



# Legal Notice

## Request Proposal Wooden or Metal Deck Airport Fueling Tank

City of Spartanburg  
P.O. Box 5107  
145 W. Broad Street  
Spartanburg, SC. 29304  
Email: [cwright@cityofspartanburg.org](mailto:cwright@cityofspartanburg.org)

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11/04/2020

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**NOTICE IS HEREBY GIVEN** – The City of Spartanburg Downtown Airport is requesting proposals for a contractor to design and build a safety deck. The design will need to meet the City building code requirements and be approved by the City Building Officials. **There will be two contactors chosen for this opportunity.**

### **Proposal No: 2021-12-08-01**

The City of Spartanburg, hereby, notifies all proposers that it will affirmatively ensure that all disadvantaged and women's business enterprises will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of gender, race, color, or national origin in consideration for an award.

The City of Spartanburg reserves the right to reject any or all proposals or to waive any informality in the qualifications process. Proposals may be held by the City of Spartanburg for a period not to exceed sixty (60) days from the date of the opening of Proposals for the purpose of reviewing the Proposals and investigating the qualifications of prospective parties, prior to awarding of the Contract. The vendor that is awarded the proposal will be required to obtain a City of Spartanburg Business License.

**A pre-bid conference** will be held Tuesday, November 24, 2020 Time 10:00 am. at 800 Ammons Road Spartanburg, SC. It will be held outside, practicing social distancing at the tank location. With COVID-19 concerns; we must remain vigilant about social distancing practices.

Sealed proposals shall be submitted to Carl Wright, Procurement and Property Manager, on or before **Tuesday, December 8, 2020**, no later than 3 PM, City Hall, 145 West Broad Street, at which time they will be publicly opened and read aloud in the Training Room, the same location. Please remember due to the COVID-19 concerns we must remain vigilant about social distancing practices. In this season of uncertainty, there is the need to put your and our employee's safety first. Attendees will practice appropriate physical separation (six feet or more) as we go about our work. Please wear masks. Attendees must have temperatures checked.

Technical question regarding the scope of services should be directed emailed to [cwright@cityofspartanburg.org](mailto:cwright@cityofspartanburg.org)  
Proposals can be hand delivered or mailed to the following address:

City of Spartanburg  
P.O. Box 5107  
145 W. Broad Street  
Spartanburg, SC. 29304

Attn: Procurement and Property Division

For further information and complete Proposal Package, please contact the Procurement and Property office at (864) 596-2049. Complete proposal package also available at [www.cityofspartanburg.org](http://www.cityofspartanburg.org) by following the links for Invitations for bids. The following Proposal Number Must be placed on the outer envelope in order for the bid to be Stamped in as accepted on time: **Proposal No: 2021-12-08-01**

## Scope of Work

The Downtown Airport requests a proposal from firms that will design and build a safety deck. The deck could be constructed of metal or wood. The design will need to meet the City building code requirements and be approved by the City Building Officials.

Metal safety deck would have to be constructed and welded away from the fuel farm or offsite.

Currently the Airport Staff are required to climb on top of the fuel tanks for quality inspections and currently, we do not have any handrails.





# Current Tank





# Current Tanks



**Deck Style  
Requested**





Deck Style  
Requested



**Please submit BOUND one (1) original and one (1) copies of your bid in a sealed envelope reflecting on the outside thereof the bidder's name and "Sealed Bid for Building Demolition Services"**

# Authority to execute a contract

## A RESOLUTION

FOR THE PURPOSE OF AUTHORIZING \_\_\_\_\_ TO EXECUTE AN  
CONTRACT WITH SPARTANBURG CITY

**WHEREAS,** \_\_\_\_\_ will or has submitted a bid/proposal to Spartanburg  
City of Spartanburg for the purpose of providing goods or services; and

**WHEREAS,** \_\_\_\_\_ may be or has been awarded a contract to provide  
good or services to Spartanburg City of Spartanburg ; and

**WHEREAS,** \_\_\_\_\_ Type of Organization is :

Check the applicable box):

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporate entity (not tax-exempt)
- ☐ Corporate entity (tax-exempt)
- ☐ Government entity (Federal, State or Local)
- ☐ Other \_\_\_\_\_

**NOW THEREFORE BE IT RESOLVED** that the Board of Directors (or other appropriate  
governing body) of \_\_\_\_\_ does hereby approve and authorize  
(Company's Name)

\_\_\_\_\_ to execute a contract with Spartanburg City of  
Spartanburg  
(Name of Individual)

in an amount not to exceed \$\_\_\_\_\_.

**ADOPTED AND APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NAME OF ORGANIZATION

[

]

ATTESTED

By:

(signature)

(printed name)

Title:



## EVALUATION / AWARD CRITERIA

Note: The proposals will be publicly opened. Only the names of the proposers and prices will be disclosed at the opening. Contents of the proposal shall not be disclosed during the evaluation or negotiation phases. Proposals shall be available for public inspection after award of the agreement. Proposals must be clearly marked "*CONFIDENTIAL*" for each part of the proposal that is considered to be proprietary information that could be exempt from disclosure under Section 30-4-40, Code of Laws of South Carolina, 1976, as *amended* ("South Carolina Freedom of Information Act"). If any part is designated as "*CONFIDENTIAL*", there must be attached to that part an explanation of how this information fits within one or more categories listed in Section 30-4-40. The City of Spartanburg reserves the right to determine whether this information should be exempt from disclosure.

City of Spartanburg shall evaluate each written proposal, determine whether oral discussions are necessary, then based on the content of the written proposal and any oral discussion, select the proposer best qualified for the project and which is most advantageous to City of Spartanburg, based on the lowest most responsible price.

### **Award Criteria:**

#### EVALUATION FACTORS

All proposals shall be reviewed and evaluated by a selection committee of City staff. Award will be based on a review of each offeror's proposal using the following selection criteria:

- Demonstrated understanding of the design concept and scope of work reflected by the contractor's work plan, conceptual drawings, description of product materials, and complete list of components.
- Quality of past performance and similarity of that work to the requirements for this project. List at least 3 references for similar work/products.
- Total cost of design, manufacturing, and installation of the equipment to include full 5 year warranty.



**CITY OF SPARTANBURG, SC**  
**Bidder Conflict of Interest Disclosure Form**

The information called for in this questionnaire is for use by the City of Spartanburg in connection with its risk assessment procedures and related activities

Does your organization have any officers, managers, employees, or officials that are related to any employees, officials, board members, committee members or City Council Members of the City of Spartanburg, SC?

\_\_\_\_\_ **No** (Please sign the certification below and promptly return this page with the W-9)

\_\_\_\_\_ **Yes** (Please sign and provide the name(s) of the individual(s))

**CERTIFICATION**

*I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the City of Spartanburg.*

_____	_____	_____
<i>Name of Authorized Official</i>	<i>Title of Authorized Official</i>	<i>Date</i>
_____	_____	_____
<i>Signature</i>	<i>Phone</i>	<i>Email Address</i>





## DRUG FREE WORKPLACE ACT STATEMENT

The undersigned hereby certifies on behalf of the company listed below that it is in full compliance with the requirements set forth in Title 44, Code of Laws of South Carolina, 1976, Chapter 107, Paragraph 47 and the Drug-Free Workplace Act of 1988 (Public Law 100-690, title V, Sec. 5153, as amended by Public Law 105-85, Div. A, Title VIII, Sec. 809, as codified at 41 U.S.C. § 702) and Department of Commerce implementing regulations published at 15 CFR Part 29, “Government-wide Requirements for Drug-Free Workplace (Financial Assistance)” (published in the Federal Register on November 23, 2003, 68 FR 66534).

\_\_\_\_\_

(Name of Corporation or Entity)

By: \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## EXISTENCE OF SUBCONTRACTORS FORM

Will you subcontract any part of this Work? Yes \_\_\_\_ No \_\_\_\_ If so, please list the names, addresses and licenses of the subcontractors to be used for the portions of the work listed below.

1. SUBCONTRACTOR NAME \_\_\_\_\_

SUBCONTRACTOR DUTY \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

(Attach copy of subcontractor license)

2. SUBCONTRACTOR NAME \_\_\_\_\_

SUBCONTRACTOR DUTY \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

(Attach copy of subcontractor license)

3. SUBCONTRACTOR NAME \_\_\_\_\_

SUBCONTRACTOR DUTY \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

(Attach copy of subcontractor license)

4. SUBCONTRACTOR NAME \_\_\_\_\_

SUBCONTRACTOR DUTY \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

(Attach copy of subcontractor license)

5. SUBCONTRACTOR NAME \_\_\_\_\_

SUBCONTRACTOR DUTY \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

(Attach copy of subcontractor license)



## AFFIDAVIT OF NON-COLLUSION

I state that I am \_\_\_\_\_ (title) of \_\_\_\_\_ (name of firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this Offer.

I state that:

- (1) The price(s) and amount of this Offer have been arrived at **independently and** without consultation, communication or agreement with any other Proposer or potential Proposer.
- (2) That neither the price(s) nor the amount of this Offer, and neither the approximate price(s) nor approximate amount of this Offer, have been disclosed to any other firm or person who is a Proposer or potential Proposer, and they will not be disclosed before Solicitation opening.
- (3) No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit an Offer higher than this Offer, or to submit any intentionally high or noncompetitive Offer or other form of complementary Offer.
- (4) The Offer of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Offer.
- (5) \_\_\_\_\_ (name of firm), its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted of or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as described in the attached appendix.

I state that \_\_\_\_\_ (name of firm) understands and acknowledges that the above representations are material and important, and will be relied on **by the City of Spartanburg** in awarding the contract(s) for which this Offer is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the **City of Spartanburg** of the true facts relating to the submission of Offers for this contract.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Name of Company/Position)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_

**South Carolina's Immigration Reform Act**

Contractor agrees to verify the hiring eligibility of its employees as required under South Carolina's Eligible Immigration Reform Act, S.C. Code Ann., § 41-8-10, et seq. by either registering and participating in the Federal Work Authorization Program (E-Verify) pursuant to the Statute or employ only workers who at the time of their employment possess a valid South Carolina Driver's License or Identification Card or are eligible to obtain same or possess a valid Driver's License or Identification Card from another state deemed by the Director of the Department of Motor Vehicles to have requirements at least as strict as those in South Carolina. Contractor certifies that it will comply with the Statute in its entirety and agrees to provide the Owner with documentation to establish applicability of the Statute to the Contractor and compliance by same.

Furthermore, The City of Spartanburg will have the right to request and receive legal status verification within five working days of any person working under Contract with Contractor or Sub Contractor. Failure to comply can result in the immediate cancellation of the contract.

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Subcontractor

ertifies that it is compliant with the South Carolina Eligible Immigration Reform Act by either registering and participating in the Federal Work Authorization Program (E-Verify) pursuant to the Statute or employing only workers who at the time of their employment possess a valid South Carolina Driver's License or Identification Card or are eligible to obtain same or possess a valid Driver's License or Identification Card from another state which has been deemed by the Director of the Department of Motor Vehicles to have requirements at least as strict as South Carolina. By the signature below, the Contractor (Subcontractor, etc.) agrees to provide the City with documentation to establish the applicability of the Statute to the Contractor and by the signature below, certifies that it is compliant with the Statute with all regards. This certification and the requirements of this Statute require that the Contractor verify the hiring eligibility of its employees before and during the Project.

\_\_\_\_\_  
Name of Contractor (Subcontractor,  
etc.)

By \_\_\_\_\_  
\_\_\_\_\_

Its \_\_\_\_\_  
\_\_\_\_\_



## INSURANCE REQUIREMENTS

### WORKER'S COMPENSATION

The City of Spartanburg requires mandatory Workers Compensation coverage for all contractors/vendors. The contractor/vendor shall procure and maintain, for the life of this Contract/Agreement, Worker's Compensation Insurance covering all employees with limits meeting all applicable state and federal laws (ask for "Statutory Limit" coverage from the insurance carrier). This coverage shall include Employer's Liability with limits meeting all applicable state and federal laws. This coverage shall extend to any subcontractor that does not have their own Workers' Compensation and Employer's Liability Insurance. It is the contractor's responsibility to make sure any sub or sub of a subcontractor has the proper coverage. Thirty (30) days notice of cancellation is required and must be provided to the CITY OF SPARTANBURG via Certified Mail.

### COMMERCIAL GENERAL LIABILITY

The vendor shall procure and maintain, for the life of this Contract/Agreement, Commercial General Liability Insurance. This coverage shall be on an "Occurrence" basis. Coverage shall include Premises and Operations; Products and Completed Operations and Contractual Liability. This policy shall provide Bodily Injury, Property Damage and Personal & Advertising Injury that could arise directly or indirectly from the performance of this agreement. \$1,000,000 per occurrence / personal & advertising injury / products completed operations aggregate, \$2,000,000 general aggregate. City of Spartanburg will be named as an additional insured.

### AUTOMOBILE LIABILITY INSURANCE

The vendor shall procure and maintain automobile Liability Insurance including coverage for hired and nonowned automobiles with limits of not less than \$1,000,000 Combined Single Limits for bodily injury and property damage. The City of Spartanburg will be named as an additional insured.

The CITY OF SPARTANBURG must be named as an additional insured. The additional insured requirement is waived if Owners and Proposers' Protective Coverage is also provided, or required. Thirty (30) days written notice must be provided to the CITY OF SPARTANBURG via Certified Mail in the event of cancellation. The Additional Insured Requirements only applies to General Liability and Automobile Liability.

Hold Harmless: The Contractor agrees to indemnify and hold harmless the City of Spartanburg from all loss, liability, claims or expense (including reasonable attorneys' fees) arising from bodily injury, including death or property damage to any person or persons caused in whole or in part by the negligence or willful misconduct of the Contractor except to the extent same are caused by the negligence or misconduct of the City of Spartanburg.

Contractor\_\_\_\_\_



# Price Page

Request for Proposal  
Fuel Farm Safety Deck

City of Spartanburg  
P.O. Box 5107  
145 W. Broad Street  
Spartanburg, SC. 29304  
Email:  
cwright@cityofspartanburg.org

## Request for Proposal for Fuel Farm Safety Deck Price Sheet

Proposer has examined this Request for Proposal, the Advertisement for this Request for Proposal, and the following Addenda (receipt of which is hereby acknowledged):

Company Name: \_\_\_\_\_

By: \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Printed Name)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Addenda Number: #1** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Addenda Number: #2** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Addenda Number: #3** \_\_\_\_\_

**Date:** \_\_\_\_\_

Wood Lump sum \$ \_\_\_\_\_

Metal Lump sum \$ \_\_\_\_\_

**Please complete the provided proposal sheet which outlines the cost.**

By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Telephone /** \_\_\_\_\_ **Email:** \_\_\_\_\_

**GOOD FAITH DOCCUMENTATION MUST ACCOMPANY THE BID DOCUMENT**

City of Spartanburg, hereby, notifies all proposers that it will affirmatively ensure that all disadvantaged and women's business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of gender, race, color, or national origin in consideration for an award. Each proposer shall attest that they engaged in good faith efforts in an endeavor to achieve the City's M/WBE goal of 10%.

Any questions or any assistance please contact Mrs. Natasha Pitts.

Contact Information

Phone 864-596-3449

Email [npitts@cityofspartanburg.org](mailto:npitts@cityofspartanburg.org)



**INTENT TO PERFORM CONTRACT WITH OWN WORKFORCE**

I HERBY CERTIFY THAT IT IS OUR INTENT TO PERFORM 100% OF THE WORK REQUIRED FOR THE ABOVE PROJECT. IN MAKING THIS CERTIFICATION, THE BIDDER STATES THAT THE BIDDER DOES NOT CUSTOMARILY SUBCONTRACT ELEMENTS OF THIS TYPE OF PROJECT, AND NORMALLY PERFORMS AND HAS THE CAPACITY TO PERFORM AND WILL PERFORM ALL ELEMENTS OF THE WORK PROJECT WITH HIS/HER OWN CURRENT WORK FORCES; AND IF THE BIDDER DOES NOT PERFORM 100% OF THE WORK REQUIRED, THE BIDDER WILL PROVIDE A LIST OF SUBCONTRACTORS

THE BIDDER AGREES TO PROVIDE ANY INFORMATION OR DOCUMENTATION TO THE CITY OF SPARTANBURG IN SUPPORT OF THE ABOVE STATEMENT.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE OR SHE HAS READ THIS DOCUMENTATION AND IS AUTHORIZED TO BIND THE BIDDER TO THE COMMITMENTS HEREIN SET FORTH.

The listing of an MWBE shall constitute a representation by the bidder/responder to City of Spartanburg that such MWBE has been contacted and properly apprised of the upcoming City of Spartanburg project. Bidders/Responders are advised that the information contained herein is subject to verification by the Minority & Women Business Enterprise Program Coordinator and that submission of said information is an assertion of its accuracy. These documents are a part of this solicitation and contract. You are required to fill out this information.

I certify that the above information is true to the best of my knowledge:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Notary Seal

THIS DOCUMENT MUST BE PROVIDED WITH THE SUBMITTAL AND SIGNED BY THE PERSON SIGNING THE SUBMITTAL

### MMBE Good Faith Effort Participation Commitment Contract

This form should be filled out completely and *included in your bid document*. This form should also be accompanied by an executed Letter of Intent from each Sub-Contractor firm listed in this form. You may use additional sheets if necessary.

BID NO:	DATE:
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PROJECT NAME:	ADDRESS:	CITY:	STATE:
PRIME CONTRACTOR:			
CONTACT PERSON:	EMAIL:		
TELEPHONE: (    )	FAX: (    )		

#### MMBE SUBCONTRACTORS

COMPANY	MMBE CLASS	CITY, STATE	CONTACT	PHONE	TYPE OF WORK TO BE PERFORMED	SUBCONTRACT AMOUNT	% OF WORK
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%
Total MMBE Participation						\$	%
Total Contract Amount						\$	%

MMBE CLASSIFICATION			
MBE-B - African American	MBE-S - Asian American	MBE-H - Hispanic	
American WBE - American Woman	MBE N/A - Native American		

#### NON-MMBE SUBCONTRACTORS

COMPANY	MMBE CLASS	CITY, STATE	CONTACT	PHONE	TYPE OF WORK TO BE PERFORMED	SUBCONTRACT AMOUNT	% OF WORK
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%
Total Non-MMBE Participation						\$	%
Total Contract Amount						\$	%

Debarment Statement

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER

RESPONSIBILITY MATTERS Contractor certifies to the best of its knowledge and belief, that it and its principals:

- A. ☐ Are ☐ are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any State or Federal department or agency;
- B. ☐ Have ☐ have not within a three-year period preceding award of this consulting agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. ☐ Are ☐ are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in Paragraph (b) above; and
- D. ☐ Have ☐ have not within a three-year period preceding award of this contract agreement had one or more public transactions (Federal, State or Local) terminated for cause or default.

\_\_\_\_\_  
\_\_\_\_\_  
**Consultant Signature**

**Date**

\_\_\_\_\_  
**Typed or Printed Name**

## CERTIFICATION OF NON-SEGREGATED FACILITIES

We, (print company name: ) \_\_\_\_\_, certify to City of Spartanburg, South Carolina we do not and will not maintain or provide for our employees any segregated facilities at any of our establishments, and that we do not and will not permit our employees to perform their services at any locations, under our control, where segregated facilities are maintained. We understand and agree that a breach of this certification is a violation of the Equal Opportunity clause.

As used in this certification, the term “segregated facilities” means any waiting rooms, work areas, rest rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation and housing facilities provided for employees which are **segregated by explicit directive or are in fact segregated on the basis of race, religion, color or national origin because of habit, local custom or otherwise.**

We further agree that --- except where we have obtained identical certifications from proposed Subcontractors for specific time periods --- we will obtain identical certifications from proposed Subcontractors prior to the award of Subcontracts exceeding which are not exempt from the provisions of the Equal Opportunity clause; that we will retain such certifications in our files; and that we will forward the following notice to such proposed Subcontractors (except where the proposed Subcontractors have submitted identical certifications for specific time periods).

***NOTE: Whoever knowingly and willfully makes any false, fictitious or fraudulent representation may be liable to criminal prosecution under 18 U.S.C. 1001.***

PLEASE COMPLETE BELOW AND INCLUDE THIS IN THE BID PACKAGE

Name of Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



