

**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 Carpet Squares and Cove base**

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**June 11, 2019**

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**NOTICE IS HEREBY GIVEN** – The City of Spartanburg is seeking proposal from vendors to provide construction services for Removal and Replacement of Carpet Squares and Cove base at the Public Works Office Building. All work to comply with the specifications developed by the city to provide quality workmanship.

**Proposal Number: Public Works Office Carpet 1920-07-02-01**

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.

Calls shall be sent to Tony McAbee, Facilities Manager at 864-809-9085. There will be a mandatory pre-bid meeting held at the Public Works Office Building 801 Union Street Spartanburg, SC 29304 on Tuesday June 25, 2019 10:00 AM.

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

Complete proposal package also available at [www.cityofspartanburg.org](http://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 July 2, 2019 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 [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 Number: Public Works Office Carpet 1920-07-02-01**

## **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 Carpet Squares and Cove base at the Public Works Office Building" and 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, July 2, 2019. 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 [tmcabee@cityofspartanburg.org](mailto:tmcabee@cityofspartanburg.org) Questions regarding the RFQ process should be directed to Mr. Carl Wright, Procurement and Property Manager at (864) 596-2790 or [cwright@cityofspartanburg.org](mailto:cwright@cityofspartanburg.org)

### **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	\$1,000,000
General Aggregate	\$2,000,000
Products/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 Carpet Squares at the Public Works Office Building**

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

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

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

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

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

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

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

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

Addenda Number: \_\_\_\_\_ Date: \_\_\_\_\_

Addenda Number: \_\_\_\_\_ Date: \_\_\_\_\_

**BASE PRICE for Total Cost Removal** \$ \_\_\_\_\_  
Removal and Replacement of Carpet Squares and Cove base at the Public Works Office Building

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

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

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

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

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

\_\_\_\_\_ submits here with our proposal in response to the bid request  
(Company Name)

number shown above in compliance with the description(s) and specifications (s) for the following:

Exhibit A

**CONSTRUCTION SERVICES**

**Removal and Replacement of Carpet Squares and Cove Base at the Public Works Office Building**

**SCOPE OF WORK**

**General**

The purpose of this work is to provide construction services for the removal and replacement of a new carpet squares and cove base. Work will include moving furniture.

**Construction Phase**

All work shall be warranted for a period not less than one (1) year from the date of acceptance.

1. Remove and dispose of old existing carpet squares and cove base
2. Install Patcraft Big Splash Modular IO166 – Belly Flop 00813
3. Install Johnsonite brown 6” cove base 047
4. Move existing office furniture as needed
5. Make sure all office spaces are free of all installation debris
6. This work will need to be done after hours or on the weekend



Submit all questions in writing to: No questions will be answered verbally.

Tony McAbee  
Building Maintenance Manager  
City of Spartanburg



## **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: \_\_\_\_\_ (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)*

**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: \_\_\_\_\_ Owner/Engineer:  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No.:  
\_\_\_\_\_ Address:  
\_\_\_\_\_ Date Started: \_\_\_\_\_ Date Completed:  
\_\_\_\_\_ Value of Contract: \_\_\_\_\_ Project Description:  
\_\_\_\_\_

b. Name of Project: \_\_\_\_\_ Owner/Engineer:  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No.:  
\_\_\_\_\_ Address:  
\_\_\_\_\_ Date Started: \_\_\_\_\_ Date Completed:  
\_\_\_\_\_ Value of Contract: \_\_\_\_\_ Project Description:  
\_\_\_\_\_

c. Name of Project: \_\_\_\_\_ Owner/Engineer:  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No.:  
\_\_\_\_\_ Address:  
\_\_\_\_\_ Date Started: \_\_\_\_\_ Date Completed:  
\_\_\_\_\_ Value of Contract: \_\_\_\_\_ Project Description:  
\_\_\_\_\_

d. Name of Project: \_\_\_\_\_ Owner/Engineer:  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No.:  
\_\_\_\_\_ Address:  
\_\_\_\_\_ Date Started: \_\_\_\_\_ Date Completed:  
\_\_\_\_\_ Value of Contract: \_\_\_\_\_ Project Description:  
\_\_\_\_\_

e. Name of Project: \_\_\_\_\_ Owner/Engineer:  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No.:  
\_\_\_\_\_ Address:  
\_\_\_\_\_ Date Started: \_\_\_\_\_ Date Completed:  
\_\_\_\_\_ Value of Contract: \_\_\_\_\_ Project Description:  
\_\_\_\_\_

**Exhibits J**  
**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: \_\_\_\_\_

**GOOD FAITH DOCUMENTATION 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 appraised 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**



**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.

<b>BID NO:</b>	<b>DATE:</b>
<b>PROJECT NAME:</b>	<b>ADDRESS:</b>
<b>PRIME CONTRACTOR:</b>	<b>CITY:</b> _____ <b>STATE:</b> _____
<b>CONTACT PERSON:</b>	<b>EMAIL:</b>
<b>TELEPHONE: (     )     )</b>	<b>FAX: (     )     )</b>

**MWBE SUBCONTRACTORS**

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

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

**NON-MWBE SUBCONTRACTORS**

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

CERTIFICATION OF NON-SEGREGATED FACILITIES – YEAR 2019

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: \_\_\_\_\_