

# TOWN OF SCITUATE, RHODE ISLAND

## INVITATION TO BID

### PROJECT: Second Floor Town Hall Air Conditioning

Sealed bid proposals to perform the subject project in accordance with the specifications enclosed herewith, and made a part of this invitation will be received in the Office of the Town Clerk addressed to:

Town Clerk  
195 Danielson Pike  
N. Scituate, RI 02857

until **Friday, June 26th at 9:30 am (EST)**. The bid proposals will be opened and read aloud at the Bid Opening on Friday, June 26<sup>th</sup> at 9:35 am. Individuals requesting interpreter services for the hearing impaired should call the Town Clerk at 647-2822, 72 hours in advance of the bid opening.

DUE TO COVID-19 THE BID OPENING WILL BE AVAILABLE TO BE VIEWED ONLINE VIA ZOOM.

Topic: SECOND FLOOR AC BID OPENING

Time: Jun 26, 2020 09:35 AM Eastern Time (US and Canada)

Join Zoom Meeting

Meeting ID: 832 6746 8054

Password: 077465

Any bid proposal received after said date and time, whether hand delivered, submitted via United States Postal Service, or submitted via any other delivery service, shall be declared invalid. All bids must be placed in a sealed envelope that is plainly marked "**BID PROPOSAL FOR: "Second Floor Town Hall Air Conditioning"**".

The bid award and signing of contract conditions are set forth in the enclosed specifications. Additional copies of the Contract and Specifications may be obtained from the Town Clerk at 401-647-2822.

**A site visit will be scheduled for Thursday, June 18, 2020 between 8am and 12pm. Contact Highway Director to schedule a site visit appointment. kloiselle@scituateri.org or 401-647-3366.**

**Any questions relating to the project must be submitted in writing to the Highway Director, Kirk Loiselle at kloiselle@scituateri.org before Monday, June 22, 2020 at 12:00pm.**

**THE TOWN OF SCITUATE RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS OR ANY PARTS THEREOF; TO WAIVE INFORMALITIES AND TECHNICALITIES; AND, TO ACCEPT THAT BID WHICH THE TOWN AND HIGHWAY DIRECTOR DEEM TO BE IN THE BEST INTEREST OF THE TOWN, WHETHER OR NOT IT IS THE LOWEST DOLLAR BID.**

## **SCOPE OF WORK AND PROJECT SPECIFICATIONS**

Replace existing A/C system serving the second floor of the Town Hall.

### **Scope of Work**

- ◆ Removal and proper disposal of the present ICP air conditioning condenser located at the rear of the building (M # CA1048VKA1, S # L891234477) and the matching air handler that is located in the attic also including the refrigerant lines and R-22 refrigerant. The refrigerant lines that are buried can be cut below grade and abandoned in place;
- ◆ Furnish all labor and materials necessary to install a new 4-ton air conditioning system to be installed in same location as the equipment removed. The new system shall be manufactured York (condenser model # YCE48B21S) with a SEER rating of 14 and an (air handler model # AE48CX21) or equal. The air handler will be install in a new secondary pan and wet switch and connected to the condensate removal piping. The new equipment will be connected to the present electric wiring. Also install a new Honeywell T-6 or equal thermostat;
- ◆ The condenser will be rotated so new refrigerant lines will from the condenser to the foundation wall and follow the perimeter and be attached to the foundation before being attached to the exterior wall running to the new air handler;
- ◆ The orientation of the air handler will be changed, so the service side of the cabinet faces the access door;
- ◆ The Town of Scituate is sales tax exempt. Include permits, prevailing wages and one year warranty on labor;
- ◆ Start-up and testing.

## **BID CONDITIONS**

1. Bids shall be signed by a duly authorized agent or 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. Incomplete bid forms may be cause for disqualification of the bid.
2. Bids that are renumbered or resequenced may be cause for rejection if all information cannot be easily found and identified. Bidders wishing to re-word or re-format the enclosed documents should do so in an addendum identifying the pages or sections to be changed.
3. Bids must be submitted in triplicate (three copies) in a sealed envelope clearly marked, so as to guard against opening prior to the appointed time, with the:

**NAME / ADDRESS OF THE BIDDER  
WORDS "BID DOCUMENTS FOR: PROJECT"  
DATE OF THE BID**

4. If mailed, the sealed envelope containing the proposal shall be marked as stated above and shall be enclosed in another envelope properly addressed for mailing.
5. Within a reasonable time after the bid opening, the TOWN OF SCITUATE, RHODE ISLAND, (herein after referred to as the TOWN) shall act on the award of a contract for the project.
6. The TOWN reserves the right to withdraw this request at any time based on available funding.
7. The TOWN shall be the sole judge as to whether any bid complies with these specifications, and such a decision shall be final and conclusive. Bidders shall state any exceptions taken to the bid specifications.
8. Proposals submitted in unmarked envelopes, which are opened by the TOWN in its normal course of business, will not be accepted. If time permits, the proposal may be returned to the bidder informing them that the proposal may be resubmitted in a sealed envelope properly marked as indicated above.
9. Bid prices shall not include any sales, excise or other taxes for which the TOWN is not liable. All bidders shall honor their properly submitted bid for a period of sixty (60) days subsequent to date of bid opening, without escalation.
10. Tax Compliance – Successful bidder shall be required to submit a current W-9 form in conformance with the attached sample, affirming current reporting compliance with all relevant jurisdictions.

12. Consideration in the awarding of the CONTRACT will be given to price, experience and competence of the bidder, the nature and size of the bidder's organization, and quality of similar projects it has performed and completed in the past and a determination by the TOWN that the COMPANY has the ability to complete the work.
13. Insurance – Successful bidder shall be required to provide valid certificate of General Liability, auto, umbrella and (if required) worker's compensation insurance in conformance with the attached sample, naming the TOWN OF SCITUATE, RHODE ISLAND and HOPE JACKSON FIRE COMPANY as additional insured.
14. Prevailing Wage – Attention is called to the fact that not less than the prevailing wage rates shall be paid on this Project, as well as the bidder's required complete compliance with all prevailing wage rules, regulations and statutes. 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.
15. The COMPANY must bid the project as outlined in the CONTRACT and CONTRACT SPECIFICATIONS. If the COMPANY proposes to perform any optional work or to substitute any part of the CONTRACT SPECIFICATIONS, such options and/or substitutions must be explained in detail and the amount of additional or reduction in cost must be listed.
16. The following items shall also be included with the bid:  
Personnel Roster, Client list for past five (5) years including current projects,  
Statement of Qualifications, Non-Collusive Bid Statement
17. Each bidder must inform themselves of the conditions relating to the specifications of the project and the employment of labor thereon. Failure to do so will not relieve a successful bidder of their obligation to furnish all material and labor necessary to carry out the provisions of this CONTRACT. At the time of opening of the bids, each bidder will be presumed to have read, and to be thoroughly familiar with, the plans and CONTRACT documents (including all addenda). The failure or omission of any bidder to examine any form, instrument or document shall in no way relieve any bidder from any obligation in respect to this bid.
18. The bidder's attention is directed to the fact that all applicable state laws, municipal ordinances and the rules and regulations of all authorities having jurisdiction over performance of the project shall apply to the CONTRACT throughout, and they will be deemed to be included in the CONTRACT the same as though herein written out in full.

**TOWN OF SCITUATE, RHODE ISLAND**

**BID FORM**

**Project:**

The undersigned duly authorized agent for the **COMPANY** submitting this bid affirms and declares:

1. That this bid is executed with full knowledge and acceptance of the **BID CONDITIONS** enclosed with the **INVITATION TO BID** on the subject project.
2. That should this bid be accepted in writing by the **TOWN**, said **COMPANY** will furnish the items for which this bid is submitted as the dollar amount indicated and in full compliance with the provisions of said **SCOPE OF WORK AND PROJECT SPECIFICATIONS**.
3. That all items, documents, statements and other information as required by the **BID CONDITIONS** and **PROJECT SPECIFICATIONS** have been submitted herein.
5. That the **COMPANY** proposes to furnish the services and materials required to complete the aforesaid **PROJECT SPECIFICATIONS** in the total amount of:

(Total Dollar Amount) \_\_\_\_\_

(Written Bid) \_\_\_\_\_

\_\_\_\_\_  
Company

\_\_\_\_\_  
By: Name and Title                      Signature

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Telephone Number

# TOWN OF SCITUATE, RHODE ISLAND

## NON-COLLUSIVE BID STATEMENT

All bidders are required to sign a Non-Collusive Statement with all public bids as follows:

1. The bid has been arrived at by the bidder independently and has been submitted without collusion with, and without any agreement, understanding, or planned common course of action with, any other vendor of materials, supplies, equipment, or services described in the Invitation to Bid, designed to limit independent bidding or competition,

And

2. The contents of the bid have not been communicated by the bidder or its employees or agents to any person not an employee or agent of the bidder or its surety on any bond furnished with the bid, and will not be communicated to any such person prior to the opening of the bid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date



**Rhode Island Certified Prevailing Wage Daily Log**

Project Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

Project Location: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Name (Print)	Job Title/ Classification	Time		Employee Signature
		In	Out	

I \_\_\_\_\_ hereby certify that the information in this form is complete and correct.  
 (print name and title)

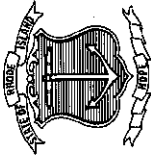
Any contractor who knowingly maintains a false or fraudulent daily log maybe penalized by the Department of Labor and Training up to \$500 for each calendar day of noncompliance.

\_\_\_\_\_  
 Contractor/Officer's Signature

\_\_\_\_\_  
 Date

**\* Each contractor working on this project must complete a Daily Log for their employees only.**  
 DLT is an equal opportunity employer/program - auxiliary aids and services available upon request. TTY via RI Relay: 711  
 DLT-WRS-4 (10/14)





**RI Department of Labor and Training - Division of Workforce Regulation & Safety**  
**Professional Regulation Unit/Prevailing Wage Section**  
 1511 Pontiac Avenue Building 70, P.O. Box 20247 Cranston, RI 02920-0943

**Rhode Island Certified Weekly Payroll**

Contractor: \_\_\_\_\_ Subcontractor: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone #: \_\_\_\_\_

Project/Location: \_\_\_\_\_

Wage Decision #: \_\_\_\_\_ Decision Date: \_\_\_\_\_

**\*\*NOTE:** If an employee works more than one trade, please list each classification on separate lines with the corresponding hours they performed that trade and hourly rate paid.

Name, Address and Phone Number of Employee	Work Classification	Apprentice %	Date:	Hours Worked Each Day							Total Hrs	Hourly Rate (List all Rates)	Hourly Fringe Benefit	Weekly Gross	Social Security	Medi-care	Weekly Deductions			Weekly Net	
				S	M	T	W	T	F	S							RI	TDI	Other		
				Hours Worked Each Day													Federal	State			
	P.S.																				
	P.O.																				
	A.P.S.																				
	A.P.O.																				
	R.H.																				
	R.O.																				
	P.S.																				
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	P.S.																				
	P.O.																				
	A.P.S.																				
	A.P.O.																				
	R.H.																				
	R.O.																				

Legend: P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours APS= Additional PW Standard Hours APO=Additional PW Overtime Hours

List all PW Projects in APS/APO:

\*Deductions listed in "Other" column:

**STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_ do hereby state:

(1) That I pay or supervise the payment of the persons employed by: \_\_\_\_\_ (contractor or subcontractor)  
 on the \_\_\_\_\_ (project), that during the payroll period commencing on \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year), 20\_\_\_\_ day of \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year), 20\_\_\_\_ and ending on the \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year), 20\_\_\_\_ from the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said persons employed on said project have been paid the full weekly wages earned, from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Rhode Island General Law Chapter 28-14.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in the appropriate wage determination for the project; that the classifications set forth therein for each laborer or mechanic conform with the work they performed.  
 (3) That the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Rhode Island State Apprenticeship Council.

**(4) That:**

**(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS**  
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due, to appropriate programs for the benefit of such employees.

**Fringe Benefits Explanation:** Bona fide fringe benefits are those paid to approved plans, funds or programs except those required by Federal or State Law.

Please specify the type of benefits provided:

- 1.) Medical or hospital care: \_\_\_\_\_
- 2.) Pension or Retirement: \_\_\_\_\_
- 3.) Life Insurance: \_\_\_\_\_
- 4.) Disability: \_\_\_\_\_
- 5.) Vacation, sick, holiday: \_\_\_\_\_
- 6.) Other (please specify): \_\_\_\_\_

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the rate schedule.

(5) In accordance with Chapter 37-13-13, it is mandatory that contractors use these forms for all Rhode Island Department of Labor requests for certified copies of payroll. Failure to submit information on these forms will constitute non-compliance by the responding contractor. These forms must be signed by the owner or an officer of the corporation, certifying that this is a true and exact copy of their payroll records.

SIGNATURE OF OWNER OR OFFICER OF CORPORATION	PRINT NAME & TITLE
My signature hereon constitutes my affirmation that the information contained herein is true and accurate regarding the number of employees participating in the prevailing wage program, the prevailing wage standard hours each employee worked, prevailing wage overtime hours, regular hours and overtime hours for each employee as well as the gross wages for each employee. I have confirmed and attest that all the information contained in this document is correct and I understand and acknowledge by my signature that if I provide any inaccurate information on this form, I may be subject to civil penalties and/or referral to the Rhode Island Attorney General for criminal prosecution.	
DATE	