### City of Spartanburg

Procurement and Property Division Post Office Drawer 5107, SC 29304-1749 Phone (864) 596-2049 - Fax (864) 596-2365

### Legal Notice Request for Proposal for Removal and Replacement of HVAC System for Code Enforcement Office and Fire Station 4

### **September 20, 2018**

**NOTICE IS HEREBY GIVEN** – The City of Spartanburg is seeking proposal from vendors to provide construction services for Removal and Replacement of the HVAC System at Code Enforcement Office and Fire Station 4. All work to comply with the specifications developed by the city to provide quality workmanship.

### **Proposal No: 1819-10-09-01**

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 and all the required Building Permits.

There will be a MANDITORY pre-bid conference held on Tuesday October 2, 2018 at 10:00 AM at the City of Spartanburg Code Enforcement Office Address 440 South Church Street zip 29306 followed by meeting at Fire Station 4 Address 200 Camelot Drive zip 29301 both Spartanburg, SC. Technical questions can be answered by Tony McAbee, Facilities Manager at 864-596-2107 and by Email: tmcabee@cityofspartanburg.org

Complete proposal package also available at www.cityofspartanburg.org by following the links for Invitations for Bids.

Sealed Proposals shall be submitted to Carl Wright, Procurement and Property Manager on or before Tuesday October 9, 2018 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, same location.

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 <a href="www.cityofspartanburg.org">www.cityofspartanburg.org</a> by following the links for Invitations for bids. The following Proposal Number <a href="Must">Must</a> be placed on the outer envelope in order for the bid to be Stamped in as accepted on time:

**Proposal No: 1819-10-09-01** 

### **Submission of Questions and Qualifications Statement**

Submit two (2) complete copies of the firm's Proposal Statement. Submittals received by facsimile machine or other electronic transmittal will not be considered. Submittals are to be in sealed envelopes or boxes marked with the caption "Proposal Statement for Removal and Replacement of HVAC System for Code Enforcement Office and Fire Station 4" must be submitted to the attention of Mr. Carl Wright, Procurement and Property Manager, City of Spartanburg, P.O. Box 5107, Spartanburg, South Carolina 29304-1749, by 3:00PM, October 9, 2018. If using courier service, submittals should be sent attention Mr. Carl Wright, Procurement and Property Manager, City of Spartanburg, 145 West Broad Street, Spartanburg, South Carolina 29306.

Proposal Number MUST be placed on the outer envelope in order for the bid to be stamped in as accepted on time:

Technical questions regarding the scope of services should be directed to Tony McAbee, Facility Maintenance Manager, (864) 596-2107 or by email at <a href="mailto:tmcabee@cityofspartanburg.org">tmcabee@cityofspartanburg.org</a> Questions regarding the RFQ process should be directed to Mr. Carl Wright, Procurement and Property Manager at (864) 596-2790 or <a href="mailto:cwright@cityofspartanburg.org">cwright@cityofspartanburg.org</a>

### **Affirmative Action**

The contractor shall take affirmative action in complying with all state and federal requirements concerning fair employment and the treatment of all employees without regard to, or discrimination by reason of race, color, religion, sex, national origin or physical handicap.

### **CONTRACTOR INSURANCE REQUIREMENTS**

Contractor shall provide, pay for and maintain in full force and effect, all insurance outlined herein with limits of liability not less than the limits of liability shown covering Contractor's activities, those of any subcontractors or anyone directly or employed by any of them, or by anyone for whose acts any of them might be liable.

### **Insurer Qualifications**

All insurance should be provided through insurance companies authorized to do business in South Carolina with an A M Best's Rating of no less than A and shall be approved by and acceptable to Owner.

### **Certificates of Insurance**

Within 5 (five) days of execution of Contract but **PRIOR** to commencing Work, Contractor's insurer shall provide to Owner a Certificate of Insurance issued by an authorized representative of its insurer certifying that the insurance as required in this Exhibit is in full force and effect. Certificates should be sent via fax or mail to the following:

Risk Coordinator City of Spartanburg P. O. Box 1749 Spartanburg, SC 29304

Fax: (864)596-2262

Email: kbooker@cityofspartanburg.org

The original of the Certificate is to be sent as well. The Certificate shall include a statement that the policies will not be canceled or non-renewed without 30 days advance written notice to Owner.

### **Primary Insurance**

All insurance coverage required of the Contractor shall be primary over any insurance or self insurance carried by City of Spartanburg.

### **Duration of Coverage**

All required insurance coverage shall be maintained without interruption during the entire term of the Contract plus an additional 3 years for Products and Completed Operations Coverage following final acceptance of the Work by Owner.

### **Subcontractor's Insurance**

The Contractor shall require any Subcontractor to purchase and maintain insurance of same types and limits required herein.

### Waiver of Subrogation

The Contractor shall require all policies of insurance as required herein to be endorsed to provide that the insurance company shall waive all of its right of recovery or subrogation against Owner. The Contractor shall require similar waivers from any Sub-contractors.

### **Additional Insured**

The Contractor's insurance policies as required herein with the exception of Workers Compensation shall be endorsed to name Owner as an additional insured.

### **Insurance Coverage and Limits**

**Workers' Compensation:** The Contractor shall provide and maintain Workers Compensation insurance in each jurisdiction in which the Work is located.

Limits:

Coverage A – State Statutory Benefits Coverage B – Employers Liability

\$1,000,000

### Specific Coverage:

- -United States Longshoremen and Harbor Workers Act
- -Coverage endorsement must be provided if any work is to be performed on or around navigable water.

**Automobile Liability:** Contractor shall provide and maintain Business Auto Liability insurance covering bodily injury and/or property damage liability arising out of the use of any auto (including owned, hired, and non-owned autos).

Limits:

Combined Single Limit Each Accident:

\$1,000,000

**Commercial General Liability:** Contractor shall provide and maintain in full force and effect Commercial General Liability Insurance covering all operations by or on behalf of Contractor on an occurrence basis against claims for bodily injury, personal in-jury, and/or property damage (including loss of use).

Limits:

Each Occurrence\$1,000,000General Aggregate\$2,000,000Products/Completed Operations\$2,000,000

Specific Coverage:

Occurrence Form
Blanket Contractual Liability
Underground Explosion and Collapse

**Umbrella/Excess Liability:** Contractor shall provide and maintain Umbrella/Excess Liability Insurance on an occurrence basis with coverage as broad as underlying policies.

Limits:

Each occurrence: \$2,000,000 Annual Aggregate: \$2,000,000

Specific Coverage:

Blanket Contractual Liability Follow Form Primary

**Other Insurance:** Any other insurance as specified by Owner in the Contract Documents.

**Changes:** Exceptions to specified insurance requirements shall be submitted at time of any bid.



### Removal and Replacement of HVAC System for Code Enforcement Office and Fire Station 4

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

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:		_				
Зу:		_ (Signature)				
		(Printed Name)				
itle:		_				
ate:		_				
ddress:	Email:					
ty:	State:	Zip:				
elephone:	Fax:					
ddenda Number:	Date:					
ddenda Number:	Date:					
Removal and Replacement of HV	AC System for Co	ode Enforcement Office and Fire Statio				
lease complete the provided prop	osal sheet which	outlines the cost.				
/:	Title:					
gnature:	Date:					
ddress:						
elephone /	Emai	l:				
subm	nits here with our pr	oposal in response to the bid request				
(Company Name)	-					
number shown above in compliance wi	th the description(s)	and specifications (s) for the following:				

### Exhibit A

### Scope of Work and Bid Package Attached

Contractor will provide the following –

### City of Spartanburg Code Enforcement Office Address 440 South Church Street zip 29306 Fire Station 4 Address 200 Camelot Drive zip 29301

Provide all necessary materials, labor and equipment to complete removal and installation of new HVAC System according to the following scope:

### **Code Enforcement Office**

- Remove (2) old Trane 5 ton split system heat pumps and duct work
- Provide and Install (2) new R410A 5 ton split system heat pumps with 15KW strip heaters
- Air handlers and condensing units install in the same location
  - NOTE: Air Handlers will need to be installed from the south end of the facility which will mean removing vinyl siding and accessing the attic space from the exterior of the building.
- Install new duct work and balance air flow accordingly on (2) HVAC systems

### Fire Station 4

- Remove (1) old split heat pump system and duct work
- Provide and Install (1) new R410A 5 ton split system heat pumps with 10KW strip heaters
- Install new duct work and balance air flow accordingly on (1) HVAC systems





### CITY OF SPARTANBURG, SC

**Bidder Conflict of Interest Disclosure Form** 

### RELATED PARTY RELATIONSHIP & TRANSACTIONS QUESTIONNAIRE

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

Signature	Phone	Email Address
Name of Authorized Official	Title of Authorized Official	Date
	CERTIFICATION  upplied in response to this questionnaire and belief and understand that the information fication by the City of Spartanburg.	•
<b>Yes</b> (Please sign and provide t	he name(s) of the individual(s)	
<b>No</b> (Please sign the certification	on below and promptly return this page	e with the W-9)
City of Spartanburg, SC?		
, ,	icers, managers, employees, or official nbers, committee members or City Cou	

### **Exhibit F**

### 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:	, ,
	(Print name)
Title:	
Date:	

### EXISTENCE OF SUBCONTRACTORS FORM

Will you subcontract any part of this Work? Yes	No	_ If so, please list t	he names, addresses and
licenses of the subcontractors to be used for the por	tions of th	e 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)

### EXPERIENCE/ REFERENCES

List five jobs, similar in size, completed by Proposer. List dollar amount, brief description reference name and phone number for each job.

a.	Name of Project:	O\	wner/Engineer:
		Telephone No.:	
		Date Started:	•
	Value of Contract:		Project Description:
b.	b: Name of Project:		Owner/Engineer:
		Telephone No.:	
		Address:	
		Date Started:	Date Completed:
	Value of Contract:		Project Description:
c.	Name of Project:	Ov	wner/Engineer:
		Telephone No.:	
		Address:	
		Date Started:	Date Completed:
	Value of Contract:		Project Description:
d.	Name of Project:	Ov	wner/Engineer:
		Telephone No.:	
		Address:	
		Date Started:	Date Completed:
	Value of Contract:		Project Description:
e.	Name of Project:	Ov	wner/Engineer:
		Telephone No.:	· ,
		 Date Started:	Date Completed:
	Value of Contract:		

### Exhibits J AFFIDAVIT OF NON-COLLUSION

I state	e that I am	(title) of _		(name of firm) and that I am					
auth	orized to make this affidavit or	behalf of my firm, and its	owners, directors, and o	officers. I am the person responsible in my firm					
for t	he price(s) and the amount of t	his Offer.							
I state	e that:								
(1)	The price(s) and amount of this Offer have been arrived at <b>independently and</b> without consultation, communication								
	agreement with any other P	roposer or potential Propos	ser.						
(2)	That neither the price(s) no	or the amount of this Offer	r, and neither the appro	oximate price(s) nor approximate amount of this					
	Offer, have been disclosed	to any other firm or persor	who is a Proposer or p	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 re	efrain from bidding on this contract, or to submi					
	an Offer higher than this C	offer, or to submit any inter	ntionally high or nonco	mpetitive Offer or other form of complementary					
	Offer.								
(4)	The Offer of my firm is m	ade in good faith and not	oursuant to any agreem	ent or discussion with, or inducement from, any					
	firm or person to submit a	complementary or other nor	ncompetitive Offer.						
(5)		(na	me of firm), its affiliate	es, subsidiaries, officers, directors and employees					
	are not currently under inv	are not currently under investigation by any governmental agency and have not in the last four years been convicted of o							
	found liable for any act pro	ohibited by State or Federa	l law in any jurisdiction	n, involving conspiracy or collusion with respec					
	to bidding on any public co	ntract, except as described	in the attached appendi	x.					
	I state that		(name of firm)	understands and acknowledges that the above					
	representations are materia	l and important, and will be	e relied on <b>by the <u>City</u></b>	of Spartanburg in awarding the contract(s) fo					
	which this Offer is submitted	ted. I understand and my	firm understands that a	any misstatement in this affidavit is and shall be					
	treated as fraudulent conce	alment from the City of St	partanburg of the true	facts relating to the submission of Offers for this					
	contract.								
	(Authorized Signature)	)							
	,								
	(Name of Company/P	ocition)							
	(Name of Company/F	osition)							
	Sworn to and subscribe	ed before me this	day of	, 20					
			Notary						
	Mr	Commission Expires:							
	IVI y	Commission Expires.							

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

## INTENT TO PERFORM CONTRACT WITH OWN WORKFORCE

PERFORM 100% OF THE WORK REQUIRED, THE BIDDER WILL PROVIDE A LIST OF SUBCONTRACTORS TO PERFORM AND WILL PERFORM ALL ELEMENTS OF THE WORK PROJECT WITH HIS/HER OWN CURRENT WORK FORCES; AND IF THE BIDDER DOES NOT STATES THAT THE BIDDER DOES NOT CUSTOMARILY SUBCONTRACT ELEMENTS OF THIS TYPE OF PROJECT, AND NORMALLY PERFORMS AND HAS THE CAPACITY 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

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

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

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

Notary Seal	Notary Signature	Subscribed and sworn to before me thisday of20	Date:	Title:	Signature:

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

## **MWBE 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.

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

### MWBE SUBCONTRACTORS

			1000						COMPANY
								CLASS	MWBE
									CITY, STATE
									CONTACT
MBE-B - Amer		Tota	Total				25	94	PHONE
MBE-B - African American MBE-S - Asian American MBE-H - Hispa American WBE - American Woman MBE N/A - Native American	MWBE CLASS	Total Contract Amount	<b>Total MWBE Participation</b>					PERFORMED	TYPE OF WORK TO BE
WBE-S - Asian American MBE-H - Hispanic In Woman MBE N/A - Native American	E CLASSIFICATION	\$	\$	\$	\$	\$	\$	AMOUNT	SUBCONTRACT
3E-H - Hispanic /e American			%	%	%	%	%		% OF WORK

# NON-MWBE SUBCONTRACTORS

						COMPANY
						MWBE
						CITY, STATE
						CONTACT
lot	Total N					PHONE
Iotal Contract Amount	Total Non-MWBE Participation					TYPE OF WORK TO BE PERFORMED
V	\$ 45	\$	\$	\$	\$	SUBCONTRACT AMOUNT
	%	%	%	%	%	% OF WORK

CERTIFICATION OF NON-SEGREGATED FACILITIES – YEAR 2018
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,

employees which are segregated by explicit directive or are in fact segregated on the basis of race, religion,

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

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