUIRED TO PREVENT OR MINIMIZE DAMAGE TO THE FACILITIES, BUILDING USERS AND RESTORE OR MAINTAIN CONTINUITY OF GENERAL PUBLIC SAFETY.*

2. SUBMISSION OF APPLICATIONS

Applications shall be filed at the place and time designated in the Advertisement. Applications shall bear the original signature of the applicant and be submitted in a sealed envelope, plainly marked with a description of the goods or services to be provided subsequent to telephone or written price quotations, which may from time to time be solicited by the Official.

3. SPECIFICATIONS

Applicants shall fully inform themselves in regard to all conditions pertaining to carrying out the contract as executed. Such contract shall be signed as part of their application but shall only be binding upon the written authorization. Any estimates, plans or other information relating to the goods, services, labor or materials or work required by the contract documents are to be considered solely for the purpose of qualifying for a contract that may be entered into by the Commission and comparing the several applications. The BPHC, nor its officers, agents nor employees shall be responsible for the accuracy of, or bound by, such estimates, plans or information.

4. TAXES

The Boston Public Health Commission is exempt from federal excise taxes (Federal Exemption No. E-043-316-655). Exemption Certificates will be provided, if requested, following award to the successful applicant.

5. BASIS FOR ACCEPTANCE/CONFLICT OF INTEREST

Any application will be accepted only on the basis that the applicant, by filing its application, represents that it is made in good faith without fraud, collusion, or connection of any kind with any other applicant for the same work; that the applicant is competing solely in its own behalf without connection with, or obligation to, any undisclosed person, firm or corporation; that no other person, firm or corporation has any interest in the contract; that no other officer, agent or employee of the Boston Public Health Commission is financially interested in the contract; that the applicant is fully informed in regard to all provisions of the contract documents, including, without limitation, the specifications and

drawings, if any, the time of performance, and the provisions for liquidated damages, if any.

6. QUESTIONS

All questions as to the interpretation of the correct documents shall be submitted in writing to the Official. The Official will send written answers to such relevant and material questions to everyone on record as having taken a set of the application and contract documents. No questions will be answered unless received by the Official at least seventy-two hours prior to the expiration of the time set for filing applications.

7. NON-EMERGENCY CONTRACT AWARD

Qualified contractors, resulting from this process, are pre-selected to conduct emergency work. This contract is not exclusive for regular maintenance or repairs, preventive maintenance and facilities upgrades. Contractors are required and encouraged to participate in the competitive public bidding process in place to procure additional services.

8. HARMONIOUS LABOR RELATIONS

The submission of an application shall constitute the certification of the applicant that it is able to, and will furnish labor that can work in harmony with all other elements of labor employed on the work.

9. QUALIFICATION OF APPLICANTS

It is the purpose of the Official not to award a contract to any applicant who does not furnish evidence, when requested, satisfactory to the Official that he has ability and experience in the pertinent class of work.

BOSTON PUBLIC HEALTH COMMISSION

Insurance requirements

1. The Contractor shall take out and maintain during the life of the contract such public liability, property damage, and Workmen's Compensation as shall protect him/her and any sub-contractor or person performing work covered by this contract from claims for personal injury, including wrongful death, as well as from claims for property damage, which may arise from operations under this contract, whether such operations be by him/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them at and/or away from the Contractor's place of business and the amounts of insurance shall be as follows with the exception of Purchase Orders for furniture and/or equipment.
 - (A) Public Liability Insurance in an amount not less than ONE MILLION (\$1,000,000.00) DOLLARS for injuries, including wrongful death, to any person and subject to the same limit for each person in an amount not less than ONE MILLION (\$1,000,000.00) DOLLARS, on account of one (1) accident, and,
 - (B) Property Damage Insurance in an amount of no less than ONE MILLION (\$1,000,000.00) DOLLARS for damages on account of any one (1) accident and in an amount not less than ONE MILLION (\$1,000,000.00) DOLLARS, for damages on account of all accidents.
 - (C) The Contractor shall, before commencing performance of the work, provide by insurance for the payment of compensation and the furnishing of other benefits under Chapter 152 of the General Laws (The Workman's Compensation Law so-called) to all persons to be employed under this contract and shall continue such insurance in full force and effect during the term of the contract.

NOTE: Do not submit a Certificate of Insurance with only partial coverage. Full coverage of the above three categories is required by time the contractual documents are required. Late or partial coverage will disqualify your application. An original current Certificate of Insurance with an original signature is required. NO COPIES.

Boston Public Health Commission

Contract general conditions

1. During the term of this contract, the Contractor shall, upon the written request of the Official, provide a written offer (quotation or estimate) of the cost of the goods or services to be supplied or the work to be done on forms authorized or provided by the Official. If the Official accepts such offer, The Contractor shall do the work in question in accordance with the specifications provided.
2. The Contractor shall furnish and supply all labor, parts and materials and shall do everything necessary to complete the work to the satisfaction of the Official and within the time set forth in the terms of the accepted offer.
3. The form written to the Official shall contain, at a minimum, the following information:
 - Date
 - Description of work to be performed or goods to be supplied
 - Total labor time an hours and cost per man-hour
 - Date of completion of the work
 - Total cost of the work
4. The Boston Public Health Commission shall not be required to pay in excess of an accepted offer unless the Official first approves both the additional work and the cost in writing. All such requests for additional compensation shall be submitted to the Official in the form described above. Additional payments will be approved only on the basis of a mutually unforeseen defect or other condition not apparent to the official and contractor at the time of the submission of a written offer.
5. This agreement does not bind the Contractor to submit bids or quotations, nor does it bind the Boston Public Health Commission to accept, in whole or in part, any bid or quotation submitted by the Contractor. It is agreed and understood that in each instance in which bids or quotations are submitted by more than one Contractor, the Official shall accept the written offer of the Contractor submitting the lowest most responsive bidder, who is eligible and capable to do the work or, in emergency situations, the offer specifying the earliest date of completion of the work.
6. It is understood that any contract for goods or services entered into by the Boston Public Health Commission pursuant to these contract provisions is intended to cover the procurement of goods or services estimated to cost less than \$25,000.
7. The contractor shall submit a final invoice for finished work within 5 days of completion.

SCOPE shall include but not limited to the following:

Furnish all labor, materials and equipment necessary to perform various alternations, repairs and other related work in accordance with Standard Specifications on file at the Department or as specified on work orders in the category listed as follows:

PLUMBING SPECIFICATIONS

Please note: Contractor must hold valid license to be listed in this category.

CONTRACTORS MUST FURNISH ALL LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PERFORM VARIOUS ALTERATIONS, REPAIRS AND OTHER RELATED WORK IN ACCORDANCE WITH STANDARD SPECIFICATIONS ON FILE AT THE DEPARTMENT OR AS SPECIFIED ON INVITATION BIDS OR WORK ORDERS AS LISTED BELOW:

REPAIRING OR REPLACEMENT OF BROKEN OR DEFECTIVE PLUMBING FIXTURES AND RELATED PARTS.

REPAIRING OR REPLACEMENT OF ALL HOT WATER RETURN AND COLD WATER SUPPLIES, RISERS AND MAINS TOGETHER WITH ALL RELATED VALVES, METERS AND OTHER EQUIPMENT.

REPAIRING OR REPLACEMENT OF ALL STORM, WASTE, SOIL, VENT SEWER AND EXTERIOR STORM DRAINAGE AND ROOF PIPING TOGETHER WITH ALL RELATED EQUIPMENT.

REPAIRING OR REPLACEMENT OF THE DOMESTIC HOT WATER SYSTEMS INCLUDING STORAGE TANKS, VALVES AND SAFETY DEVICES.

CLEANING OF STOPPAGES IN ALL SANITARY FIXTURES AND THE ENTIRE BUILDING STORM AND SANITARY SYSTEMS (INCLUDING FIXTURES TRAPS AND GREASE TRAPS)

REPAIR OR REPLACEMENT OF ALL FIXTURES AND PIPE SUPPORTS AND BRACKETS.

*REPAIR OR REPLACEMENT OF ALL FIXTURES AND RELATED PIPING FOR SPECIAL WASTE.
(INCLUDING DILUTING TANKS)*

CLEANING OUT OF CATCH BASIN AND DRAINPIPES.

ALL WORK PERFORMED UNDER THIS CONTRACT SHALL BE DONE BY LICENSED MECHANICS OR BY JOURNEYMEN UNDER THE SUPERVISION OF A MASTER PLUMBER LICENSED BY THE MASSACHUSETTS STATE BOARD OF PLUMBING EXAMINERS UNDER CHAPTER 142.

IN ADDITION, PLUMBING CONTRACTORS WILL BE CALLED UPON TO MAKE ANY OR ALL OTHER REPAIRS RELATING TO THE PLUMBING, GAS AND SPRINKLER SYSTEMS NOT SPECIFICALLY MENTIONED.

EMERGENCY REPAIRS PRESELECTION CONTRACT

CONTRACTOR SELECTION PROCEDURE

Contractors who have applied and are approved/selected will be placed on alphabetical lists.

For Emergency Work, contractors will be notified on a rotating basis, subject to responsiveness.

Campuses will have their own respective lists.

For routine work, all contractors will be invited to bid.

The Boston Public Health Commission will have six active lists for each category:

- Northampton Square – 785 Albany Street; South End Fitness Center; Three level Parking Garage and, 721-727 Mass Ave. Electrical work within the High Rise (35 Northampton St) & Low Rise (860 Harrison Ave) is excluded from this contract.
- Long Island Campus – access is via maritime transportation provided by BPHC.
- Mattapan Campus
- Albany St. Campus - 774 Albany Street (Finland Bldg.) and 794 R Mass Ave (Woods Mullen Female Shelter)
- 112 Southamton Street – Entrance via Atkinson St. (Men Shelter) and, Engagement Center (fabric structure)
- 1515 Commonwealth Avenue Brighton, MA 02135
- EMS – various satellite locations throughout Boston.

EMERGENCY REPAIRS PRESELECTION CONTRACT

CONTRACTOR TERMINATION PROCEDURE

- 1) As per General Conditions, contractors shall 1) do the work in question in accordance with the specific requirements or specifications provided; 2) furnish and supply all labor, parts and materials; and 3) do everything necessary to complete the work to the satisfaction of the Official and complete the work within the time set forth in the terms of the accepted offer.
- 2) Contractors may be terminated from further eligibility to furnish services for the following reasons, and under the following procedures:

Reasons for Termination:

A Contractor will be terminated from further eligibility to furnish services under the contract if:

- a) Contractor does not perform services or;
- b) Contractor provides services which are not satisfactory; see [Boston Public Health Commission Standard Contract – General Conditions Article 8, Section 8.1]
- c) Contractor engages in unprofessional behavior, illegal activity, or violation of any policy or procedure as determined by the awarding Authority. (e.g. lapse of insurance, failure to pay police details, illegal dumping, operating without permits or licenses, etc.)
- d) **Contractor fails to show up for three or more consecutive calls for Emergency Work**
- e) **Contractor fails to respond to request for EMERGENCY WORK within time specified (answers call but fails to show at scene within time specified)**

A) General Procedure for termination:

- i) Upon first occurrence of one of reasons a, b, or c, the Project Manager will complete a Contractor Non-Compliance Form. The Contractor will receive a Notice of Termination of Eligibility to Provide Services by certified mail. The Contractor will no longer be considered for work in the applicable category(ies).
- ii) Within 30 days of receipt of Notice of Termination, the Contractor may appeal, in writing, for reinstatement of eligibility to the Director of Property Management.
- iii) The Director shall uphold the termination, or restore eligibility to the Contractor with additional requirements, where deemed necessary.

B) Failure to Respond or show to Emergencies

- i) Upon failure to show up for three consecutive bid viewings, a failure to accept three calls for Requests for Emergency Work, any combination of the above, or upon acceptance of a call for Request for Emergency Work and a failure to show at scene

within time specified, the Project Manager will complete a Contractor Non-Compliance Form. The Contractor will no longer be considered for work in the applicable category(ies). The Contractor will receive a Notice of Termination of Eligibility to Provide Services by certified mail.

- ii) Within 30 days of receipt of Notice of Termination, the Contractor may appeal, in writing, for reinstatement of eligibility to the Director of Property Management.
- iii) The Director shall uphold the termination, or restore eligibility to the Contractor with additional requirements, where deemed necessary.

EMERGENCY REPAIRS PRE-SELECTION CONTRACT
BOSTON PUBLIC HEALTH COMMISSION
PRICING FORM

VENDOR NAME: _____

ADDRESS: _____

EMAIL _____

PH _____ FAX _____

TAX ID # _____

A. LICENSE HOLDER _____

Comm. Of Mass _____ License # _____ Date _____

B. LICENSE HOLDER _____

Comm. Of Mass _____ License # _____ Date _____

C. LICENSE HOLDER _____

Comm. Of Mass _____ License # _____ Date _____

A. FY'21 (DECEMBER 1ST, 2020 – NOVEMBER 30TH, 2021)

1ST SHIFT (MON– SAT) 8:00 AM – 5:00 PM \$ _____ / HOUR

2ND SHIFT (MON– SAT) 5:00 PM – 1:00 AM \$ _____ / HOUR

3RD SHIFT (MON– SAT) 1:00 AM – 8:00 AM \$ _____ / HOUR

SUNDAY \$ _____ / HOUR

HOLIDAY \$ _____ / HOUR

EMERGENCY REPAIRS PRE-SELECTION CONTRACT
BOSTON PUBLIC HEALTH COMMISSION
PRICING FORM

B. FY'22 (DECEMBER 1ST, 2021 – NOVEMBER 30TH, 2022)

1ST SHIFT (MON– SAT) 8:00 AM – 5:00 PM \$ _____ / HOUR

2ND SHIFT (MON– SAT) 5:00 PM – 1:00 AM \$ _____ / HOUR

3RD SHIFT (MON– SAT) 1:00 AM – 8:00 AM \$ _____ / HOUR

SUNDAY \$ _____ / HOUR

HOLIDAY \$ _____ / HOUR

C. FY'23 (DECEMBER 1ST, 2022 – NOVEMBER 30TH, 2023)

1ST SHIFT (MON– SAT) 8:00 AM – 5:00 PM \$ _____ / HOUR

2ND SHIFT (MON– SAT) 5:00 PM – 1:00 AM \$ _____ / HOUR

3RD SHIFT (MON– SAT) 1:00 AM – 8:00 AM \$ _____ / HOUR

SUNDAY \$ _____ / HOUR

HOLIDAY \$ _____ / HOUR

BOSTON PUBLIC HEALTH COMMISSION
VENDOR PROFILE

EMERGENCY REPAIRS PRESELECTION CONTRACT

Please fill out and return this form with your bid submission, proposal, submission, CM/10 form or Purchase Contract. (If returned with your bid proposal do not submit a duplicate with your CM/10 or Purchasing Contract.) The Boston Public Health Commission is using this information to develop a master vendor list. Submission of this form does not constitute approval of your firm as a BPHC contractor.

IDENTIFICATION:

CEO Name: _____ Contact Person: _____

Business Name: _____ FIN or SSN: _____

Primary Headquarters Address:

Number Street City State Zip Phone

Local Branch Address: (if different)

Number Street City State Zip Phone

BUSINESS PROFILE – Please check appropriate categor(ies):

1. Type of Business:

Construction _____ Professional _____ Maintenance Service _____ Service _____
Manufacturing _____ Retail Sales _____ Other _____ Describe _____

2. Year business established _____ Year present ownership established _____

OWNERSHIP: (Check all applicable boxes)

Company is at least 51% owned, controlled, and actively managed by:

- _____ Woman/Women
- _____ Handicapped Persons
- _____ White / Not Hispanic Origin
- _____ American Indian/Alaskan
- _____ Asian or Pacific Islander
- _____ Black / Not Hispanic Origin
- _____ Hispanic
- _____ Other (Please Specify)

If you are describing yourself as a minority or women owned business, please check one of the following:

- 1) Certified by the City of Boston as an M/WBE _____
- 2) Certified by SOMBWA as a M/WBE _____
- 3) Certified by another organization _____ which _____
- 4) Not Certified _____

If your business is not certified by the City of Boston or SOMBWA and you would like more information, please call the Minority/Women Business Enterprise Office 635-4084.

ASSURANCE OF EQUAL EMPLOYMENT OPPORTUNITY

Staff Employed by Contractor (Please Indicate Number):

____ Black ____ White ____ Hispanic ____ Asian ____ American Indian ____ Other

Staff Servicing this Contract:

____ Black ____ White ____ Hispanic ____ Asian ____ American Indian ____ Other

Responsibility for Equal Opportunity:

Name: _____

Title: _____

Signature

Date: _____

Contractor is an equal opportunity employer and does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, age or handicap.

THIS FORM MUST BE COMPLETED

EMERGENCY WORK RESPONSIVENESS

Work, which in the opinion of the Property Management Department, is of an emergency nature requires that the contractor selected respond within a reasonable time. Contractors receiving Work Orders to perform emergency services should be prepared to respond at any hour to any building in the inventory. Requirements for response times will be determined on a case-by-case basis by the Property Management Department, and the time will be noted whenever possible. When times are not explicitly mentioned, contractors should assume that they must respond within one hour of the call.

The following questions must be answered if any material, equipment, or parts are an integral part of the services to be performed:

1. Do you have a material storage facility within five (5) miles of the City of Boston?

NO _____

YES _____

2. Do you have available material, trucks, equipment or parts stored for 24-hour emergency service?

NO _____

YES _____

3. Does your company regularly employ Comm. of Mass. Certified apprentices?

NO _____

YES _____

4. Does your company have voice mail / answering service?

NO _____

YES _____

Corporate Official Signature

Title

Date

BOSTON PUBLIC HEALTH COMMISSION

Application

To the Official, acting in the name of and on behalf of the Boston Public Health Commission:

- A. The undersigned hereby makes applications to furnish all goods and services and all labor and materials to perform all work required for:

Boston Public Health Commission

in accordance with the terms of the accompanying specifications and other contract documents, and with special reference to the Notice to Applicants and the Contract General Conditions, the terms of which are incorporated herein and made a part thereof, and a copy of which has been provided by the Official, for prices to be established for purchases or tasks, as may be required by the Official from time to time and documented by the Boston Public Health Commission.

- B. The names and addresses of all persons interested in this application as principals other than the undersigned are:
-
-

The applicant is a/an:

(Individual-Partnership-Corporation-Joint Venture-Trust)

1. If applicant is a Partnership, state name and residential address of all general and limited partners (or attach listing):
-
-
-

2. If applicant is a Corporation, state the following:

Corporation is incorporated in the State of _____

President is _____

Treasurer is _____

Place of Business is _____
(Street)

(City, State and Zip Code)

3. If applicant is a Joint Venture, state the names and business addresses of each person, firm or company that is party to the joint venture:

A Copy of the joint venture agreement is on file at _____
And will be delivered to the Official on request.

4. If applicant is a Trust, state the name and residential address of all Trustees:

The Trust documents are on file at _____

- C. Reference(s):

1. List three (3) or more contracts on which you served as vendor/contractor within the past two (2) years for work of similar character as required for the above named contract:

<u>Work of Contract:</u>	<u>Business or Govt. Entity:</u>	<u>Amount of Contract:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Bank Reference(s)

Name of Bank:

Telephone No.:

_____	_____
_____	_____

D. If the business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Laws c. 110, § 5, was filed:

E. The Taxpayer Identification Number* of the applicant (the number used on Employer's Quarterly Federal Tax Return, U.S. Treasury Form 941) is:

* If individual, use Social Security Number: _____

F. Have been in business under present business name _____ years.

G. Ever failed to complete any work awarded? _____ (if answer is yes, state circumstances)

H. Pursuant to M.G.L. c62C, §49A, the undersigned certifies under the penalties of perjury that to the best of his/her knowledge and belief all state tax returns have been filed and that all state taxes required under law have been paid. (NOTE: The Taxpayer Identification Number will be furnished to the Massachusetts Department of Revenue to determine compliance with the above- referenced law.)

I. The undersigned certifies under penalties of perjury that this application has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

Bidder: _____

By: _____

(Sign Here)

Business Address: _____

(Street) _____

(City, State, Zip Code)

NOTE: This application must bear the written signature of the applicant.

If the applicant is an individual doing business under a name other than his own name, the application must so state, giving the address of the individual.

If the applicant is a partnership, a general partner designated as such must sign the application.

If the applicant is a corporation, trust or joint venture, a duly authorized officer or agent of such corporation, trust or joint venture must sign the application.