

# REQUEST FOR QUOTATION

CUMBERLAND COUNTY SCHOOLS  
PLANT OPERATIONS FACILITY  
810 GILLESPIE STREET  
FAYETTEVILLE, NC 28306

Date: April 23, 2021

Clay Wade  
Project Manager / General Maintenance Supervisor  
Office (910) 678-2608 cell (910) 583-7957  
e-mail – jerrywade@ccs.k12.nc.us

A **mandatory pre-bid conference** will be held for **carpet replacement**. Contractors interested in bidding shall meet at **10 a.m. on Monday, May 3rd at Massey Hill Classical High School, 1062 Southern Avenue, Fayetteville, NC 28306.**

A Sealed Proposal, subject to the conditions made a part hereof, **will be received until 1 p.m. on May 14, 2021**, for furnishing product/service described herein. E-mail bids will be accepted.

IMPORTANT NOTE: Address enclosure as shown below. It is the responsibility of the bidder to have the bid in the office of Plant Operations, Cumberland County Schools by the specified time and date of opening.

Cumberland County Schools Plant Operations  
Clay Wade  
General Maintenance Supervisor  
810 Gillespie Street  
Fayetteville, NC 28306

## **PROJECT: Massey Hill High School Media Center Carpet Replacement**

### **Timetable for the Project**

It is the Owner's intent to make a recommendation regarding award of these Contracts by **May 17, 2021**. A Notice of Intent to Award will be prepared and conveyed to the Contractor immediately. The Contractor shall commence the performance of this Contract and shall diligently continue its performance to and until final completion of the Project. Project shall start on **June 1, 2021** and contractor shall have 50 calendar days to complete the project, making the final completion date **July 20, 2021**. Schedule of construction must be coordinated with school personnel.

### **Insurance**

The Contractor shall provide, as required by law, insurance for his employees. The Cumberland County Schools assumes no liability for injuries or accidents related to the contractual agreement. The Contractor shall furnish Certificate of Insurance to the Owner as proof of coverage. The Contractor shall maintain and pay for Insurance coverage and shall not be less than the following:

- A. Workman's Compensation Statutory
- Employers Liability \$1,000,000
- Owners/Officers must be included in coverage
- B. General Liability (per person/per occurrence):
  - 1. Bodily and Personal Liability \$1,000,000/\$2,000,000
  - 2. Property Damage \$1,000,000/\$2,000,000 Aggregate
- C. Automobile Liability (per person/per occurrence)
  - 1. Bodily Injury \$1,000,000
  - 2. Property Damage: \$1,000,000 Aggregate
- D. The owner shall be listed as an additional insured

Certificates of Insurance shall be filed with the Owner. During construction of the work, the Contractor shall provide updated records whenever any of these coverages become outdated.

**A sample certificate and additional insured endorsements are found at the end of this document.**

Each certificate of insurance shall bear the provision that the policy cannot be canceled or coverage reduced or eliminated in less than thirty (30) days after mailing to the insured and/or the Owner of such alteration or cancellation. The certificate holder shall be named: Attn: Joe Desormeaux, Cumberland County Board of Education, P.O. Box 2357, Fayetteville, 28302.

## **Performance**

The Contractor shall commence work to be performed under the Contract on a date to be specified in a Notice to Proceed issued by the Owner and shall substantially complete all work in accordance with the project Time Table. If the Contractor fails to begin the work within ten days after the date specified in the Notice to Proceed, or progress of the work is not maintained on schedule, or the Contractor fails to perform the work with sufficient workmen and equipment or with sufficient materials to ensure prompt completion of the work, or shall perform the work unsuitably, or not in accordance with plans and specifications, or in violation of safety requirements or for any cause whatsoever shall not carry on the work in an acceptable manner, then the Owner shall declare this Contract in default and Owner may terminate the performance of the Contract and assume possession of the Project site and of all materials and equipment at the site and may complete the work. In such case, the Contractor shall not be paid until the work is complete. After Final Completion has been achieved, if any portion of the contract price, as it may be modified thereunder, remains after the cost to the Owner of completing the work, including all costs and expenses of every nature incurred, has been deducted by the Owner, such remainder shall belong to the Contractor. Otherwise, the Contractor shall pay and make whole the Owner for such cost. This obligation for payment shall survive the termination of the Contract. Failure of a Contractor to meet the requirements of a Contract and/or insufficient performance may disqualify Contractor from bidding future Projects.

## **Contract Payments**

Request for payment shall be submitted to H. Mark Whitley, Cumberland County Schools, 810 Gillespie Street, Fayetteville, North Carolina 28306. The invoice will be processed and paid within fifteen (15) consecutive days after acceptance of the work.

Certificate of Sales Tax Usage must be included with the request for payment. This Certificate shall include the date, the type of property and the cost of the property purchased from each vendor, the county in which the vendor made the sale and the amount of local sales and use taxes paid thereon. If the property was purchased out-of-state, the county to which the property was delivered should be listed. Contractors are not to include any tax paid on supplies, tools and equipment which they use to perform their contracts and should include only those building materials, supplies, fixtures and equipment which actually become a part of or annexed to the building or structure.

## **Warranty**

The Warranty for work and materials by the Contractor shall be for a period of fifteen years from date of acceptance of the Project by the Owner.

## **SCOPE OF PROJECT:**

Existing carpet will be removed and replaced with carpet tiles.

*Floor Plan will be provided at the Pre-Bid  
(approximately 4600 square feet)*

**Description**

**Main Bid: Installation of Carpet Tiles**

1. Contractor to remove the existing carpet. Original floor tile is to remain in place. If it becomes necessary to remove the underlying tile, carpet removal will stop and CCS will abate the 9”x 9” tile before carpet tiles are installed.
2. Contractor will patch and prep floor to receive carpet tiles.
3. Contractor to install 1m square 100% Solution Dyed Branded Nylon carpet tiles per manufacturers recommendations. Tiles should be of heavy weight (22 oz.) and should meet design and installation specifications for severe traffic areas. Submittals will be required.
4. Contractor will install 6” Black rubber cove base and step trim where needed.
5. Contractor will be responsible for disposal of all materials.
6. CCS will move all furniture as needed.
7. Contractor will check in at office at the start of each work day.
8. Contractor will keep the work area safe and clean at all times,

**BID**

Installation and sales taxes are included.

|   |
|---|
| <b>Total Bid Amount:</b> _____ (\$ _____) |
|---|

In compliance with this request for quotation and subject to conditions herein, the undersigned offers and agrees, if this quote is accepted within \_\_\_\_\_ days from the date of opening, to furnish any and all items upon which prices are quoted at the price set opposite each item. Signature certifies that this quote is submitted competitively and without collusion.

**EXECUTION**

In compliance with this Invitation for Bid, and subject to the conditions herein, the undersigned offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein. By executing this bid, I certify that this bid is submitted competitively and without collusion (G.S. 143-54).

**Failure to execute/sign bid prior to submittal shall render the bid invalid. Late bids are not accepted.**

|                                       |                                   |      |
|---------------------------------------|-----------------------------------|------|
| Bidder:                               | Federal ID No.                    |      |
| Street Address:                       | P.O. Box:                         | Zip: |
| City & State:                         |                                   |      |
| Print Name & Title of Person Signing: | Telephone Number:                 |      |
| Authorized Signature:                 | Fax Number:                       |      |
| Date:                                 | E-Mail:                           |      |
| Minority Status *:                    | Form of Minority Certification**: |      |

\*Non-minority, **Black, Hispanic, Asian/American, White Female, American Indian, Socially and Economically Disadvantaged, Disabled**  
 \*\*Not Applicable, Local Agency, Self-Identified, State of NC HUB, Federal Agency, State of NC DOT, Out of State Agency, Unknown  
 (Note: In July 2009, businesses will be required to be certified through the State of NC HUB)

**ACCEPTANCE OF BID**

If any or all parts of this bid are accepted, an authorized representative of Cumberland County Schools shall affix their signature hereto and this document and the provisions of the Instructions to Bidders of the Instructions to Bidders, special terms and conditions specific to this Invitation To Bid, the specifications, and the North Carolina General Contract Terms and Conditions shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful bidder(s).

**FOR CUMBERLAND COUNTY SCHOOL USE ONLY**

Offer accepted and contract awarded this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, as indicated on attached certification or purchase order,

By \_\_\_\_\_ (Authorized representative of Cumberland County Schools).

**The Owner reserves the right to reject any and all proposals.**

Sample certificate of insurance and endorsements



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|          |                               |   |
|----------|-------------------------------|---|
| PRODUCER | CONTACT NAME:                 |   |
|          | PHONE (A/C No. Ext.):         | FAX (A/C No.):                              |
|          | E-MAIL ADDRESS:               |   |
|          | INSURER(S) AFFORDING COVERAGE |   |
|          | INSURER A:                    | Insurance Company Name (not parent company) |
|          | INSURER B:                    |   |
|          | INSURER C:                    |   |
|          | INSURER D:                    |   |
|          | INSURER E:                    |   |
|          | INSURER F:                    |   |

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | BUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY  |           |          |               |                         |                         | EACH OCCURRENCE \$ 1,000,000   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000                                 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   | Y         |          |               |                         |                         | MED EXP (Any one person) \$ 10,000   |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000   |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC                                     |           |          |               |                         |                         | PRODUCTS - COM/OP AGG \$ 2,000,000   |
|          |  |           |          |               |                         |                         | \$   |
| A        | AUTOMOBILE LIABILITY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                       |
|          | <input checked="" type="checkbox"/> ANY AUTO   |           |          |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$  |
|          | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y         |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$  |
|          |  |           |          |               |                         |                         | UM/UIM * \$ 1,000,000  |
|          | UMBRELLA LIAB  |           |          |               |                         |                         | EACH OCCURRENCE \$   |
|          | EXCESS LIAB  |           |          |               |                         |                         | AGGREGATE \$   |
|          |  |           |          |               |                         |                         | \$   |
|          | DED. RETENTION \$  |           |          |               |                         |                         | \$   |
| A        | WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  |           |          |               |                         |                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NC)  |           |          |               |                         |                         | EL EACH ACCIDENT \$ 1,000,000  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       |          |               |                         |                         | EL DISEASE - EA EMPLOYEE \$ 1,000,000  |
| A        | Sexual Abuse/Molestation Liability   | Y         |          |               |                         |                         | EL DISEASE - POLICY LIMIT \$ 1,000,000   |
|          |  |           |          |               |                         |                         | \$100,000 per person/\$300,000 per occ   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Cumberland County Schools is additional insured on the General Liability and Auto Liability policies shown above as respects contract with named insured above.  
 \*Workers compensation coverage must be INCLUDED for the owner and box must be marked "N" as shown above.  
 \*UM/UIM limits must be shown on the certificate.

|                                      |  |
|--------------------------------------|--|
| CERTIFICATE HOLDER                   | CANCELLATION   |
| Cumberland County Board of Education | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 2465 Gillespie Street                |  |
| Fayetteville, NC 28306               | AUTHORIZED REPRESENTATIVE  |

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Policy Number:  
Effective:

COMMERCIAL AUTO  
UGCA 35 99 01 07

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

### **SCHEDULE**

|  |
|--|
| <b>Name Of Person Or Organization:</b>   |
| <br><br><br><br><br><br><br><br><br><br>   |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form. The inclusion of additional interest or interests will not operate to increase the limit of our liability.

An additional premium of \$        is fully earned at the time of issue.

