

**ATTACHMENT A – BID FORMS**

**k-t@- BIDDER INFORMATION FORM**

Bidder shall complete this form to demonstrate it meets the minimum qualifications specified in Section IV. Bidder may attach any supplemental information necessary to make such demonstration. Pages of this form may be copied to provide additional reference information.

**1. Reference #1**

Company/Bidding Entity: \_\_\_\_\_

Municipal/County Contact: \_\_\_\_\_

Municipal/County Address: \_\_\_\_\_

Municipal/County Employee Responsible for Contract Compliance: \_\_\_\_\_

Above Employee's Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Term of Contract: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Residential Collection Service**

Services Provided within Contract <i>(check all that apply)</i>	Type of Service	Number of Units Serviced	Frequency of Collection		
			1x per week	2x per week	Other
<input type="checkbox"/>	Manual Solid Waste				
<input type="checkbox"/>	Carted Solid Waste				
<input type="checkbox"/>	Manual Recycling				
<input type="checkbox"/>	Carted Recycling				
<input type="checkbox"/>	Yard Debris				
<input type="checkbox"/>	Bulky Waste				

**Commercial Collection Service**

Number of commercial customers: \_\_\_\_\_

Compactor container service provided  YES  NO

Commercial recycling collection provided  YES  NO

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**2. Reference #2**

Company/Bidding Entity: \_\_\_\_\_

Municipal/County Contact: \_\_\_\_\_

Municipal/County Address: \_\_\_\_\_

Municipal/County Employee Responsible for Contract Compliance: \_\_\_\_\_

Above Employee's Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Term of Contract: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Residential Collection Service**

Services Provided within Contract <i>(check all that apply)</i>	Type of Service	Number of Units Serviced	Frequency of Collection		
			1x per week	2x per week	Other
<input type="checkbox"/>	Manual Solid Waste				
<input type="checkbox"/>	Carted Solid Waste				
<input type="checkbox"/>	Manual Recycling				
<input type="checkbox"/>	Carted Recycling				
<input type="checkbox"/>	Yard Debris				
<input type="checkbox"/>	Bulky Waste				

**Commercial Collection Service**

Number of commercial customers: \_\_\_\_\_

Compactor container service provided  YES  NO

Commercial recycling collection provided  YES  NO

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**3. Reference #3**

Company/Bidding Entity: \_\_\_\_\_

Municipal/County Contact: \_\_\_\_\_

Municipal/County Address: \_\_\_\_\_

Municipal/County Employee Responsible for Contract Compliance: \_\_\_\_\_

Above Employee's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Term of Contract: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Residential Collection Service**

Services Provided within Contract <i>(check all that apply)</i>	Type of Service	Number of Units Serviced	Frequency of Collection		
			1x per week	2x per week	Other
<input type="checkbox"/>	Manual Solid Waste				
<input type="checkbox"/>	Carted Solid Waste				
<input type="checkbox"/>	Manual Recycling				
<input type="checkbox"/>	Carted Recycling				
<input type="checkbox"/>	Yard Debris				
<input type="checkbox"/>	Bulky Waste				

**Commercial Collection Service**

Number of commercial customers: \_\_\_\_\_

Compactor container service provided  YES  NO

Commercial recycling collection provided  YES  NO

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**4. Reference #4**

Company/Bidding Entity: \_\_\_\_\_

Municipal/County Contact: \_\_\_\_\_

Municipal/County Address: \_\_\_\_\_

Municipal/County Employee Responsible for Contract Compliance: \_\_\_\_\_

Above Employee's Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Term of Contract: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Residential Collection Service**

Services Provided within Contract <i>(check all that apply)</i>	Type of Service	Number of Units Serviced	Frequency of Collection		
			1x per week	2x per week	Other
<input type="checkbox"/>	Manual Solid Waste				
<input type="checkbox"/>	Carted Solid Waste				
<input type="checkbox"/>	Manual Recycling				
<input type="checkbox"/>	Carted Recycling				
<input type="checkbox"/>	Yard Debris				
<input type="checkbox"/>	Bulky Waste				

**Commercial Collection Service**

Number of commercial customers: \_\_\_\_\_

Compactor container service provided  YES  NO

Commercial recycling collection provided  YES  NO

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**5. Senior Management Team**

Bidder shall have an experienced senior management team. Each member of the senior management team shall have at a minimum five (5) years experience in solid waste collection services. The senior management team is defined as the Chief Executive Officer, Chief Operating Officer, and General Manager, or similarly titled positions.

	Resume/Bio Provided	Five (5) Years Experience
Chief Executive Officer: _____	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Chief Operating Officer: _____	<input type="checkbox"/> YES	<input type="checkbox"/> YES
General Manager: _____	<input type="checkbox"/> YES	<input type="checkbox"/> YES

**6. Performance History**

Bidder shall check all that apply during the last five (5) years. For each item checked “yes,” Bidder shall attach an explanation that includes the name of the claim, arbitration, litigation, or action; name of the claimant; date of alleged occurrence; amount at issue, if applicable; criminal or civil charges alleged, if applicable; and disposition of the claim, arbitration, litigation, or action.

	Yes	No
Criminal action against the Bidder	<input type="checkbox"/>	<input type="checkbox"/>
Civil action (involving \$10,000 or more)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of service contract	<input type="checkbox"/>	<input type="checkbox"/>
Bid bond claim	<input type="checkbox"/>	<input type="checkbox"/>
Performance bond claim	<input type="checkbox"/>	<input type="checkbox"/>
Liquidated damages claim (\$10,000 or more/contract/year)	<input type="checkbox"/>	<input type="checkbox"/>

**7. Financial Capability**

Bidder has provided appropriate documentation to demonstrate the financial ability to provide the equipment and resources necessary to satisfactorily conduct the services requested.

YES

**8. Resources**

Bidder shall demonstrate sufficient resources to provide the collection services required by listing the number of anticipated routes, number of homes serviced per route, types of vehicles, and number of personnel. Residential Customer numbers are estimates only for the purposes of this ITB.

**Option 1 – Subscription service in entire Franchise Area**

(Assuming 23,131 Residential Customers)

Service	# Routes/ Day	# Days/ Week	# Customers/ Route	# Personnel/ Route	Vehicles (type, make, model, year)
Solid Waste					
Recyclables					
Yard Debris					
Bulky Waste					

**Option 2 – Universal service in USA and subscription service in RSA**

(Assuming Residential Customers in USA and 8 Residential Customers in RSA )

Service	# Routes/ Day	# Days/ Week	# Customers/ Route	# Personnel/ Route	Vehicles (type, make, model, year)
Solid Waste					
Recyclables					
Yard Debris					
Bulky Waste					

**Option 3 – Universal service in entire Franchise Area**

(Assuming 40,930 Residential Customers)

Service	# Routes/ Day	# Days/ Week	# Customers/ Route	# Personnel/ Route	Vehicles (type make, model, year)
Solid Waste					
Recyclables					
Yard Debris					
Bulky Waste					