

REQUEST FOR PROPOSALS

TECHNICAL PROPOSAL REQUIRED FORMAT

CONSULTANCY SERVICES

FOR

**DETAILED DESIGN AND CONSTRUCTION
SUPERVISION FOR THE**

**STRUCTURAL RETROFIT
TO THE GALERA POINT LIGHTHOUSE, TOCO
AND THE DESIGN OF A PUBLIC RESTROOM
FACILITY**

NAME OF CONSULTANT: _____

September 2023

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1.0 INTRODUCTION

This Request for Proposal Questionnaire (RFPQ) sets out the information which is required to assess the suitability of potential Consultants for Consultancy Services for **STRUCTURAL RETROFIT TO THE GALERA POINT LIGHTHOUSE, TOCO AND THE DESIGN OF A PUBLIC RESTROOM FACILITY**

We advise that no information contained in this RFPQ, or in any communication made between MOWT, Construction Division and any potential Consultant in connection with this RFPQ, shall be relied upon as constituting a contract, agreement or representation that any contract shall be offered in accordance with this RFPQ.

Under no circumstances shall MOWT, Construction Division incur any liability in respect of this RFPQ or any supporting documentation.

2.0 INSTRUCTIONS

- 2.1 All sections of the RFPQ must be completed.
- 2.2 If any section of this RFPQ is not applicable, please insert N/A in the relevant section.
- 2.3 All information shall be in English Language.
- 2.4 All forms shall be typed or written in indelible ink.
- 2.5 Applicants must provide the requested information in as much detail as possible to facilitate our ability to process same for assessment of firms.
- 2.6 In circumstances where the space provided within the various sections of the RFPQ may not be adequate, the Applicant shall develop schedules in the prescribed format and attach same. Please number each additional page in the format "Page X of Y."
- 2.7 The Ministry of Works and Transport (MOWT) retains the right to conduct a site visit to the premises of Applicants under the Terms of Reference of this RFP and will be advised in writing from a representative of MOWT.
- 2.8 It is the responsibility of the Applicant to inform MOWT of any change in contact details, i.e., address, email, telephone or other relevant information.
- 2.9 Where further information or clarification is required, please contact The MOWT Procurement Unit at 625-1225
- 2.10 All figures are to be denominated in Trinidad and Tobago Dollars (TTD).
- 2.11 The Consultants shall include an electronic version of the submitted documents in PDF format.

3.1 AVERAGE TOTAL NUMBER OF EMPLOYEES IN THE YEAR:

2020: _____ 2021: _____ 2022: _____ 2023 (Current): _____

4.0 ORGANISATIONAL DETAILS		
Company Name:	Telephone:	Fax:
Date of Establishment:	Place / Country of Establishment:	
Registered Address:	Mailing Address:	
Town/City:		
Country:	Town/City:	
Email:	Country:	
Website:	Email:	
4.1 PRIMARY CONTACT		
Name:	Position:	
Email:	Telephone:	Fax:
	Mobile:	
4.2 OFFICERS		
President/C.E.O:		
Vice President/Managing Director:		
Corporate Secretary:		
4.3 LIST OF DIRECTORS/PARTNERS		
i)	ii)	
iii)	iv)	
v)	vi)	
4.4 TYPE OF BUSINESS		
(Please tick one box)		
Current legal state of the Applicant (e.g. Partnership, Private Limited Company etc..)		

- Sole Trader Partnership Public Liability Private limited Company
 Joint Venture Other (please specify)

4.5 REGISTRATION DETAILS

Please provide copies of Certificates of Incorporation, Articles of Association and the Organization's By Laws. Where appropriate and advise MOWT of any changes of name, registered office and place of business. (Please tick in spaces provided)

	YES	NO	Date of Reg. Filing		YES	NO	Date of Reg. / Filing
			YYYY/MM/DD				YYYY/MM/DD
Notice of Directors	<input type="checkbox"/>	<input type="checkbox"/>		Certificate of Incorporation/ Continuanace	<input type="checkbox"/>	<input type="checkbox"/>	
Notice of Secretary	<input type="checkbox"/>	<input type="checkbox"/>		V.A.T. Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Notice of Address	<input type="checkbox"/>	<input type="checkbox"/>		B.I.R Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Articles of Association	<input type="checkbox"/>	<input type="checkbox"/>		N.I.S Compliance Cert.	<input type="checkbox"/>	<input type="checkbox"/>	
Last Annual Return Filed	<input type="checkbox"/>	<input type="checkbox"/>		P.A.Y.E No.	<input type="checkbox"/>	<input type="checkbox"/>	

4.6 CLEARANCES / CERTIFICATES

	YES	NO	Expiry Date		YES	NO	Expiry Date
			YYYY/MM/DD				YYYY/MM/DD
Valid V.A.T. Clearance Cert.	<input type="checkbox"/>	<input type="checkbox"/>		Valid Tax Clearance	<input type="checkbox"/>	<input type="checkbox"/>	
Valid N.I.S Compliance Cert.	<input type="checkbox"/>	<input type="checkbox"/>					

4.7 REGISTRATION WITH PROFESSIONAL BODIES

Is the Organization registered with an appropriate trade or Professional Body?

- YES** **NO**

If so, please provide details:

N.B

- V.A.T. denotes Value Added Tax
B.I.R. denotes Board of Inland Revenue
N.I.S. denotes National Insurance
P.A.Y.E denotes Pay as You Earn

5.0 INSURANCE

5.1 CONSULTANT'S PROFESSIONAL INDEMNITY INSURANCE	
Name of Insurer:	
Address:	
Type of Insurance:	
Policy Nos.	
Expiry Date:	
Limits of Indemnity:	
Excess (if any)	
5.2 WORKMEN'S COMPENSATION INSURANCE	
Name of Insurer:	
Address:	
Type of Insurance:	
Policy Nos.	
Expiry Date:	
Limits of Indemnity:	
Excess (if any)	
5.3 THIRD PARTY INSURANCE	
Name of Insurer:	
Address:	
Type of Insurance:	
Policy Nos.	
Expiry Date:	
Limits of Indemnity:	
Excess (if any)	

6.0 DESIGN AND SUPERVISION SERVICES

6.1 LIST OF PROPOSED KEY PERSONNEL FOR DESIGN SERVICES

(Please fill-up the register below and attached all CVs based on the required format in **Item 6.4**. Non-Compliance may result in rejection of proposal)

Name	Position	Qualifications	Professional Licenses / Place & Registration #	Date of Birth (Year/Month/Day)	Nationality	Specialization / Years of Experience / Country	Language (First / Second)	Period of employment w/ the current firm
	DESIGN TEAM							
	Project Manager / Team Leader ≥ 15 years' experience							
	Sr. Structural Design Engineer ≥ 15 years' experience							
	Senior Civil Engineer ≥ 10 years' experience							
	Senior Geotechnical Engineer ≥ 15 years' experience							
	Senior Cost Estimator ≥ 10 years' experience							
	AutoCAD Technician ≥ 10 years' experience							
	Engineering Surveyor ≥ 10 years' experience							
	Other Key Personnel (please specify) ≥ 10 years							

6.2 LIST OF PROPOSED KEY PERSONNEL FOR SUPERVISION SERVICES

(Please fill-up the register below and attached all CVs based on the required format in **Item 6.4**. Non-compliance may result in rejection of proposal)

Name	Position	Qualifications	Professional Licenses / Place & Registration #	Date of Birth (Year/Month/Day)	Nationality	Specialization / Years of Experience / Country	Language (First / Second)	Period of employment w/ the current firm
	SUPERVISION TEAM							
	Project Manager / Team Leader ≥ 15years experience							
	Resident Engineer (For Package 1) ≥ 15 years' experience							
	Site Engineer #1 (For Package 1) ≥ 10 years' experience							
	Site Engineer #2(For Package 1) ≥ 10years experience							
	Construction Technician #1 ≥ 5 years' experience							
	Construction Technician #2 ≥ 5 years' experience							
	Construction Technician #3 ≥ 5 years' experience							
	AutoCAD Technician ≥ 10 years' experience							
	HSSE Officer ≥ 10 years' experience							
	Engineering Surveyor ≥ 10 years' experience							

**6.3 ORGANIZATIONAL CHART OF THE PROPOSED KEY PERSONNEL FOR THE
DESIGN AND CONSTRUCTION SUPERVISION STAGE**

(Please provide organizational chart with name of all the key personnel to be involved in the design and construction supervision stage.

6.4 CURRICULA VITAE OF PROPOSED KEY PERSONNEL
(CV's must not be dated more than 3 months)
 (Sequence of Presentation only – Provide separate sheet)

1	Name of Firm / Proponent					
2	Proposed Position					
3	Name of Person					
4	Permanent Address					
5	Current Address					
6	Contact Number(s)					
7	Email(s)					
8	Profession					
9	Years of Professional Experience & Career Summary (no more than 300 words)					
10	Date of Birth					
11	Nationality					
12	Education (Start from highest achieved and <u>include the year of award</u>)					
13	Professional Licenses / Key Qualifications					
14	Membership in Professional Societies / Organizations					
15	Training (e.g., Software, FIDIC, etc.)					
16	Seminars Attended					
17	Skills (including computer software and engineering codes). Subject to actual demo/interview upon request of MOWT.	Particulars	Years of Experience	Advanced	Intermediate	Beginner

18	Relevant Work Experience in the last 25 years inclusive of the use of FIDIC (Starting from current)	
18A	Period of Employment	
18B	Company Name	
18C	Location	
18D	Position(s)	
18E	Project(s) Description & Location(s)	
18F	Five Main Duties / Responsibilities	
REPEAT ITEMS 18A TO 18F AS NECESSARY		
19	Character References from Previous Companies (2). Include Tel nos. & e-mails	
20	Languages	1 st Language: 2 nd Language:
21	Other Information that would help in the Evaluation of Qualifications (please specify)	
22	Certification	I, the undersigned, certify that to the best of my knowledge and belief, these Data correctly describe me, my qualifications, and my experience. This also serves as my letter of commitment with the firm to engage in the indicated position upon successful award of the contract.
22A	Full Name of Person	
22B	Signature of the Person (in all pages of the CV)	
22C	Date of Signature	
23A	Full Name of Authorized Firm's Representative	
23B	Signature of Authorized Firm's Representative	
23C	Date of Signature	
24	Firm's Official Stamp	

7.0 DESIGN SERVICES

7.1 RESOURCES AND SUPPORT SYSTEM FOR DESIGN SERVICES

Item	Particulars				
7.1.1	Document Control System for Design Services				
	Does the company possess document control system including relevant software licenses for design services? If yes, please explain and submit a copy.				
7.1.2	Computer Software/ Tools to be used for the project				
	Name of Software/ Tool	License/ Product Number	Purpose	Owned by Firm or to be purchased? Indicate or attach proof of license if owned.	Firm's Years of Experience in using the software

7.6 PROPOSED SCHEDULE AND TASK ASSIGNMENT MATRIX FOR CONSULTANCY SERVICES

(Please provide a schedule / work program for the various elements of the consultancy services using the format below in a weekly time scale showing the significant milestones and deliverables as indicated in the terms of reference. Identify also the resources to be used and indicate the lead task and supporting tasks. Reflect the involvement of MOWT in the process (e.g., the time frame for review of each submission). Include also a MS Project version of the schedule showing the critical path.

Milestone		Calendar Weeks ≈ 16 Weeks or 4 months from Commencement Date												Task Assignment Matrix (Identify the Lead and Supporting Personnel in the Task)											
Reporting Schedule required by TOR																									
Task No.	Task Description																								

LEGEND:

PM (Project Manager);Others required (please specify)

Lead Personnel in the Task



Support Personnel in the Task



8.0 SUPERVISION SERVICES

8.1 RESOURCES AND SUPPORT SYSTEM FOR SUPERVISION SERVICES

Item	Particulars				
8.1.1	Document Control System including relevant software licenses during Supervision				
	Does the company possess document control system for supervision services? If yes, please explain and submit a copy.				
8.1.2	Computer Software/ Tools to be used for the project				
	Name of Software/ Tool	License/ Product Number	Purpose	Owned by Firm or to be purchased? Indicate or attach proof of license if owned.	Firm's Years of Experience in using the software
8.1.3	Cost Control System for Supervision Services				
	Does the company possess cost control system for supervision services? If yes, please explain and submit a copy.				

9.0 TECHNICAL CAPABILITY & EXPERIENCE OF THE FIRM

9.1 SIMILAR WORK EXPERIENCE BY THE FIRM (Consultancy Services for Detailed Design and or Construction Supervision of building structural retrofit projects) in the last 15 years

(Format of Sequence for Presentation of the Consultant’s Experience is shown below – Provide data for each project in the requested format on separate sheets. Include only projects completed).

Project Name:		Value of Consultancy Contract in TT\$ (VAT exclusive):
Country/Location:		Project Duration:
Name of Employer: Address:		Total Number of Personnel Man-months:
Contact Number(s): Contact Persons(s):		Employer’s Email: Employer’s Website:
Project Initial Start Date (MM/YY):	Project Initial End Date (MM/YY):	Approximate Value of Services Provided by Your Firm Under The Contract in TT\$ (VAT exclusive):
	Project Actual End Date (MM/YY):	
Name of Associated/Sub Consultants, if any:		Nr Professional Man-months Provided by Associated/Sub Consultants:
		Name of Senior Professional Staff of Your Firm Involved and Functions Performed:
Brief Description of Project:		
Description of Actual Services Provided by Your Staff:		

9.2 RELEVANT WORK EXPERIENCE BY THE FIRM (Consultancy Services for Detailed Design and or Construction Supervision of building structural retrofit projects) in the last 15 years

(Format of Sequence for Presentation of the Consultant’s Experience is shown below – Provide data for each project in the requested format on separate sheets. Include only relevant projects completed)

Project Name:		Value of Consultancy Contract in TT\$ (VAT exclusive):
Country/Location:		Project Duration:
Name of Employer: Address:		Total Number of Personnel Man-months:
Contact Number(s): Contact Persons(s):		Employer’s Email: Employer’s Website:
Project Initial Start Date (MM/YY):	Project Initial End Date (MM/YY):	Approximate Value of Services Provided by Your Firm Under The Contract in TT\$ (VAT exclusive):
	Project Actual End Date (MM/YY):	
Name of Associated/Sub Consultants, if any:		Nr Professional Man-months Provided by Associated/Sub Consultants:
		Name of Senior Professional Staff of Your Firm Involved and Functions Performed:
Brief Description of Project:		
Description of Actual Services Provided by Your Staff:		

9.3 RELEVANT PROJECTS IN PROGRESS BY THE FIRM

(Format of Sequence for Presentation of the Consultant’s Experience is shown below – Provide data for each project in the requested format on separate sheets)

Project Name:		Value of Consultancy Contract in TT\$ (VAT exclusive):
Country/Location:		Project Duration:
Name of Employer: Address:		Total Number of Personnel Man-months:
Contact Number(s): Contact Persons(s):		Employer’s Email: Employer’s Website:
Project Initial Start Date (MM/YY):	Project Initial End Date (MM/YY):	Approximate Value of Services Provided by Your Firm Under The Contract in TT\$ (VAT exclusive):
	Project Actual End Date (MM/YY):	
Name of Associated/Sub Consultants, if any:		Nr Professional Man-months Provided by Associated/Sub Consultants:
		Name of Senior Professional Staff of Your Firm Involved and Functions Performed:
Brief Description of Project:		
Description of Actual Services Provided by Your Staff:		

9.4 CLIENT/CUSTOMER REFERENCES		
<p>CLIENT REFERENCES: Please name the two (2) largest consultancy contracts your firm has completed as a consultant within the last 15 years preceding the date of this questionnaire and submit references letter.</p>		
Client No. 1	Address:	Email:
	Tel No.:	Website:
Project Name:	Date Started:	Date Completed:
	Contract Value (TT\$ - VAT exclusive):	
Description of Project and Scope of Work:		
Client No. 2	Address:	Email:
	Tel No.:	Website:
Project Name:	Date Started:	Date Completed:
	Contract Value (TT\$ - VAT exclusive):	
Description of Project and Scope of Work:		

10.0 **CHECKLIST** (But not limited to the following)

CHECKLIST

- Organizational Chart showing Ownership Structure of the Company
- Certificates and Clearances
- Insurance Policies
- Curricula Vitae's of Current Key Personnel with original signatures
- Plant / Equipment proof of ownership or consent letter from supplier to rent the plant / equipment
- Listing of Contracts
- Client References Letters
- Copy of Health, Safety and Environment Plan/Manual
- Special Company's Resources / Support System / Additional Relevant Information
- Organizational Chart of the Proposed Project Team and Support Staff
- Curricula Vitae's of Proposed Key Personnel with original signatures
- Is the Questionnaire signed and dated?
- Copy of Software Licenses

N.B. Your Questionnaire may not be processed if any of the aforementioned information is not submitted.

11.0 TERMS AND CONDITIONS

The Ministry of Works and Transport, Construction Division reserves the right to make reasonable inquiries of clients and related people indicated in this submission so as to establish performance levels and performance capacities of the Applicants. We advise that all information received will be considered confidential and will be maintained accordingly.

It is acknowledged that if facts are acquired by MOWT by means of reasonable investigations which indicate that the information provided is inaccurate, MOWT retains the discretionary authority to disqualify the questionnaire from further consideration and may remove the Applicant's name from any list the Company may maintain.

12.0 DECLARATION

The Undersigned hereby certifies that the information submitted in this application and questionnaire is complete and true in all respects and that he/she is authorized to execute and submit this Request for Proposal Questionnaire on the Applicant's behalf.

Applicant's Name (BLOCK LETTERS)

Position

Authorized Signature

Date

Applicant's Seal or Stamp