

OFFICE OF THE SULLIVAN COUNTY PURCHASING AGENT
3411 HIGHWAY 126 – SUITE 201
BLOUNTVILLE, TN 37617-0569

PHONE 423/323-6400

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REQUEST FOR PROPOSAL

MUST INCLUDE RFP# ON OUTSIDE OF ENVELOPE

RFP Name / Number RE-TUBE HURST BOILER / 1700110(KD)
Due Date / Time Wednesday, December 21, 2016 / 2:00 p.m.
Bid Location / Mail Address Sullivan County Purchasing Department, Kristinia Davis, Purchasing Agent 3411 Hwy 126-Suite 201, Blountville, TN 37617
Bid Contact / Telephone Kristinia Davis (423) 323-6400; kris.davis@sullivancountyttn.gov
User Department SCHOOL

THIS REQUEST FOR PROPOSAL (RFP) MUST BE RETURNED IN A SEALED ENVELOPE VIA MAIL, COURIER OR IN PERSON. PHONE, FAX OR ELECTRONIC RESPONSES ARE NOT ACCEPTABLE! RESPONSES WILL BE ACCEPTED BY THE PURCHASING AGENT ONLY UNTIL THE DAY/TIME DESIGNATED ABOVE, AT WHICH TIME THEY WILL BE PUBLICLY OPENED. RESPONSES MUST CLEARLY IDENTIFY THE RFP # ON THE OUTSIDE OF THE ENVELOPE, BE PRESENTED IN ORIGINAL FORMAT, BE COMPLETED IN TOTALITY AND BEAR THE HANDWRITTEN SIGNATURE OF A DULY AUTHORIZED COMPANY REPRESENTATIVE. **LATE RESPONSES WILL NOT BE ACCEPTABLE!**

SUBMISSION OF THIS RFP VERIFIES VENDOR'S ACCEPTANCE OF THE RFPs LANGUAGE, REQUIREMENTS AND THE GENERAL PROCUREMENT TERMS AND CONDITIONS [FORM #GPTC1004-14].

NOTE: IF FORM #GPTC1004-14 IS OMITTED FROM THIS RFP SOLICITATION, WE HAVE THE APPROPRIATE SIGNED DOCUMENTS FROM YOUR COMPANY. IF FORM #GPTC1004-14 IS ENCLOSED WITH THIS RFP SOLICITATION, PLEASE SIGN AND RETURN THE APPROPRIATE PAGES WITH YOUR RFP RESPONSE. By submission of this RFP/RFQ, the responding firm certifies compliance with Title VI and Title VII of the Civil Rights of 1964, as amended, and all regulations promulgated thereof.

ALL RFPs MUST BE OFFERED IN STRICT CONFORMANCE TO ALL LANGUAGE, REQUIREMENTS, TERMS AND CONDITIONS AND SPECIFICATIONS AS SOLICITED. FAILURE TO COMPLY WITH THE RFP PREREQUISITE WILL BE CAUSE TO DISQUALIFY SAME.

UNLESS OTHERWISE DESIGNATED, ALL PRICES OFFERED SHALL BE GUARANTEED FOR A MINIMUM OF SIXTY (60) DAYS FROM OPENING DATE. UNIT PRICES FOR GOODS/SERVICES SHALL BE QUOTED "**NET 30 DAYS**". **EACH LINE ITEM PRICE MUST INCLUDE ALL CHARGES, INCLUDING SHIPPING, HANDLING, FREIGHT OR ANY OTHER COSTS ASSOCIATED TO THE DELIVERY** TO THE DESIGNATED SULLIVAN COUNTY LOCATION. SULLIVAN COUNTY **WILL NOT ACCEPT** ADDITIONAL DELIVERY CHARGES AS A SEPARATE LINE ITEM. AWARDS MAY BE DETERMINED PER UNIT (LINE ITEM) AND/OR AS A TOTAL (WHOLE) AWARD; WHICHEVER IS IN THE BEST INTEREST OF SULLIVAN COUNTY. ALL GOODS PROVIDED TO SULLIVAN COUNTY SHALL BE FREE FROM DAMAGE/DEFECTS. GOODS DAMAGED IN TRANSIT BY COMMON CARRIER ARE THE SOLE RESPONSIBILITY OF THE VENDOR, INCLUDING ALL COMMUNICATIONS AND REPLACEMENT ARRANGEMENTS.

IF INFORMATION (SPECIFICATIONS, DATA SHEETS, ANALYSIS, DRAWINGS, ETC.) OR PRODUCT SAMPLES ARE REQUESTED IN THIS RFP, RESPONDING VENDOR MUST ENCLOSE/SUPPLY SAME. FAILURE TO COMPLY WILL BE CAUSE TO DISQUALIFY THE VENDOR FROM AWARD CONSIDERATION.

THE SULLIVAN COUNTY PURCHASING AGENT HAS THE RIGHT TO ACCEPT, REJECT, AWARD OR CANCEL ANY/ALL QUOTES AND TO WAIVE ANY INFORMALITIES OR IRREGULARITIES, IF SAME IS DEEMED IN THE BEST INTEREST OF SULLIVAN COUNTY. SULLIVAN COUNTY DOES NOT OBLIGATE ITSELF TO ACCEPT THE LOWEST AND/OR ANY QUOTE OFFERED.

Completion Time _____
(NOTE: DELIVERY TIME (DAYS/WEEKS/MONTHS) MUST BE INDICATED ... ASAP IS NOT ACCEPTABLE)

TERMS: NET 30 DAYS

VENDOR: _____ REPRESENTATIVE: _____
PLEASE PRINT

PHONE: _____ FAX: _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

RFP # 1700110(KD)
DATE TO BE OPENED: 12/21/16 @ 2:00 PM

SULLIVAN COUNTY DEPARTMENT OF EDUCATION
RE TUBE HURST BOILER

**LOCATION: SULLIVAN EAST HIGH SCHOOL, 4180 WEAVER PIKE, BLUFF CITY
TN 37618**

The Offices of the Sullivan County Purchasing Agent is soliciting proposals for re-tubing of the Hurst Boiler at Sullivan East High School.

DESCRIPTION: Vendor to provide Labor and Materials to completely re-tube one (1) Hurst Boiler. Vendor will be responsible for removal of all boiler tubes and replace with new boiler tubes. All tubes will be mechanically sealed, the second pass rear tubes will be seal welded also.

Sullivan County will provide trailer for disposal of the old tubes.

TOTAL PRICE OF LABOR AND MATERIALS: _____
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CONTACT PERSON: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

START DATE OF PROJECT: _____

COMPLETION DATE OF PROJECT: _____

Vendor must submit signed Drug Free Workplace Affidavit, Background Check Compliance Form & Company Contractor Affidavit Form as per the attached.

Successful vendor must provide Certificate of Liability Insurance prior to award of purchase order.

DRUG-FREE WORKPLACE AFFIDAVIT

STATE OF _____

COUNTY OF _____

The undersigned, principal officer of _____, an employer of five (5) or more employees contracting with _____ County government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of _____ (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
3. The Company is in compliance with T.C.A. § 50-9-113.

Further affiant saith not.

Principal Officer

STATE OF _____
COUNTY OF _____

Before me personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this _____ day of _____, 20_____

Notary Public

My commission expires:_____

OFFICE OF THE SULLIVAN COUNTY PURCHASING AGENT

BACKGROUND CHECK COMPLIANCE FORM

Contractors shall comply with Public Chapter 587 of 2007, as codified in Tennessee Code Annotated 49-5-413, which requires all contractors to facilitate a criminal history records check conducted by the TBI and FBI for each employee prior to permitting the employee to have contact with students or enter school grounds when students are present.

Any person, corporation or other entity who enters or any employee of any person, corporation or entity who enters into or renews a contract with a local board of education or child care program on or after September 1, 2007, must:

- (1) Provide a fingerprint sample
- (2) Submit to a criminal history records check to be conducted by the TBI and FBI.

TO BE COMPLETED BY RESPONDING CONTRACTOR

COMPANY or INDIVIDUALS (NAME) _____

ADDRESS _____

PHONE _____ FAX _____ LICENSE NUMBER/S _____

I agree to abide by Chapter 587 of 2007, as codified in Tennessee Code Annotated 49-5-413 and certify that I am authorized to sign. The undersigned further agrees if bid/contract is accepted, to furnish any/all Background Check Information on himself and all of his employees as required by law and/or at the request from the Office of the Sullivan County Purchasing Agent. I hereby agree to release all criminal history and other required information to Sullivan County, TBI and FBI in accordance with Tennessee law and further certify that all information supplied by me is true and accurate. I agree to release and hold harmless the above mentioned governmental entities for the use of this information related to the purposes mandated under Tennessee law. I further certify that I have obtained acceptable criminal history information on all current employees and will obtain said information on all future employees associated with the performance of work defined in the bid/contract, pursuant to TCA and that neither I nor any employee of the Company is prohibited from direct contact with school children for the reasons enumerated in TCA 49-5-401 et seq.

SIGNATURE _____ TITLE _____

PRINTED NAME _____ DATE _____

TO BE COMPLETED BY NOTARY

STATE OF _____

COUNTY OF _____

Before me personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing for the purposes therein contained.

Witness my hand and seal at office this ____ day of _____, 20__.

Notary Public

My commission expires: _____

COMPANY/CONTRACTOR AFFIDAVIT FORM 00010

THE AFFIANT STATES TO SULLIVAN COUNTY, TENNESSEE:

I (WE) HEREBY CERTIFY THAT IF THE CONTRACT IS AWARDED TO OUR FIRM THAT NO MEMBER OR MEMBERS OF THE GOVERNING BODY, ELECTED OFFICIAL OR OFFICIALS, EMPLOYEE OR EMPLOYEES OF SAID SULLIVAN COUNTY, TENNESSEE, OR ANY PERSON REPRESENTING OR PURPORTING TO REPRESENT SULLIVAN COUNTY, TENNESSEE, OR ANY FAMILY MEMBER INCLUDING SPOUSE, PARENTS, CHILDREN OF SAID GROUP, HAS RECEIVED OR HAS BEEN PROMISED, DIRECTLY,OR INDIRECTLY, ANY FINANCIAL BENEFIT, BY WAY OF FEE, COMMISSION, FINDER'S FEES OR ANY OTHER FINANCIAL BENEFIT ON ACCOUNT OF THE ACT OF AWARDED AND/OR EXECUTING THE CONTRACT.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS FULL AUTHORITY TO BIND THE COMPANY AND THAT HE/SHE HAS PERSONALLY REVIEWED THE INFORMATION CONTAINED IN THIS REQUEST FOR PROPOSAL (RFP), INCLUDING ALL ATTACHMENTS, ENCLOSURES, APPENDICES, ETC AND DO HEREBY ATTEST TO THE ACCURACY OF ALL INFORMATION CONTAINED IN THIS RFP, INCLUDING ALL ATTACHMENTS, ENCLOSURES, EXHIBITS, ETC.

THE UNDERSIGNED ACKNOWLEDGES THAT ANY MISREPRESENTATION WILL RESULT IN IMMEDIATE DISQUAUFICATION FROM ANY CONTRACT CONSIDERATION.

THE UNDERSIGNED FURTHER RECOGNIZES THAT THE SULLVIAN COUNTY PURCHASING AGENT HAS THE RIGHT TO MAKE THE CONTRACT AWARD FOR ANY REASON CONSIDERED IN THE BEST INTEREST OF SULLIVAN COUNTY.

This certification shall be included with the bid document 00300. Failure of this properly executed document to be included with the bid shall render the bid as incomplete and void.

COMPANY NAME _____

NAME (PRINT) _____ PHONE _____

TITLE _____ FAX _____

SIGNATURE _____ DATE _____

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**( TO BE COMPLETED BY NOTARY )**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

*Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing for the purposes therein contained.*

*Witness my hand and seal at office this day of \_\_\_\_\_, 20\_\_*

\_\_\_\_\_  
Notary Public

*My commission expires:* \_\_\_\_\_