

Invitation to Bid

20180621-1-CO

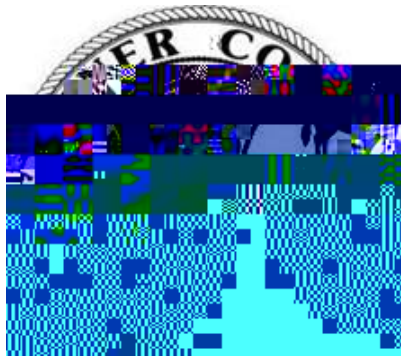
HVAC COMPREHENSIVE MAINTENANCE AGREEMENT SUMNER COUNTY

Responses to an Invitation to Bid will be received by the Purchasing Supervisor, Sumner County Board of Education, 1500 Airport Road, Gallatin, TN 37066 for June 21

, 2018. Bid responses will be opened at that time, taken under advisement and evaluated. Should you have any questions please contact Kim Ark at (615) 452-3604. All proposals are subject to the Board of Education's conditions and specifications which are available from Chris Harrison, Purchasing Supervisor (615) 451-6560. All bids can be viewed online at [www.sumnerschools.org](http://www.sumnerschools.org) \_\_\_\_\_

# PROPOSAL REQUEST

## Comprehensive HVAC Master Maintenance Agreement



SUMNER COUNTY GOVERNMENT  
SUMNER COUNTY, TENNESSEE

Advertisement Date: June 3rd, 2018

**Deadline: June 21st, 2018 at 10:00 am**

## Introduction

Sumner County Government is hereby requesting a proposal for a Comprehensive Maintenance Master Agreement for the HVAC systems at the following Sumner County locations:

- 1)

## General Information

### I. Proposal Package

All sealed proposal packages ~~must~~ include all of the following. Any sealed proposals shall be rejected as a non-conforming bid if any applicable item is missing.

- x Three (3) complete copies of proposal
- x Evidence of a valid State of Tennessee Business License and/or Sumner County Business License is required to be eligible to bid
- x

2. To comply with the Tennessee Lawful Employment Act , non-employees (individuals hired as independent contractors) must have on file any two (2) of the following documents.

- Valid Tennessee driver license or photo ID issued by department of safety
- Valid out-of-state driver license
- U.S. birth certificate
- Valid U.S. passport
- U.S. certificate of birth abroad
- Report of birth abroad of a US. citizen
- Certificate of citizenship
- Certificate of naturalization
- U.S. citizen identification card
- Valid alien registration documentation or proof of current immigration registration

In addition, for all vendors with annual purchases in excess of \$50,000 (if a business license is required), a business license must be on file in the finance department, or the requisitioner must submit a copy with the purchase order requisition form or the payment requisition form, as applicable.

## II. Responses

- x Proposal must include point-by-point responses to the RFP.
- x Proposal must include a list of any exceptions to the requirements.
- x Proposal must include the legal name of the vendor and must be signed by a person or persons legally authorized to bind the vendor to a contract.
- x If applicable, proposal must include a copy of the contract(s) the vendor will submit to be signed.
- x Any and all proposal requirements must be met prior to submission.
- x The bidder understands and accepts the nonappropriation of funds provision of the Sumner County Government.
- x A reference list of clients that have a current contract for services with their company.

## III. Clarification a



XIII. Procedures for Evaluating Proposals and Awarding Contract

In comparing the responses to this RFP and making awards, Sumner County may consider such factors as quality and thoroughness of a proposal, the record of experience, the references of the respondents, and the integrity, performance, and assurances in the proposal in addition to that of the proposal price.

- x Proposals will be examined for compliance with all requirements set forth herein.
- x Proposals that do not comply shall be rejected without further evaluation.
- x Proposals will be subjected to a technical analysis and evaluation.
- x Oral presentations and written questions for further clarifications may be required of some or all vendors.

XIV. Discussions

Discussions may be conducted with the vendors which have submitted proposals determined to be reasonably likely of being considered for selection to assure a full understanding of and responsiveness to the RFP requirements. Every effort shall be afforded to assure fair and equal treatment with respect to the opportunity for discussion and/or revision of their respective proposals. Revisions may be permitted after the submission and prior to the award for the purpose of obtaining the best offers.

XV.





XXII. Specific Proposal Requirement Details

Sumner County is requesting proposals for a Comprehensive HVAC (full) coverage maintenance agreement for each of the following locations. The coverage shall include all/every components of the HVAC system including, but not limited to, the control system, belts, filters, lubricants, parts, electrical, valves, piping, labor, travel expenses, and any miscellaneous expenses. The expectation is that each HVAC systems, including components shall operate at, or better than, the factory specification. ~~Not~~ Additional charges shall be accepted by the County, while this agreement is in effect, notwithstanding, due to unforeseen failure, ent unit replacements, overtime, or acts of God. (Overtime shall be defined as any call for ~~service~~ by County personnel after normal business hours)

Note: To ensure that pricing is accurate for each location, each bidder will be required to make a site visit each location to identify the HVAC equipment to be covered. Site visit



Quarterly:

1)

Annually at start of contract in July:

- 1) All condenser coils to be cleaned shall be cleaned at least three times a year beginning in July. Preferable July, October, and April. Proof of cleaning must be provided.
- 2) All evaporator coils to be cleaned as needed shall be cleaned at least three times a year beginning in July. Preferable July, October, and April. Proof of cleaning must be provided.
- 3) All belts to be replaced in July at start of contract.
- 4) Cleaning of all boiler burners and fire box.
- 5) Pan Pads will be placed in all condensate drain pans to help prevent clogged drain lines.
- 6) All duct work shall be inspected repair or clean if necessary for proper operation

\*If it is determined by contractor that the tasks above need to be performed often to get maximum performance from the system, tasks will be covered under this agreement. \*

This agreement includes all parts, supplies, travel expenses, labor and any costs associated with this full coverage maintenance agreement. Any building automation systems and controls is included in this full coverage maintenance agreement. All service requests received during normal business hours (Monday-Friday, 7:00am to 5:00pm) will not incur overtime charges regardless as to the time taken to complete the request.

Not included in this coverage is unforeseen failure due to Acts of God and entire agreement. Any call initiated by Sumner County personnel after normal business hours shall be defined as overtime; an exception to this overtime rule is WKH 6XPQHU & RXQW\ 6KHULIIV RII LFH - DLO & - & EXLO called for service at OR F any time, contractor will be required to respond and the service visit will be covered under the contract and not considered as overtime. Contractor shall provide overtime rate and times considered to be overtime.

Billing shall be on a quarterly basis in July, October, January, and April, prorated from the date of the signed agreement. Invoices shall be paid within thirty days of receipt by Sumner County Government.

The agreement is subject to the appropriation of funds statute, and the acceptance of a cancellation provision that either party to the agreement may end upon a written thirty (30) day notice at any time during the contract period. If a cancellation of the agreement occurs, the County shall be responsible for charges up to the date and nothing additional.

Interested bidder is required to complete a site visit with County Maintenance staff. Please contact Captain Doug & DQWHU DW 6XPQHU & RXQW\ 6KHULIIV RII LFH - DLO & - & EXLO to set up time to review scope of work. Site visit is mandatory to review scope of work. It is the responsibility of each respondent to this request, to verify the scope of work as a basis of the proposal. All respondents to this request shall be responsible for any errors or omissions. Each respondent is required to conduct a site visit with County Maintenance to validate their proposal. Each respondent will be required to list dates of county maintenance site visits with County and Jail maintenance staff.

Respondent shall provide a list of job references for similar project agreements completed in past five years, see form in

List of Job References:

\*\* Note: also include resumes of proposed staff who will be working at county buildings\*\*

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

Agency/Department: \_\_\_\_\_

Dates of Project: \_\_\_\_\_ Dollar Value: \_\_\_\_\_

Project Manager/Contact at Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Agency/Department: \_\_\_\_\_

Dates of Project: \_\_\_\_\_ Dollar Value: \_\_\_\_\_

Project Manager/Contact at Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Agency/Department: \_\_\_\_\_

Dates of Project: \_\_\_\_\_ Dollar Value: \_\_\_\_\_

Project Manager/Contact at Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Agency/Department: \_\_\_\_\_

Dates of Project: \_\_\_\_\_ Dollar Value: \_\_\_\_\_

Project Manager/Contact at Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Sumner County Tennessee Rehabilitation Center	1019 Union School Road Gallatin 37066		
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Total Cost for Contract for all locations for One (1) Year Period		--	-

Description of the overtime rate \_\_\_\_\_

Submitted By:

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Interested bidder is required to complete a site visit with County Maintenance staff. Site visit is mandatory to review scope of work. Please contact & D S W D L Q ' R X J & D Q W H U D W 6 X P Q H (615) 412-1345 to set up time to review scope of work. Also contact County ([ H F X W L Y H (615) 452-3604. It is the responsibility of each respondent to this request, to verify the scope of work as a basis of the proposal. All respondents to this request shall be responsible for any errors or omissions. Each respondent is required to conduct a site visit with County Maintenance to validate their proposal.

Please list date of Site Visit with Sumner County Maintenance Staff \_\_\_\_\_

Please list date of Site Visit with Sumner County Jail/CJC Maintenance Staff \_\_\_\_\_

## XXII. Termination of Agreement

Either party to this agreement shall have the right to terminate this agreement upon a 30 day written notice. Both parties shall be liable for payments or services due prior to the date of termination , but no further fees shall be due or payable after the notice of termination is received .



**ATTACHMENT1**

**STATEMENT OF NO COLLUSION**

The undersigned affirms that they are dully authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other respondent, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Respondent (Signature) \_\_\_\_\_

Respondent(Print Name and Title) \_\_\_\_\_

Authorized Company Official (Print Name) \_\_\_\_\_



DRUGFREE WORKPLACE AFFIDAVIT (Page 2)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The undersigned, principal officer of \_\_\_\_\_, an employer of five (5) or more employees contracting with Sumner County, TN to provide goods or services, hereby states under oath as follows

1. The undersigned is a principal officer of \_\_\_\_\_ (hereinafter referred to as the Company) on behalf of the Company.

2. The Company submits this Affidavit because it shall be receiving pay pursuant to a contract with the state or any local government to provide goods or services.

3. The Company is in compliance with all State and Federal Laws and Regulations requiring a drug free workplace program.  
Further affiant saith not.

Principal Officer: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**ATTACHMENT 3**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:  
Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under federal non-procurement programs by any federal department or agency;

Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or default; and

Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or had a civil judgment rendered against it

A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contract under such a public transaction;

B. For the violation of federal or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or

C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Name of Participant Agency: \_\_\_\_\_

Name and Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I am unable to certify to the above statement. Attached is my explanation

ATTACHMENT4

CERTIFICATION BY CONTRACTOR

I, the undersigned, certify that on behalf of Contractor, I am authorized to attest and obligate the above certification and to legally bind Contractor to these terms, conditions and obligations.

\_\_\_\_\_ Title

\_\_\_\_\_ Name

\_\_\_\_\_ Date

\_\_\_\_\_ Witness

U.S. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

or type in

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Exempt payee code (if any)

Note: For a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's tax classification.

Print name (last, first, middle initial)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print address (street, apartment, or other location) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print city or town, state, and ZIP+4<sup>®</sup> \_\_\_\_\_  
\_\_\_\_\_

Print telephone number (area code and number) \_\_\_\_\_

Print Social Security number \_\_\_\_\_

Print TIN. See the instructions on Form 1099-NEC for details. \_\_\_\_\_

Print EIN (if you have one) \_\_\_\_\_

Print business name (if different from name above) \_\_\_\_\_  
\_\_\_\_\_

Print business address (street, apartment, or other location) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print business city or town, state, and ZIP+4<sup>®</sup> \_\_\_\_\_  
\_\_\_\_\_

Print business telephone number (area code and number) \_\_\_\_\_

Print business Social Security number \_\_\_\_\_

Print business TIN. See the instructions on Form 1099-NEC for details. \_\_\_\_\_