

Form A

PROPOSAL BOND

BOND No. _____

KNOW ALL PERSONS BY THESE PRESENTS,

that _____, as Proposer and _____, as Surety, a corporation duly organized under the laws of the State of _____, having its principal place of business at _____, in the State of _____, and authorized as a surety in the Commonwealth of Virginia, are hereby held and firmly bound unto the Virginia Passenger Rail Authority ("VPRA"), in the sum of five percent (5%) of the amount of the Phase 1 Price Component, this sum equals five percent (5%) of the Phase 1 Services of the Franconia-Springfield Bypass Project, RFP No. 01-007-23-0001, for the payment of which we bind ourselves, and our heirs, executors, administrators, representatives, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Proposer is herewith submitting their Proposal for Phase 1 Services of the Franconia-Springfield Bypass Project, RFP No. 01-007-23-0001, which Proposal is incorporated herein by this reference;

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH THAT,

upon occurrence of any of the following events, this obligation shall be null and void; otherwise it shall remain in full force and effect, all loss/cost/expense of VPRA to replace Proposer will be compensated to VPRA by Surety up to the limit of the bonded sum amount, upon receipt by Proposer and Surety of notice of such forfeiture from VPRA:

- a) Proposer's receipt of written notice from VPRA that no contract for the project will be awarded by VPRA pursuant to the RFP;
- b) Termination of the Contract for convenience by VPRA; or
- c) Proposer's performance of all its obligations under the Contract required to be performed on or before issuance of Phase 1 NTP, including the obligation to provide any payment or performance bonds thereunder.

The following terms and conditions shall apply with respect to this bond:

- 1. If a suit is brought on this bond by VPRA and judgment is recovered, Proposer and Surety shall pay all costs incurred by VPRA in bringing such suit, including without limitation reasonable attorneys' fees as determined by the court.
- 2. Surety agrees that its obligation shall not be impaired by any extension(s) of the time for issuance of the Phase 1 Services NTP that Proposer may grant to VPRA, in accordance with the Contract or otherwise, and waives any notice of such extension(s).

Virginia Passenger Rail Authority

SIGNED and SEALED this _____ day of _____, 2023

Proposer

By: _____

Surety

By: _____

Attorney in Fact

FORM B

**ACKNOWLEDGMENT OF RECEIPT OF RFP,
ADDENDA, AND RESPONSES TO QUESTIONS**

(Name of Proposer)

We hereby acknowledge receipt of RFP No. 1-007-23-0001 for the Franconia-Springfield Bypass Project dated ~~August~~September 1, 2023, subsequent amendments, and responses to questions issued by VPRA.

Addendum No.

Date Issued

Response to Questions No.

Date Issued

(Signed)

(Date)

(Printed or Typed Name)

(Title)

FORM C

PROPOSER'S ORGANIZATION INFORMATION

PROPOSER (INDIVIDUAL FIRM/JOINT VENTURE / PARTNERSHIP/OTHER)			
Name of Entity and State of Organization (if applicable): Address:			
NAME(S) OF ORGANIZATION MEMBER(S)			
Company Name	Address/Phone & E-mail	State of Organization:	% Share of Equity Interest
Principal Participant(s)			

FORM D

LEGAL AND DISPUTES HISTORY

Name of Proposer: _____

Firm Name: _____

Provide the following information. Use additional pages as needed.

Legal Issues to be resolved:

Identify any legal issues that must be resolved by Proposer or any Principal Participant to permit Proposer to carry out its obligations if awarded the Contract. **If there are no such legal issues, affirmatively state that there are none.**

Dispute Resolution Proceedings:

Virginia Passenger Rail Authority

Provide a list of all litigation, arbitration, mediation, dispute review board or other alternative dispute resolution proceedings in which any Principal Participant has been involved during the preceding five (5) years that: (a) were commenced by or against a project owner and (b) involve an amount in dispute in excess of \$250,000. State whether each proceeding was resolved against the firm or its insurers/sureties or resulted in reduction in compensation to the firm. Additionally, provide this information for any unresolved, outstanding proceedings

List	Owner Initiated Proceedings (Y/N)	Resolution/Outcome	Indicate if Unresolved or Outstanding	Current Owner Contact Name, Phone & E-mail.

Liquidated Damages:

Describe any assessment of liquidated damages against any Principal Participant over the past 5 years. Describe the causes/reasons for the assessment and the amounts assessed. Describe any outstanding damage claims by or damages due and owing to any owner/agency.

Project Name	Cause of Delay(s)	Amount Assessed	Describe Outstanding Damage Claims by Any Owner	Current Owner Contact Name, Phone & E-mail.

Termination for Cause:

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Describe the conditions surrounding any contract (or portion thereof) entered into by any Principal Participant over the past 10 years that has been terminated for cause, or which required completion by another party. Describe the reasons for termination and the amounts involved, and claims lost or won regarding the termination.

Project	Describe Reason for Termination	\$ Amount Involved/ Claims Lost or Won	Current Owner Contact Name, Phone & E-mail.

Disciplinary Action:

Explain any disciplinary action taken against any Principal Participant within the past 5 years, including suspension from the right to propose/bid or removal from any Proposer/bid list.

Project	Describe Action Taken	Current Owner Contact Name, Phone & E-mail.

FORM E

PRINCIPAL PARTICIPANT CERTIFICATION

Complete for each Principal Participant.

1. Has the firm or any other officer or director thereof been indicted or convicted of bid, procurement, fraud or other contract related crimes or violations or any felony or serious misdemeanor within the past five years? If yes, describe.

2. Has the firm ever sought protection under any provision of any bankruptcy act? If yes, describe.

3. Has the firm ever been debarred or suspended from performing work for the federal government or any state or local government? If yes, describe.

(Must be signed by an authorized representative of each Principal Participant)

Firm: _____

By: _____

Title: _____

Name of Proposer: _____

FormFORM F

CONFLICT OF INTEREST DISCLOSURE

Proposer Name: _____

Disclose any actual or potential conflict of interest under VPRA's Organizational Conflict of Interest Policy. If no actual or potential conflict of interest exists, state as such.

Authorized Signature*: _____

Date: _____

Subscribed and sworn to me this _____ day of _____, 20__

Notary Public _____

My commission expires: _____

* If Proposer is not organized as an organization or is a Joint Venture, partnership, or any form of consortium, then an authorized representative of each Principal Participant must sign this Affidavit.

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FORM G

SAFETY QUESTIONNAIRE

Proposer's Name: _____

Firm Name: _____

1. Provide the following information for the preceding three years:

Item	2020	2021	2022
Employee hours worked (Do not include non-work time, even though paid)			
Number of lost workday cases			
Number of restricted workday cases			
Number of cases with medical attention only			
Number of fatalities			
Average Total Recordable Injury/Illness Rate			
Average Lost Work Rate			

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

Position	No	Yes	Monthly	Quarterly	Annually

3. Do you hold site meetings for supervisors? Yes _____ No _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____ Less often, as needed _____

4. Do you conduct Project Safety Inspections? Yes _____ No _____

By Whom? _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____

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5. Does the firm have a written Safety Program? Yes _____ No _____

6. Does the firm have an Orientation Program for new hires?
 Yes _____ No _____ If yes, what safety items are included?

7. Does the firm have a program for newly hired or promoted foremen?
 Yes _____ No _____ If yes, does it include instruction of the following?

Topic	Yes	No
Safety Work Practices		
Safety Supervision		
On-site Meetings		
Emergency Procedures		
Accident Investigation		
Fire Protection and Prevention		
New Worker Orientation		

8. Does the firm hold safety meetings which extend to the laborer level?
 Yes _____ No _____
 How often? Daily _____ Weekly _____ Bi-Weekly _____ Less often, as needed _____

9. Describe the firm's approach to safety training for employees, including how new hires are trained, when training is conducted for a project, and how often employees are required to attend safety training:

Virginia Passenger Rail Authority

10. Provide the safety record on the last Project to which the indicated Key Personnel were assigned:

Key Person	Total hours worked by all employees on Project	Number of lost workday cases on Project	Number of restricted workday cases on Project	No. of cases with medical attention only on Project	No. of fatalities on Project
Project Manager					
Construction Manager					
Safety Manager					

11. OSHA Violations

Provide information on any Occupational Safety and Health Administration (OSHA) citations and assessed penalties against the Principal Participants for any violations of its safety or health regulations in the past five (5) years.

Citation/Incident Number	Description/Disposition

Submit a copy of OSHA Form 300a for each of the last three years.

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FORM I

PROJECT EXPERIENCE DESCRIPTION

Name of Proposer: _____

Firm Name (Entity that participated on the project):
Project name, location, description, and nature of work for which company was responsible:
Identify named Key Personnel who worked on the project:
Describe the project, key risks, and challenges:
Project Delivery Method: _____
Firm role (e.g., prime, joint venture member, subcontractor): _____
Explain any cost or schedule growth over 10%: _____
Describe lessons learned:

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Name of Client (Owner/Agency, Contractor, etc.): _____
Address: _____ _____
Contact Name: _____
Telephone: _____
Owner's Project or Contract No.: _____
E-mail: _____
Initial Contract Value (US\$): _____
Final Value (US\$): _____
Percent of Total Work Performed by Company: _____
Commencement Date: _____
Planned Completion Date: _____
Actual Completion Date: _____
Amount of Claims: _____ Any Dispute Proceedings? Yes* ___ No ___
*If yes, describe on a separate sheet.

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FORM J

KEY PERSONNEL

Name of Proposer: _____

Key Personnel Position	Name of Individual	Years of Experience	Education and Registrations	Employer Name	Reference Name, Title, Phone Number, and E-mail Address*
CM/GC Project Manager		____ years managing similar projects ____ years of alternative delivery/early involvement experience ____ years of experience working in an active railroad environment			1. 2. 3.
Construction Manager		____ years managing construction of similar projects ____ years providing constructability reviews of designs ____ years of alternative delivery/early involvement experience ____ years of experience working in an active railroad environment			1. 2. 3.
Quality Manager		____ years of quality management experience for			1.

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		similar projects			2. 3.
Environmental Compliance Manager		___ years overseeing environmental compliance for similar projects			1. 2. 3.
Lead Cost Estimator		___ years preparing cost estimates for similar projects ___ years of alternative delivery/early involvement experience ___ years of experience estimating construction costs for railroad projects			1. 2. 3.
Lead Scheduler		___ years preparing construction schedules for similar projects ___ years of alternative delivery/early involvement experience			1. 2. 3.
Safety Manager		___ years managing safety for similar types of construction work			1. 2. 3.
Additional Value Personnel # 1		___ years of relevant experience			1. 2.

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					3.
Additional Value Personnel # 2		___ years of relevant experience			1. 2. 3.

*Provide at least two (2), but no more than three (3), references for each position.

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KEY PERSONNEL COMMITMENT:

Proposer affirms that the Key Personnel identified above are available for the Project and will commit the time necessary to fulfill the duties and responsibilities of the Key Personnel position. In the event that any identified Key Personnel cannot meet such commitment, VPRA will be damaged. Due to the imprecise nature of the damages, Proposer, if chosen as the Contractor for the Project, may be subject to liquidated damages as provided in the Contract due to the failure to commit identified Key Personnel to the Project. Proposer may not substitute or remove identified Key Personnel throughout the duration of this procurement, except as otherwise specified in the RFP. The following must be signed by an authorized representative of Proposer. If Proposer has not been formed as of the date of submission of the Proposal or is a consortium, partnership or any type of Joint Venture, an authorized representative of each Principal Participant must sign below. Use additional forms as necessary.

By: _____

Name: _____

Title: _____

Entity Name: _____

FORM L

SMALL BUSINESS SUBCONTRACTING PLAN

(Attached)

FORM M

AFFIDAVIT OF NON-COLLUSION

I swear (or affirm) under the penalty of perjury:

1. That I am the Proposer (if the Proposer is an individual), a partner in the partnership (if the Proposer is a partnership), an equity member of the Proposer (if the Proposer is a joint venture), or an officer or employee of the Proposer corporation having authority to sign on its behalf (if the Proposer is a corporation);
2. That the attached Proposal submitted in response to the Franconia-Springfield Bypass Request for Proposals has been arrived at by the Proposer independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other provider of materials, supplies, equipment or services described in the RFP, designed to limit fair and open competition;
3. That the contents of the Proposal have not been communicated by the Proposer or its employees or agents to any person not an employee or agent of the Proposer; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Authorized Signature[†]: _____

Date: _____

Proposer's Firm Name:

Proposer's Federal Employer Identification Number: _____

(Number used on Employer's Quarterly Federal Tax Return, U.S. Treasury Department Form 941) (if Proposer does not have an EIN, then the EIN for each Principal Participant)

[†] If Proposer is not organized as an organization or is a Joint Venture, partnership, or any form of consortium, then an authorized representative of each Principal Participant must sign this Affidavit.

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Subscribed and sworn to me this _____ day of _____, 20__

Notary Public _____

My commission expires: _____

FORM N

LOBBYING CERTIFICATE

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) **No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned**, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of **ANY** Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

- (2) **If any funds other than Federal appropriated funds have been paid or will be paid** to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with **THIS** Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions [as amended by "Government-wide Guidance for New Restrictions on Lobbying," 61 Federal Regulations 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)].

- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. §1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each expenditure or failure.]

The Proposer/Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Proposer/Contractor understands and agrees that the provisions of 31 U.S.C. §3801, et seq., apply to this certification and disclosure, if any.

Date: _____

Company Name: _____

Signature: _____

Name: _____
(Print)

Title: _____

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NOTE: CONTRACTORS ARE REQUIRED PURSUANT TO FEDERAL LAW, TO INCLUDE THE ABOVE LANGUAGE IN SUBCONTRACTS OVER \$100,000 AND TO OBTAIN THIS LOBBYNG CERTIFICATE FROM EACH SUBCONTRACTOR BEING PAID \$100,000 OR MORE UNDER THIS CONTRACT.

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FORM O

PROPOSER'S CLARIFICATION REQUEST

Proposer's Name: _____

RFP Section No. or Form	Question

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FORM P

PROPRIETARY/CONFIDENTIAL INFORMATION IDENTIFICATION

NAME OF PROPOSER: _____

Pursuant to Va. Code § 33.2-299.7, Proposers may request VPRA to keep confidential trade secrets or confidential proprietary information, not publicly available, provided by a private person or entity pursuant to a promise of confidentiality where if such information were made public, the financial interest of the private person or entity could be adversely affected.

For such information to be excluded from disclosure requirements under the Virginia Freedom of Information Act, Proposer shall make a written request to VPRA:

- (1) invoking such exclusion upon submission of the data or other materials for which protection from disclosure is sought;
- (2) identifying the data or other materials for which protection is sought; and
- (3) stating the reasons why protection is necessary.

The written notice must specifically identify the data or materials to be protected including the section of the Proposal in which it is contained and the page numbers, and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. In addition, a summary of proprietary information submitted shall be submitted on this form. The classification of an entire Proposal document as proprietary or trade secrets is not acceptable. VPRA will make the final determination of the appropriate scope and nature of the protection afforded to the requested records.

PROPOSAL SECTION/TITLE	PAGE NUMBER(S)	REASON(S) FOR WITHHOLDING FROM DISCLOSURE

FORM Q

BUY AMERICA CERTIFICATION/FRA

Virginia Passenger Rail Authority

FORM PD 32
(03/2023)



BUY AMERICA CERTIFICATION (FRA Funded Projects)

IFB/RFP No. _____

Federal Project No.: _____
(if known)

Date submitted: _____

Certification for procurement of steel, iron, or manufactured products.

A Bidder or Offeror must submit to VPRA the appropriate Buy America certification (below) with all bids or offers on FRA-funded contracts, except those subject to a general waiver. Bids or offers that are not accompanied by a completed Buy America Certification must be rejected as nonresponsive. *Please check only one box and sign certification.*

Certificate of Compliance with 49 U.S.C. § 22905(a)(1)
The bidder or offeror hereby certifies that it will meet the requirements of 49 U.S.C. § 22905(a)(1) and any applicable regulations.

OR

Certificate of Non-Compliance with 49 U.S.C. § 22905(a)(1)
The Bidder or Offeror hereby certifies that it cannot comply with the requirements of 49 U.S.C. § 22905(a)(1) and any applicable regulations, but it may qualify for an exception from the Secretary of Transportation pursuant to 49 U.S.C. § 22905(a)(2).

I understand that a false statement on this certification may be grounds for rejection or termination of any award.

Bidder's/Offeror's Firm Name

Signature of Authorized Representative

Date

FORM R

BUILD AMERICA, BUY AMERICA CERTIFICATION

FORM S

PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA

Virginia Passenger Rail Authority

FORM PD 44
(02/2023)

PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA

THIS FORM MUST BE SUBMITTED WITH YOUR BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM MAY RESULT IN REJECTION OF YOUR BID/PROPOSAL

Please check the appropriate line below and provide the requested information:

- A. Bidder/Offeror is a Virginia business entity organized and authorized to transact business in Virginia by the State Corporation Commission ("SCC") and such vendor's Identification Number issued to it by the SCC is: _____
- B. Bidder/Offeror is an out-of-state (foreign) business entity that is authorized to transact business in Virginia by the SCC and such vendor's Identification Number issued to it by the SCC is: _____
- C. Bidder/Offeror does not have an Identification Number issued to it by the SCC and such vendor is not required to be authorized to transact business in Virginia by the SCC for the following reason(s):

Please attach additional sheets if necessary. If Bidder/Offeror is a joint venture, attach a completed Form PD 44 for each of the partner firms comprising the joint venture.

- D. Bidder/Offeror has a pending application before the SCC for authority to transact business in the Commonwealth of Virginia and wishes to be considered for a waiver to allow Bidder/Offeror to submit the SCC Identification Number after the due date for bids/proposals. (VPRA reserves the right to determine, in its sole discretion, whether to allow such waiver).

Legal Name of Bidder/Offeror (as listed on W-9)

Authorized Signature

Print or Type Name and Title

Date

RETURN THIS FORM AND ANY SUPPORTING DOCUMENTATION WITH YOUR PROPOSAL

Page 1 of 1

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FORM T

PRICE PROPOSAL (PHASE 1 PRICE COMPONENT)

A. Phase 1 Direct Labor: \$ _____

B. Workplan for Phase 1 (expand as needed)

Staff	CM/GC Project Manager	Construction Manager	Quality Manager	Total Hours per Task
Direct Rate	\$	\$	\$	\$	\$	\$	
Task 1							
Task 2							
Task 3							
Task 4							
Total Hours per Person							
Total Cost	\$	\$	\$	\$	\$	\$	
Total Direct Labor Cost							\$

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FORM V

Exceptions to RFP Documents

Each Proposal submitted in response to this RFP shall list any deviation(s), exception(s), or variation(s) to or from the RFP Documents. The failure of Proposer to note a deviation, make an exception, or list a variation to the terms and conditions of these RFP Documents shall be deemed an express waiver by that Proposer of such deviation, exception, or variation.

As used herein, RFP Documents shall include the Instructions to Proposers and all exhibits, forms, appendices, and addenda either contained within or issued in connection with the RFP.

Proposer notes the following deviations, exceptions or variations (each an "Objection"):

<u>RFP Document</u>	<u>Section, paragraph or other identifier</u>	<u>Description of Objection</u>

THIS FORM MUST BE INCLUDED WITH YOUR PROPOSAL. IF THERE ARE NO OBJECTIONS, PLEASE WRITE "N/A" IN THE CHART ABOVE.

RFP No. _____

Proposer Name: _____

Preparer Name: _____ **Date:** _____