



2026-053-1300005

Overhead Doors Preventative Maintenance

Issue Date: 10/8/2026

Response Deadline: 10/30/2026 02:00 PM (ET)

Contact Information

Contact: Kellington Bodden

Address: Procurement

44865 Loudoun Water Way

Ashburn, VA 20147

Phone: 571 (291) 7932

Email: kbodden@loudounwater.org

Event Information

Number: 2026-053-1300005
Title: Overhead Doors Preventative Maintenance
Type: Request for Quote
Issue Date: 10/8/2026
Response Deadline: 10/30/2026 02:00 PM (ET)
Notes: Loudoun County Sanitation Authority (DBA Loudoun Water), the Owner, invites qualified contractors to submit Quotes for the aforementioned project. The procurement process and the performance of the Contract shall be governed by the provisions of the Virginia Public Procurement Act (VPPA).

Vendors shall submit Quotes using the online procurement system, IonWave, by the date and time specified above. Late Quotes will not be accepted.

There will be no pre-bid conference for this RFQ.

Ship To Information

Address: 44865 Loudoun Water Way
Ashburn, VA 20147
Phone: 571 (291) 7700

Billing Information

Contact: Cindy Glascock
Address: Accounts Payable
44865 Loudoun Water Way
Ashburn, VA 20147
Email: financedept@loudounwater.org

Bid Attachments

RFQ 2026-053-1300005 - Solicitation.pdf

RFQ 2026-053-1300005 - Solicitation

[View Online](#)

RFQ 2026-053-1300005 Overhead Door Service Inspections Spreadsheet.xlsx

Attachment 1

[View Online](#)

Loudoun Water Purchase Order Terms and Conditions.pdf

Purchase Order Terms and Conditions

[View Online](#)

Proprietary_Information.pdf

Proprietary Information Form

[View Online](#)

State_Corporation_Commission_Form.pdf

State Corporation Commission Form

[View Online](#)

Requested Attachments

Technician Qualifications

(Attachment required)

Upload technician qualifications

Proprietary Information Form

(Attachment required)

Upload Proprietary Information Form

State Corporation Commission Form

(Attachment required)

Upload State Corporation Commission Form

Certificate of Insurance

(Attachment required)

Upload Certificate of Insurance. Loudoun Water shall be listed as the Certificate Holder and listed as Additional Insured in respect to the General Liability.

Bid Attributes

1	Terms and Conditions Please download and review the Terms and Conditions located on the "Attachment" tab. Acknowledge when complete. ☐ I have downloaded, read and agree. <i>(Required: Check if applicable)</i>
2	Start Date Goods and services shall be required no earlier than January 1, 2027. It shall be the responsibility of the successful contractor to make all arrangements for delivery, unloading, receiving and storing of any goods and/or materials required to complete this project. Loudoun Water will not assume any responsibility for receiving these shipments. The capability of the bidder to meet this requirement may be an award factor. <u>State your earliest firm start date.</u> / / <i>(Required)</i>
3	Number of years business has been in operation. <i>(Required: Numbers only)</i>
4	Number of employees <i>(Required: Numbers only)</i>
5	References Provide four (4) current or recent accounts, describing your firm's experience delivering similar projects. Project references shall be for projects completed in the last 5 years. Preferable water/wastewater accounts, that your company is servicing, has serviced, or has provided similar services. Include the length of service and the name, address, and telephone number of the point of contact and a brief description of the reference:
6	Reference 1 Reference 1
7	Firm Name: <i>(Required: Maximum 1000 characters allowed)</i>

1	Reference 2
7	Reference 2

1 8	Firm Name:
<i>(Required: Maximum 1000 characters allowed)</i>	

1 9	Mailing Address:
<i>(Required: Maximum 1000 characters allowed)</i>	

20	Contact Name:

(Required: Maximum 1000 characters allowed)

2 1	Contact Title:
(Required: Maximum 1000 characters allowed)	

2 2	Phone Number:
	(____) ____ - ____ (Required) ext:

2 3	Email:
	 (Required: Email address)

2 4	Agreement Amount:
	\$ <i>(Required: Numbers only)</i>

2 5	Start Date:
	____ / ____ / ____ (Required)

26	End Date:	
	(Required)	

3 6	Start Date: ____ / ____ / ____ <i>(Required)</i>
3 7	End Date: ____ / ____ / ____ <i>(Required)</i>
3 8	Description of Work Performed: <i>(Required: Maximum 4000 characters allowed)</i>
3 9	Reference 4 Reference 4
4 0	Firm Name: <i>(Required: Maximum 1000 characters allowed)</i>
4 1	Mailing Address: <i>(Required: Maximum 1000 characters allowed)</i>
4 2	Contact Name: <i>(Required: Maximum 1000 characters allowed)</i>
4 3	Contact Title: <i>(Required: Maximum 1000 characters allowed)</i>
4 4	Phone Number: (____) ____ - ____ ext: <i>(Required)</i>

4
5**Email:***(Required: Email address)*4
6**Agreement Amount:***(Required: Numbers only)*4
7**Start Date:***(Required)*4
8**End Date:***(Required)*4
9**Description of Work Performed:**

*(Required: Maximum 4000 characters allowed)*5
0**Technicians Qualifications**

The Contract shall have a minimum of two (2) Service Technicians who have been factory-trained on the equipment and/or who have a minimum of three (3) consecutive years of experience in maintaining and repairing the equipment specified herein. Upload the document to the "Response Attachment" tab. word, pdf, zip file are all accepted. Please note the size limitation: 100megabytes per file.

☐ I have read and agree.*(Required: Check if applicable)*5
1**Proprietary Information Form**

Download the Proprietary Information form, located on the "Attachments" tab and complete. Upload your completed document to the "Response Attachment" tab.

☐ I have downloaded, read and agree.*(Required: Check if applicable)*5
2**State Corporation Commission Form**

Download the State Corporation and Commission form, located on the "Attachments" tab and complete. Upload your completed document to the "Response Attachment" tab.

☐ I have downloaded, read and agree.*(Required: Check if applicable)*

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Certificate of Insurance

Please download a copy of your firm's most current certificate of insurance completed in accordance with the requirements found on pages 4&5 of the solicitation document in the "Attachments" Tab. Upload this copy in the "Response Attachments" tab.

☐ I have uploaded a current COI.
(Optional: Check if applicable)

Bid Lines**1 Cost of Annual Preventative Maintenance**

Quantity: <u> 1 </u>	UOM: <u> LS </u>	Price: \$	Total: \$
Manufacturer:	N/A		
Manufacturer #:	N/A		
Supplier Notes:			

☐ No bid
☐ Additional notes
(Attach separate sheet)

2 Hourly labor rate for Regular Business hours

Quantity: <u> 1 </u>	UOM: <u> HR </u>	Price: \$	Total: \$
Manufacturer:	N/A		
Manufacturer #:	N/A		
Supplier Notes:			

☐ No bid
☐ Alternate specification
(Attach separate sheet)
☐ Additional notes
(Attach separate sheet)

3 Hourly labor rate for Emergency Services

Quantity: <u> 1 </u>	UOM: <u> HR </u>	Price: \$	Total: \$
Manufacturer:	N/A		
Manufacturer #:	N/A		
Supplier Notes:			

☐ No bid
☐ Alternate specification
(Attach separate sheet)
☐ Additional notes
(Attach separate sheet)

4 Hourly labor rate for After Regular business hours

Quantity: <u> 1 </u>	UOM: <u> HR </u>	Price: \$	Total: \$
Manufacturer:	N/A		
Manufacturer #:	N/A		
Supplier Notes:			

☐ No bid
☐ Alternate specification
(Attach separate sheet)
☐ Additional notes
(Attach separate sheet)

5 Hourly labor rate for Weekends

Quantity: 1 UOM: HR Price: \$ Total: \$

Manufacturer:

Manufacturer #:

Supplier Notes:

- ☐ No bid
- ☐ Alternate specification
(Attach separate sheet)
- ☐ Additional notes
(Attach separate sheet)

6 Provide a percentage discount on MSRP parts

Total: %

Supplier Notes:

- ☐ No bid
- ☐ Alternate specification
(Attach separate sheet)
- ☐ Additional notes
(Attach separate sheet)

Supplier Information

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature