

FORM 1

PROPOSER IDENTIFICATION / DESCRIPTION

1. Name and Address of Company

| | | | |
|---------------------------------------|-------|-------|-----------|
| Business Name | | | |
| Address | | | |
| City /State/Zip Code | City | State | Zip |
| Contact Person & Signature | | | Signature |
| Phone / Fax / E-Mail | Phone | Fax# | E-Mail |

State

Signature

Phone

Fax#

E-Mail

2. Describe the history and experience of your company. Please list examples of previous clean-up projects or similar type of work. Attached additional sheet(s) if necessary,

FORM 2

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BID ESTIMATE SHEET

| Item | Estimated Units | Rate | Estimated Costs |
|---|-----------------|------|-----------------|
| Demolish and Removal of Building Foundation | | | |
| Locating and removing Utility Lines as, electric, hone, cable | | | |
| Backfilling with clean fill and Final Site radin | | | |
| Submission of Invoices and Final Re ort | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| ESTIMATED TOTAL COST | | | |

Demolition
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ADDITIONAL QUESTIONS FOR PROPOSER

- Briefly describe the machinery and labor methods that will be used to demolish and remove the building foundation from the property.
- Briefly describe the containers that will be used to store and transport demolition waste from the property.
- From the list below, identify where you plan to dispose of each of the below referenced solid waste materials and recyclables (If Present), and who will be hauling such.

| TYPE OF WASTE | PERMITTED DISPOSAL SITE/RECYCLING FACILITY | HAULER |
|-------------------|--|--------|
| MMSW | | |
| Demolition Debris | | |
| A liance Rec clin | | |

FORM 3

| | | |
|------------------------------|--|--|
| E-Waste Rec clin | | |
| Ca et | | |
| Wood Rec clin | | |
| Treated Lumber | | |
| Tires/Tractor Tires | | |
| Batteries | | |
| Oil/Gas Containers | | |
| Oil Filters | | |
| Glass Rec clin | | |
| Plastics Rec clin | | |
| Chemical Containers | | |
| Scrap Metal Recycling | | |
| Aluminum Rec cling | | |
| Florescent Bulbs/Lam s | | |
| Mercu Containin Devices | | |
| Se tic S stem/Cess 001 Waste | | |
| Other: | | |

4. Do you anticipate any problems with locating a disposal site for the solid waste materials at this project?

If YES, please describe.

FORM 4

CITY OF ST. FRANCIS CONFIDENTIALITY AGREEMENT

I understand that as a contractor working under the scope of services as defined in this request for proposals, I may be placed in a position of receiving or overhearing confidential and/or private information.

I further understand that this confidential and/or private information shall not be discussed, shared, or divulged to anyone who is not an employee of City of St. Francis (who has a need to know) during the term of this agreement, or forever after unless allowed by law.

Any violations of the agreement will be cause for immediate termination of this agreement.

Signature of Contractor

Date

FORM 5

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REQUESTED SERVICE TIME LINE

Estimate the number of days, weeks, or months needed to complete, in full, the project described within this RFP.

Number of Days, Weeks, or Month (Please Indicate)

Signature of Contractor

Date

FORM 6

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PROPOSER CERTIFICATION

As the general cleanup contractor, I hereby declare by my signature below, that this bid is for the Scope of Work described in Section 2.3 of this Request for Proposal. I also declare by my signature below, that I agree to all conditions set forth in this RFP.

CONTRACTOR'S SIGNATURE & TITLE

DATE

FORM 7

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Request for

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