

Request for Proposals # 09-P-JM-037

AMENDMENT NO. 1

“Water Proofing & Leak Repair Services”

Issue Date: June 26, 2009

TO ALL PROSPECTIVE OFFERORS:

This Amendment provides for clarifications, changes and responses to questions related to RFP No. 09-P-JM-037

Section B. Supplies or Services and Price is amended to change the following provision:

B.1.1 The two (2) one year renewal options has been changed to **three (3) one year renewal** options according to the terms and conditions and scope of work stated herein.

This change is applicable throughout the document including Section F.2.1 *Option to Extend the Term of the Contract*.

The Option Year change also required four additional Quote Forms which are attached to this Amendment.

B.1.4 The table, listing the deliverables, in the Modification to Delivery Order Section is amended to change the following:

- 1) To reduce the frequency and volume of the Daily Report with a Quantity of three (3) to a **Weekly Report with the Quantity of Two (2)**, and
- 2) To add an **“Investigative Report with a Quantity of Two (2)”** requirement.

Section K.6 Tax Certification is amended to replace the current section with:

Each Offeror must complete and submit the attached Government of the District of Columbia Tax Certification Affidavit with their proposal. (Attachment J.1.5 is attached to this amendment).

**ALL OTHER TERMS AND CONDITIONS OF THIS SOLICITATION  
REMAIN UNCHANGED**

**Your signature below acknowledges receipt of this Amendment. Please sign and return a copy of Amendment No. 1 with your proposal response or complete the Acknowledgement of Amendments on page 1 of the RFP. Any questions regarding this Amendment may be addressed to Brenda Fuller at [bfuller@dcconvention.com](mailto:bfuller@dcconvention.com).**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**B.2.5  
QUOTE FORM  
Prime Contractor**

**B.2.5 Option Year Three (October 1, 2011 – September 30, 2012)**

Contract Line Item Numbers	Description	Unit Price	Total
001	Surveyor		
002	Prepare Inspection Report (s) and Repair Proposals		
003	Laborers		
004	Task 2: Perform Water Proofing and Leak Repairs (Cannot price until completion of Item No. 002)	TBD	TBD
004	Other (Specify)		
	<b>Grand Total</b>		

- a. All prices shall exclude District of Columbia sales tax and all other taxes. The WCCA is exempt from state and local taxes. If Federal Excise Tax applies, show amount of same which has already been deducted to determine your net price.
- b. Price quote shall be F.O.B. Destination, unless otherwise specified in writing by the WCCA.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Company:** \_\_\_\_\_

*Quotes are valid for a period of ninety (90) days from date of quote*

**B.2.5  
QUOTE FORM  
Prime Contractor**

The contract shall be awarded on a **Fixed Rate** basis. Please provide the labor category, the unloaded hourly rate, fringe, overhead, G&A, profit, other, and loaded hourly rate for the base period.

**Option Year Three (October 1, 2011 – September 30, 2012)**

LABOR CATEGORY (List)	UNLOADED HOURLY RATE	FRINGE	OVERHEAD	G&A	PROFIT	OTHER	LOADED HOURLY RATE

**Material shall be reimbursed at cost, plus a materials handling charge.**

**Overtime Hours:** Between the hours of \_\_\_\_\_ to \_\_\_\_\_.

**Overtime Rate (Percent):** \_\_\_\_\_%.

**Holiday Hours:** Between the hours of \_\_\_\_\_ to \_\_\_\_\_.

**Holiday Pay Rate:** \_\_\_\_\_%.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**B.2.5  
QUOTE FORM  
Sub-Contractor**

**B.2.5 Option Year Three (October 1, 2011 – September 30, 2012)**

Contract Line Item Numbers	Description	Unit Price	Total
001	Surveyor		
002	Prepare Inspection Report (s) and Repair Proposals		
003	Laborers		
004	Task 2: Perform Water Proofing and Leak Repairs (Cannot price until completion of Item No. 002)	TBD	TBD
004	Other (Specify)		
	<b>Grand Total</b>		

- a. All prices shall exclude District of Columbia sales tax and all other taxes. The WCCA is exempt from state and local taxes. If Federal Excise Tax applies, show amount of same which has already been deducted to determine your net price.
- b. Price quote shall be F.O.B. Destination, unless otherwise specified in writing by the WCCA.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Company:** \_\_\_\_\_

*Quotes are valid for a period of ninety (90) days from date of quote*

**B.2.5  
QUOTE FORM  
Sub Contractor**

The contract shall be awarded on a **Fixed Rate** basis. Please provide the labor category, the unloaded hourly rate, fringe, overhead, G&A, profit, other, and loaded hourly rate for the base period.

**Option Year Three (October 1, 2011 – September 30, 2012)**

<b>LABOR CATEGORY (List)</b>	<b>UNLOADED HOURLY RATE</b>	<b>FRINGE</b>	<b>OVERHEAD</b>	<b>G&amp;A</b>	<b>PROFIT</b>	<b>OTHER</b>	<b>LOADED HOURLY RATE</b>

**Material shall be reimbursed at cost, plus a materials handling charge.**

**Overtime Hours:** Between the hours of \_\_\_\_\_ to \_\_\_\_\_.

**Overtime Rate (Percent):** \_\_\_\_\_%.

**Holiday Hours:** Between the hours of \_\_\_\_\_ to \_\_\_\_\_.

**Holiday Pay Rate:** \_\_\_\_\_%.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Chief Financial Officer**  
**Office of Tax and Revenue**



**TAX CERTIFICATION AFFIDAVIT**

**THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.**

Date: \_\_\_\_\_

Name of Organization/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Principal Officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Square \_\_\_\_\_ Lot \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Unemployment Insurance Account Number: \_\_\_\_\_

**"I hereby authorize the District of Columbia, Office of Tax and Revenue, Office of the Chief Financial Officer; consent to release my tax information to an authorized representative of the District of Columbia agency from which I am seeking to enter into a contractual relationship with. I understand that the information released under this consent will be limited to whether or not I am in compliance with the District of Columbia tax laws and regulations as of the date found on the government request. I understand that this information is to be used solely for the purpose of determining my eligibility to enter into a contractual relationship with a District of Columbia agency. I further authorize that this consent be valid for one year from the date of this authorization."**

**I hereby certify that:**

- 1. I am in compliance with the applicable tax filing and payment requirements of the District of Columbia.**

The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.

\_\_\_\_\_  
Signature of Authorizing Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name