STATE OF MINNESOTA

 REQUEST FOR QUOTE FORM AGENCY NAME Minnesota Pollution Control Agency

 (this is not a purchase order) CONTACT NAME: (Assigned Purchaser)

 PH. (Purchaser Assigned)

 Contractor address: RETURN SOLICITATIONS TO:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchaser Email

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FAX NO. 651-297-1456

Dates shall be listed in the sequence of month/date/year MUST BE RECEIVED NO LATER THAN:

Times shown are based on the Central Time Zone, USA DATE: (Insert Date / Time with Input from Purchaser)

CONSTRUCTION PROJECT TITLE: **Sub-Slab Depressurization (SSD) System Installation**

 **Site Name:**

**Site ID:**

**Mitigation Property Address:**

The undersigned, being familiar with the local conditions affecting the cost of the work and with the contract documents, including the Solicitation Form, Specifications, Drawings, and Addenda, and in accordance with the provisions thereof, hereby proposes to furnish all labor and materials and equipment necessary for completion of the work.

BASE PRICE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (numeric dollar amount)

BUILDING CONSTRUCTION CONTRACTOR REGISTRATION NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or

LICENSE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TYPE OF LICENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name (type or print) Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different than above) Name and Title (type or print)

|  |  |
| --- | --- |
|  | **Unit Price Information** |

|  |  |
| --- | --- |
| Site name: | SSD System Installation for – (Insert Site Name) |
| Site ID: |  |
| Company providing quote: |       |

**Unit price information for additions/deductions by change order. Unit prices should be consistent with your contract pricing schedule with any discounts applied (see below for discount details.) [Expand or reduce the following table as necessary to match the building specific requirements for your building(s)]**

Discounts from Current Contract Prices

Contractors may offer additional discounts from their current State Contract for installation of Sub-Slab Depressurization Systems prices for the line items requested by this quote.  Discounts may result from temporary price reductions or waiver of cost for an existing line-item on the current State Contract.  Waivers of cost may include, but are not limited to, waiving the mobilization charge.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Price Schedule Reference\*** | **Description**  | **Quantity** | **Unit** | **Unit price (as listed in your contract)** | **Discount Unit price (contract price minus discount. If no discount, use contract unit price here)** | **Total Price****(Quantity x unit price including discount, if any)** |
| 1 | **Mobilization/Demobilization –** Building Mitigation Activities | 1 | Per Mobilization |       |       |       |
| 3X | **Pre-mitigation Diagnostic Testing** for building footprint up to XXXX ft2 (Building footprint will determine which pricing line from section 3) | 1 | Per Building |       |       |       |
| 4 X  | **SSD System Installation** for residential building with a footprint up to XXXX ft2 (Building foundation size will determine which pricing line from section 4) | 1 | Per Building |       |       |       |
| 6 | **Additional Suction Points** (Quote on a per suction point basis) | X (as needed) | Each |       |       |       |
| 8 or 9 | **Additional Fans** | X (as needed) | Each |       |       |       |
| 24 | **Pipe Chase Construction** | X (as needed) | Linear Feet |       |       |       |
| 27x  | **Post Mitigation Diagnostic Testing** for building footprint up to XXXX ft2 (Building footprint will determine which pricing line from section 27) | 1 | Per Building |       |       |       |
| **Total Base Bid** |  |  |  |  |  |       |

\* These price schedule reference numbers are per your Contract’s Exhibit A Price Schedule Sheet including any discounts offered.

***Award will be made based on lump sum price.***

**Please provide the following information with your quote:**

1. List of employees who will be used on the project.

Confirm that any employees who are conducting on-site sub-surface work or any on-site work with the potential to encounter hazardous materials have received and been certified in OSHA 40 hour HAZWOPER.

Confirm that all on-site employees of the Contractor are trained and qualified to work in or around locations in which a potential exists for exposure to Volatile Organic Compounds.

1. Confirm contact information for the one employee of the Contractor who is National Radon Proficiency Program (NRPP) certified or National Radon Safety Board (NRSB) certified for installation of pre and post diagnostic testing of SSD systems for single and multi-family residential buildings and for large commercial buildings.

Confirm whether the employee will be available on-site.

1. Provide a list of sub-contractors that will be used on the project. Please confirm that the sub-contractors have been listed as approved on CR: S-1050. If the sub-contractor is not listed as approved submit Responsible Contractor Attachment A-2 to the AMS listed above within 14 days of retaining the new sub-contractor.
2. Confirm that any sub-contractors are licensed by the Department of Labor and Industry and have a valid license including, but not limited to, electrical and plumbing sub-contractors.