



HAGC FINANCE  
DEPARTMENT

PROPOSAL/BID  
COVER SHEET

Form PO 501  
(rev. November 2015)

SHEPHERD'S FARM SENIOR  
HOUSING MANAGEMENT

INVITATION For BID (IFB)

Direct Questions concerning this RFP/IFB to:

PERSON/TITLE: Paul Letizia AHO Director  
PHONE/FAX: 856-845-4959 ext 607  
E-MAIL ADDRESS: 0

RFP/IFB NUMBER: 17-017

DESCRIPTION OF GOODS AND SERVICES

LAUNDRY EQUIPMENT-SHEPHERD'S FARM SENIOR  
HOUSING

CONTRACT TERM	BEGINNING	ENDING
2 years	8/1/2017	7/31/2019

The Authority reserves the right to reject any and all offers and to waive non-material deficiencies.

GENERAL PROPOSAL/BID REQUIREMENTS

1) SUBMISSION DEADLINE: (no later than this date & time)

DATE:	June 8, 2017	TIME:	2:00PM
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NOTE: TIME IS OF THE ESSENCE. LATE OFFERS WILL BE REJECTED.

2) Mailing Address: Attention: Kimberly Gober, Executive Director  
c/o: Housing Authority of Gloucester County  
100 Pop Moylan Boulevard, Deptford, NJ 08096

\*The Bid Opening shall be held at the same location.

- 3) The Proposal/Bid must conform to specifications as outlined in the RFP/IFB
- 4) Bids ONLY must be enclosed in a sealed envelope addressed to the above.
- 5) ALL Respondents must indicate the RFP/IFB NO. on the outside envelope.
- 6) Proposals/Bids must include all price information, typed or written in ink.
- 7) Proposal/Bid prices must remain valid and firm for 60 days after bid deadline.
- 8) The Respondent must sign the Proposal/Bid in ink and all corrections or alterations in units or prices must be initialed by the respondent in ink.
- 9) If Proposal/Bid Amount exceeds the State Bid Threshold of: \$ 17,500.00  
Then the following items, a. and b., will apply if indicated here: N/A
  - a. A Bid Guaranty/Bond will be required at 10% of Bid, but not to exceed \$20,000 (max), presented in a Certified Check or executed Bid Bond.  
If a Construction Contract exceeds \$100,000, then 5% is required. And,
  - b. A Consent of Surety is required equal to 100% of the contract price.
- 10) Regarding Only -- Invitation for Bids: N/A
  - a. A Performance & Payment Bond totalling 100% of the Bid is required at the awarding from all contractors & subcontractors collectively.
  - b. A Maintenance Bond is required prior to final payment (Construction Only).
- 11) An Affirmative Action Cert. & Project Workforce Report (form-AA201) may be required at contract awarding & during term of contract.

12.) REQUIRED FORMS & CERTIFICATES

Failure to properly execute & sign the following documents may result in the rejection of the proposal or bid.

↓ [PLEASE INITIAL TO ACKNOWLEDGE COMPLIANCE]

- a.  IRS Form W-9
- b.  Owner Disclosure Statement
- c.  "Debarment" Certification
- d.  Certificate for Contracts, etc.
- e.  Non-Collusion Affidavit
- f.  Affirmative Action Statement & Affidavit
- g.  Drug-Free Workplace Affidavit
- h.  Non-Default Affidavit
- i.  NJ Business Registration Cert.-Contractor
- j.  Certificate(s) of Liability Insurance
- k.  Certificate(s) of Workers Comp Insurance
- l.  Statement of Bidder's Qualification
- m.
- n.
- o.
- p.
- q.
- r.
- s.
- t.
- u.
- v.

Required DOCs must also be filed by authorized subcontractors.

PROPOSAL/BID - TO BE COMPLETED BY RESPONDENT

PLEASE TYPE OR PRINT IN INK.

13) Firm Name and Address	14) Federal Taxpayer ID Number
15) Telephone Number	17) Fax Number
16) E-Mail Address, if any	

PROPOSAL/BID	18a.) Proposal/Bid Amount In Words (BASE BID)		Please Type or Print Legibly		Dollars
	18b.) Proposal/Bid Amount in Numbers (BASE BID) U.S. Currency Format		\$	Please Type or Print Legibly	19) Date Price Guarantee Expires
	18c.) Alternates	ALTERNATE 1 -- if applicable	ALTERNATE 2 -- if applicable	ALTERNATE 3 -- if applicable	ALTERNATE 4 -- if applicable
	N/A	N/A	N/A	N/A	

NOTE: DETAILED PRICING SHOULD BE REPORTED ON THE PROPOSAL/BID DETAIL SHEET

Signature of the Respondent attests that the Respondent has read, understands and agrees to all terms, conditions, and specifications set forth in this Request For Proposal/Invitation For Bid, including all addenda.

20) ORIGINAL Signature of Respondent	21) Print/Type Name and Title
	22) Date

SUBMIT ON ORIGINAL FORM



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- k.  **Certificate(s) of Workers Comp Insurance**
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