MANCHESTER•BOSTON REGIONAL AIRPORT

REQUEST FOR QUALIFICATIONS

AIRPORT JANITORIAL SERVICES

May, 2018
FY18-805-64

PROJECT CONTACT

Please direct all inquiries regarding this request for qualifications to Carlton E. Braley Jr., A.A.E., Assistant Director of Operations and Facilities at 603.624.6539 ext. 306, or by email to cbraley@flymanchester.com.

GENERAL INFORMATION

A. Five (5) year contract with three (3), two (2) year extensions at Manchester•Boston Regional Airport’s option. Contract renewal dependent upon a mutual agreement and the AIRPORT’s annual budget approval.

B. Fixed-price contract with fee structure based on pre-estimated costs (wages, equipment, tools, vehicles, rents, leases, recurring expenses, overhead and other costs) and paid to the JANITORIAL SERVICES CONTRACTOR(S) at a fixed monthly rate.

C. JANITORIAL SERVICES CONTRACTOR(S) will present recommended staffing plans, levels of personnel types, and working hours with full monthly schedules. The recommended staffing plan will include proposed coverage plans including staffing for sick calls, holidays, vacations, etc. Staffing reports will be presented to the Manchester-Boston Regional Airport, Assistant Airport Director, Operations and Facilities on a monthly basis as specified in the Reports section of this document.

D. At any time during this contract, AIRPORT retains the right to review JANITORIAL SERVICES CONTRACTOR(S) staffing levels and schedules and make recommendations to increase or decrease either, as agreed upon in writing by both parties, while maintaining expected levels of service and equipment. Should CONTRACTOR(S) disagree with the AIRPORT’s recommendation, the AIRPORT shall make the final determination. This may require the CONTRACTOR(S) to increase or decrease staffing levels if the AIRPORT determines such a staffing change is in the AIRPORT’s best interest. Any increase or decrease in staff shall include a corresponding increase or decrease to the amount of the Agreement for the staff increase or decrease.

E. AIRPORT may solicit additional services from JANITORIAL SERVICES CONTRACTOR(S) including but not limited to landscaping, pesticide applications, building maintenance and snow removal operations.

F. The JANITORIAL SERVICES CONTRACTOR(S) is required to provide the AIRPORT with a Software Inspection Management System to manage the inspections and evaluations of services. The software must include as a minimum: a rating system,
location identifications, service tracking, inspection notes, dates and times, responses and corrected actions.

G. JANITORIAL SERVICES CONTRACTOR(S) will be responsible for providing continuous services 24 hours per day, 7 days per week, and 365 days per year including leap year.

H. JANITORIAL SERVICES CONTRACTOR(S) will be responsible for continuous operation of the inspection system with a focus on the environment within each facility applicable to the activities within each facility.

I. JANITORIAL SERVICES CONTRACTOR(S) shall include all labor rates for contracted work, out of contract work and, for informational purposes, warranty work.

J. JANITORIAL SERVICES CONTRACTOR(S) to have minimum necessary personnel staffed by October 1, 2018 to fulfill setup scope of work and to get key personnel familiar with the entire facility and its operational requirements. JANITORIAL SERVICES CONTRACTOR(S) to be fully staffed by November 1, 2018.

**JANITORIAL TRANSITION ASSISTANCE**

At the expiration or earlier termination of the Agreement, the JANITORIAL SERVICES CONTRACTOR(S) shall provide transition assistance to enable the AIRPORT to continue the operation and janitorial services of the facility and inspection systems until the AIRPORT itself or a replacement CONTRACTOR(S) commences operation and janitorial services. The JANITORIAL SERVICES CONTRACTOR(S) shall cooperate fully with the AIRPORT and any replacement CONTRACTOR(S) to ensure a smooth and timely transition. JANITORIAL SERVICES CONTRACTOR(S)’s obligation to provide transition assistance shall not extend more than ninety (90) days beyond the expiration or termination date of the Agreement, including any extension thereof.

**SETUP SCOPE OF WORK**

A. The AIRPORT to provide JANITORIAL SERVICES CONTRACTOR(S) all facility design information to be populated into a new Software Inspection Management System for inspection tracking and reporting purposes.

B. The JANITORIAL SERVICES CONTRACTOR(S) to provide cleaning services to all common areas of the airport terminal building, rental car facility and parking garage structure.

C. JANITORIAL SERVICES CONTRACTOR(S) will provide quarterly cleaning of the airports parking garage parking deck floors.

D. The JANITORIAL SERVICES CONTRACTOR(S) to provide suggested improvements or changes that improve the passenger’s experience and the efficiencies of the services.

E. Services will vary based on time of day, day of the week, time of year and flight schedules.
F. Services are to be scheduled to best compliment anticipated reactive workload and recognize seasonal constraints.

G. Reports will be required on a weekly basis as specified in the Reports section of this document and will be reviewed by the Assistant Director of Operations and Facilities and the JANITORIAL SERVICES CONTRACTOR(S)’s manager and/or supervisor(s). Facility walkthroughs will be done on a monthly basis at a minimum with AIRPORT and JANITORIAL SERVICES CONTRACTOR(S) representation.

H. JANITORIAL SERVICES CONTRACTOR(S) will issue daily, weekly, monthly, semi-annual and annual reports according to AIRPORT requests/requirements.

I. JANITORIAL SERVICES CONTRACTOR(S) shall supply all tools (see Attachment “A”) and equipment required to perform all services and responsibilities spelled out within this contract.

J. JANITORIAL SERVICES CONTRACTOR(S) will be required to submit and adhere to a CONTRACTOR(S) inventory management plan.”JANITORIAL SERVICES CONTRACTOR(S) will be required to have all personnel badged. Some personnel may require driving privileges. All individuals must be able to pass the required criminal history background check; a fingerprint based criminal history check and a security threat assessment. Drivers must also pass training to obtain a Security Identification Display Area (SIDA) ID badge with ramp driving privileges.

K. Tool inventory – JANITORIAL SERVICES CONTRACTOR(S) will be responsible for adherence to AIRPORT’s tool and inventory controls policies within sterile and SIDA areas. Policy is attached herein as Exhibit A. The JANITORIAL SERVICES CONTRACTOR(S) shall be responsible for providing and maintaining any and all equipment needed to maintain and fulfill the contract terms and scope of work.

L. JANITORIAL SERVICES CONTRACTOR(S) will manage and monitor all sub-CONTRACTOR(S) activities with Computer Maintenance Management System (CMMS), evaluate their performance, make course corrections and modify work processes. JANITORIAL SERVICES CONTRACTOR(S) will also be responsible for any damages caused by any sub-CONTRACTOR(S) under their supervision.

M. JANITORIAL SERVICES CONTRACTOR(S) will provide snow removal services including but not limited to shoveling all terminal walkway, sidewalks, bus stops, garage cross over slabs, and areas along the building both airside and landside, plowing and spreading aggregate in short term parking lots and throughout the parking garage.

N. JANITORIAL SERVICES CONTRACTOR(S) will provide landscape services that maintain the existing landscape beds adjacent to the front of the airport terminal, car rental facility and parking garage.

**PERFORMANCE CRITERIA**

A. AIRPORT and the JANITORIAL SERVICES CONTRACTOR(S) will establish meaningful performance measures that provide accurate visibility of JANITORIAL
SERVICES CONTRACTOR(S)’s activities and compliance to its contractual obligations.

B. Power outages, damages to the facility or misuse of the inspection software not covered under the JANITORIAL SERVICES CONTRACTOR(S)’s warranties or control will not count towards diminished performance evaluations.

C. JANITORIAL SERVICES CONTRACTOR(S) and AIRPORT will address performance goals, business process solutions, and reimbursement plans to optimize AIRPORT’s financial objectives and goals.

D. JANITORIAL SERVICES CONTRACTOR(S) is to achieve 100% completion/compliance on scheduled janitorial and services work.

JANITORIAL SERVICES CONTRACTOR(S) SPACE

A. Office, workshop and storage areas will be provided by the AIRPORT.

B. JANITORIAL SERVICES CONTRACTOR(S) shall be responsible for the prompt repair or cost of repair of any damage at the AIRPORT caused by the JANITORIAL SERVICES CONTRACTOR(S), agents, employees, licensees, sub CONTRACTOR(S) and invitees. If practical, all repairs shall be conducted under the supervision of the AIRPORT.

C. Piling of boxes, cartons, barrels or similar items shall not be permitted in a public area.

D. General housekeeping, trash removal, interior window washing and vertical and horizontal surface cleaning responsibilities to include entire interior spaces and pedestrian bridge except for Airline offices, Concessionaire Stores and Restaurants and other specific tenant leased spaces. Floor plan is attached herein as Attachment “B”.

HEALTH AND SAFETY

A. JANITORIAL SERVICES CONTRACTOR(S) shall provide overall safety plan and site specific safety plan for agreed services.

B. JANITORIAL SERVICES CONTRACTOR(S) will provide safety, health, environmental plans and best practices, showing its standards and measures to ensure continuous efforts to protect its employees, their working environment and keep its practices safer.

C. JANITORIAL SERVICES CONTRACTOR(S) will comply with all environmental, health, and safety laws and regulations.

D. JANITORIAL SERVICES CONTRACTOR(S)’s employees are responsible for ensuring safety and health practices are implemented within each job task and have
identifying corrective action items to resolve and complete health and safety concerns.

E. Hazardous Materials – JANITORIAL SERVICES CONTRACTOR(S) shall promptly respond to and clean up any released or threatened release of any hazardous material in accordance with applicable federal, state or local regulations. The AIRPORTs Directors’ Office should be notified immediately of any release or threatened release of any hazardous material.

REPORTS

Reports for qualifying the performance of the JANITORIAL SERVICES CONTRACTOR(S) and the overall system will be required at a minimum as stated, but not be limited to, and are subject to change at any time.

A. Daily Reports:

1) Shift Activities Report: JANITORIAL SERVICES CONTRACTOR(S) shall, at the beginning of each shift, notify the AIRPORT designated personnel, via e-mail, of Shift Activities of any facility the JANITORIAL SERVICES CONTRACTOR(S) intends to remove from service for service. JANITORIAL SERVICES CONTRACTOR(S) shall include facility description, type, location, reason for facility or area being out of service, and estimated duration. Such notification must occur immediately by telephone if customer service is interrupted.

B. Weekly Reports:

1) Weekly reports are due by 8:00am Monday for the previous seven-day period. The report week shall consist of Monday-Sunday.

2) Quality Control Inspection Report: JANITORIAL SERVICES CONTRACTOR(S) shall develop and maintain a weekly Quality Control Inspection Report in AIRPORT approved format. This report shall include, at a minimum, those items identified in JANITORIAL SERVICES CONTRACTOR(S)'s Quality Control Program.

3) Report shall include, at a minimum, date and time of notification, JANITORIAL SERVICES CONTRACTOR(S) response time to problem, sections of System affected, responding technician(s), cause of System downtime and System return-to-service date and time.

C. Monthly Reports:

1) Unless noted within this section, AIRPORT and JANITORIAL SERVICES CONTRACTOR(S) will determine together when the monthly reports are due.

3) Project Schedule: JANITORIAL SERVICES CONTRACTOR(S) shall provide a Project schedule which details JANITORIAL SERVICES CONTRACTOR(S)'s Project schedule for the upcoming month five (5) business days prior to the end of each month. At a minimum, the report shall contain type of project, facility, locations, and duration.

E. As-Needed Reports:

1) Accident Reporting: JANITORIAL SERVICES CONTRACTOR(S) shall provide a formal report of all accidents and/or injuries that occur and involve the equipment and/or personnel covered by this Contract, via e-mail to the AIRPORT representative no later than two (2) hours after the occurrence. This report shall identify all parties involved, location, times and suspected cause of incident.

2) Failure Analysis Report: Corrective Actions shall be documented in a Failure Analysis Report, within three (3) business days.

3) Vandalism: JANITORIAL SERVICES CONTRACTOR(S) shall, within three (3) business days of any instance of suspected vandalism, provide date-stamped digital photographs, a complete statement of justification for repairs, a Police Incident Report, a Work Order Request, and an estimated cost and time breakdown to complete the repairs.

4) Resource Conservation: JANITORIAL SERVICES CONTRACTOR(S) shall prepare reports for the AIRPORT with recommendations on energy and other resource conservation as warranted.

SENSITIVE SECURITY INFORMATION

A. JANITORIAL SERVICES CONTRACTOR(S) will manage and protect Sensitive Security Information (SSI) and require all providers’ personnel to sign a non-disclosure agreement.

B. JANITORIAL SERVICES CONTRACTOR(S) acknowledges that the services provided pursuant to this contract are subject to confidentiality under the Sensitive Security Information (SSI) Policy as administered by the Federal TSA. SSI must be protected as required by 49 Code of Federal Regulations (CFR) Part 1520 and Department of Homeland Security Management Directive 11042.1. JANITORIAL SERVICES CONTRACTOR(S) shall not divulge information or documents pertaining to the service provided pursuant to this contract to third parties without first notifying AIRPORT and seeking approval from the TSA. Janitorial Service Contract proposal must include signed Sensitive Security Information (SSI) form Attachment “E”. JANITORIAL SERVICES CONTRACTOR(S) shall notify AIRPORT once it has obtained approval from the TSA prior to its revealing information or documents of any
information pertaining to its services and shall provide such notification prior to its revealing such information or documents.

**AIRPORT PROVIDED RESOURCES**

**A. AIRPORT Space**

1) The AIRPORT will provide THE CONTRACTOR(S) office, workshop and storage space(s) at the AIRPORT. The AIRPORT will designate the location(s) at the AIRPORT to relocate such areas as necessary, not to exceed twice a year, at no cost to the AIRPORT.

2) THE CONTRACTOR(S) shall keep such areas clean and orderly at all times.

3) THE CONTRACTOR(S) shall keep the office door locked whenever unoccupied.

4) THE CONTRACTOR(S) shall not allow persons who do not possess a current AIRPORT security badge to remain on-site unescorted.

5) THE CONTRACTOR(S) shall not store any items not related to the Contract anywhere on the AIRPORT.

6) THE CONTRACTOR(S) shall immediately notify the AIRPORT of any concerns or observations related to any item in need of repair or maintenance, including, without limitation, any item that may result in disruption to passenger flow.

7) Damage caused by THE CONTRACTOR(S) to any Airport-owned property shall be repaired or replaced to the satisfaction of the AIRPORT at THE CONTRACTOR(S)'s expense. The AIRPORT, at its sole direction, may elect to repair or replace the damaged property and deduct such costs from monies due THE CONTRACTOR(S).

**B.** The AIRPORT will provide applicable Operations and Maintenance Manuals.

**C.** The AIRPORT shall provide reasonable utilities (Including electricity and water) used.

**D.** The CONTRACTOR shall propose to provide all cleaning products, paper supplies and cleaning chemicals including, cloths, mops, pads, cleaning equipment, small apparatus and tools.

**E.** Upon expiration or termination of the Contract, THE CONTRACTOR(S) shall return to the AIRPORT, in good condition, all City-provided resources, including, without limitation, all security devices, AIRPORT keys, security badges, and all other AIRPORT identification.
PROPOSED SCHEDULE

The proposed schedule for the CONTRACTOR(S) selection process is as follows:

- May 11, 2018  10:30am  Pre-proposal meeting
- May 17, 2018  8:00-11:00am  Facilities Walk Through
- May 31, 2018  Final Date for questions from CONTRACTOR(S)
- June 7, 2018  Final Date for answers from AIRPORT
- June 15, 2018  9:30am  SOQ must be received
- June 29, 2018  Committee Review and selection of 2-3 firms
- July 16, 2018  On-Site Demonstrations and Presentations– week of July 16th
- August 1, 2018  Single Firm selection
- August 31, 2018  Scope of Work and Fee Negotiation
- September 10, 2018  Issue Notice to Proceed

Content of Statement of Qualifications

In response to this request, four (4) copies of the written Statement of Qualifications (SOQ) and letter of interest are to be submitted by interested firms. The SOQ shall be limited to fifteen (15) double sided, or thirty (30) single sided, 8 ½ x 11 inch sheets of paper (letter of interest is not to be counted towards total). Additional materials, including detailed resumes, professional licenses, relevant project profiles/summaries, and references may be included in attached appendices.

In addition to completing the Company’s Acknowledgement Statement of Qualification Attachment “D”, the submission must contain the following information:

1. Demonstration of a thorough understanding of the services requested.
2. Describe the organizational structure of the firm and/or team.
3. Provide an organizational chart indicating the proposed working relationship of all team members and key personnel. Identify the manager and discuss all team members’ relevant technical and AIRPORT consulting experience and ability to address controversial technical and public issues.
4. Describe location of contact and methods to be used to coordinate the services.
5. Identify any sub-consultants expected to be used and describe the work that will be assigned to them.
6. Demonstration of ability and commitment to undertake the work and dedicate the necessary personnel and resources required.
7. Submit an anticipated schedule of services to be performed. Indicate the time availability and commitments of the proposed manager.
8. A Notice to Proceed is tentatively scheduled to be issued on September 10, 2018.
9. A list and brief description of relevant services completed within the last ten years of a similar nature, and specific level of involvement of your firm and/or team.
10. Include professional references for these services. References and project profiles must include the date of service, a point of contact who was directly involved with the work and the level of complexity of the project.
EVALUATION AND SELECTION CRITERIA

Based on an evaluation and review of information presented in the submitted SOQ, the AIRPORT staff will rank the firms in order of qualifications. The SOQ will be reviewed and evaluated by the AIRPORT staff in accordance with the following criteria:

1. Understanding of the scope of the services and the approach proposed to complete them. - 20 Points

2. Professional strength and organization of the proposed firm and/or team, including strength of the proposed manager, professional background, caliber and expertise of other key personnel, and the Contractor’s approach for providing a contact for coordination of the services. - 30 Points

3. Adequacy and reasonableness of the proposed personnel and resources, including the CONTRACTOR(S)’s current workload and demonstrated ability to achieve schedules or deadlines. - 25 Points

4. Successful and quantified experience with relevant janitorial services and recent Projects which have addressed similar complex issues. - 25 Points

5. AIRPORT will select multiple firms for practical demonstrations and presentations.

6. AIRPORT will select a single firm to negotiate Scope of Work. In the event an agreement cannot be made the airport will negotiate with next selected firm.

ATTACHMENTS

A. Equipment List
B. Floor Plan - First Floor - Bag Belt, Concourse and Meet and Greet Area
   Floor Plan – Second Floor - Atrium, Pedestrian Bridge and Concourse Areas
   Floor Plan – Third Floor – Observation and Administration Areas
   Floor Plan – Rental Car Facility
C. Airport Tool Escort Policy
D. Company’s acknowledgment with minimum information required forms
E. Sensitive Security Information (SSI) Form
ATTACHMENT A

Equipment List

1. (2) Walk behind Auto Scrubbers (Tennant 5680 or Equivalent)
   a. $10,000 - $12,000
2. (2) Ride on Auto Scrubbers (Tennant T12 – T16 or Equivalent)
   a. $20,000 - $25,000
3. (1) Orbital Walk behind scrubber (Tennant T500 or Equivalent)
   a. $14,500 - $16,000
4. (2) IMOP Scrubbers (IMOP)
   a. $4,800 - $5,100
5. (1) Garage Floor Deck Scrubber ONLY (Tennant T20 or Equivalent equipped for cold weather operations)
   a. $59,000 - $64,000
6. (1) Street Sweeper ONLY (Tennant S20 or Equivalent for winter operations)
   a. $48,000 - $51,000
7. (1) Ride on Carpet Extractor w/Wand feature (Tennant R14 or Equivalent)
   a. $14,500 - $16,000
8. (4) Pro Team Vacuums (HEPA) Corded (Back Pack)
   a. $350 - $450
9. (8) Air movers (Tennant or Equivalent)
   a. $400 - $500
10. (2) Side by Side Floor Machine (FM-20-SS or Equivalent)
    a. $900 - $1,200
11. (1) Floor Burnishes (Tennant BR1600 or Equivalent)
    a. $2,500 - $3,000
12. (1) Pressure Washer (Husqvarna 5200 PSI Requirement)
    a. $1,800 - $2,100
13. (1) Snow Blower (Husqvarna 28 inch 13 HP or Equivalent)
    a. $1,900 - $2,000
14. (1) Bill Goat Walk-behind Blower (13-15 HP or Equivalent)
    a. $2,000 - $2,500
15. (3) Hillyard C3 Companion (Multi-Purpose Systems)
    a. $1,700 - $2,000

**Equipment manufacture date must be no older than (2) two years. If so, equipment must be assessed by a third party technician to ensure client that machine is operational and safe**

**All equipment must have signed PM Agreements and be serviced no less than twice a year to guarantee operational efficiency and safety compliance**

**Machine operators must receive proper training from manufacture or service vendor**

**No equipment shall be out of service any longer than (3) three consecutive days. A replacement machine or equivalent must be acquired during the down time**
**Monthly inspections with site manager and building supervisors (MHT) to ensure mandated machines are operating and adhere to customer requirements**

ATTACHMENTS “B”
It is the policy of the Manchester•Boston Regional Airport that all tools and implements are prohibited at all times in the restricted areas of the AIRPORTs. These restricted areas encompass those defined in the AIRPORT Security Program as “Secured / SIDA”, as well as “sterile” sections (those terminal locations past the TSA-operated passenger screening checkpoints).

The AIRPORT reserves the right, however, to temporarily permit said tools and implements in restricted areas as long as all of the following conditions are continuously met:

1. Only those tools and implements necessary for the performance of work-related responsibilities (construction, repairs, maintenance, etc.) may be authorized in any restricted area;
2. No tool or implement may be left unattended in any restricted area, at any time;
3. All tools and implements carried into any restricted area, must be accounted for at all times;
4. At the close of any and all workdays, and during coffee, smoke, lunch, and/or other breaks all tools and implements will either be removed from any restricted area or secured in the AIRPORT approved location;
5. Tools or implements may be used only by individuals having permission for their use. No tool or implement may be allowed to be in the possession of any unauthorized person, while in any restricted area;
6. Persons bringing tools into any restricted area will be responsible for maintaining a current documented inventory. Any item(s) found missing will immediately be reported to the AIRPORT Communications Center at (603) 624-6349. This inventory is subject to inspection and verification;
7. Any and all blades from any type of cutting instrument (box cutters, carpet knives, etc.) will be discarded outside of the AIRPORT property;
8. Prior to leaving any restricted area, all persons bringing tools and implements into any sterile area, will conduct a thorough search for any dangerous or prohibited item.

By signing this form, applicants agree to abide by all of the above, and may be permitted to possess prohibited tools and implements in the AIRPORT’s’ restricted areas. Any person authorized to possess prohibited items in restricted areas violating this policy, is subject to forfeiture of said authorization, other fines and/or penalties, and prosecution for violation of Section 2911.21 of the New Hampshire Revised Code (trespassing).
ATTACHMENT D

MANCHESTER-BOSTON REGIONAL AIRPORT
FY18-805-64

COMPANY'S ACKNOWLEDGMENT

At a minimum, all information requested in this Statement of Qualifications must be furnished by the company (hereinafter referred to as "Company") responding to the Request for Qualifications for services. Responses must be complete and accurate. Omissions, incompleteness, inaccuracy, or misstatements may be cause for rejection of a Statement of Qualifications.

All Statements of Qualifications shall become the property of the City of Manchester. Those parts of a Statement of Qualifications which are defined by a Company as business or trade secrets, and are reasonably marked "Trade Secrets", or "Confidential", or "Proprietary" shall only be disclosed to the public if such disclosure is required or permitted under the laws of the State of New Hampshire or the City's policies, rules or regulations.

By submission of this Statement of Qualifications, Company acknowledges and agrees that the City of Manchester has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information contained in this questionnaire, and authorizes the release to the City of Manchester of any and all information sought in such inquiry or investigation.

________________________________
Company (Print Name)

________________________________
By (print name)

________________________________
By (signature)

________________________________
Date

(Additional sheets may be inserted and/or attached as necessary to complete this Statement of Qualifications)
COMPANY NAME AND ADDRESS

1. Name of Company exactly as it appears on the Statement of Qualifications and as it would appear on the Service’s Contract:

________________________________________________________________
________________________________________________________________
________________________________________________________________

2. Address of Company for purposes of notice or other communication relating to the Statement of Qualifications:

________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Telephone Number of Company: (____) ____________________________

   Contact Person: ____________________________

   Email Address: ____________________________

4. Company intends to operate the business with which this Statement of Qualifications is concerned as a Sole Proprietor ( ); Partnership ( ); Corporation ( ); Joint Venture ( ); or other, please explain:

________________________________________________________________
________________________________________________________________
________________________________________________________________

________________________________________________________________
PARTNERSHIP STATEMENT

If a partnership, answer the following:

1. Date of organization ________________________________________________

2. General Partnership (  )
   Limited Partnership (  )

3. Statement of Partnership recorded: Yes (  ) No (  )

   Date  Book  Page  County
   City/State

4. Statement of Limited Partnership recorded: Yes (  ) No (  )

   Date  Book  Page  County
   City/State

5. Has the Partnership done business in the City of Manchester? Yes (  ) No (  )
   Explain: ____________________________________________________________

6. Name and partnership share of general partner:

   ________________________________________________________ %
   ________________________________________________________ %
   ________________________________________________________ %
   ________________________________________________________ %

7. Complete the Personal Description and Release (Page 10) for each person shown above.

8. Attach a complete copy of the Partnership Agreement.

9. Is the Partnership now involved, or has it ever been involved, in any business enterprise with the City of Manchester whatsoever?

   If so, give details: ____________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
CORPORATION STATEMENT

If a corporation, answer the following:

1. When incorporated? _________________________________________

2. Where incorporated? _________________________________________

3. Is the Corporation authorized to do business in New Hampshire? Yes ( ) No ( ) If so, as of what date _____________

4. The Corporation is held: Publicly ( ) Privately ( )

5. If privately held, provide the following:

   Name                        Address                        % of Stock Owned

   ___________________________________  ____________________
   ___________________________________  ____________________
   ___________________________________  ____________________
   ___________________________________  ____________________
   ___________________________________  ____________________

6. If publicly held, how and where is the stock traded:

   ______________________________________________________________
   ______________________________________________________________

7. List the following: Authorized Issued Outstanding

   (a) Number of voting shares: _________ _______ __________
   (b) Number of Non-voting shares: _________ _______ __________
   (c) Number of Shareholders: ____________
   (d) Value per share of Common Stock:
       Par $___________________
       Book $___________________
       Market $___________________

8. Furnish the name, title, address, and the number of voting and non-voting shares of stock held by each officer, director, and any person holding more than 10% of the outstanding stock.
9. Complete the Personal Description and Releases (Page 10) for each person shown under Item 5 above.

10. Is the Corporation now involved, or has it ever been involved, in any enterprise with the City of Manchester whatsoever? If so, attach full details.
JOINT VENTURE STATEMENT

If a Joint Venture, answer the following:

1. Date of organization ________________________________________________

2. Joint Venture Agreement or Statement recorded? Yes (  ) No (  )

____________________________________________________________

Date  Book  Page  County

City/State _____________________________________________________________

3. Has the Joint Venture done business in the City of Manchester?
   Yes (  ) No (  ) When? __________________________________________

4. Name and organization form of each Joint Venturer:

   Name           Type of Legal Entity (Partnership, Corporation or Sole Proprietor)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   If any Joint Venturer is a Partnership or Corporation, complete applicable statements.

5. Complete Personal Description and Release (Page 10) for each person shown under Item 4 above.

6. Attach a complete copy of the Joint Venture Agreement.

7. Is the Joint Venture now involved, or has it ever been involved, in any business enterprise with the City of Manchester whatsoever?

   If so, give full details: ______________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   If so, give full details: ______________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
FINANCIAL DATA

FINANCIAL STATEMENT

Attach a complete report, prepared in accordance with accepted accounting practices, reflecting your current financial condition. The report must include a balance sheet and income statement. Be prepared to substantiate all information included for review.

SURETY INFORMATION

Has any surety or bonding company ever been required to perform upon your default? Yes ( ) No ( )

If yes, attach a statement naming the surety or bonding company, date, amount of bond, and the circumstances surrounding such default and performance.

BANKRUPTCY INFORMATION

Have you ever declared bankruptcy? Yes ( ) No ( )

If yes, state date, court jurisdiction, amount of liabilities, and amount of assets.

FELONY INFORMATION

Have you ever been convicted of a felony? Yes ( ) No ( )

If yes, give date, court location, and details of the conviction.

PENDING LITIGATION

Provide detailed information regarding present or threatened litigation, liens, and prior claims involving any participant in the Statement of Qualifications. If there are none, state that there is no existing or threatened litigation, lien, or claims against any participant in the Statement of Qualifications.
BUSINESS REFERENCES

List four (4) persons or firms with whom you have conducted business transactions during the past three (3) years. At least two (2) of the references named are to have knowledge of your debt payment history.

REFERENCE #1

Name: __________________________________________________________

Firm: ____________________________________________________________

Title: ____________________________________________________________

Address: _________________________________________________________

_______________________________________________________________

Telephone: ______________________________________________________

Nature and magnitude of purchase, sale, loan, business association, etc.:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

REFERENCE #2

Name: __________________________________________________________

Firm: ____________________________________________________________

Title: ____________________________________________________________

Address: _________________________________________________________

_______________________________________________________________

Telephone: ______________________________________________________
Nature and magnitude of purchase, sale, loan, business association, etc.:  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  

REFERENCE #3

Name:  
______________________________________________________________________  
Firm:  
______________________________________________________________________  
Title:  
______________________________________________________________________  
Address:  
______________________________________________________________________  
______________________________________________________________________  
Telephone:  
______________________________________________________________________  
Nature and magnitude of purchase, sale, loan, business association, etc.:  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  

REFERENCE #4

Name:  
______________________________________________________________________  
Firm:  
______________________________________________________________________  
Title:  
______________________________________________________________________  
Address:  
______________________________________________________________________  
______________________________________________________________________
Telephone: 

______________________________________________________________________

Nature and magnitude of purchase, sale, loan, business association, etc.: 

______________________________________________________________________

______________________________________________________________________
STATEMENT OF EXPERIENCE

1. History of Company - Describe in detail (on a separate sheet of paper that can be collated into this document) the history of the Company. Include the year organized, growth in sales, growth of employees, and a description of the continuity of ownership and/or management.

2. How many employees (including administrative)? _________________________

3. How many active contracts? __________________________

4. How many facilities are contracted for today? _______________________

5. How many facilities are AIRPORT terminals today? _______________________

6. How many square feet of facilities are contracted for services today? ______

7. Age of the Company? _____________________

8. Are the services to be conducted at a local, regional or other level? Describe the organization that would be responsible for services at Manchester-Boston Regional AIRPORT.

9. Describe headquarters office programs including, but not limited to: personnel (e.g. staffing levels, training programs, safety programs); quality standards; equipment maintenance programs; customer service; and complaint resolution.

10. Complete the spreadsheet attached as Exhibit “A” as documentation of current inventory of contracted services. The detail provided in this matrix must be comprehensive and accurate and validate the statistics provided on page 13. Add pages as necessary and collate into the Statement of Qualifications.
OTHER INFORMATION

1. Please provide any other information which you feel will be helpful in evaluating your ability to successfully provide services at Manchester-Boston Regional AIRPORT.

2. What do you do that your competition does not?

3. How do you monitor quality?
COMPANY'S EEO CERTIFICATION

Company's Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

The Company certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, age, handicap, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of New Hampshire.

COMPANY'S CERTIFICATION

1. The Company has a written policy statement prohibiting discrimination in all phases of employment.      Yes (  ) No  (  )

2. The Company periodically conducts a self analysis or utilization analysis of its work force.      Yes (  ) No  (  )

3. The Company has a system for determination if its employment practices are discriminatory against protected groups.  Yes (  ) No (  )

4. Where problem areas are identified in employment practices, the Company has a system for taking reasonable corrective action to include establishment of goals and timetables.  Yes (  ) No (  )

Name and Title of Signer (Please Type or Print)

___________________________________  ________________________
Signature      Date
COMPANY'S DBE STATEMENT

DBE participation may be in the form of one or more subleases, joint ventures, partnerships, or other legal arrangement(s) meeting the eligibility standards in 49 CFR Part 23, Subpart F; or the Company may itself qualify as a DBE. Use this Statement to explain and document the percentages of DBE participation included in this Statement of Qualifications, including the name and address of each DBE firm, by whom (what agency) the firm is certified as a DBE, the estimated annual gross revenue to be earned by each named firm, and a description of the legal arrangement(s) involved.

Company asserting DBE participation may be, and the successful Company will be, required to submit information concerning the DBE firm(s) that will participate in the contract, including verification of each participant's certification as a DBE. Please note that the City of Manchester, Department of Aviation does accept certification by certain other government agencies.
AFFIDAVIT TO ACCOMPANY STATEMENT OF QUALIFICATIONS

State of ) ) SS
County of )

_______________________________________ being first duly sworn, deposes and
states: That he/she is______________________________________________________
______________________________________________________________________
(Insert "Sole Owner", "Partner", "President", "Secretary", or other title)

of _____________________________________________________________________
(Note name of Company)

who submits herewith to the City of Manchester the attached Statement of Qualifications.

Affiant deposes and states: that the Statement of Qualifications is genuine; that the same is not a
sham or collusive; that all statements of fact therein are true; that such Statement of Qualifications
was not made in the interest or behalf of any person, partnership, company, association,
organization or corporation not therein named or disclosed.

Affiant deposes and states: that the Company has not directly or indirectly by agreement,
communication or conference with anyone attempted to induce action prejudicial to the interest of
the City of Manchester, or any other Company, or anyone else interested in the proposed
agreement; that the Company has not in any manner sought by collusion to secure himself,
herself, itself or themselves, an advantage over any other Company.

Affiant further deposes and states:

a. That none of our employees are employees of the City of Manchester or employees of
public agencies for which the Board of Mayor and Alderman is the governing body;

b. That no City employee, or employees of public agencies for which the Board of Mayor
and Alderman is the governing body serve as officers, principals, partners or major
shareholders of this Company;

c. That we are not former City employees who have been employed by the City of
Manchester in the twelve (12) months immediately preceding the date of this affidavit in
positions of substantial responsibility in the area of service to be provided by the proposed
agreement, and that no such employees have taken part in the development of such
proposed agreement or its service specifications;

d. That no person who has been employed by the City within the twelve (12) months
immediately preceding this affidavit serves as an officer, principal, partner or major
stockholder of this Company.
I understand and agree that any falsification in this affidavit will be grounds for rejection of this Statement of Qualifications or cancellation of any agreement awarded pursuant to this Statement of Qualifications.

I certify under penalty of perjury under the laws of the State of New Hampshire that the foregoing is correct and true.

Signed:

______________________________
Signature

______________________________
Title

______________________________
Dated

WARNING
COMPANY WILL NOT BE CONSIDERED UNLESS THE AFFIDAVIT HEREON IS FULLY EXECUTED INCLUDING THE CERTIFICATE OF THE NOTARY AND THE NOTARIAL SEAL.
ATTACHMENT E
Sensitive Security Information (SSI) FORM

MANCHESTER•BOSTON REGIONAL AIRPORT
REPRESENTATION, ACKNOWLEDGMENT AND AGREEMENT
PLANS, SPECIFICATIONS AND DRAWINGS

FY18-805-64

Airport Janitorial Services Contract

1. Definitions

CONTRACTOR(S):
________________________________________________________________

2. Representation

I represent that I am an authorized representative of CONTRACTOR(S).

3. Acknowledgment

a. I have been advised that these Plans, Specifications and Drawings include Sensitive Security Information as determined by the AIRPORT Director of Manchester•Boston Regional Airport in application of Title 49 Code of Federal Regulations Part 1520 (“49 CFR 1520”). (These are regulations of the Transportation Security Administration, Department of Homeland Security, governing access to and disclosure of Sensitive Security Administration.) The Plans, Specifications and Drawings are also considered to be Infrastructure Records as that term is defined in Section 149.433(A) (2), Ohio Revised Code.

b. Section 49 CFR 1520.3 (a) states: “except as provided in paragraphs (c) and (d) of this section, and notwithstanding the Freedom of Information Act or other laws, the records and information described in §1520.7 [Sensitive Security Information] and paragraph (b) of this section are not available for public inspection or copying, nor is information contained in those records released to the public.”

4. Agreement

a. I understand that the Plans, Specifications and Drawings have been provided to CONTRACTOR(S) strictly on a need-to-know basis. In this case the reason justifying the need to know is preparation for and entering into an O&M services contract between the AIRPORT and the CONTRACTOR(S).

b. Plans, Specifications and Drawings are the property of the Manchester•Boston Regional Airport. All of the Plans, Specifications and Drawings, in their entirety, will be returned to the AIRPORT upon
termination of contract. **Failure to return the Plans and Specifications will result in non-payment of any monies owed the CONTRACTOR(S) and may result in criminal prosecution. CONTRACTOR(S) may also be debarred from working on future security sensitive projects.**

c. CONTRACTOR(S) shall affix a copy of this Representation, Acknowledgement, and Agreement to the cover page of each volume of the Plans, Specifications and Drawings in its possession.

d. CONTRACTOR(S) shall establish and maintain a Document Access and Control System meeting the following standards:

   (1) The referenced documents will be at all times kept in a lockable room in a permanent facility.

   (2) The door will remain locked at all times, except when authorized employees are entering or exiting.

   (3) CONTRACTOR(S) shall designate, in writing, those of its employees that it determines have a need to access the documents.

   (4) Each employee so designated will be:
       (a) Provided a copy of this Representation, Acknowledgement, and Agreement and provide CONTRACTOR(S) a written acknowledgment that he/she has read and understands the requirements of this Representation, Acknowledgment, and Agreement.
       (b) Provided with a key to the door restricted to the employee’s sole use.

   (5) CONTRACTOR(S) shall bar access and disclosure to any employee not so designated and to any other individual or entity, subject to subparagraph 4.e, below.

   (6) CONTRACTOR(S) shall establish and maintain procedures of access by authorized representatives of bona fide sub CONTRACTOR(S)/suppliers/vendors. This shall include but not be limited to having each sub CONTRACTOR(S)/supplier/vendor meet the same requirements of this Agreement when requesting plans and specifications from the Prime CONTRACTOR(S) and providing each such entity a copy of this Representation, Acknowledgment and Agreement, which shall be signed by an authorized representative prior to sending them any plans and specifications.

   (7) CONTRACTOR(S) shall not make copies of the Plans, Specifications and Drawings and shall not permit any copying, by any means whatsoever, including but not limited to photography, photocopying or scanning.
(8) CONTRACTOR(S) shall keep on file all documents described in subparagraphs 4.d., above.

(9) CONTRACTOR(S) shall conduct and document an inventory of the referenced documents and immediately notify the Manchester•Boston Regional Airport of any discrepancies.

e. CONTRACTOR(S)’s Document Access and Control System shall be subject to compliance monitoring by AIRPORT or its designee. Substantial non-compliance will result in CONTRACTOR(S) being declared ineligible to submit a bid on the project.

Signature: ________________________________

Printed Name & Title: ________________________________

Date: ________________________________

AIRPORT Witness: ________________________________

Date: ________________________________