

TOWNSHIP of LITTLE FALLS

County of Passaic

New Jersey

Phillip H. Simone, C.P.W.M.
Superintendent
DPW Office: Sindle Avenue
(973) 256-0309 / 256-6815



mailing address
225 Main Street
Little Falls, N.J. 07424
FAX: (973) 256-6554

Department of Public Works

December 12, 2018

Dear Contractor:

The Township of Little Falls is seeking proposal for snow plowing/snow removal for 2019. If you or your company is interested in supplying these services to the Township on an on-call basis, please submit your proposal to the Township Clerk by 12 noon on the 27th day of December. Once the proposals are received, a list will be established for use by the Superintendent of Public Works for when and if these services will be required. During the 2018 season the Township used one contractor for some of its snow plowing operations.

The enclosed paperwork is to be filled out and returned along with your proposal. You are required to comply with all the requirements of the attached paperwork.

Your proposal should be submitted to:

Township of Little Falls
225 Main Street
Little Falls, New Jersey 07424
Attention: Cynthia Kraus, Township Clerk.

If you have any questions, please contact me at 973-256-0309

Thank you for your cooperation.

Respectfully,

Phillip H. Simone,
CPWM/CRP
Public Works Manager
PHS:jas
Encls.

**TOWNSHIP OF LITTLE FALLS:
SPECIFICATIONS FOR SNOW PLOWING and SNOW REMOVAL SERVICES**

1. The Township of Little Falls will receive sealed proposals for snow plowing/snow removal services until 12:00 p.m., the 27th day of December 2018, in the Office of the Township Clerk, Municipal Building, 225 Main Street, Little Falls, NJ 07424. Bid proposals shall be for such snow plowing/snow removal services as shall be required by the Township for 2019.
2. Each bidder is alerted to the fact that the Township requires that sufficient snow plowing/snow removal equipment be available on an emergency basis to satisfy the snow plowing/snow removal services requirements of the Township in the different sections of the Township. Accordingly, the Township Council reserves the right to award these services in components based upon the bids received and the kind of equipment being offered by the different bidders. Services will be awarded to the lowest responsible bidders depending upon the type and size of equipment being offered as well as past performance
3. Each bidder should list in his proposal the kind of equipment which they will have available for the use of the Township together with an hourly rate for the equipment and personnel. This hourly rate shall be inclusive of all costs and expenses of the bidder and each bidder is required to submit with the bid a satisfactory CERTIFICATE OF INSURANCE covering the vehicles and the personnel. All trucks are to be either four-wheel drive or two-wheel drive with snow chains.
4. No bidder to whom this service is awarded will be guaranteed any specified number of hours of work, but the actual call for equipment will be within the discretion of the Superintendent of Public Works according to his needs and depending upon the areas of the Township which require services.
5. Each bidder is alerted to the fact that the award of these services is merely to signify that the bidder is prepared to do snow plowing/snow removal work on behalf of the Township at the amount of their hourly rate. The actual deployment of vehicles for snow plowing/snow removal shall be within the discretion of the Superintendent of Public Works.
6. Upon the receipt and opening of the bids, the Superintendent of Public Works will analyze bids based on comparable equipment and determine the kind of equipment and the quality of equipment which is required to meet the needs of the Township, and based upon the exercise of discretion, the Township Council will establish a successful bidder list for each category together with the bid compensation per hour. Upon the occurrence of any snowfall requiring the use of independent contractors, the Superintendent of Public Works shall determine what equipment is required and he shall select the contractor with the required equipment from the award list determined by the Township Council. Contractor shall be able to respond within (1) hour upon notification from the Township for the use of equipment.
7. In selecting a contractor for the inclusion on the award list of eligible contractors, the proximity and availability of the vehicles to the areas in Little Falls where the work must be done, together with ability of the bidder to respond without delay to the emergency requirements of the Superintendent of Public Works, shall be taken into account; and in no case will a bid be considered from any bidder whose equipment is customarily located at a distance from Little Falls which would create delays in his ability to respond and have the equipment available for the emergency work.
8. Each bidder must list the appropriate tax identification number on the bid document with the bidder's name, address and telephone number. Individuals must list their Social Security numbers; corporations and other businesses must list their Federal Employer's Identification number.
9. Each bidder is required to submit a Business Registration Certificate.
10. Bids must be submitted in a sealed envelope, clearly marked on the outside "Snow Plowing/Snow Removal Services 2019". Bidders are required to comply with the requirements of N.J.S.A 10:5-31 et seq. and N.J.A.C. 17:27.

Cynthia Kraus
Municipal Clerk

Snow Contractor's Proposal Forms
(please print all information)

Contractor/Owners Name _____

Address: _____

Telephone: _____

(individual contractors) _____ Social Security No.

Business or Trading as
(if different than above)

Name: _____

Address: _____

Telephone: _____

(businesses) _____ Tax Identification No

Service: **Snow Plowing**

Description of Vehicle

Make _____ Model _____ Year _____

Vehicle ID # _____

Snow Plow Data

Size _____ Power YES NO Blade Edge: Steel- Rubber- Polly

Chains _____ Other Info: _____

LOCATION OF EQUIPMENT: _____

CERTIFICATE OF INSURANCE FOR VEHICLE MUST BE ATTACHED AND LIST THE TOWNSHIP OF LITTLE FALLS AS A CERTIFICATE HOLDER.

Price per hour for the above vehicle: _____

Any special terms: _____

This proposal being submitted, is no guarantee of work. Specific equipment will be requested when and if necessary as deemed by the Township.

Snow Contractor's Proposal Forms
(please print all information)

Contractor/Owners Name _____

Address: _____

Telephone: _____

(individual contractors) _____ Social Security No.

Business or Trading as
(if different than above)

Name: _____

Address: _____

Telephone: _____

(businesses) _____ Tax Identification No

SERVICE--- Snow Removal

Description of Vehicle/Equipment

Make _____ Model _____ Year _____

Vehicle ID # _____

Type of Equipment _____

Bucket Size _____ cu. yds. Reach _____

Other related Info: _____

LOCATION OF EQUIPMENT: _____

CERTIFICATE OF INSURANCE FOR VEHICLE MUST BE ATTACHED AND LIST THE TOWNSHIP OF LITTLE FALLS AS A CERTIFICATE HOLDER.

Price per hour for the above vehicle: _____

Any special terms: _____

This proposal being submitted, is no guarantee of work. Specific equipment will be requested when and if necessary as deemed by the Township.

Attention Contractors;

You are required to fill out one sheet for each vehicle and or piece of equipment that you are proposing to use, if and when the Township should require assistance. Please make copies of the sheets as required for each additional piece being proposed

A list of drivers and their license number must be supplied. Contractor is to guarantee that their drivers have the correct licenses and that they are current and not suspended.

All vehicles/equipment must be properly registered and have a current registration.

A current certificate of insurance must be submitted, listing the Township as being additional insured and must remain in effect during the contract period.

Any contractor failing to meet these requirements, will be removed from the list of approved contractors.

As of September 1, 2004, a State law requires all vendors supplying products or services to the Township of Little Falls to be registered with the State of New Jersey.

Effective immediately, please send us a copy of the Business Registration Certificate issued by the State of New Jersey Department of the Treasury Division of Revenue, with your proposal. If you have any questions regarding the law or how to register, contact the Department of the Treasury Division of Revenue:

WEB: www.nj.gov/treasury/revenue/pdf/forms/regc.pdf

Voice: 609-292-9292

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE
(N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.)

GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS

This form is a summary of the successful professional service entity's requirement to comply with the requirements of **N.J.S.A. 10:5-31 et seq.** and **N.J.A.C. 17:27 et seq.**

The successful professional service entity shall submit to the Township of Little Falls, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-1.1 et seq.;

OR

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division of Contract Compliance and distributed to the Borough of Englishtown to be completed by the vendor in accordance with N.J.A.C. 17:27-1.1 et seq.

The undersigned professional service entity certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. and agrees to furnish the required forms of evidence.

The undersigned professional service entity further understands that his/her submission shall be rejected as non-responsive if said professional service entity fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.

COMPANY:

SIGNATURE:

PRINT NAME:

TITLE:

DATE: