

REQUEST FOR PROPOSALS "RFP" NO. PS20181579 CONSULTANT FOR PHASE 4 CLOSURE - VANCOUVER LANDFILL

QUESTIONS AND ANSWERS NO. 1

ISSUED ON JANUARY 10, 2019

Q1	Can you please provide the insurance template referenced in Appendix 5?
A1	Please see attached at the end of this QA document.
Q2	Has the conceptual design of the new stormwater pond and outlet structure been completed as part of the 2018 Design, Operations, and Closure Plan Update?
	Reference Part B - City Requirements, Section 4.0 Scope of Work, Task 4C - New Stormwater Pond Design in the RFP.
A2	No, the conceptual design has not been done. Modelling results indicate the range of size of the new pond which was included in the RFP. Additional modelling results should be available to the successful proponent on award.
Q3	Will the temporary closure design (Task 4D) be a stand-alone package with drawings and specifications, or will it be incorporated into the Tender Specifications/Drawings Package (Task 4E)?
	Reference Part B - City Requirements, Section 4.0 Scope of Work, Task 4D - Temporary Closure Design in the RFP.
A3	The temporary closure is envisioned to be incorporated into the Tender Specifications and Drawings.
Q4	We would like to request a two week extension to the close date.
A4	Please see Amendment 2, the RFP close date has been amended to January 17 th at 3 pm.
Q5	Because of the project duration, and assuming no escalations of the approved engineering budget, will the proponents be allowed a fixed annual percentage increase in billings rates (i.e. 2 or 3 % [Metro Vancouver allows up to 4% on multi- year contracts
A5	Any proposed changes to the payment terms contained within Part D - Form of Agreement should be listed in Appendix 9 - Proposed Amendments to Form of



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	Agreement.						
Q6	If the "SubConsultant 1" as identify under columns K and L from Appendix 3 includes more than one key professional, should the proponent include additional columns, as necessary, which doesn't appear to be possible without reformatting the spreadsheet, or should the proponent include an average weighted hourly rate, or is the general format an example of how the City would like the estimat to be presented?						
A6	Proponents should add additional columns as necessary to show all sub consultants.						
Q7	Under the Task 1 - Review of Previous Work, is there an expectation that the proponent shall review, coordinate and incorporate the Phase 4 design, including but not limited to the Lift 0, Lift 3 and lift 5 Leachate Collectors and the Lift 2, Lift 4 and Lift 6 Gas collectors and associated LFG infrastructure?						
Α7	Yes, the proponent should review and coordinate the design with the components mentioned above.						
Q8	Please confirm that the City's expectation under the Task 9 - Communications is for the proponent to provide and participate to the following meetings (at minimum):						
	11 formal project meetings (items "a" to "k")						
	• 2 period * 24weeks =48 design meetings during construction. Or should those also extend over the design period between March and December 2019?						
	• 2 period * 24weeks =48 construction meetings during construction						
	Up to 3 stakeholder meetings						
A8	The City's expectation under the Task 9 - Communications is for the proponent to provide and participate to the following meetings (at minimum):						
	 11 formal project meetings (items "a" to "k") 						
	• 46 design meetings during construction. (This includes 28 weeks of design for both Phase 4S and 4N as we are expecting these designs to happen in parallel, and 2 period *5 weeks (10 meetings) for finalizing RFT designs for each tender (4S and 4 N separately), plus an additional 4 design meetings for any necessary additional work for each Phase (8 meetings).						
	• 2 period * 24weeks =48 construction meetings during construction						
	Up to 3 stakeholder meetings						
Q9	The Appendix 5 - CERTIFICATE OF INSURANCE, the typical form of insurance appears to be missing. Will the City provide such form, or shall the Proponent						

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	provide based on the typical available forms from insurance agent or broker.?
A9	Please see attached at the end of this QA document.

CERTIFICATE OF EXISTING INSURANCE TO BE COMPLETED AND APPENDED TO THE PROPOSAL/TENDER

Section 2 through 8 - to be completed and executed by the Insurer or its Authorized Representative

- 1. THIS CERTIFICATE IS ISSUED TO: <u>City of Vancouver, 453 W 12th Avenue, Vancouver, BC, V5Y 1V4</u> and certifies that the insurance policy (policies) as listed herein has/have been issued to the Named Insured and is/are in full force and effect.
- 2. NAMED INSURED (must be the same name as the proponent/bidder and is either an individual or a legally incorporated company)

BUSINESS TRADE NAME or DOING BUSINESS AS

BUSINESS ADDRESS

CITY OF

	PROPERTY INSURANCE (All Risks Coverage including Earthquake and Flood)								
INSURER			Insured Values (Replacement Cost) -						
TYPE OF	TYPE OF COVERAGE			Insured Values (Replacement Cost) - Building and Tenants' Improvements \$					
POLICY I				Contents and Equipmen	t \$				
POLICY I	PERIOD From	to		Deductible Per Loss	\$				
COMMERCIAL GENERAL LIABILITY INSURANCE (Occurrence Form)									
	the following extension	S:	INSURER						
√ Person			POLICY NU						
	ty Damage including Lo				m to _				
	ts and Completed Oper				nd Property Damage Inclus				
	iability or Severability o		Per Occurre	ence	\$				
	vees as Additional Insur	eds	Aggregate		\$				
√ Blanke	t Contractual Liability		All RISK Ler	nants' Legal Liability	\$				
	wned Auto Liability			Per Occurrence	۶				
AUTOMO	BILE LIABILITY INSU	RANCE for	operation of ov	vned and/or leased vehi	cles				
INSUREF	۲ <u></u>			Limits of Liability -					
POLICY	NUMBER PERIOD From			Combined Single Limit					
					y ICBC, complete and provide				
	UMBRELLA OR C EXCESS LIABILITY INSURANCE								
INSUREF	۲ <u></u>			Per Occurrence	\$				
POLICY	NUMBER PERIOD From			Aggregate	\$				
POLICY	PERIOD From	to	<u> </u>	Self-Insured Retention	\$				
	SIONAL LIABILITY IN			Limits of Liability					
INSUREF				Per Occurrence/Claim	\$				
POLICY I	NUMBER			Aggregate	\$				
POLICY I	PERIOD From	to		Deductible Per	\$				
				Occurrence/Claim					
If the pol	licy is in a "CLAIMS M	ADE" form,	please speci	ty the applicable Retro	active Date:				
OTHER I	NSURANCE								
TYPE OF				Limits of Liability					
INSUREF	۲ <u></u>			Per Occurrence	\$				
POLICY				Aggregate	\$				
POLICY	PERIOD From	to		Deductible Per Loss	\$				
TYPE OF				Limits of Liability					
INSUREF	۲ <u></u>			Per Occurrence	\$				
POLICY	NUMBER PERIOD From			Aggregate	\$				
				Deductible Per Loss	^				

PRINT NAME OF INSURER OR ITS AUTHORIZED REPRESENTATIVE, ADDRESS AND PHONE NUMBER

Dated