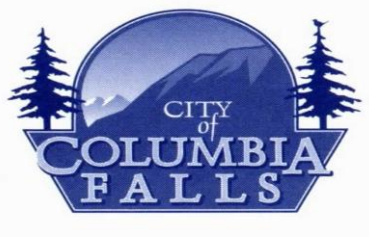




BACKFLOW PREVENTION ASSEMBLY TESTER

Request for Qualifications and Proposals

The City of Columbia Falls, Montana is requesting proposals for providing backflow testing services within the City of Columbia Falls for a three year contract term. Desired services include setting appointments, testing approximately 290 backflow assemblies for the residents of Columbia Falls, generating of test reports and coordinating with city staff. Please provide all of the information requested below by Monday, May 8, 2017, at 4 p.m.



City of Columbia Falls
Request for Qualifications and Proposals
Certified Backflow Assembly Tester

Contractual duties include but not limited to:

1. Setting appointments with residents for testing of backflow assembly.
2. Properly testing backflow assembly.
3. Certified tester required to report the following to the City, by address/resident/owner name:
 - a. Cross connection description
 - b. Type of backflow device Serial number
 - c. Passed or failed
 1. If failed, report repair or replacement actions taken to bring into compliance, dates, etc.
 - d. Also required to note if residence has any additional cross connections without backflow (i.e., they are testing device on irrigation but discover house also has a plumbed backyard pond)
4. Tests must be turned into the City within 48 business hours of completing.
5. Must have current City business license.
6. Company logo must be clearly visible on all vehicles and personnel involved with testing and customer contact.

Term of Contract:

A three year small works contract will be awarded to the chosen contractor, starting May 16, 2017 thru August 1st, 2019. This contract can be terminated by the City at any time if contract conditions are not met. The contract can be terminated by the certified tester only at the end of each testing year August 1st, and only if all required tests and repairs have been completed.

Payments:

Contract fees to be paid upon invoices of completed tests and reports as described above. Payments will be made pursuant to the City's claim processing including Council approval. Invoices must be submitted no later than the Wednesday before a council meeting to be approved for payment. Payments will be made at least monthly. Service providers will not be paid for tests not yet completed. Invoices must include list of names/addresses for which payment is being requested.

Liquidated Damages:

Testers must guarantee completion of testing awarded or will be subject to a penalty of \$100.00 per test not completed in a timely manner, unless otherwise approved by the Public Works Director.

Proposal Deadline:

In order to be considered all proposals must be submitted no later than 4:00pm Monday, May 8, 2017. Please indicate "BACKFLOW SERVICES PROPOSAL" on the outside of the response package, attention City Clerk, 130 6th Street West, Room A, Columbia Falls, MT 59912.

Direct Questions to:

Grady Jenkins

Public Works Director

(406) 892-4430

jenkinsg@cityofcolumbiafalls.com

RESPONSE TO REQUEST FOR PROPOSAL AND QUALIFICATIONS
RESIDENTIAL BACKFLOW TESTIING

Fee Proposal:

1st Year - 2017

_____ Residential Tests – pricing per test completed

_____ Residential Tests – each additional retest, individual price (cost/each)

2nd Year - 2018

_____ Residential Tests – pricing per test completed

_____ Residential Tests – each additional retest, individual price (cost/each)

3rd Year - 2019

_____ Residential Tests – pricing per test completed

_____ Residential Tests – each additional retest, individual price (cost/each)

Describe the experience and qualifications of each person assigned to work under this contract:

A description of your current work activities and how this would be coordinated with the timely completion of this contract:

List of three professional references:

Name	Address	Contact information
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Certificate Number as provided by the State Of Montana _____ (attach document)

Attach proof of workers' compensation or exemption and \$1.5 million liability insurance. If awarded contract, I understand I must name the City as an additional insured. _____ (initial)

Ability to complete all work by July 15 of each contract year two weeks before the August 1 compliance period. _____ (initial)

Proposal submitted by: _____
Name/Title

Company Name

Address

Email: _____

Phone: _____