



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
DEP16550

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
FRANK WHITTAKER 304-558-2316

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

ENVIRONMENTAL PROTECTION
 DEPARTMENT OF
 DIV OF WATER AND WASTE MGT
 601 57TH STREET SE
 CHARLESTON, WV
 25304 304-926-0499

DATE PRINTED
04/10/2014

BID OPENING DATE: 05/07/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
ADDENDUM ISSUED;						
1. TO CORRECT THE ELECTRONIC COPY OF THE VENDOR'S QUALIFICATION QUESTIONNAIRE THAT WAS POSTED ON THE WV PURCHASING WEBSITE. PLEASE SEE ATTACHMENT A FOR A CORRECTED VERSION.						
2. TO PROVIDE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 1						
0001	1	LS		493-09		
WATER, WASTE WATER AND SOIL SAMPLE ANALYSIS						
***** THIS IS THE END OF RFQ DEP16550 ***** TOTAL:						

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: DEP16550

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- | Modify bid opening date and time
- | Modify specifications of product or service being sought
- | Attachment of vendor questions and responses
- | Attachment of pre-bid sign-in sheet
- | Correction of error
- | Other

Description of Modification to Solicitation:

1. To provide a corrected electronic version of the TMDL Vendor Qualification Questionnaire posted on the WV Purchasing Division's website.
2. To provide Addendum Acknowledgment.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
TMDL VENDOR QUALIFICATION QUESTIONNAIRE **Attachment A**

PROJECT NAME The Meadow River Watershed of the Gauley River, Warm Spring Run and Rocky Marsh Run Watersheds of the Potomac River.		DATE (DAY, MONTH, YEAR)	FEIN																		
1. FIRM NAME		2. HOME OFFICE BUSINESS ADDRESS	3. FORMER FIRM NAME																		
4. HOME OFFICE TELEPHONE	5. ESTABLISHED (YEAR)	6. TYPE OWNERSHIP Individual Corporation Partnership Joint-Venture																			
7. PRIMARY TMDL DEVELOPMENT OFFICE: ADDRESS/ TELEPHONE/ PERSON IN CHARGE/ NO.OF TMDL DEVELOPMENT PERSONNEL IN OFFICE																					
8. NAMES OF PRINCIPAL OFFICERS OR MEMBERS OF FIRM		8a. NAME, TITLE, & TELEPHONE NUMBER - OTHER PRINCIPALS																			
9. PERSONNEL BY DISCIPLINE																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">— CONTRACT ADMINISTRATOR(S)</td> <td style="width: 33%;">— WATERSHED ANALYST(S)</td> <td style="width: 34%;">— OTHER (LIST BELOW)</td> </tr> <tr> <td>— PROGRAM MANAGER(S)</td> <td>— SOILS SPECIALIST(S)</td> <td>— _____</td> </tr> <tr> <td>— PROJECT MANAGER(S)</td> <td>— TECHNICAL EXPERT(S)</td> <td>— _____</td> </tr> <tr> <td>— QA/QC MANAGER(S)</td> <td>— TECHNICAL WRITER(S)</td> <td>— _____</td> </tr> <tr> <td>— BIOLOGICAL ANALYST(S)</td> <td>— OUTREACH SPECIALIST(S)</td> <td></td> </tr> <tr> <td>— MODEL DEVELOPER(S)</td> <td>— SENIOR WATER RESOURCE ENGINEER(S)</td> <td></td> </tr> </table>				— CONTRACT ADMINISTRATOR(S)	— WATERSHED ANALYST(S)	— OTHER (LIST BELOW)	— PROGRAM MANAGER(S)	— SOILS SPECIALIST(S)	— _____	— PROJECT MANAGER(S)	— TECHNICAL EXPERT(S)	— _____	— QA/QC MANAGER(S)	— TECHNICAL WRITER(S)	— _____	— BIOLOGICAL ANALYST(S)	— OUTREACH SPECIALIST(S)		— MODEL DEVELOPER(S)	— SENIOR WATER RESOURCE ENGINEER(S)	
— CONTRACT ADMINISTRATOR(S)	— WATERSHED ANALYST(S)	— OTHER (LIST BELOW)																			
— PROGRAM MANAGER(S)	— SOILS SPECIALIST(S)	— _____																			
— PROJECT MANAGER(S)	— TECHNICAL EXPERT(S)	— _____																			
— QA/QC MANAGER(S)	— TECHNICAL WRITER(S)	— _____																			
— BIOLOGICAL ANALYST(S)	— OUTREACH SPECIALIST(S)																				
— MODEL DEVELOPER(S)	— SENIOR WATER RESOURCE ENGINEER(S)																				
			— TOTAL PERSONNEL																		
10. DO YOU NEED ADDITIONAL EMPLOYEES TO FULFILL THE REQUIREMENTS OF THIS CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO																					

11. OUTSIDE KEY CONSULTANTS/SUB-CONSULTANTS ANTICIPATED TO BE USED. Attach "TMDL Vendor Qualification Questionnaire".

NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE ____ Yes ____ No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE ____ Yes ____ No
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NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE ____ Yes ____ No
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE ____ Yes ____ No

12. A. Is your firm experienced in development of TMDLs for total recoverable metals?

YES NO

12.A.1 Provide Names and Number of Projects

12.A.2 Provide an example TMDL for total recoverable metals

12.A.3 Provide a detailed description of the methodology to develop a total recoverable metals TMDL as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. B. Is your firm experienced in development of TMDLs for pH/dissolved metals?

YES NO

12.B.1 Provide Names and Number of Projects

12.B.2 Provide an example TMDL for pH/dissolved metals

12.B.3 Provide a detailed description of the methodology to develop a pH/dissolved metals TMDL as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. C. Is your firm experienced in development of TMDLs for fecal coliform bacteria?

YES NO

12.C.1 Provide Names and Number of Projects

12.C.2 Provide an example TMDL for bacteria

12.C.3 Provide a detailed description of the methodology to develop a fecal coliform bacteria TMDL as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. D. Is your firm experienced in biological stressor identification and development of TMDLs for biological impairments?

YES NO

12.D.1 Provide Names and Number of Projects

12.D.2 Provide an example TMDL for biological impairment

12.D.3 Provide a detailed description of the methodology to develop a biological impairment TMDL as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. E. Describe your firm's management plan that supports personnel and project activities within the organization and coordinates with the WVDEP to achieve timely TMDL development within budgetary constraints as per EOI.

ATTACH ADDITIONAL PAGES AS NECESSARY

12. F. Describe your firm's experience with the LSPC/MDAS or equivalent modeling system in TMDL development. Provide names and number of projects for which this type of modeling system was employed.

ATTACH ADDITIONAL PAGES AS NECESSARY

13. PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES RESPONSIBLE FOR TMDL DEVELOPMENT PROJECTS (Insert additional copies as necessary)

NAME & TITLE (Last, First, Middle Int.)	YEARS OF EXPERIENCE		
	In EPA-approved TMDL development	In TMDL-related projects	With modeling system(s), e.g., LSPC, MDAS, etc..

Brief Explanation of Responsibilities

EDUCATION (Degree, Year, Specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

REGISTRATION (Type, Year, State)

13. PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES RESPONSIBLE FOR TMDL DEVELOPMENT PROJECTS

NAME & TITLE (Last, First, Middle Int.)	YEARS OF EXPERIENCE		
	In EPA-approved TMDL development	In TMDL-related projects	With modeling system(s), e.g., LSPC, MDAS, etc..

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Brief Explanation of Responsibilities

EDUCATION (Degree, Year, Specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS	REGISTRATION (Type, Year, State)
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13. PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES RESPONSIBLE FOR TMDL DEVELOPMENTS PROJECTS

NAME & TITLE (Last, First, Middle Int.)	YEARS OF EXPERIENCE		
	In EPA-approved TMDL development	In TMDL-related projects	With modeling system(s), e.g., LSPC, MDAS, etc...

Brief Explanation of Responsibilities

EDUCATION (Degree, Year, Specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS	REGISTRATION (Type, Year, State)
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14. PROVIDE A LIST OF SOFTWARE AND EQUIPMENT AVAILABLE IN THE PRIMARY OFFICE WHICH WILL BE USED TO COMPLETE TMDL DEVELOPMENT SERVICES

15. CURRENT PROJECTS/ACTIVITIES IN WHICH YOUR FIRM IS PRESENTLY INVOLVED

PROJECT NAME, TYPE AND LOCATION	NAME AND ADDRESS OF OWNER	NATURE OF YOUR FIRM'S RESPONSIBILITY	ESTIMATED PROJECT COST	PERCENT COMPLETE
TOTAL NUMBER OF PROJECTS:			TOTAL ESTIMATED PROJECT COSTS: \$	

16. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS SERVING AS A SUB-CONSULTANT TO OTHERS

PROJECT NAME, TYPE AND LOCATION	NATURE OF FIRMS RESPONSIBILITY	NAME AND ADDRESS OF OWNER	ESTIMATED COMPLETION DATE	ESTIMATED PROJECT COST	
				ENTIRE PROJECT	YOUR FIRM'S RESPONSIBILITY

17. COMPLETED WORK WITHIN LAST 5 YEARS IN WHICH YOUR FIRM WAS THE DESIGNATED FIRM OF RECORD

PROJECT NAME, TYPE AND LOCATION	NAME AND ADDRESS OF OWNER	ESTIMATED PROJECT COST	YEAR	EPA APPROVED?

18. COMPLETED WORK WITHIN LAST 5 YEARS ON WHICH YOUR FIRM HAS BEEN A SUB-CONSULTANT TO OTHER FIRMS (INDICATE PHASE OF WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE)

PROJECT NAME, TYPE AND LOCATION	NAME AND ADDRESS OF PRIMARY FIRM	ESTIMATED PROJECT COST OF YOUR FIRM'S PORTION	YEAR	EPA APPROVED?	CLIENT NAME AND ADDRESS

19. Use this space to provide any additional information or description of resources supporting your firm's qualifications to perform work for the WVDEP's TMDL Program.

20. The foregoing is a statement of facts.

Signature: _____ Title: _____ Date: _____

Printed Name: _____

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DEP16550

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Company

Authorized Signature

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012