



**FRANKLIN COUNTY
PURCHASING DEPARTMENT
REQUEST FOR BID (RFB) COVER PAGE**

RFB NO: 2019-47

TITLE: HVAC Repair and Maintenance

Solicitation Schedule & Deadlines:

October 2, 2019	Solicitation Release/Advertising Date
October 8, 2019 8:30AM	Non-mandatory Walk-through
October 9, 2019 8:00 AM	Deadline for Submitting Questions
October 11, 2019 4:30 PM	Deadline to post Addendum
October 18, 2019 2:00 PM	Deadline to Submit Response
October 18, 2019 2:30 PM	Opening Date I Time

Responses must be received no later than "Deadline to Submit Response"

August 13, 2019 2:00 PM

Ann Struttmann, Purchasing Agent

Shakara Bray, Assistant Purchasing Agent

Phone: 636-584-6274 Email: purchasing@franklinmo.net

Submittal Instructions: Print this Packet in its entirety and complete all pages per instructions. Print the SEALED RESPONSE LABEL found in Attachment 1 of this packet and attach to the front of your envelope.

Company Name: _____

SUBMISSION CHECKLIST

_____ I have reviewed the bid schedule and deadlines, located on the solicitation cover page

_____ I have read ALL Terms and Conditions and Bid documents closely

(Located at www.franklinmo.org)

THE ITEMS LISTED BELOW ARE THE REQUIRED DOCUMENTATION FOR SUBMITTING A RESPONSE

USE THESE FORMS ONLY

_____ Solicitation Cover page

_____ Contractual Terms and Conditions Acknowledgement

_____ Pricing Form completed and signed

_____ Cooperative Agreement Notice completed and signed

_____ Affidavit for Work Authorization completed and Notarized

(Additional required verification is included)

_____ Certificate of Insurance

_____ I have one original and two copies that are labeled accordingly

_____ I have included contact information

_____ Envelope is sealed and label attached

BACKGROUND INFORMATION

Franklin County is seeking qualified companies to perform repairs and/or maintenance on an “as needed” basis for our HVAC units at various locations.

The length of this contract is for one year from November 1, 2019 to October 31, 2020, subject to annual appropriation. Three one year renewals optional.

SPECIFIC REQUIREMENTS

1. The awarded vendor shall meet or exceed the requirements as outlined in this specification.
2. The contract will be for the maintenance and/or repair of the following types of units per location:

- A. Highway Department (East)– 1360 Riverview Dr. Union, Mo. 63084
 - Carrier – Model # 24ABC360A00
 - Burnham – low pressure, Model # V905A
- B. Highway Department (West)- 4987 Hwy ZZ Gerald, Mo. 63037
 - Bryant – outside Model # 13ANA024-A
 - Payne – outside Model # CMPVP2417ACAAAAA
- C. Government Center – 400 E. Locust Street, Union, MO 63084
 - Inside Unites – VAV -20 / FTU – 32
 - RTU #1 Mc Quay Model # RPS135CLE
 - RTU #2 Trane Model # TCD180B40CUB
 - Liebert – inside Model # BF067ADCDE1076A / Outside Model #TCSV104-V
- D. Judicial Center – 401 E Main Street, Union, MO 63084
 - Inside Units – AT – 64
 - AAON RTU #1 & #@ Model # RN-040-3-0-AB04-142
 - AAON RTU #3 Model # RN-040-3-0-AB02-122
- E. Sheriff Office - #1 Bruns Lane, Union, MO 63084
 - Inside – AT-96
 - Outside – AAON RTU #1 thru RTU #8
 - Model # RN-025-3-0-AA02-14A (4) units
 - Model # RN-025-3-0-AA02-16A (1) unit
 - Model # RN-025-3-0-AA02-18A (1) unit
 - Model # RN-025-3-0-AA02-19A (1) unit
 - Model # RN-025-3-0-AA02-000A (1) unit
 - (1) Daikin wall hanging unit with unit on roof

- F. Elliott Building - #1 Bruns Lane, Union, MO 63084
 - Outside unit Lennox- Model # 13ACXN036-230-20
 - Inside unit – Model # FSM4X6000A
- G. Health Department – 414 E Main Street, Union, MO 63084
 - Carrier Units (4) outside
 - Inside – Model # FXM4X6000A
- H. Emergency Management-Tower Sites (Various)
 - West Shed
 - Radio Tower Rd.
 - Sheriff Office
 - Washington County
 - (3) units thru wall – Heat Controller Inc. – Model # EKTC15-1G
- I. Historical Courthouse – 15 S Church Street, Union, MO 63084
 - Inside – Danikin Cassettes (24) / FCU 21
 - Rooftop: TRU # 1MCQuay / Model # MPS020FG4DC1CYBV
 - Daikin (8) Units
 - Model # RXYG120PYDN (6)
 - Model # RXYQ72PYDN (1)
 - Model # RXYQ92PYDN (1)
- J. South Annex - – 401B E Springfield Ave, Union, MO 63084
 - York Cooling Tower
 - Model # YCA10046EE17XEASCTXAXXRL
 - (2) AHU Model # 5301647116
 - (4) Indeeco Duct Heaters

3. Vendor shall have the expertise and experience to service, at minimum, all types of units listed in this solicitation and any further acquisitions of Franklin County. This would also include sourcing brand specific parts. Vendor to hold all necessary certifications and employee training for all listed brands.

4. Vendor shall have the capability of remote access and compatibility with current County utilized software. (Backnet, Lam, Honeywell EBI R400) (We realize that some systems maybe proprietary portions of some.)

5. Acceptable response time in the event of an urgent situation is two hours from time of call.

6. Vendor will coordinate with Franklin County Maintenance Director for repair and/or maintenance on an “as needed” basis.

7. Contract to include current listed units and any and all future units added to Franklin County at any location.

The contents of this section include mandatory requirements that will be required of the successful bidder and subsequent contractor. The offeror is requested to provide responses to the requirements/desired attributes in this section pursuant to the directions identified herein. The offeror's response, whether responding to a mandatory requirement or a desired attribute, shall be binding in the event the bid is accepted by Franklin County. The offeror must provide all costs necessary to meet the mandatory requirements and the fulfillment of any desirable attributes in the appropriate section titled Pricing.

INSURANCE REQUIREMENTS

1. The Contractor shall furnish County with a certificate of insurance indicating proof of the following insurance from company's license in the State of Missouri:
 - A. Worker's Compensation and Employers' Liability: Worker's Compensation Statutory in compliance with the Compensation law of the Sate and Employers' Liability Insurance with a limit no less than \$1,000,000.00 each accident.
 - B. Comprehensive or Commercial General Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include, but not be limited to, the following coverage.
 1. Premises – Operations
 2. Products and Completed Operations
 3. Broad Form Property Damage
 4. Contractual
 5. Personal Injury
 - C. Automobile Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate Combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include coverage for all the following:
 1. Owned Automobiles
 2. Hired Automobiles
 3. Non-Owned Automobiles
 - D. The certificate shall list the Certificate Holder and Address as follows: Franklin County, 400 E Locust Street, Room 206, Union, Mo 63084. The services provided to Franklin County shall be listed under "Description of Operations."
 - E. Such insurance shall include under the General Liability and Automobile Liability policies Franklin County, its employees, elected officials, representatives, and members of its board and/or commissioners as "Additional Insured's".
2. The Agreement of Insurance shall provide for notice to the County of amendment or cancellation of insurance policies 30 days before such amendment or cancellation is to take effect.

CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published on the Franklin County Official Website located at:

<http://www.franklinmo.org>

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.

Vendor/Contractor Signature

Date

Vendor/Contractor Name and Title

AFFIDAVIT OF WORK AUTHORIZATION

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now _____ (Name of Business Entity Authorized Representative)
as _____ (Position/Title)

first being duly sworn on my oath, affirm _____ (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to _____ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that _____ (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to _____ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature

Printed Name

Title

Date

Subscribed and sworn to before me this _____ of _____, I am
Day Month, Year

commissioned as a notary public within the County of _____, State of _____ and my commission expires on Date _____

Signature of Notary

Date

AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

Authorized Business Entity Representative's Name (Please Print)	Authorized Business Entity Representative's Signature
---	--

Business Entity Name	Date
----------------------	------

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractors. or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

PRICING FORM

2019-47 HVAC Repair and/or Maintenance

The bidder shall complete the following pricing form and provide firm, fixed pricing necessary to meet the mandatory requirements of the solicitation. *(Trip charges do not apply)*

Hourly Rate : _____

After Hours Rate: _____

Specify "After Hours" Definition _____

Emergency Hourly Rate: _____

Parts and Material discounts applied: _____

Company Name _____

Authorized Signature _____

Printed name and title _____

Mailing Address _____

Phone number _____

Contact Name _____

Contact Name Title _____

Email Address _____

Franklin County reserves the right to request supporting documentation for the proposed pricing. In addition, it may be necessary to evaluate the bidder's expertise and experience in order to award a bid. Franklin County reserves the right to request reference information and/or proof of expertise if necessary.

ATTACHMENT 1

SEALED RESPONSE LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF PACKAGE

SEALED BID RESPONSE ENCLOSED

DELIVER TO:

Purchasing Department
400 East Locust St, Rm 004
Union, MO 63084

SOLICITATION # 2019-47 DATE: October 18, 2019

DESCRIPTION: HVAC Maintenance and/or Repair

Vendor Name: _____

Vendor Address: _____