

WHITESIDE COUNTY HEALTH DEPARTMENT

REQUEST FOR BID

The Whiteside County Health Department (owner) is requesting bids to fill The County's needs as outlined below. Please read this entire package and submit your bid in accordance with these instructions.

DESCRIPTION OF SERVICES: Building demolition for Whiteside County Health Department located in Rock Falls Illinois.

GENERAL SPECIFICATIONS:

| | |
|---------------------|--|
| SEND BIDS TO: | Whiteside County Health Department Attn: Cheryl Lee 1300 W. 2 nd Street Rock Falls, IL 61070 |
| CONTAINER: | Sealed Envelope |
| IDENTIFY CONTAINER: | Lower Left-Hand Corner "Bid for DEMO" |
| SUBMIT: | Signed Original and 1 Copy |
| DEPOSIT: | \$ 0 |
| BID SECURITY: | N/A |
| SITE LOCATION: | Mills Auto Body Shop 104 12th Ave., Rock Falls IL 61071 |
| SITE CONTACT: | Dan Wells - Project Manager Whiteside County Health Department 1300 W. 2 nd Street Rock Falls, Illinois 61071 (815) 626-2230 x 1245 |

DATES:

| | |
|----------------------|--|
| ISSUE DATE: | Monday, July 6th 2020 |
| PREBID SITE VISIT: | Building open for inspection upon request 104 12th Ave., Rock Falls IL-61071 |
| BID DUE DATE & TIME: | Friday, July 31st 2020 at 2:00 P.M. 1300 W. 2 nd Street, Rock Falls, IL. |
| BID OPENING: | Friday, July 31st 2020 at 4:00 P.M. 1300 W. 2 nd Street, Rock Falls, IL. |

AWARD: Whiteside County Health Department retains the right to reject any or all bids, to waive technicalities, and accept the bids which they believe to be the most advantageous to The County.

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WHITESIDE COUNTY HEALTH DEPARTMENT

ADVERTISEMENT FOR BID

The Whiteside County Health Department is requesting bids to demolish a metal building and remove flooring and footings in Rock Falls IL. Specifications can be acquired from Dan Wells or via our website; www.whitesidehealth.org. Bid due date is Friday, July 31st 2020 at 2:00 P.M.

Dan Wells
Whiteside County Health Department
1300 W. 2nd Street
Rock Falls, Illinois 61071
(815) 626-2230 x1245
dwells@whitesidehealth.org

Publish on 7-10-2020
Certificate of Publication required.

Send bill and Certificate of Publication to:

Whiteside County Health Department
1300 W 2nd Street Rock Falls IL 61071

INSTRUCTIONS TO BIDDERS

1. DEPOSIT: No deposit is required for this bid.
2. BIDDER'S RESPONSIBILITIES REGARDING BID DOCUMENTAION:
 - A. It is the responsibility of the bidder to thoroughly examine and familiarize themselves with all aspects of the bid documentation, including deadlines, drawings, and technical specifications.
 - B. The bidder, by the execution of the contract, shall in no way be relieved of any obligation under this contract if he or she fails to receive or examine any form or legal instrument or to visit the site and acquaint himself or herself with the conditions there existing. The owner will be justified in rejecting any claim based upon facts which the contract should have been on notice regarding.
3. INTERPRETATIONS:
 - A. No oral interpretations made to any bidder will be binding.
 - B. Whiteside County Health Department Health Department has the right to wave aspects of the requirements. Any bid requirement changes will be made known to all bidders.
 - B. Requests for interpretations or changes must be made in writing to the Whiteside County Health Department Health Department prior to the date of the bid opening.
 - C. Changes of bid documents will be in the form of an Addendum and will be posted on line at www.whitesidehealth.org prior to the bid opening.
 - D. Addenda will be made available to each Bidder issued a bid document. Addenda shall become part of the contract and all Bidders shall be bound by such Addenda, whether or not received by the Bidders.
 - E. It is the responsibility of the Bidder to provide distribution of Addenda to all subcontractors and suppliers.
4. INSPECTION OF SITE:
 - A. Bidders may visit the site of the proposed work and fully acquaint themselves with the existing conditions there relating to scope of work, and should fully inform themselves as to the facilities involved, the difficulties and restrictions attending the performance of the Contract.
 - B. Facilities will be open for inspection upon request.
5. METHOD OF BIDDING:
 - A. There shall be a single Lump Sum Base bid.
 - B. Bids must be submitted on the Bid Form provided herein. Submit one signed original and one copy.
 - C. Bid documents shall be enclosed in a sealed envelope. The envelope shall be labeled clearly "Bid

for DEMO" in the lower left hand corner.

BID CONTENTS: The envelope shall contain the following original and 1 copy.

- (1) **BID FORM** - Completed, signed, and dated
- (2) **EEO POLICY STATEMENT**
- (3) **SUBCONTRACTORS & MATERIAL SUPPLIERS LISTING SHEET**
- (4) **COMPLETED "BUY AMERICAN CERTIFICATE"**
- (5) **SUBSTITUTION REQUESTS** (if any)

- D. Whiteside County Health Department retains the right to reject any or all bids, to waive technicalities, and accept the bids which they believe to be the most advantageous to the county.
- E. No bid may be withdrawn for a period of 60 days after the opening of bids without written consent of the owner.

6. **SUBSTITUTIONS:**

- A. Each bidder represents that her/his bid is based upon the material and equipment described in the bidding documents.
- B. Consideration of substitutions may be requested on separate sheets submitted with the bid documents. Substitution requests shall be written and accompanied by adequate technical and cost data indicating that the substitution materials are equal to or greater than the materials requested by the owners. Requests shall include a complete description of the proposed substitution, name of the material or equipment for which a substitution is requested, drawings, cuts, performance and test data, and any other data or information necessary for a complete evaluation by the Owner.

7. **BID SECURITY:** No bid security is required for this bid.

8. **WAGE RULES:** In compliance with the Illinois Prevailing Wage Act (ILL. Rev. Stat., Ch. 48, Sec 39ss-10012), the general prevailing rate of wages in Whiteside County Health Department shall be paid for each craft or type of worker or mechanic needed to execute the contract or perform such work. The awarded bidder agrees to submit either a certified payroll compliance report or a U.S. Department of Labor's payroll/wage form with each submission for reimbursement (form is enclosed in the bid specification packet). The payroll/wage form shall be utilized to document compliance with the Illinois Prevailing Wage Act.

9. **EQUAL EMPLOYMENT OPPORTUNITY AND FAIR EMPLOYMENT COMPLIANCE:** Each bidder shall submit with her/his bid the information specified in the bid documents for compliance with the laws covering Fair Employment Practice and Equal Employment and Business Opportunity. Each bidder shall also submit a statement of intent, to preferentially hire qualified Whiteside County residents, for work on this contract, to the extent that such additional persons are otherwise reasonably available and required for such work ("statement of intent" is part of the EEO form which is enclosed in the bid specification packet). Any questions pertaining to EEO requirement should be addressed to the Whiteside County Health Department's Chief Executive Officer. Phone: (815) 626-2230

10. **COMPLIANCE:** Bidders and proposed work must be in compliance with current Federal, State, County and City laws and regulation. New State law states; that 90% of the labor used for this project must be Illinois resident(s):

<https://www2.illinois.gov/IISNews/21774->

In addition, US Title I (Employment) requirements can be obtained from the US Equal Employment Opportunity Commission. US Title II (State and Local Government Services) can be obtained from the US Department of Justice.

11. **SALES TAX:** According to Tax Rule #15 (2-1-69) (Illinois Retailer's Occupational Tax), supplies and materials used in this contract that become a part of the permanent structure are exempt from the Retailer's Occupational Tax and therefore tax shall not be included in bid amounts. A County tax exempt form is available from the project manager.
12. **CERTIFICATES/PERMITS:** The base bid shall include all costs for providing certificates/permits outlined under "GENERAL REQUIREMENTS."
13. **DEFINITIONS:**
 - A. "Owner" is the Whiteside County Health Department.
 - B. "Project Manager" is the Whiteside County Health Department's Chief Executive Officer or her/his representative.

GENERAL REQUIREMENTS

Payments and Completion

1. **INVOICE FOR PAYMENT:** Invoices for payment shall be sent to: Whiteside County Health Department, 1300 W 2nd Street, Rock Falls IL 61071. The Invoice shall include the required payroll documentation mentioned in the Wage Rules section (section 8 above).
2. **CHANGE ORDER:** Any changes made by the Owner must be in the form of a written Change Order. The Change Order must include a description of goods, services, and all associated costs. Claims not accompanied with an appropriate change order will not be paid.
3. **PARTIAL LIEN WAIVER:** No partial lien waver is required for this bid
4. **FINAL LIEN WAIVERS:** The bidder's final invoice shall include:

The bidder's final lien waiver, shall be for the full amount of her/his contract, including all change orders thereto. Include waiver(s) from all subcontractors (if any).
5. **INSURANCE COVERAGE:** The Bidder shall obtain, at her/his expense, insurance coverages, listed below, unless otherwise specifically excluded, and the Owner shall be listed as an additional insured, in all cases, except for Worker's Compensation:
 - A. **INSURANCE:** The Bidder shall not commence work under the Contract until he has obtained all insurance required by Paragraph 5.
 - B. **CERTIFICATES OF INSURANCE:** Prior to project start date, the awarded Bidder shall file

with Whiteside County Health Department a Certificate of Insurance showing complete coverage of all insurance required by Whiteside County Ordinance:

https://library.municode.com/il/whiteside_county/codes/code_of_ordinances?nodeId=COOR_C H2AD_ARTIXLORIMA_DIV3RIMA_S2-519COCOLI

Insurance documents must be signed by the insurance company or their authorized agent.

C. **REQUIRED MINIMUM INSURANCE COVERAGES:**

https://library.municode.com/il/whiteside_county/codes/code_of_ordinances?nodeId=COOR_C H2AD_ARTIXLORIMA_DIV3RIMA_S2-519COCOLI

D. **UMBRELLA OR EXCESS OF LOSS COVERAGE:** If the limits specified in Subparagraphs 5D-1, 5D-2, and 5D-3 above, are not met, an Umbrella or Excess Liability policy of not less than \$1,000,000 for any one occurrence and subject to the same aggregate over the Comprehensive Automobile Liability, Employer's Liability, and Commercial/Comprehensive General Liability coverages is acceptable. Umbrella coverage is subject to Whiteside County Health Department's approval as to form and amount of self-insured retention.

6. **REQUIRED DOCUMENTATION UPON RECEIPT OF AWARD:** Prior to the commencement of work, the Bidder shall provide the following to Whiteside County Health Department's project manager:

A. **CERTIFICATES OF INSURANCES:** The Certificate must show complete coverage of all insurance required in the bid document listed under "INSURANCE COVERAGE."

B. **PROJECT MANAGER:** Name and phone number of the Bidder's Project Manager.

7. **CONTRACT TIME FRAME:** Awarded work can begin on August 3rd 2020 and must be completed within 60 days from start of project.

8. **CONFERENCES / PROGRESS MEETINGS:** Whiteside County Health Department's Project Manager will schedule the following:

A. **Pre-construction Conference:** None – site visit recommended

B. **Progress Meetings:** These shall be scheduled, as agreed upon, between the Project Manager and the Bidder, but no less than monthly.

9. **MANUFACTURERS' INSTRUCTIONS:** All manufactured articles, materials, and equipment shall be applied, installed, connected, erected, used, cleaned, and conditioned in accordance with the manufacturer's specifications.

10. **TEMPORARY UTILITIES:** Connect to existing services for construction operations without disruption to Owner's need for continuous service. Owner to pay for utilities consumed.

11. **PROTECTION OF WORKERS AND PREMISES:** The Bidder shall be responsible for protecting existing facilities from damage during construction.

A. The Bidder shall repair and clean all surfaces damaged or soiled during the contract period.

- B. The Bidder shall provide site security, safety equipment and facilities necessary to protect workers, Owner's building and operations from unauthorized entry, vandalism, theft and personal harm.

12. PROCESS CLEANING:

- A. The Bidder shall be responsible for insuring all work areas are maintained in a clean and orderly fashion.
- B. The Bidder shall be responsible for final cleaning prior to final inspection.

13. WARRENTY STATEMENT: The following documentation will be provided to Whiteside County Health Department's project manager at contract completion:

- A. **Warranty Statement:** The awarded Bidder and/or subcontractor shall provide a warranty statement in writing indicating the extent of the warranty for services/equipment provided (if applicable).
- B. **Manufacturer Specifications/Instructions/Product Warranty Documentation:** Warranty effective dates shall begin only after the generator has been properly installed (if applicable).
- C. **Operation and Maintenance Instructions:** The awarded Bidder shall provide any operation or maintenance manuals of new equipment (if applicable).

SCOPE OF WORK

A. DEMOLITION:

1. Demolish all exterior siding and recycle
2. Demolish all roofing materials and recycle (landfill non-recyclables)
3. Remove all structural steel/iron and recycle (landfill non-recyclables)
4. Demolish and remove remaining building materials to landfill
5. Break up and remove concrete floor and footings (landfill or recycle)

B. BACKFILL AND COMPACTION

1. Provide clean aggregate for fill (“Commercial Rock” – not tested)
2. Fill and level to grade. Area filled should meet the original elevation or higher in order to promote natural drainage.
3. Compaction. Basic compaction with no specifications in the areas that are filled

B. DISPOSAL PLAN:

The Owner is requiring that all waste materials designated for landfilling for this project be transported to and disposed at the Prairie Hill Landfill (<https://www.wmsolutions.com/locations/details/id/32>) in Morrison Illinois. Tipping fees have been waived for this project. Bidding contractor shall omit any landfilling costs from the bid.

Any scrap or recyclable waste generated from this project may be disposed of at the awarded

contractor's discretion. Any funds generated from recycling of County property shall be documented, submitted and paid directly to Whiteside County Health Department. For the purpose of bidding, do not subtract any payment amounts(s) associated with recycling or scraping from the final bid submission.

Waste materials generated from this project shall be properly disposed of in accordance with state and local laws. If any contaminated or suspicious soil, groundwater or other unknown subsurface materials are encountered during the excavation of the concrete or footings shall be brought to the Owners attention immediately.

D. MISCELANIOUS:

1. Provide a start and estimated completion date.
2. Selected contractor will be responsible for any required permits and notifying JULIE.
3. Upon proper and satisfactory contract fulfillment, the awarded contract bidder shall be paid in full. Whiteside County shall pay the awarded contract bidder within 30 days from receipt of final invoice.
4. Dust Control – Basic control measures should be implemented during demolition.
5. Erosion mitigation – We do not anticipate the site will generate drainage to offsite during project.
6. Security fence- A basic security fence shall be erected during project activities
7. Traffic control – Contact City of Rock falls for assistance and guidelines
8. Project location (google maps):



BID FORM

DEMO CONTRACT

Whiteside County Health Department
1300 West 2nd Street
Rock Falls, IL 61071

BIDDER INFORMATION:

COMPANY NAME: _____

ADDRESS:

BIDDER CONTACT: _____ e-mail address: _____

Phone: () - _____

Total bid amount.....\$ _____.

We agree to furnish labor, material, and equipment to complete the DEMO contract located at 104 12th Ave., Rock Falls IL-61071 in accordance with the associated bid documentation and enclosures.

Proposed start date: _____ Proposed completion date: _____

Illinois Labor Rule Compliance Statement - I certify that at least 90 % of the labor used for this project will be an Illinois resident.

As an authorized representative of the organization listed above, I have examined the bid documents and have familiarized myself with all the conditions surrounding the proposed work and propose to complete all work in accordance with the same for the price stated herein. This price is to cover all expenses incurred in performing the work required by the bid document.

Representative's Name and Title (please print)

Representative's Signature / /
Date

SUBCONTRACTORS & MATERIAL SUPPLIERS LISTING SHEET

SUBCONTRACTORS & MATERIAL SUPPLIERS: The following is a complete listing of all the proposed subcontractors and material suppliers and the work to be performed by each. No alterations to this list, will be made without the written consent of the Owner.

Subcontractors: _____

Material Suppliers: _____

POLICY STATEMENT ON EQUAL EMPLOYMENT OPPORTUNITY

It is the Policy of _____ (Bidder) to provide equal employment opportunity to all persons, regardless of race, color, religion, sex or national origin. Accordingly, this Company will take Affirmation Action, as appropriate or necessary, to insure that we shall:

1. Recruit, hire, and promote in all job classifications regardless of race, color, religion, sex, or national origin.
2. Make assignment and promotional decisions that are in accordance with principles of equal employment opportunity by imposing only valid requirements for assignment and promotional opportunities.
3. Incorporate our equal employment opportunity policy in all personnel actions such as compensation, benefits, transfers, layoffs, returns from layoffs, company sponsored training, education and tuition assistance.
4. Conduct social and recreation programs sponsored by this agency, without regard to race, color, sex, religion, or national origin.
5. Attempt to hire qualified Whiteside County residents, for work in this contract, to the extent that such additional persons are otherwise reasonably available and required for such work.

To obtain this objective _____ will be the Equal Employment Opportunity representative for _____ (Bidder). This person shall be responsible for working with the department of Equal Employment Opportunity.

COMPANY NAME: _____

ADDRESS:

Representative's Name and Title (please print)

Representative's Signature

_____/_____/_____
Date

INDEMNIFICATION

DUTY TO INDEMNIFY: The Bidder shall defend, indemnify, keep and save harmless County of Whiteside and its respective board members, representatives, agents and employees, in both individual and official capacities, against all suits, claims, damages, losses and expenses, including attorney's fees, caused by, growing out of, or incidental to, the performance of the work under the Contract by the Bidder or her/his subcontractors to the full extent as allowed by the laws of the State of Illinois and not beyond any extent which would render these provisions void or unenforceable. This obligation includes but is not limited to: the Illinois laws regarding structural work (Ill. Rev. Stat. 1973 ch. 48 par. 60 et seq.) and regarding the protection of adjacent landowners (Ill. Rev. Stat. 1973, ch. 17 1/2 par. 51 et seq.). In the event of any such injury (including death) or loss or damage, or claims therefore, the Bidder shall give prompt notice to County of Whiteside.

Bidder/Contractor understanding and agreement statement:

As an authorized Bidder/Contractor representative I have read, understand and agree to the aforementioned indemnification statement.

Reference Job: Bid for DEMO contract

Job Location: 104 12th Ave., Rock Falls IL 61071

COMPANY NAME: _____

ADDRESS:

Representative's Name and Title (please print)

Representative's Signature

Date