

DAKOTA COUNTY – 2024/2025 WEATHERIZATION SERVICES – REQUEST FOR PROPOSAL

MECHANICAL CONTRACTOR RFP RESPONSE PACKAGE – ATTACHMENT B

CONTRACTOR’S TECHNICAL QUALIFICATIONS

One (1) complete copy of the Contractor’s Technical Qualifications, as completed by the contractor, shall be included with, and shall be considered a part of the contractor’s proposal submitted in response to the RFP.

All responses and data must be clear and concise. Separate pages may be used when the length of the response requires it. A contractor may submit any additional information desired in support of its responses below. Check all that apply.

Small Firm (1 crew) ___ Large Firm (2+ crews) ___ Minority Owned ___ Women Owned ___ Small Business ___

1. Occupational License/Bond Type and Numbers: (Please include the name of the issuer of each applicable state, county or municipal license, and the license number)

2. Company Name:

3. Entity: corporation partnership other entity (specify)

Principal Company Owner(s)/Partners:

Years in business: _____ Federal tax ID number: _____

4. Business Address:

City: _____ State: _____ Zip Code: _____

Business Telephone: (____) _____ Fax: (____) _____ Cell: (____) _____

5. Address of principal owner(s)/partners listed in item 3 above:

Address: _____ City: _____ State: _____

Zip: _____

Telephone Number: (____) _____ Cell: (____) _____

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6. Date Organized or Incorporated:

7. If this entity is a corporation, nonprofit, partnership, limited liability company, or other legal entity, please indicate the State of organization or incorporation: _____

Attach a copy of each of the following for this entity, as applicable:

A. Current certificate of good standing from State if corporation or limited liability company.

B. Current certificate of authority to transact business in the State of Minnesota, if incorporated or organized in another State.

C. Corporate resolution verifying those persons authorized to represent this entity and the signatures of those persons.

D. The names and addresses of the members of the Board of Directors or the Board of Governors

E. The names and titles of the duly elected or appointed officers and representatives of this entity, and their respective years of experience in providing mechanical, labor, materials, and improvements.

8. List how many years you have been contracting business under your present firm or trade name:

9. List the names and addresses of each other firms under which the principal owner(s) or partners listed have operated or otherwise provided, mechanical installations, labor, materials and improvements, and the dates of such operations:

Name:

_____ Address: _____ Dates: _____

Name:

_____ Address: _____ Dates: _____

Name:

_____ Address: _____ Dates: _____

10. List your current contracts in hand:

Contract Project Completion Date	Contract Amount	Type of work
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11. The following questions involve your rating or standing with projects and/or insurance.

A. Have you ever failed to complete any work contracted by you? Yes: _____ No: _____

If yes, list each reason why such work was not completed, along with name, address and telephone number of the customer/client:

B. List each Workers' Compensation claim made or open at any time during the last three hundred sixty five (365) days.

C. Have you ever had any commercial property, liability, casualty, Workers' Compensation, or any other commercial or business insurance coverage or policy denied or canceled? Yes _____ No _____ If so, state in each case of denial or cancellation the reason(s) for such denial or cancellation and the name and full contact information for the insurer who issued such denial or cancellation:

D. Are you now or have you or your company ever been the subject of any reorganization, appointment of receiver, voluntary or involuntary bankruptcy, foreclosure, or tax lien? Yes _____ No _____

If yes, identify, for each matter, the action (by court file number or otherwise), and describe the nature of the action, the dates/time frame of such action, the type and nature of the legal proceeding(s), the names and addresses of the creditors involved, and the resolution of the matter.

E. Our payment process requires an on-site inspection by our staff. This means there is an average waiting period of fifteen (15) calendar days between our receipt of invoice and the issuance of the payment for that invoice. Would this process pose a problem for your company's cash flow?

Yes _____ No _____ If yes, state reasons why.

12. List the most representative mechanical installations completed by your company. (0-2pts each, depending on how closely related)

Address	Owner	Amount	Completion Date

13. List names and addresses of references:

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A. Bank Names Address Contact Person Telephone

B. Material Supplier Names Address Contract Person Telephone

C. Subcontractor Names Address Contact Person Telephone

D. Please list three (3) customer references for completed jobs:

Name completed	Address	Telephone	Date job completed
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14. Describe your company and its general experience in weatherization. (0-10pts)

15. A. List the number of staff currently working for your company, their length of service with your company, their mechanical installation experience with your company, and the number of years collectively of that experience. (0-5pts)

B. Identify staff members currently working for your company who will be assigned to this project, and for each staff member, mechanical installation experience with your company, and the number of years of that experience. (0-5pts)

C. List dates, places, and trainers (or institutions) where on-site staff has received mechanical installation training, related certificates, or any of them. (0-5pts)

D. List which of your on-site staff have received mechanical training. Include dates, certificates and experience. (0-5pts)

16. A. Based on the Minnesota Weatherization Field Guide, how much training will you need to perform at the standards set by the guide and the DCCDA as set forth in this RFP? (0-5pts)

B. Based on the Minnesota Weatherization Field Guide, describe your on-the-job training for your staff. (0-7pts)

17. Having read the descriptions contained in the RFP, how many mechanical installation completions can you maintain on a monthly basis? (0-10 pts)

18. Do you have:

A. Personnel Policies for your staff? Yes ___ No ___ If no, please be prepared to discuss. (0-3pts)

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B. Safety committee or policy for your staff? Yes _____ No _____

What was your accident rate last year?
_____ (0-3pts)

C. A workplace accident and injury reduction (AWAIR) program for your staff? Yes _____ No _____ If yes, please describe. (0-3pts)

D. Please describe the asbestos policies your company uses for customers and employees: (0-3pts)

E. Do you perform criminal or credit background checks of people in your company?
Yes _____ No _____ (0-1pts)

F. Do you have a drug testing policy and procedure? Yes _____ No _____ (0-1pts)

19. Describe your tool/equipment/truck maintenance policies. (0-5pts)

20. Who will be your company's contact person responsible for customer service for the projects described in this RFP?

(0-3pts) _____
Describe your customer service procedures and policies. _____

21. Do you have a plumber on staff? Yes _____ No _____ (0-5pts)

22. List any subcontractors and suppliers that will participate in this project with your company.

Subcontractor Names	Address	Contact Person	Telephone
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23. Indicate whether you have mechanical projects for any of the following: (5 points for work performed for Dakota County CDA, 3 points for other weatherization service providers, and 1 point for others)

Dakota County Community Development Agency Yes ___ No ___

XCEL- Energy Squad Yes ___ No ___

Sustainable Resource Center, Inc. Yes ___ No ___

Minneapolis Community Development Agency Yes ___ No ___

Housing and Urban Development Agency Yes ___ No ___

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CenterPoint Low-Income Weatherization Project Yes___ No___

Center For Energy and Environment Yes___ No___

Community Action Partnership for Ramsey and Washington Counties Yes___ No___

Anoka County Community Action Program Yes___ No___

Three Rivers Community Action, Inc. Yes___ No___

Dakota/Scott/Carver Community Action Program Yes___ No___

24. Please list each nonprofit, government or neighborhood agency (not listed in item 24 above) for which you have completed a mechanical installation (1 pt each, maximum of 3 pts).

25. Please identify which Counties you would provide services in. Check all that apply.

Dakota County	Scott County	Carver County

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The contractor, by and through the undersigned, hereby certifies that the above statements, information and attachments are true and complete. The contractor further understands that the DCCDA will use reasonable efforts to keep the information provided by the contractor in and with this Contractor’s Technical Qualifications questionnaire confidential and shall use such information to investigate and verify the qualifications of the contractor as a mechanical vendor.

The contractor, by and through the undersigned, hereby authorizes and requests that any individual, firm, partnership, corporation, limited liability company, other entity, or any other third party contacted by the DCCDA, to furnish to the DCCDA, any information requested by the DCCDA for due diligence purposes and with regard to any of the information provided in and with this Contractor’s Technical Qualification’s questionnaire, any other submissions, proposals, information, documentation, or data provided by the contractor with regard to this RFP that the contractor agrees to accept and assumes all liability and responsibility for any and all such furnishing of information by any such third party to the DCCDA, and the contractor warrants and covenants to indemnify and hold the DCCDA, harmless from all liabilities and expenses incurred by the DCCDA, as a result of any act or omission of the contractor or its employees, representatives, agents, subcontractors, independent contractors or suppliers with respect to such due diligence.

The contractor, by and through the undersigned, agrees and covenants to execute and provide, on an expedited basis, to the DCCDA, any release, authorization, waiver or similar form, as requested by the DCCDA, authorizing that any such information so requested by the DCCDA, from any third party be provided by such third party to the Agencies, or any of them.

This Contractor’s Technical Qualifications questionnaire, together with all statements, information and attachments hereto, has been prepared and executed this ____ day of _____, 2024.

Name of Company

By: _____

Printed name

Title

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I. CERTIFICATIONS

_____, the individual signing this Attachment A – Certifications, represents and certifies, on behalf of the Contractor identified below, that:

1. He/she is authorized to represent and bind the Contractor with respect to all matters contained in this Attachment A – Certifications, and that the DCCDA may fully rely upon such authorization in all matters with regard to this Attachment A – Certifications, the Master Construction Agreement by and between the Contractor and the DCCDA, the “RFP”, as defined in Paragraph 2 herein below, and any and all matters related thereto.
2. There has been no attempt or effort made by or on behalf of the Contractor to discourage, limit or interfere with any potential contractor from submitting a proposal or for the Request for Proposal dated October 30, 2024 and issued by the DCCDA identified therein (collectively, the “RFP”).
3. He/she has read and understands the RFP and all attachments to that RFP.
4. The Contractor’s qualifications and all contracted services to be provided by the Contractor shall fully comply with all applicable DOE weatherization assistance and financial assistance program requirements and regulations (including but not limited to DOE 10 CFR Part 400 *et seq.* and CFDA 81.042), the Weatherization Assistance Program administered by the Minnesota Department of Commerce, the Weatherization Providers requirements referenced in this RFP, and any and all other applicable federal, Minnesota, county and municipal laws, statutes, ordinances, codes, building codes, orders, executive orders, decrees, rules, regulations, implementing rules and regulations, provisions, restrictions, directives, contracts and grant documents.
5. The Contractor does and shall during the entire time when Contractor provides any services, labor, materials, improvements, or any of them, to or for any project, home, dwelling or property, pursuant to the terms and conditions of the Master Construction Agreement, (a) carry and maintain casualty, liability and Workers’ Compensation insurance coverages adequate and sufficient for Contractor’s business purposes, (b) provide a certificate of insurance, pursuant to the terms and conditions of the Master Construction Agreement, naming the DCCDA and the DCCDA’s client(s) as additional insureds, (c) be fully in compliance with Minn. Stat. § 176.181, subd. 2 pertaining to workers’ compensation insurance coverage, and (d) fully and strictly comply with all other insurance requirements contained in the Master Construction Agreement.
6. The Contractor will at all times comply with Executive Order 11246, as amended, as supplemented by regulations at 41 CFR Part 60 (collectively, the “E.O.”), which is administered by the Employment Standards Administration’s Office of Federal Contract Compliance Programs within the U.S. Department of Labor, which E.O. prohibits federal contractors, subcontractors and federally-assisted construction contractors and subcontractors which generally have contracts that exceed \$10,000.00 from discriminating in employment decisions on the basis of

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race, color, religion, sex, or national origin, and also requires covered contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment.

7. The Contractor will comply at all times with the Copeland Anti-Kickback Act, 18 U.S.C. 874, as amended, and as supplemented by U.S. Department of Labor regulations (29 CFR Part 3, “Independent Contractors and Sub Contractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States’), which Act generally prohibits federal contractors or subcontractors engaged in building construction or repair from inducing an employee to give up any part of the compensation to which he or she is entitled under his or her employment contract and requires such contractors and subcontractors to submit weekly statements of compliance.
8. Neither the Contractor nor its principal employees are excluded from federal procurement or non-procurement programs (Executive Order 12549, Debarment and Suspension, 3 CFR 1986 Comp. p. 189), and that the Contractor and any individuals to be assigned by or on behalf of the Contractor to any project as assigned by the DCCDA do not have a record of substandard work.
9. The Contractor, when delivering services, labor, materials, improvements, or any of them, pursuant to a fully executed Master Construction Agreement, shall work under the broad supervision of the DCCDA weatherization staff.
10. The Contractor has the ability to meet the standards and policies of the DCCDA as set forth in ATTACHMENT A – REQUIRED WORK PLACE POLICIES.
11. The Contractor warrants and agrees that no employee, representative or agent of the DCCDA is participating directly or indirectly on the Contractor’s behalf in the procurement process or shall, as a result of the Contractor’s entry into the Master Construction Agreement, become or accept employment as an employee or independent contractor of the Contractor. For any breach or violation of this warranty, the DCCDA shall have the sole and absolute right and discretion to terminate the Master Construction Agreement without liability to the DCCDA.
12. Each of the above statements and certifications are true, correct and complete, and shall continue at all times to be true, correct and complete during the term of the Master Construction Agreement. The Contractor further understands that the DCCDA will use reasonable efforts to keep all information provided with regard to the RFP confidential, and shall use information to verify the qualifications of the Contractor as a weatherization vendor, provided, however, that the contractor understands and agrees that the DCCDA shall have no liability to the Contractor or any party acting through, on behalf of or with regard to the Contractor for any claimed or actual failure relating in any way to such confidential treatment..
13. The Contractor hereby authorizes and requests that any individual, firm, partnership, corporation, limited liability company, other entity, or any other third party contacted by the DCCDA, furnish to the DCCDA, any information requested by the DCCDA, for due diligence purposes and with regard to any of the information provided by the Contractor in any

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submission, proposal, documentation, response, disclosure or data with regard to the RFP, that the Contractor agrees to accept and assumes any and all liability and responsibility for any and all such furnishing of information by any such third party to the DCCDA, and the Contractor warrants and covenants to indemnify and hold the DCCDA, harmless from any and all liabilities and expenses incurred by the DCCDA, as a result of any act or omission of the Contractor or its employees, subcontractors, independent contractors, agents, representatives, suppliers or vendors with respect to such due diligence.

14. The Contractor agrees and covenants to execute and provide, on an expedited basis, to the DCCDA, any release, authorization, waiver or similar form, as requested by the DCCDA, authorizing that any such information so requested by the DCCDA, from any third party, as described in Paragraph 14 immediately above, be provided by such third party to the DCCDA.

Dated this _____ day of _____ 2024.

“Contractor”

By: _____

Its: _____