

REQUEST FOR QUOTATION

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

Mark Harris, Project Manager
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A mandatory pre-bid conference will be held for Welding-Lawn Equipment Repair Shop A/C Replacement. Contractors interested in bidding shall meet at 9:00 am on Wednesday, February 10, 2021 at the Operations Center located at 810 Gillespie St, Fayetteville, NC 28306.

Sealed Proposals, subject to the conditions made a part hereof, will be received until **10:00 am on February 20, 2021** for furnishing product/service described herein.

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

Cumberland County Schools
Operations Center
Mark Harris, HVAC Project Manager
810 Gillespie Street
Fayetteville, NC 28306

Project: Welding-Lawn Equipment Repair Shop A/C Replacement

Timetable for the Project

It is the Owner's intent to make a recommendation regarding award of these Contracts by February 22, 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 March 1, 2021 and contractor shall have 14 calendar days to complete the project, making the final completion date March 15, 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 Board of Education (Owner) 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 \$500,000
 - 2. Property Damage: \$500,000 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. Contractor shall provide endorsement(s) naming the Cumberland County BOE as an additional insured on both contractor's General Liability and Automobile Liability insurance coverage. The certificate holder shall be named:

Cumberland County BOE,

Attn: Joe Desormeaux, Assoc. Superintendent, Aux. Services.

2465 Gillespie St., Fayetteville, NC 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.

Warranty

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

MANDATED CONTRACT TERMS

1. **Iran Divestment Act and Divestment from Companies Boycotting Israel.** No contract may be entered into with a restricted company as listed by the State Treasurer in accordance with N.C.G.S. Chapter 147, Articles 6E or 6G, except as permitted by those laws. By entering into this contract ("Contract") and providing materials, equipment or services described in the Contract (the "Work"), Contractor acknowledges and represents that it is not a restricted company as defined in N.C.G.S. Chapter 147, Articles 6E or 6G.

2. **Lunsford Act.** Contractor acknowledges that N.C.G.S. 14-208.18 prohibits anyone required to register as a sex offender from knowingly being present upon the premises of any school, and Contractor shall insure that neither Contractor, its subcontractors, nor its suppliers shall allow any

person registered as a sex offender to come on or about the premises of any subject school in any manner or for any reason related to the Work or the Contract.

3. **E-verify.** Contractor shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if Contractor utilizes a subcontractor, Contractor shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes.

4. **Policy Compliance.** Contractor, its subcontractors and suppliers, shall comply with all Board policies relating to visitors in the schools while engaged in the Work.

Description

SCOPE OF WORK – The contractor is to remove and dispose of existing duct work, gas furnace and condensing unit. Contractor is to install a new 5 ton condenser, AC coil and 120 MBTU gas furnace with new line set. The new unit will match existing unit voltage, phase and BTU. The contractor will install a new programmable thermostat. The contractor will install new ductwork sized and designed by CCS. Ductwork will include five new 6x16 supply grilles and two 20x25 return filter grilles. All duct joints and connections outside of the conditioned space will be sealed with mastic and wrapped. The contractor will install a new power wiring, and conduit from disconnect to unit .The contractor will reconnect to existing gas line. All work will be done according to local codes. The contractor is responsible for all permits and inspections.

BID

Installation and sales taxes are included.

Total Bid Amount: _____ (\$ _____)

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 Board of Education 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).

<p>FOR CUMBERLAND COUNTY BOARD OF EDUCATION USE ONLY</p> <p>Offer accepted and contract awarded this _____ day of _____, 20_____, as indicated on attached certification or purchase order,</p> <p>By _____ (Authorized representative of Cumberland County Board of Education).</p> <p>Attach COLI and applicable endorsements.</p>

The Cumberland County BOE 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, Ho, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Insurance Company Name (not parent company)		
INSURED	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	SUBR 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	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/CP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY	Y					COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ 500,000
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ 500,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						UM/UM* \$ 500,000
							\$
							\$
							\$
A	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> (NO STATU-TORY LIMITS) <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A							

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.
 If box is checked "Yes": you must list who has been excluded as owner/proprietor/partner/executive/member
 "UM/UM" limits must be shown on the certificate.

CERTIFICATE HOLDER	CANCELLATION
Cumberland County Board of Education Attn: Joe Desormeaux, Assoc. Superintendent, Aux. Svcs. 2465 Gillespie Street, Fayetteville, NC 28306	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

Sample Auto Additional Insured Endorsement

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

Name Of Person Or Organization:
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.