

Town of Scituate, RI

**195 Danielson Pike
North Scituate, RI 02857**

REQUEST FOR PROPOSAL

CONCRETE SLAB FLOOR FOR THE SCITUATE ANIMAL SHELTER ADDITION

1) GENERAL INFORMATION

- a) The Town of Scituate, Rhode Island is accepting sealed bid proposals to furnish labor and materials for the placement of a concrete slab floor, approximately 29' -0" x 29' -4", within the existing foundation of the planned addition at the Scituate Animal Shelter, located at 106 George Washington Highway, Clayville, RI 02815
- b) Submission Requirements:
 - i) The bid proposal must be signed by a duly authorized official of the contractor/vendor, who has legal authority to bind the company, and must clearly identify the scope of services and proposed time frame for completion.
 - ii) List of current and former municipal project references.
 - iii) State requirements (if any) of the town staff to support the completion of the work.
 - iv) Must submit bid proposal in a sealed envelope clearly marked on the outside "SAS-Concrete Floor".
 - v) Sealed bids must be submitted to the Town of Scituate Town Clerk at the Town of Scituate Town Hall, 195 Danielson Pike, North Scituate, Rhode Island 02857, by 12:00 PM on Friday, December 13, 2019.
 - vi) Sealed bids will be opened at that time in the Council Chambers, first floor, Town of Scituate Town Hall.
 - vii) The Town of Scituate reserves the right waive any informalities and / or to accept or reject any and / or all bid proposals and to accept the bid proposal which based upon its sole determination best serves the interest of the Town of Scituate.
 - viii) In case of default by the contractor/vendor, the Town of Scituate may procure the services from other sources and may deduct from any monies due, or that may thereafter become due to the contractor/vendor the difference between the price named in the contract order and the actual cost thereof to the Town. Periods of performance may be extended if the facts as to the cause of delay justify such extension in the sole opinion of the Town.
 - ix) The Town reserves the right to withdraw this request at any time based on available funding.

- x) Any bid proposal received after 12:00 PM on Friday, December 13, 2019 will not be accepted.
- c) All bidders shall honor their properly submitted bid for a period of sixty (60) days subsequent to date of bid opening, without escalation.
- d) Insurance- Successful bidder shall be required to provide valid certificate of General Liability, auto, umbrella and (if required) workers compensation insurance in conformance with the attached sample, naming Scituate Animal Shelter and Town of Scituate, Rhode Island as additional insured.
- e) Tax Compliance- Successful bidder shall be required to submit current W -9 form in conformance with the attached sample, affirming current reporting compliance with all relevant jurisdictions.
- f) Non-Collusion- Successful bidder shall be required to submit completed and notarized Non-Collusion affidavit in conformance with the attached sample.
- g) Prevailing Wage (if required)- Successful bidder shall be required to furnish completed certificate guaranteeing payment of prevailing wage and indemnifying the Town of Scituate, Rhode Island from any loss whatsoever arising from failure to pay prevailing wage in conformance with the attached sample.
- h) RFIs- a site visit is scheduled for 2:00-2:30 PM on Wednesday, December 11, 2019. Any questions from responsible bidders shall be addressed at that time.**
- i) Performance and Payment Bonds- shall **not** be required for this work. Successful bidder shall submit properly formatted invoice to Scituate Town Hall upon reviewed and approved completion of the work, and shall receive payment for same under mutually acceptable payment terms.

2) MINIMUM SPECIFICATIONS

- a) Furnish a four inch thick slab minimum, with aggregate mix of 3500 psi with fibermesh, over 95% compacted gravel, with Steg min 12 mil barrier below slab (overlap min 16" and tape), with power trowel finish and with control/ expansion joints per best practices. New floor shall finish flush with existing slab.
- b) Details, drawings, specifications, general notes and project code data are available on the 100% CD set labeled "Construction Drawings- Scituate Animal Shelter Addition", which are available at Town Clerk's Office, Scituate Town Hall, during normal business hours.**
- c) Additional specifications include the following codes and standards - in the occurrence of conflicting specifications, the most restrictive shall govern:
 - i) ASTM C 94- "Ready-Mixed Concrete",
 - ii) ACI 308- "Recommended Practice for Curing Concrete",
 - iii) SBC-1-2019, IBC 2015 W/RI amendments.
- d) Bidder shall acknowledge whether the bid submitted meets the minimum requirements as set forth by the Town; any deviation shall be noted in writing, failure to do so may be just cause for rejection of the bid.
- e) Literature and / or detailed specifications must be provided with the bid proposal.



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):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	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	
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000.00
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 1,000,000.00
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 1,000,000.00
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 500,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000.00
							E.L. DISEASE - POLICY LIMIT	\$ 500,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Add Project Name and Location

Additional Insured on GL (CG2037 10/01 and CG2010 11/85 or eq) Auto and Umb/Excess policies and on a primary and noncontributory basis- Town of Scituate, RI

Waiver of Subrogation included on all policies as required

CERTIFICATE HOLDER**CANCELLATION**

Town of Scituate, RI
195 Danielson Pike
Scituate, RI 02857

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

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

or

Employer identification number									
				-					

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

BIDDER'S CERTIFICATE OF NON-COLLUSION

For proposals submitted to the Town of Scituate, RI

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

DATED: _____

NAME OF BIDDER: _____
(COMPANY NAME)

BY: _____
(OFFICER'S NAME & TITLE)

SIGNATURE: _____

CERTIFICATE OF AUTHORITY

(NOT REQUIRED IF SIGNER IS PRESIDENT OF THE COMPANY)

THIS FORM MUST BE SUBMITTED WITH YOUR BID

BIDDER'S CERTIFICATE OF PAYMENT OF PREVAILING WAGES

For proposals submitted to the Town of Scituate, RI

The undersigned bidder hereby certifies, under the pains and penalties of perjury, that the foregoing bid is based upon the payment to laborers to be employed on the project of wages in an amount no less than the applicable prevailing wage rates established for the project by the Rhode Island Department of Labor and Workforce Development. The undersigned bidder agrees to indemnify the Awarding Authority for, from and against any loss, expense, damages, actions or claims, including any expense incurred in connection with any delay or stoppage of the project work, arising out of or as a result of (1) the failure of the said bid to be based upon the payment of the said applicable prevailing wage rates or (2) the failure of the bidder, if selected as the contractor, to pay laborers employed on the project the said applicable prevailing wage rates.

DATED:

NAME OF BIDDER:

BY:

(NAME)