

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
QUALIFICATIONS- EVALUATION PACKAGE
FOR
REFUSE REMOVAL, RECYCLING AND DISPOSAL SERVICES FOR
JOHN F. KENNEDY INTERNATIONAL AIRPORT, LAGUARDIA AIRPORT AND
BROOKLYN PIERS/NEW YORK MARINE TERMINALS**

In this Qualifications-Evaluation Package (QEP), “Respondent” or “Firm”, shall refer to the Respondent. Respondent shall complete the Qualifications-Evaluations Package, prepare the requested information and forms and submit the completed package (“Submission”) with their Response to the Qualifications Based Selection Process (QBSP).

The Response should contain two (2) sealed packages:

- 1) The completed QBSP book, including the Cost Proposal
- 2) Both an original hard copy of the Submission and a CD containing a copy of this Submission in .pdf form should be provided with the Response. In case of the discrepancy between the original hard copy and the CD, the hard copy shall prevail.

In their Qualification Evaluation Package Submission, the Respondent must address and respond to each question posed and submit each document requested in the QEP. Failure to respond to each question and/or to provide requested documents may result in a firm being found non-responsive. Only Submissions from Respondents found to meet the prerequisites below will be evaluated.

1. PREREQUISITES

- a. The Firm shall have at least three (3) years of continuous experience immediately preceding the date of submission of its Response in the management and operation of a business that provides government, commercial or industrial refuse removal/disposal and recycling services, and during that time shall have actually engaged in providing such services to government agencies, commercial or industrial accounts under contract. The Firm may fulfill this prerequisite if the Firm can demonstrate to the satisfaction of the Port Authority that the persons or entities owning and controlling the Firm have had a cumulative total of at least three (3) years of experience immediately prior to the date of the submission of its Response in the management and operation of a business actually engaged in providing these services to government, commercial or industrial accounts under contract during that time, or have owned and controlled other entities which have actually engaged in providing the above described services during that time period.
- b. During the time period stated in (a) above, the Firm, or persons or entities owning and controlling the Firm, shall have satisfactorily performed or shall be performing under at least one (1) contract requiring similar services of similar scope to those required under this Contract.
- c. Respondent must have a current and valid Trade Waste Removal License issued by, or be currently authorized to operate by, the New York City Business Integrity Commission (“BIC”).

In the event a Response is submitted by a joint venture the foregoing prerequisites will be considered with respect to such Response as follows: The prerequisites in subparagraphs (a) and

(b) above, will be considered satisfied if the joint venture itself, or any of its participants individually, can meet the requirements. The prerequisite in subparagraph (c) above, will be considered satisfied if the participant performing the Work has a current and valid Trade Waste Removal License issued by, or is currently authorized to operate by, the New York City Business Integrity Commission. If a joint venture which has not been established as a distinct legal entity submits a Response, it and all participants in the joint venture shall be bound jointly and severally and each such participant in the joint venture shall execute the Response and do each act and thing required by this QBSP. On the original response and wherever else the Respondent's name would appear, the name of the joint venture Respondent should appear if the joint venture is a distinct legal entity. If the Respondent is a common law joint venture, the names of all participants should be listed followed by the words "acting jointly and severally." All joint venture Respondents must provide documentation of their legal status.

2. QEP FORMS

The following attached forms must be completed in full, executed, notarized and submitted with Respondent's Submission:

- i. Company Profile and History (QEP Attachment A)
- ii. Agreement on Terms of Discussion (QEP Attachment B)

The following attached forms must be completed in full and submitted with Respondent's Submission:

- iii. Vehicle Inventory (QEP Attachment C)

3. CERTIFICATIONS

Respondent's attention is directed to Part III of the Standard Terms and Conditions, the "Contractor's Integrity Provisions". By submitting a Response, the Respondent shall be deemed to have made the certifications contained within the clauses entitled "Certification of No Investigation (Criminal Or Civil Anti-Trust), Indictment, Conviction, Debarment, Suspension, Disqualification and Disclosure Of Other Information" And "Non-Collusive Responding And Code Of Ethics Certification; Certification Of No Solicitation Based On Commission, Percentage, Brokerage, Contingent Or Other Fees." If the Respondent is unable to make the certifications contained therein, the Respondent shall submit a statement with its Response explaining why any such certification(s) cannot be made. Such a submission shall be submitted in a separate envelope along with the Response, clearly marked "CERTIFICATION STATEMENT."

4. PORT AUTHORITY BACKGROUND QUALIFICATION QUESTIONNAIRE ("BQQ")

In addition, Respondent must submit separately to the Port Authority Office of Inspector General ("OIG"), a fully completed BQQ. The BQQ and instructions for its submission to the Port Authority's Office of Inspector General, may be obtained at the Port Authority's website through the following hyperlink: <http://www.panynj.gov/inspector-general/inspector-general-programs.html>. The BQQ should be submitted to the Office of Inspector General prior to or simultaneously with the submission of the Response.

Note: Failure to fully complete and properly submit any requested documents, or failure to provide any required attachments or submissions to this QEP will preclude any review and consideration of the Firm for qualification.

5. REQUEST FOR ADDITIONAL INFORMATION

The Port Authority reserves the right to request additional information from any Respondent who has submitted a Submission, including the right to request additional documentation or a telephone interview or meeting with the Respondent. The failure of any Respondent to provide requested documents, or to participate in an interview or appear for a meeting after being properly notified by the Port Authority, may result in the Respondent being found non-responsive.

6. RESERVATION OF RIGHTS

The Port Authority reserves the right, in its sole discretion, to reject any defective Submission or to waive any defect in a Submission and either proceed with a review of the Submission or return the Submission to the Respondent with notification to the Respondent of (i) the nature of the defect and (ii) the opportunity to correct the defect and submit an amended Submission.

**QEP Attachment A
Company Profile and History**

A. GENERAL BUSINESS INFORMATION

Please provide the following information regarding the Respondent:

Respondent: _____
Company Name

d/b/a (if any): _____

Submitted by: _____
Person on behalf of the Respondent *Title*

Email Address: _____

Business Phone: _____ EIN: _____

Business Address: _____
Street

City *State* *ZIP*

Principals/Officers:*

Name *Start Date with Company*

Title *Phone* *Email*

Name *Start Date with Company*

Title *Phone* *Email*

Name *Start Date with Company*

Title *Phone* *Email*

*Attach additional sheets if necessary

B. LICENSES AND CERTIFICATIONS

Please list all applicable certifications and/or licenses issued to the Respondent by any federal, state, and local agency authorizing the Respondent to engage in the business of refuse removal and recycling. Please attach a copy of each permit/license showing proof that the Respondent is in good standing with the issuing agency.

U.S. DOT _____
NYC BIC _____
DMV CDL _____
Other(s) _____

C. RELEVANT EXPERIENCE

D. Please list Respondent’s contracts or engagements that demonstrate the required three-year minimum experience. Attach additional pages as needed.

Client Company: _____
Type of Job: _____
Client Contact: _____
Name _____ *Phone Number and/or Email* _____
Contract Term: _____ Value: \$ _____
MM/YYYY – MM/YYYY
Comments: _____

Client Company: _____
Type of Job: _____
Client Contact: _____
Name _____ *Phone Number and/or Email* _____
Contract Term: _____ Value: \$ _____
MM/YYYY – MM/YYYY
Comments: _____

Client Company: _____
Type of Job: _____
Client Contact: _____
Name _____ *Phone Number and/or Email* _____
Contract Term: _____ Value: \$ _____
MM/YYYY – MM/YYYY
Comments: _____

E. SAFETY PROFILE

Please provide the following information and documentation regarding the Respondent’s safety profile and practices.

- i. Safety Program.** Please attach a copy of the Respondent’s current Safety Program. The program should include employee training plans and curriculum, technology and safety equipment incorporation, the use of proper personal protection equipment (PPE), employee driver training program and plans, employee hiring and screening practices, incident notification procedures, and driver DMV notification procedures.

- ii. Occupational Safety and Health Administration (OSHA).** Please provide information about the results of any OSHA inspections conducted within the last ten years, any violations received, as well as any associated penalties, during that time period.

- iii. Safety Director or Manager.** Please provide the name of the Respondent’s Safety Director and/or Manager(s), describe his or her responsibilities, specific training and list of professional certifications. If additional space is needed, or if there are multiple people with such a role, please attach additional sheets.

Safety Director: _____
Affiliation (if not Respondent employee): _____

Responsibilities: _____

Safety Training: _____

Certifications: _____

Safety Manager: _____
Affiliation (if not Respondent employee): _____

Responsibilities: _____

Safety Training: _____

Certifications: _____

- iv. **Vehicle Maintenance.** Please fill out the following information regarding Maintenance, and provide a copy of the Respondent's current Vehicle Maintenance Program. The program should include maintenance and inspection logs, pre and post trip inspections and vehicle logging device use. In addition, Respondent shall complete and submit QEP Attachment C-Vehicle Inventory.

Maintenance Manager: _____

(Affiliation, if not

Respondent employee): _____

of Trucks _____

of Drivers _____

- v. **U.S. Department of Transportation Safety Record.** Please attach a print-out of the Respondent's complete and current Safety Measurement System (SMS) profile from the Federal Motor Carrier Safety Administration (FMCSA), printed within two weeks of the Response Due Date. Please include the details and status of any Safety Rating audits/adjustments, enforcement actions, investigations, acute/critical violations, and crash activity.

If Respondent does not have a U.S. DOT number, please explain below why Respondent is exempt from applying for a U.S. DOT number.

- vi. **Insurance Information and Experience Modification Rate.** Please provide the following information regarding the Respondent's current insurance coverage:

- a. Provide the name of their Insurance Broker and names and policy number of Insurance Carriers that provide coverage for their operations.
- b. Provide an Acord Certificate that details Respondent's Workers Compensation, General Liability and other coverages, with policy limits.
- c. Provide Respondent's Insurance Experience Modification Rate (EMR) for the last three (3) years and supply a letter from the Respondent's insurance broker or carrier indicating the EMR of the Respondent for the last three (3) years. If the rate exceeds 1.2, a written explanation shall be provided.

F. ENVIRONMENTAL HISTORY AND PROGRAMS

A. Please briefly describe the elements of the Respondent’s current environmental and sustainability policies and programs. Attach additional pages as needed.

i. Environmental Health and Safety Manager. Please provide the name of the individual responsible for Respondent’s Environmental Health and Safety Program, describe his or her responsibilities, specific training and list of professional certifications. If additional space is needed, or if there are multiple people with such a role, please attach additional sheets.

Name: _____
Title: _____
Affiliation (if not Respondent employee): _____
Responsibilities: _____
Training: _____
Certifications: _____

B. Please provide copies of any environmental orders, directives, summonses or notices of violations issued to the Respondent or its principals in the last two years, along with the final disposition of the matter. Indicate below if not applicable.

QEP Signature Sheet

A materially false statement willfully or fraudulently made in connection with this Certification, and/or failure to conduct appropriate due diligence in verifying the information that is the subject matter of this Certification may prevent the Respondent and/or the undersigned from being found to be responsible respondents/bidders/proposers in connection with future agreements. In addition, a materially false statement willfully or fraudulently made in connection with this Certification may subject the Respondent and/or the undersigned to criminal charges, including charges for violation of New York State Penal Law Sections 175.35 (Offering a False Statement for Filing) and 210.40 (Sworn False Statement), New Jersey Code of Criminal Justice Title 2C:28-3 (Unsworn Falsification to Authorities), and/or Title 18 U.S.C. Sections 1001 (False or Fraudulent Statement), 1341 (Mail Fraud), and 1343 (Wire Fraud).

Certifications must be notarized when signed.

I _____, being duly sworn, state that I am _____, an officer of
(Print Name) (Title)
the Respondent, and that I have read and understood the questions contained in the QEP.

I certify that to the best of my knowledge the information given in response to each question, is full, complete and truthful as of this date hereof.

I recognize that all the information submitted in connection with this QEP is for the express purpose of inducing the Port Authority to enter into a contract with the Respondent.

I acknowledge that the Port Authority may, by means it deems appropriate, determine the accuracy, truth and completeness of the answers to the questions in my Qualification Evaluation Package Submission. I authorize the Port Authority or its designee to contact any person or entity for purposes of verifying the information supplied by the Respondent.

SIGNATURE _____ Date _____

Print Name and Title _____

ACKNOWLEDGEMENT:

STATE OF: _____

COUNTY OF: _____

On this ___ day of _____, 20___, personally came before me, _____, who duly sworn by me, did depose that (s)he has knowledge of the matters herein stated, that they are in all respects true and that (s)he has been authorized to execute the foregoing offer and statement of irrevocability on behalf of said corporation, partnership or firm.

Notary Public

NOTE: If a joint venture is responding, duplicate this Signature Sheet and have each party to the joint venture sign separately and affix to the back of this Signature Sheet.

QEP ATTACHMENT B

**QUALIFICATIONS BASED SELECTION PROCESS (QBSP)
FOR
REFUSE REMOVAL, RECYCLING AND DISPOSAL SERVICES FOR JOHN F. KENNEDY
INTERNATIONAL AIRPORT, LAGUARDIA AIRPORT AND BROOKLYN PIERS/NEW YORK
MARINE TERMINALS**

AGREEMENT ON TERMS OF DISCUSSION

The Port Authority’s receipt or discussion of any information (including information contained in any Submission, vendor qualification(s), ideas, models, drawings, or other material communicated or exhibited by us or on our behalf) shall not impose any obligations whatsoever on the Port Authority or entitle us to any compensation therefor (except to the extent specifically provided in such written agreement, if any, as may be entered into between the Port Authority and us). Any such information given to the Port Authority before, with or after this Agreement on Terms of Discussion (“Agreement”), either orally or in writing, is not given in confidence. Such information may be used, or disclosed to others, for any purpose at any time without obligation or compensation and without liability of any kind whatsoever. Any statement which is inconsistent with this Agreement, whether made as part of or in connection with this Agreement, shall be void and of no effect. This Agreement is not intended, however, to grant to the Port Authority rights to any matter, which is the subject of valid existing or potential letters patent.

Any information (including information contained in any Submission, vendor qualification(s), ideas, models, drawings, or other material communicated or exhibited by us or on our behalf) provided in connection with this procurement is subject to the provisions of the Port Authority Public Records Access Policy adopted by the Port Authority’s Board of Commissioners, which may be found on the Port Authority website at: <http://corpinfo.panynj.gov/documents/Access-to-Port-Authority-Public-Records/>. The foregoing applies to any information, whether or not given at the invitation of the Authority.

(Company)

(Signature)

(Title)

(Date)

**ORIGINAL AND PHOTOCOPIES OF THIS PAGE ONLY.
DO NOT RETYPE.**

QEP ATTACHMENT C: VEHICLE INVENTORY

| 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | |
|------|---|------------|--|--------------------|---|----|--|-------------------------------------|---|----|
| Make | Type of Vehicle (rear loader, front loader, roll off truck, pick-up truck, etc.) | Model Year | Type of Fuel Used (diesel, gasoline, battery electric, propane, compressed natural gas, methane, hydrogen fuel cell, other) | Engine Horse-power | Indicate if the vehicle is a hybrid (for example, diesel-electric, gasoline-electric): (check either Yes or No) | | State Registration of Registration and Registration Number | Vehicle Identification Number (VIN) | Indicate if it is anticipated that this vehicle would be used in performance of the contract services if awarded: (check either Yes or No) | |
| | | | | | Yes | No | | | Yes | No |
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