

NEW HAVEN SOLID WASTE AND RECYCLING AUTHORITY
TRANSFER STATION OPERATION, TRANSPORT AND DISPOSAL
SERVICES FOR MUNICIPAL SOLID WASTE

REQUEST FOR QUALIFICATIONS
SOQ Form 1
SOQ Transmittal Letter

(To be typed on Respondent's Letterhead)

[Date]

Mr. John Prokop
New Haven Solid Waste and Recycling Authority
34 Middletown Avenue
New Haven, CT 06513

Dear Mr. Prokop:

_____ (the "Respondent") hereby submits its Statement of Qualifications ("the SOQ") in response to the Request for Qualifications for the Transfer Station Operation, Transport and Disposal Services for Municipal Solid Waste ("the RFQ") issued by the New Haven Solid Waste and Recycling Authority (the "Authority") on September 8, 2011.

As a duly authorized representative of the Respondent, I hereby certify, represent and warrant, the following in connection with the Statement of Qualifications (SOQ):

1. The Respondent acknowledges receipt of the RFQ and the following addenda:

<u>No.</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

2. The submittal of the SOQ has been duly authorized by, and in all respects is binding upon, the Respondent. Attachment 1 to this SOQ Form is a Certificate of Authorization that evidences my authority to submit the Qualifications and bind the Respondent in contract negotiations with the Authority.

3. All project team members identified to date are listed in Attachment 2 of this SOQ Form.
4. Respondent is capable and will provide a Performance Bond as security for performance in accordance with the requirements of this RFQ, as evidenced by such Surety's letter of intent submitted as SOQ Form 5.
5. Respondent will meet or exceed the insurance requirements identified in the RFQ and will provide evidence of such insurance, in accordance with the terms of the Agreement prior to execution of the Agreement.
6. All information and statements contained in the SOQ are current, correct and complete, and are made with full knowledge that the Authority will rely on such information and statements in selecting the preferred Respondent for good faith negotiation of the Agreement.
7. Respondent certifies under penalties of perjury that the SOQ has been prepared and is submitted in good faith without collusion, fraud or any other action with any other person taken in restraint of free and open competition for the services contemplated by the RFQ. As used in this SOQ Form, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.
8. Neither the Respondent nor any project team member is currently suspended or debarred from doing business with any governmental entity.
9. Respondent certifies that they are up to date with any and all payments due to the City and Authority, including property taxes, fees and fines.
10. Respondent certifies that it is not in violation of any of the City's and/or Authority's solid waste ordinances.
11. The principal contact person who will serve as the interface between the Authority and the Respondent for all communications is:

Name: _____
 Title: _____
 Address: _____
 Phone: _____
 Fax: _____
 E-mail: _____

12. The individuals who will be the Respondent's key technical and legal representatives are set forth below:

Technical Representative:

Name: _____
Title: _____
Address: _____
Phone: _____
Fax: _____
E-mail: _____

Legal Representative:

Name: _____
Title: _____
Address: _____
Phone: _____
Fax: _____
E-mail: _____

Name of Respondent

Name of Designated Signatory

Signature

Title

**SOQ Form 1
Attachment 1**

CERTIFICATE OF AUTHORIZATION*

I, _____, a resident of _____ in the State of _____, DO HEREBY CERTIFY that I am the Clerk/Secretary of _____, a corporation duly organized and existing under and by virtue of the laws of the State of _____; that I have custody of the records of the corporation; and that as of the date of this certification, _____ holds the title of _____ of the corporation, and is authorized to execute and deliver in the name and on behalf of the corporation the SOQ submitted by the corporation in response to the Request for Qualifications for the Transfer Station Operation, Transport and Disposal Services for Municipal Solid Waste (“the RFQ”) issued by the New Haven Solid Waste and Recycling Authority (the “Authority”) on September 8, 2011, as amended; and all documents, letters, certificates and other instruments which have been executed by such officer on behalf of the corporation in connection therewith.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of the corporation this _____ day of _____, 2011.

(Affix Seal Here)

Clerk/Secretary

** Note: Separate certifications shall be submitted if more than one corporate officer has executed documents as part of the SOQ. Respondents shall make appropriate conforming modifications to this Certificate in the event that the signatory’s address is outside of the United States.*

**SOQ Form 1
Attachment 2**

PROJECT TEAM MEMBER LIST

Name of Project team (if any): _____

Names and roles of Respondent, Subcontractors and all other Project team members identified to date:

<u>Name</u>	<u>Role</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NEW HAVEN SOLID WASTE AND RECYCLING AUTHORITY

**TRANSFER STATION OPERATION, TRANSPORT AND DISPOSAL
SERVICES FOR MUNICIPAL SOLID WASTE**

REQUEST FOR QUALIFICATIONS

SOQ Form 2

Statement of Ownership

The Respondent shall set forth the names and addresses of all stockholders in the corporation who own ten percent (10%) or more of its stock of any class, or all partners in the partnership who own ten percent (10%) or greater interest therein; if none, the Respondent must state "none." If one or more such stockholder or partner is itself a corporation or partnership, the stockholders owning ten percent (10%) or more of that corporation's stock, or the individual partners owning ten percent (10%) or greater interest in that partnership shall also be listed; if none, the Respondent must state "none." This disclosure shall be continued until names and addresses of every individual stockholder, and individual partner exceeding the ten percent (10%) ownership criteria of each corporation or partnership listed has been identified.

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Respondent

Date

Name of Respondent (Print or Type)

Title

NEW HAVEN SOLID WASTE AND RECYCLING AUTHORITY
TRANSFER STATION OPERATION, TRANSPORT AND DISPOSAL
SERVICES FOR MUNICIPAL SOLID WASTE

REQUEST FOR QUALIFICATIONS
SOQ Form 3
Project Reference Form

Please provide project references in the format shown below. Individual sections of the form may be resized to accommodate project information. Supplemental sheets may also be attached to this SOQ Form with the project name identified on each sheet. Copy this form as necessary to provide information for each reference project.

Project Name:	Project No.: of		
Project Location:			
Type of Project:	Type:		
	Technology/Facility Used:		
	Quantity of Waste Managed (including recyclables):		
	Types of Waste Managed:		
Contract Duration:	Years	Start Date:	
Years of Service Under Contract::	Years		
Description of Respondent Role:			
Description of Contract Services:			
A. Applicability and relevance of referenced project to the RFQ:			
B. Team Participants (Firms):			

Project Name:	Project No.: of
Project Location:	
C. Other Key Participants (Firms):	
D. Team structure, management description (describe responsible parties and their roles):	
E. Client and owner (include contract name, title, organization, address, telephone, fax, e-mail):	
F. Number of people employed by job categories:	
G. Contract amount and contract dispute and resolution experience:	
H. Contract renewal history:	
I. History of compliance with permit conditions, performance guarantees (if any), and other contract provisions:	
J. Key project contact of Respondent (name, title, organization, address, telephone, fax, e-mail):	

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REQUEST FOR QUALIFICATIONS
SOQ Form 4
Proposed Approach Form
Part A: Transfer Station Operation and Maintenance

1. Briefly describe the approach for the operation and maintenance of the Transfer Stations, including any processing or recycling activities.

2. Describe mobilization of additional staff, if needed.

3. Identify the numbers and types of equipment to be used to satisfy the requirements in the Agreement that is applicable to the Respondent's SOQ.

4. Identify if any additional processing equipment is being proposed. Describe type, number, capacity, etc.

5. Explain how the Respondent will ensure that it has sufficient equipment and personnel available to meet the Authority's Transfer Station operating needs at all times.

6. Describe the plan for staging, sequencing and transferring waste for transport to an Intermediate Processing Facility (if any) or a Disposal Facility.

7. Describe the coordination of on-site Transfer Station activities with other transport services, as applicable.

8. Describe how peak and seasonal variations will be handled.

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REQUEST FOR QUALIFICATIONS
SOQ Form 4
Proposed Approach Form
Part B: Transportation

1. Describe proposed loading and transportation approach for the MSW. Identify method of transportation.

2. Describe the number, capacities, types and manufacturers of tractors, trailers, and other vehicles and equipment to be used to transport MSW from the Transfer Station operations to the Intermediate Processing Facility (if proposed) or the Disposal Facility. Specify if the proposed transportation equipment is owned or leased by the Respondent.

3. Explain how the Respondent will ensure that it has sufficient equipment and personnel available to meet the Authority's transportation needs at all times.

4. Identify the route(s) used for transporting MSW between the Transfer Station and the Disposal Facility(ies), including alternate routes to be used in the event that the primary route is unavailable.

5. Provide the distance and duration of the one-way and round-trip transport requirements between the Transfer Station and Disposal Facility, as applicable.

6. Describe Respondents commitment and approach to facilitate good faith negotiations of the Agreement.

7. Describe any other material factors to the Respondents approach that further demonstrates Respondents qualifications and ability to provide the requested services, as applicable.

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REQUEST FOR QUALIFICATIONS
SOQ Form 4
Proposed Approach Form
Part C: Facility Information

Please complete one form for each facility, as applicable. Supplemental sheets may be attached to this SOQ Form with the project name identified on each sheet.

Please indicate type of facility:

Disposal Facility

Intermediate Processing Facility

1. Facility Location

Name: _____

Address: _____

Telephone No.: _____

2. Facility Owner **

Name: _____

Address: _____

Telephone No.: _____

****IF DIFFERENT THAN RESPONDENT, RESPONDENT IS REQUIRED TO PROVIDE WITH ITS SOQ AN ORIGINAL SIGNED LETTER OF COMMITMENT OR COPY OF CONTRACTUAL AGREEMENT FROM THE FACILITY OWNER INDICATING THAT THE RESPONDENT HAS THE ABILITY AND AUTHORIZATION TO UTILIZE THE FACILITY FOR RECEIVING AND PROCESSING MSW FOR THE DISPOSAL CAPACITY REQUIRED THROUGHOUT THE CONTRACT TERM. PLEASE SPECIFY IN THE LETTER THE GUARANTEED DISPOSAL CAPACITY FOR EACH YEAR IN TONS PER YEAR.**

3. Principal Official Contact at environmental state and local regulatory agency which has jurisdictional responsibility over the Facility.

Name: _____

Address: _____

Telephone No.: _____

4. What is the Facility technology utilized (i.e., landfill, waste-to-energy with ashfill, etc.)?

5. Provide a physical description of the Facility. If a landfill is proposed, include a description of the liner system, leachate collection system, acreage, capacity, groundwater monitoring system and leachate treatment system (attach additional sheets as required).

6. Operating Permit. Provide the following permit information:

Permittee: _____

Permitted Capacity: _____

Permit No.: _____

State: _____

Date of Issue: _____

Date of Expiration: _____

7. What is the PERMITTED capacity of the Facility available to the Contractor (in tons)?

	Available Permitted Capacity
Daily	
Weekly	
Monthly	
Quarterly	
Yearly	

8. At the PERMITTED levels, what is the projected useful life in years?

9. Are there any plans for the expansion of the Facility? Is so, describe.

10. Expansion Permit Application.

Permittee: _____

New Permitted Capacity: _____

No.: _____

State: _____

Date of Submission: _____

11. What are the types and sources of waste currently and historically disposed?

12. Describe the Facility's compliance with federal and State regulatory requirements for the past five years. In addition, are there any past or current enforcement cases involving the Facility related to pollution and contamination, including warning letters, notices of violation, consent orders or other environmental investigations and about classification under the federal superfund program or any hazardous waste classification system? If so, attach a full explanation.

13. Are there any past, current or threatened claims or lawsuits based on or related to pollution or contamination associated with the past or present activities at the Facility? If so, please describe the basic facts and the current status of the case(s).

The undersigned hereby certifies that the above information is accurate and true and no known changes to the status of the above are currently anticipated, unless specified.

Respondent *: _____

Address: _____

City State Zip

By: _____
(Please Print or Type) NAME AND TITLE

Signature: _____

Telephone No.: _____

Date: _____

*If Respondent is not the owner of the proposed Facility, the Respondent is required to submit an additional copy of Part C of this Form certified by the owner of the proposed Facility.

CORPORATE SEAL

NEW HAVEN SOLID WASTE AND RECYCLING AUTHORITY
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REQUEST FOR QUALIFICATIONS
SOQ Form 4
Proposed Approach Form
Part D: Term Sheet

Please provide a proposed Term Sheet identifying the key contract terms or conditions proposed for the Agreement using the general format shown below. Continue numbering and descriptions as needed. At a minimum, the proposed Term Sheet shall address the following provisions:

- Term of Contract
- Representation and Warranties
- Transfer Station Operations and Maintenance
- Transport and Disposal of Acceptable Waste
- Proposed Fee Structure
- Utilization of Excess Facility Capacity
- Other Key Contract Terms

NEW HAVEN TRANSFER STATION OPERATIONS, TRANSPORT AND DISPOSAL SERVICES
PROPOSED TERM SHEET

Key Contract Terms	Proposed Provisions, Subject to Negotiation
1.0 <u>[List Title Here]</u>	<u>[Describe Proposed Contract Terms and Conditions Here]</u> _____ _____
2.0 _____	_____ _____ _____
3.0 _____	_____ _____ _____