

REQUEST FOR QUALIFICATIONS COMPLIANCE CERTIFICATE FOR ENERGY MANAGEMENT SERVICES

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Name of Local Governmental Authority: \_\_\_\_\_  
 Chief Procurement Officer or alternative official with equivalent responsibilities: \_\_\_\_\_  
 Contact responsible for project: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Forms attached ***must*** include:

INITIAL

	Request for Qualifications (RFQ)
	RFQ 2 years comprehensive energy consumption data (NA for onsite energy generation)
	Facility Profile – see 19.03 (1) (a)
	Model EMS contract

1. Provided “Notice of EMS Procurement” to Department of Energy Resources of intent to solicit proposals or qualifications for an EMS contract at least 15 Business Days prior to filing the RFQ with the Secretary of the Commonwealth for publication in the *Central Register*
2. Bid requests competitive sealed responses
3. Bid specifies the term of the contract is a maximum of twenty years
4. Bid requests DCAMM Certificates of Eligibility and Update Statements in Energy Systems
5. Bid includes time and date for receipt of responses
6. Bid includes address of the office to where responses are to be delivered
7. Bid provides a general statement of the minimum scope of building (facility) improvements
8. Bid does not have the effect of exclusively requiring a proprietary supply or service

SECTION	INITIAL

- 9. Bid includes a statement of objectives, identifying the priorities on which the proposals will be evaluated
- 10. Bid requires respondent to provide the cost of an investment grade audit and soft-cost mark-ups.
- 11. Bid identifies mandatory and non-negotiable contract terms and conditions.


I hereby certify that the information contained herein is, to the best of my knowledge, complete and accurate and complies with statutory and regulatory requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

For DOER use only:	
Acknowledgement of receipt by DOER	_____
	Office Signature
	_____
	Title
	_____
	Date