

Florence County Procurement Office

Florence County Complex
180 North Irby Street, MSC-R, Room B-5
Florence, SC 29501
Office No.: (843) 665-3019

Request for Quote

Return Quote to:

Attn: Patrick D. Fletcher, CPPB
Email: pfletcher@florenceco.org, Fax No: 843-664-9668

MANDATORY SITE MEETING:

A MANDATORY site visit will be held on Wednesday, August 9, 2017 at 10:00 a.m. (EST) at the Leatherman Senior Center located at 600 Senior Way, Florence, SC 29501.

Purpose of the Site Meeting: The purpose of the site meeting is to have all interested companies ask any questions concerning this project, and to give the County any needed feedback.

Attendance at the site meeting is a requirement as a condition of submitting a quote.

PLEASE E-MAIL OR FAX YOUR RESPONSE BY: Monday, August 14, 2017 by 4:00 PM

PROJECT DESCRIPTION:

The Florence County Procurement Office is requesting quotes from a qualified vendor to provide quarterly maintenance service for sixteen (16) Carrier HVAC units at the Leatherman Senior Center located at 600 Senior Way, Florence, SC 29501.

It is the intent of Florence County to execute a year to year Parts & Labor HVAC Maintenance Service Contract with a maximum term of 5 years. The scope of service shall cover the following:

INVENTORY OF ALL HVAC EQUIPMENT

AIR FILTER SERVICE

TEST AND INSPECTION: Job labor, travel labor and travel and living expenses required to visually INSPECT and TEST equipment to determine its operating condition and efficiency. Typical activities include:

-TESTING for excessive vibration; motor winding resistance; refrigerant charge; fan RPM; refrigerant oil(acid); water condition; flue gas analysis; safety controls; combustion and draft; crankcase heaters; control system(s), etc.

-INSPECTING for worn, failed or doubtful parts; mountings; drive couplings; oil level; rotation; soot; flame composition and shape; pilot and lighter; steam, water, oil, and/ or refrigerant leaks, etc.

PREVENTIVE MAINTENANCE: Job labor, travel labor and travel and living expensive required to clean, align, calibrate, tighten, adjust, lubricate and paint equipment. These activities are intended to extend equipment life and assure proper operating condition and efficiency. Typical activities include:

-CLEANING coil surfaces; fan impellers and blades; electrical contacts; burner orifices; passages and nozzles; pilot and igniter; cooling tower baffles, basin, sump and float; chiller, condenser and boiler tubes, etc.

-ALIGNING belt drives; drive couplings; air fins, etc.

-CALIBRATING safety controls; temperature and pressure controls, etc.

-TIGHTENING electrical connections; mounting bolts; pipe clamps; refrigerant piping fittings; damper sections, etc.

-ADJUSTING belt tension; refrigerant charge; super heat; fan RPM; water chemical feed and feed rate; burner fuel/air ratios; gas pressure; set point of controls and limits; compressor cylinder unloaders; damper close-off; sump floats, etc.

LUBRICATING motors; fan and damper bearings; valve stems; damper linkages; fan vane linkages, etc.

PAINTING, for corrosion control, as directed by our scheduling system and on an "AS NEEDED" basis.

The equipment covered under this CPM-II quote will receive:

1. Quarterly Preventive Maintenance.
2. Program Administration with feedback of system status.
3. Computerized Maintenance Tasking based on Manufacturer's recommendations, age and run time.
4. Customer Assurance Review and Evaluation on at least an annual basis.
5. Test and Inspect Labor.
6. Preventive maintenance labor.
7. E-Service paper less service records emailed after each inspection.
8. Maintenance Supplies.
9. Refrigerant Management Program.
10. 24 Hour/7 Day Emergency Service billed as extra to the agreement.

NOTE: In the event malfunctions, worn parts or defective components are discovered during any inspection, the successful vendor shall bear the full responsibility of providing labor and material (covered under this agreement) to return the equipment to safe and efficient operation as quickly as practical. Parts required for *Compressor repair or replacement* is not covered under this agreement. Labor required for repair or replace compressors will be covered.

The successful vendor shall provide emergency service between inspections.

Extra Labor rates are as follows:

\$_____ per any additional hour of labor.

No overtime rates will apply for any overtime or holiday work.

\$_____ Trip charge for any additional service calls.

PAYMENT TERMS:

Payment shall be made on a **Monthly** basis.

VENDOR QUALIFICATIONS:

To be acceptable to the Owner, the vendor must be skilled and/or licensed, if applicable, in the class of work on which they respond, and no quote will be considered from any vendor who is unable to show that he has actually performed considerable work of similar character to that on which he is quoting.

INSURANCE REQUIREMENTS:

Upon award of the purchase order, the successful vendor shall maintain, throughout the performance of its obligations a policy of worker’s compensation insurance with such limits as may be required by SC law, and a policy or policies of general liability insurance insuring against liability for injury to, and death of, persons and damage to, destruction of, property arising out of, or based upon, any act or omission of the bidder or any of its subcontractors of their respective officers, directors employees or agents. Such liability insurance shall have limits sufficient to cover any loss or potential loss resulting from this contract. Florence County must be listed as additional insured. The certificate must allow a minimum of a 30 day written notice of cancellation. Bidder shall provide a Certificate of Insurance to the Florence County Procurement offices prior to start of work.

TOTAL ANNUAL PRICE TO PROVIDE A MAINTENANCE/ SERVICE AGREEMENT FOR THE HVAC UNITS AT THE LEATHERMAN SENIOR CENTER LOCATED AT 600 SENIOR WAY, FLORENCE, SC 29501 IN ACCORDANCE WITH THIS REQUEST FOR QUOTES. (INCLUDE ALL TAXES IF ANY):

\$ _____

A quote tab will be generated and sent to all vendors who submit a quote.

COMPANY NAME _____

COMPANY REP. (printed) _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE & FAX #'S _____

EMAIL: _____

LICENSE/CERTIFICATION NO.: _____

SIGNATURE: _____