**TEMPLATE FOR SUBMISSION OF PRE-QUALIFICATION PROPOSALS**

**IN RESPONSE TO THE RFQ ISSUED OCTOBER, 2023,**

**TO MUNICIPALITIES & ORGANIZATIONS WISHING TO SERVE AS**

**PROJECT IMPLEMENTERS**

1. Name of Project Implementer

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1. Preferred Acronym

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1. Physical Address Street, Town, State, Zip code

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| --- | --- | --- | --- |
| Address | Town | State | Zip |
|  |  |  |  |

1. Mailing Address if different from the physical address

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| --- | --- | --- | --- |
| Address | Town | State | Zip |
|  |  |  |  |

1. Description and history of the Project Implementer

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1. Name and email address of the Director or Chair of Organization/Manager/Implementer

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| --- | --- |
| Name | Email |
|  |  |

1. Name, email address, tenure, and resume of key personnel

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| Name | Email | Tenure |
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Attach resumes to document

1. Identification of basin(s) of interest.

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| --- | --- |
| Lamoille Basin |  |
| Missisquoi Bay Basin |  |

1. Name, watershed database number (if applicable), and brief description of up to three relevant projects completed by Organization/Manager/Implementer (Additional Material May be Attached)

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| --- | --- | --- | --- |
| Name | Watershed Project ID number | Description | Name of Reference |
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1. Sectors in which organization regularly performs or pursues work

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| --- | --- |
| Stormwater |  |
| Road |  |
| Stream /floodplain |  |
| Lake/ shoreland |  |
| Forestry |  |
| Wetland |  |
| Agricultural |  |

1. Project types organization regularly performs or pursues

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| --- | --- |
| Infiltration/bioretention/detention |  |
| Road erosion remediation |  |
| Outlet and gully stabilization |  |
| Buffer restoration/revegetation/canopy expansion |  |
| Stream/floodplain restoration |  |
| Wetland restoration |  |
| Riparian buffer restoration (ag lands) |  |
| Other |  |

1. Budgeting Procedures: Describe your organization’s approach to budgeting for water quality projects

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1. Cost Estimating Procedures: Describe your organization’s approach to cost estimating for water quality projects

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1. Fee Schedule for employee categories potentially billed for Fiscal Year 2023, and indicating proposed Overhead cost rates and indirect cost rates

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1. Quality control procedures, if any: Please describe your organization’s approach to quality control

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1. Small and Disadvantaged Business Enterprise procedures, if any: Please describe

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1. Justice Equity Diversity Inclusion (DEI) Policies, if any: Please describe

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1. Debarment Documentation: If your organization has been debarred in the last five years please provide an explanation and documentation relating to the debarment. *Subgrantees may initially self-certify their debarment status. However, the CWSP will audit debarment status of subgrantees at least once within the three-year subgrantee agreement period.*

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1. Certificate of Good Standing: Is your organization compliant with Section 13 of Act 154 of 2016 – Certification for Grants? *Subgrantees may initially self-certify their adherence to Certificate of Good Standing requirements. However, the CWSP will audit Good Standing status of subgrantees at least once within the three-year subgrantee agreement period.*

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1. Technical Resources: Please describe any noteworthy technical resources available as you work on projects

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1. References

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| Name | Position | Email | Telephone |
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