[Date]

Suffolk County Department of Health Services

Division of Environmental Quality

Office of Ecology

360 Yaphank Avenue, Suite 2B

Yaphank, NY 11980

Re: SOQ NO. 23/30004

Dear Suffolk County Department of Health Services Division of Environmental Quality,

[Vendor Name] located at [Vendor Address] is submitting it’s request to become a qualified “Vendor” to the Suffolk County Department of Health Services for materials and installation of the following Innovative & Alternative Onsite Wastewater Treatment Systems, under SOQ NO. 23/30004.

Enclosed find quote sheet(s) for fixed pricing for the following I/A OWTS [check which apply]:

|  |  |  |
| --- | --- | --- |
|  | Name of System Technology | Model Numbers and Rated Gallons per Day |
|  | FujiClean | CEN5 (500 GPD), CEN7 (700 GPD) |
|  | Hydro-Action | AN400 (440 GPD), AN500 (550 GPD), AN500C (550 GPD), AN600 (660 GPD) |
|  | Norweco Singulair 2.0 TNT | TNT 500/600 (600 GPD), TNT 750/800 (800 GPD), Green 500/600 (600 GPD), Green 750/800 (800 GPD) |
|  | Norweco Hydro-Kinetic | HK 600 (600 GPD), HK 800 (800 GPD), HK Green 500/600 (600 GPD) |
|  | Orenco AdvanTex AX20 | AX20 (600 GPD) |
|  | SeptiTech STAAR  | Infiltrator .5 (500 GPD), Infiltrator .75 (750 GPD), Concrete .5 (500 GPD), Concrete .75 (750 GPD) |
|  | Lined Nitrogen Reducing Biofilter (NRB) | N/A – field built |

 **Background of Responder**

[Describe the nature and history of Vendor, and provide resumes of personnel that will be assigned to perform the Services.]

* **Experience**:

Approximate number of I/A OWTS Vendor has installed in Suffolk County: \_\_\_\_\_\_\_\_\_\_\_\_

* **Qualifications**:

Estimated number Vendor can install per month: \_\_\_\_\_\_\_\_\_\_\_\_

* + Enclosed find a copy of the Vendor’s Liquid Waste License with Endorsement 10
	+ Enclosed find a letter from the I/A OWTS Manufacturer representative of the above referenced I/A OWTS technology(ies) stating Vendor is authorized to submit quotes on the Manufacturer’s behalf.
* **References:**

[List the names of three (3) references who can attest to the Vendor’s reliability and quality of services provided]

* **Subcontractors:**

[List the names of all subcontractors for Services that are to be subcontracted.]

* **Enclosed find the Completed Standard Contract Compliance Forms**
	+ Form W-9
	+ Contractor Information Update
	+ Lawful Hiring (DOL-LHE1-2)
	+ Contractor’s/Vendor’s Public Disclosure Statement (Form 22)
	+ Lobbying Certification Form
	+ Disqualification of Non-responsible Bidders (Form LL52-2012)
	+ Statement of Non-Collusion
	+ Union Organizing Certification/Declaration (Form DOL-L01)
	+ Living Wage Certification/Declaration (DOL-LW1/38)
	+ Insurance Policy Declaration Pages
		- Proof of Commercial General Liability Insurance
		- Proof of Automobile Liability Insurance
		- Proof of Professional Liability Insurance
		- Proof of Workmen’s Compensation Insurance
	+ Certificate of Incorporation

Vendor Contact Information for Posting on the County website

[Name, address, phone number, e-mail address]