Vendor's Offer

Form 201-B (RFP)

Return this Section with your Response

It is required that Offeror complete, sign and submit the original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response and/or a materially incomplete response will be considered nonresponsive and rejected.

Offeror is to type or legibly write in ink all information required below.

Company Name: **Building Technologies, Inc**

Company Mailing Address: **PO Box 54072**

City: **Phoenix** State: **Arizona** Zip: **85078**

Contact Person: **Monty K. Scudder** Title: **Project Manager**

Phone No.: **602-992-1192** FAX: **None** E-mail; **btimonty@cox.net**

Company Tax Information:

Arizona Transaction Privilege (Sales) Tax No.: **20163205** or

Arizona Use Tax No.:_____

Federal I.D. No.: **86-0832724**

City & State Where Sales Tax is Paid: **Phoenix, Arizona**

If a Tempe based firm, provide Tempe Transaction Privilege (Sales) Tax No.:_____

THIS PROPOSAL IS OFFERED BY

Name of Authorized Individual (TYPE OR PRINT IN INK) **Monty K. Scudder**
Title of Authorized Individual (TYPE OR PRINT IN INK) **Project Manager**

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. In accordance with A.R.S. 35-393, et seq., the Offeror hereby certifies that it does not have scrutinized business operations in Iran or Sudan. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

Signature of Authorized Offeror

August 15, 2011
Date

(H:/RFP 3-2008)

INSTRUCTIONS TO PROPOSERS

Proposal Questionnaire

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Bidder shall submit answers to the following questions. Response will be utilized in determination of contract award. The city of Tempe may consider other information, whether or not specifically provided by the bidder in response to this RFP.

1. Provide the address of the facility that will supply service the City of Tempe account.

Building Technologies, Inc
12625 North 34th Place
Phoenix, Arizona

2. Describe your company and its history – include information about years you have been in business.

Building Technologies has been in business since 1996. As a commercial contractor, our firm worked on several projects for the State of Arizona as well as Phoenix and Tempe. When it was originally built, Building Technologies framed the Tempe Household Products Collection Center and as a Tempe Trade Services contractor, we provided several upgrades to the facility as well. Our firm was part of a team that remodeled Deer Valley Airport, and we participated in the rebuilding of the historic University Park Pool in Phoenix. As a Tempe trade services contractor, we worked on several projects including security upgrades to the water treatment facilities as well as other projects around town. Recently, we have completed several commercial tenant improvements and residential addition and remodels. In addition to our construction work, our firm provides litigation support in construction related defect issues. Last week, we were selected to act as the owner's representative for $2.2 million expansion of the Archie Hendricks Jr. Nursing Facility in Sells Arizona.

3. If submitting for restoration/rehabilitation of historic buildings and structures – provide complete information about your specialization in this area and procedures you would follow to insure compliance with guideline in this area.

Not applicable

4. Please provide contact information for the primary account representative and a backup contact for the City of Tempe – name, phone, cell phone and e-mail information.

Monty K. Scudder
Cell; 602-670-4855
btimonty@cox.net

Tom Richards
Cell; 480-560-2960
Trj0324@yahoo.com

5. Can you provide services to the City 24-hour per day? If so, provide your 24-hour phone number.

Monty Scudder
602-670-4855

6. List current, valid, State of Arizona contractors licenses applicable to each Trade Group you are submitting for. A copy of each license must be included with your response.

7. Do you intend to utilize sub-contractors?

   Yes _____ No **X**

   If Yes, list firm name, address, name of principal, phone number and service they will perform.

8. Will you comply with or exceed the two-year warranty provision as requested by the City?

   Yes **X** No _____

   If Yes, what warranty will you provide:

   Material and workmanship

   If No, please explain:

9. The City will not process payments through its AP system for charges under $1,000. Will you accept payment by Procurement Card (Credit Card).

   Yes **X** No _____

   Will you accept payments for amounts in excess of $1,000

   Yes _____ No **X**

   If Yes, indicate amount you are willing to accept.

10. Does your billing invoice meet the requirements of the City of Tempe and have you included a copy for evaluation purposes?

    Yes **X** No _____

11. Do you agree to the Terms and Conditions of the IFB?

    Yes **X** No _____

    If No, please explain:

12. List three (3) governmental or large corporate references for which you currently provide similar services.

Firm	Contact	Number
Spooner Physical Therapy	Tim Spooner	480-860-4298

Price Sheet

Return this Section with your Response

Quoted pricing must contain all charges including, but not limited to, standard equipment and tools generally associated with the trade group handling, billing, delivery, hazardous materials fee, travel time, wait time, etc., for work at locations within the City of Tempe, or in close proximity to the city borders. The City will **not** pay fuel surcharges.

If you do not employ the class of worker requested, please indicate by marking the box N/A. If you have other classifications that you will use in billing the City of Tempe provide the information as a separate attachment – clearly mark you attachment indicating what group this pricing covers. The City expects to primarily utilize this price sheet for evaluation purposes.

Group 1 – General Carpentry & Repair Work					
	Applicable Hours		Cost per Hour		
	From	To	Helper	Journeyman	Supervisor
Weekdays- Straight Time	6:00	5:00	$19.75	$39.50	$46.08
Weekdays - Overtime	anytime		$19.75	$39.50	$46.08
Weekends – Straight Time	6:00	5:00	$19.75	$39.50	$46.08
Weekends - Overtime	anytime		$19.75	$39.50	$46.08
Holidays – Straight Time	6:00	5:00	$19.75	$39.50	$46.08
Holidays - Overtime	anytime		$25.00	$50.00	$65.00
Markup on direct cost of parts and materials			13%		

Group 2 – Painting/Wallcovering & Repair Work					
	Applicable Hours		Cost per Hour		
	From	To	Helper	Journeyman	Supervisor
Weekdays- Straight Time			$	$	$
Weekdays - Overtime			$	$	$
Weekends – Straight Time			$	$	$
Weekends - Overtime			$	$	$
Holidays – Straight Time			$	$	$
Holidays - Overtime			$	$	$
Markup on direct cost of parts and materials			%		

Group 3 – Restoration/Rehabilitation of Historic Buildings or Structures					
	Applicable Hours		Cost per Hour		
	From	To	Helper	Journeyman	Supervisor
Weekdays- Straight Time			$	$	$
Weekdays - Overtime			$	$	$
Weekends – Straight Time			$	$	$
Weekends - Overtime			$	$	$
Holidays – Straight Time			$	$	$
Holidays - Overtime			$	$	$
Markup on direct cost of parts and materials			%		