



INVITATION TO BID U-05-08
FILTER REHAB – UTILITY DEPARTMENT

Purpose:

The City of Palm Coast Utility Department is seeking a contractor(s) to filter rehab 6 filters at the City of Palm Coast's lime plant

Instructions to Proposers:

Submittal:

Any qualified contractor desiring to provide the required services must submit their bid in a sealed envelope marked: **ITB-U- 05-08 – Filter Rehab – Utility Department** on the outside of the envelope. The bids will be received until **2:00 PM on Monday, January 24, 2005**. Mail or deliver all bids to Brian Rothwell, Purchasing Manager, City of Palm Coast, 2 Commerce Blvd. Palm Coast, FL 32164. Bids received after the date and time specified will be returned unopened. The City will not be responsible for late deliveries due to mail or other delays.

Questions regarding the Bids:

Questions related to the bids should be directed to Brian Rothwell, Purchasing Coordinator, City of Palm Coast, 2 Commerce Blvd., Palm Coast, FL 32164. Inquiries related to the work scope, clarification or correction **must** be in writing – by fax, mail, etc. – and received no later than close of business on January 17, 2005, to allow adequate time for response and/or addendum. Please do not contact any other staff member of the City, except the above, with regard to this ITB. All inquiries will be routed to the appropriate staff member for response.

Terms and Conditions:

1. The City reserves the right to reject any and all bids, with or without cause, to waive technical errors and waive informalities and make award to / negotiate with the firm whose bid best serves the interest(s) of the City.
2. The City reserves the right to clarification of information and to request additional information from one or more Bidders.
3. Any bid may be withdrawn until the date and time set above for the submission of the bids. Any bid not so withdrawn shall constitute an irrevocable offer for a period of ninety (90) days to provide to the City the services set forth in this ITB, or until one or more of the bids have been awarded.

4. Costs related to the preparation of a response to the ITB are solely those of the Bidder, and the City assumes no responsibility for any such costs incurred by the Bidder.
5. Public Entity Crimes. A person or affiliate who has been placed on the convicted Bidder list following a conviction for a public entity crime may not submit a bid or bid on a contract to provide any goods or services to a public entity, may not submit a bid or bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids or bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statutes Section 287.017, for category two for a period of thirty six (36) months from the date of being placed on the convicted Bidder list. The Bidder shall provide a certification of compliance regarding the public crime requirements.
6. Drug Free Workplace. The Bidder shall certify that the firm has a drug free workplace policy in accordance with Section 287.0878, Florida Statutes. Failure to submit this certification shall result in the rejection/disqualification of your bid.
7. All forms in the attached Appendix must be completed, signed and returned with the Bidders bid.
8. Insurance Requirements:
 - A. The selected Bidder shall not commence work under any agreement until obtaining all insurance coverage required by the city under this Section, and the City has approved such insurance.
 - B. All insurance shall be issued by companies authorized Bidder to do business under the laws of the State of Florida, and must be acceptable to the City. The Bidder shall furnish and maintain Certificates of Insurance to the City prior to the commencement of any work. The Certificate shall clearly indicate that the Bidder has obtained insurance of the type, amount and classification as required for strict compliance with this paragraph, and that no material change or cancellation of insurance shall be without thirty (30) days prior written notice to the City. Compliance with the foregoing requirement shall not relieve the Bidder of liability and obligations under any contract entered with the City.
 - C. Coverage shall be as follows:
 - 1) Worker's Compensation: The Bidder will provide Worker's Compensation for all employees. The limits will be statutory limits for Worker's Compensation and \$1,000,000 for Employer's Liability.
 - 2) Comprehensive General Liability: The Bidder will provide coverage for all operations including, but not limited to, Contractual, Products and complete Operations and Personal Injury. The limits will not be less that \$1,000,000 Combined Single Limit (CSL) or its equivalent.
 - 3) Comprehensive Automobile Liability: The Bidder will provide complete coverage for owned and non-owned vehicles for limits not less than \$1,000,000 CSL or its equivalent.
 - D. All insurance other than Worker's Compensation to be maintained by the Bidder shall specifically include the City as an additional insured.

- E. The City shall have the right to terminate its agreement without cause with a hundred twenty (120) day written notice to the other party. The City reserves the right to terminate any agreement for cause with a five (5) day written notice to the Bidder. Notice shall be served to the parties as specified in the agreement.
- F. Legal Fees: The City shall be entitled to recover any and all legal costs including attorney fees it may incur.
- G. Term of Contract: The initial term of the agreement shall be for a period of one (1) year. Should the City wish to not have the contract automatically renewed, the City shall provide written notice ninety (90) days prior to the automatic renewal.

Scope of Services:

The City of Palm Coast Utility Department is seeking a contractor to provide the following scope of work:

Media Removal:

1. Remove existing media and supporting material from six (6) dual cell filters, each cell measures 13.5' X 6' for a total surface area of 1,053 sq. ft.
2. All removed media will be dumped onsite at a location designated by the owner. Final disposal by owner.
3. Power wash filter walls and upper under-drain system with a minimum of 2500 psi.
4. Clean orifice holes in each Leopold clay tile under-drain block.
5. Inspect under-drain blocks and grout joints.
6. Test grout joints for psi.

Media Installation: note – (all filter media will be both NSF and AWWA certified.) All certifications of filter media shall come from independent laboratories and be presented to the owner for verification prior to installation.)

1. Install (3") of ¾" X ½", (2") of ½" X ¼", (2") of ¼" X 1/8", (2") of 1/8" X #16 filter gravel.
2. Owner to backwash newly installed material until clean.
3. Owner to drain filter to approximately 18" above the newly installed supporting bed.
4. Install 10" of .45-.55 mm uc 1.50 or less filter sand.
5. Owner to backwash until clean.
6. Owner to drain filter to below the sand, to be followed by skimming operation, all skimming to be disposed of in wash troughs and washed to waste. Finished sand depth 9.5 ".
7. Owner to introduce water slowly from under-drain to approximately 18" above the skimmed sand.
8. Install 20.5" .95-1.05 uc 1.50 or less filter anthracite.
9. Owner to backwash until clean.
10. Owner to drain filter to below the anthracite, to be followed by skimming operation, all skimming to be disposed of in wash troughs and washed to waste. Finished sand depth 9.5 ".
11. Finished anthracite level to be 20"



INVITATION TO BID U-05-08
FILTER REHAB – UTILITY DEPARTMENT

Bid Reply - **BID NUMBER: ITB-U-05-08**

City of Palm Coast
Financial Services Department
Attn: Brian Rothwell
2 Commerce Blvd.
Palm Coast, FL 32164

The City of Palm Coast reserves the right to reject any and all bids, to waive informalities, and to accept any proposal as the City, in its sole discretion, determines to be in the best of the City.

I hereby certify that I have read and understand the requirements of this Invitation to Bid No. ITB-U-05-08 and that I as the bidder, will comply with all requirements, and that I am duly authorized to execute this bid/offer document and any contract(s) and other transactions required by award of this Bid.

Company: _____

Address: _____

Telephone: () _____

Name: _____

(Typed or Printed in Ink)

Title: _____

The bidder proposes to deliver the product/service in accordance with the specifications for the sum of

Total Fixed Price: \$ _____

Bid Amount Written

Addendum Acknowledgment:

The proposer acknowledges that the following addenda have been received and are included in this proposal:

<u>Addenda Number</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

INVITATION TO BID

APPENDIX

FORMS

Conflict of Interest Statement

Disputes Disclosure Form

Drug Free Workplace Form

Statement of Insurance Compliance Form

CONFLICT OF INTEREST STATEMENT

STATE OF FLORIDA)
) **ss**
COUNTY OF)

Before me, the undersigned authority, personally appeared _____, who was duly sworn, deposes and states:

1. I am the _____ of _____ with a local office in _____, and principal office in _____. The above named entity is submitting an Expression of Interest for the City of Palm Coast project described as **ITB-U-05-08 –Filter Rehab – Utility Department**
2. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.
3. The Affiant states that only one submittal for the above project is being submitted and that the above named entity has no financial interest in other entities submitting Statement of Qualifications for the same project.
4. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive pricing in connection with the entity’s submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.
5. Neither the entity nor its affiliates, nor any one associated with them, is presently suspended or otherwise ineligible from participating in contract lettings by any local, state or federal agency.
6. Neither the entity, nor its affiliates, nor any one associated with them have any potential conflict of interest due to any other clients, contracts, or property interest for this project.
7. I certify that no member of the entity’s ownership, management, or staff has a vested interest in any aspect of or Department of the City of Palm Coast.
8. I certify that no member of the entity’s ownership or management is presently applying for an employee position or actively seeking an elected position with City of Palm Coast.
9. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the City of Palm Coast in writing.

DATED this _____ day of _____, 2005.

Affiant

Typed Name of Affiant

Title

Sworn to and subscribed before me this _____, day of _____, 2004.

Personally known _____

OR Produced Identification _____

Notary Public – State of _____

(Type of identification)

My commission expires _____

(Printed, typed or stamped commissioned name
Notary Public)

This Form Must Be Completed and Returned with your Submittal.

DISPUTES DISCLOSURE FORM

Answer the following questions by placing an “X” after “YES” or “NO”. If you answer “YES”, please explain in the space provided or via attachment.

Has your firm or any of its officers received a reprimand of any nature or been suspended by the Department of Professional Regulation or any other regulatory agency or professional association within the last five (5) years?

YES **NO**

Has your firm or any member of your firm been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES **NO**

Has your firm had filed against it or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES **NO**

If yes, state the nature of the request for equitable adjustment, contract claim or litigation, a brief description of the case, the outcome or status of suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this project: **Project: ITB-U-05-08 – Filter Rehab – Utility Department**

Firm

Date

Authorized Signature

Officer Title

Printed of Typed Name

This Form Must Be Completed and Returned with your Submittal.

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that _____ Does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Proposers Signature

Date

This Form Must Be Completed and Returned with your Submittal.

STATEMENT OF INSURANCE COMPLIANCE

The undersigned firm agrees to obtain prior to award, if selected, Professional Liability Insurance, Worker’s Compensation and General Liability in accordance to the requirements as set forth in the Request for Professional Services or draft agreement, attached hereto.

Policies other than Worker’s Compensation shall be issued only by companies authorized by maintaining certificates of authority issued to the companies by the Department of Insurance of the State of Florida to conduct business in the State of Florida and which maintain a Rating of “A” or better and a Financial Size Category of “VII” or better according to the A.M. Best Company. Policies for Worker’s Compensation may be issued by companies authorized as a group self-insurer by F.S. 440.57, Florida Statutes.

Bidder

Authorized Signature

Officer Title

Date

This Form Must Be Completed and Returned with your Submittal.