

**CASITAS MUNICIPAL
WATER DISTRICT**



REQUEST FOR PROPOSAL

#IFB0000115

**REPAIR PEERLESS 18 X 14 HORIZONTAL
SPLIT CASE PUMP**

*Bids will be received at the office of the
Casitas Municipal Water District,
1055 Ventura Avenue, Oak View, California 93022
Until Wednesday, January 18th, 2017 @ Time 11:00 a.m.*

BIDDING SHEET

REPAIR PEERLESS 18X14 HORIZONTAL SPLIT CASE PUMP

Schedule of prices for all work, materials, labor and site cleanup for the above-mentioned project in accordance with this proposal. Any item not specifically mentioned shall be considered incidental to the item to which it pertains. The bidder shall list prices for all bid items. Bids received which do not list prices in succession may be rejected.

| Bid Item # | Quantity & Unit | Description & Price in Words | Unit Price \$ | Amount \$ |
|--|-----------------|--|---------------|-----------|
| 1 | L.S. | Provide all materials and labor to repair (1) 18X14 Peerless Horizontal Split Case Pump Model 14A22B Serial #125174 with (2) new #442C Chesterton Cartridge Split Mechanical Seals, including pickup and delivery for the lump sum cost of _____ Dollars | N/A | |
| <p>Alternative Item: In the event Bid #1 is NOT a viable solution to the problem Casitas will proceed with Bid item #2 instead. However, the winning bidder will be selected based on the price for Bid item #1.</p> | | | | |
| 2 | L.S. | Provide all materials and labor to repair (1) 18X14 Peerless Horizontal Split Case Pump Model 14A22B serial #125174 with standard packing, including pickup and delivery for the lump sum cost of _____ Dollars | N/A | |
| TOTAL PROJECT PRICE BID ITEM 1 | | | | |

The above quantities are based on a lump sum or unit price; measurement and payment for each bid item per the specifications. Bidder will not be released on account of errors. When a discrepancy occurs between the written price and the number listed, the written price shall govern. The winning bidder will be selected based on the price for Bid item #1. In the event that no dollar amount is entered for Bid item #2, the District reserves the right to discard bidder and go to the next lowest bid for item #1 and so on. In the event the total bid amount of items exceed the budgeted amount for this project, the District reserves the right to delete bid item(s) and the new cumulative total becomes the bid amount. The Bidder understands that the District reserves the right to reject any or all bids and to waive any formalities in the bidding.

Date: _____

BIDDER: _____

By: _____

Title: _____ Tel. Number: _____

License # _____

DIR#: _____

Date License Expires: _____

(CORPORATE SEAL)

License Classifications: _____

Fax: _____

Email: _____

Address: _____

BIDDER'S STATEMENT OF SUBCONTRACTORS

The bidder is required to state the name and address of each subcontractor who will perform work in an amount in excess of one-half (2) of one percent (1%) of the total bid price and the portion of the work which each subcontractor will do.

The undersigned submits herewith a list of subcontractors whom they propose to employ on the work, with the proper firm name and business address of each and a statement of the work or bid item which will be done by each subcontractor.

| | |
|--------------------------------|--|
| Subcontractor | Portion of Work |
| Location and Place of Business | |
| License No. | Expiration Date: / / Phone () |

| | |
|--------------------------------|--|
| Subcontractor | Portion of Work |
| Location and Place of Business | |
| License No. | Expiration Date: / / Phone () |

| | |
|--------------------------------|--|
| Subcontractor | Portion of Work |
| Location and Place of Business | |
| License No. | Expiration Date: / / Phone () |

| | |
|--------------------------------|--|
| Subcontractor | Portion of Work |
| Location and Place of Business | |
| License No. | Expiration Date: / / Phone () |

| | |
|--------------------------------|--|
| Subcontractor | Portion of Work |
| Location and Place of Business | |
| License No. | Expiration Date: / / Phone () |

Signed:

BIDDER'S QUESTIONNAIRE

INSTRUCTIONS

Pending award of a contract to the lowest bidder, Casitas requires bidders to submit a statement of their technical ability and experience. Casitas reserves the right to require a statement of the lowest bidder's current financial condition (Part IV attached) prior to award of the contract.

Each bidder shall be required to complete the attached Bidder's Questionnaire with the exception of Part IV.

PART I - BIDDER'S STATEMENT OF TECHNICAL ABILITY AND EXPERIENCE

A. History of Bidder

1. Total years of organization doing business. _____

2. Has your organization done business under another name? Yes _____ No _____

If yes, state name and address of organization(s) and/or names and addresses of owners or principals.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. List all principals, owners, partners and stockholders owning more than 10 percent of a corporation.

Name

Name

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. State the name of your organization's Responsible Managing Employee or Officer.

| Name | State Contractor's License No. | Classification |
|------|--------------------------------|----------------|
| | | |
| | | |
| | | |

Bidder's Questionnaire (Continued)

B. Experience

List all of the jobs in which your organization has been involved during the last five years where the predominant type of construction is similar to this job.

1. Project Completion Date⁽¹⁾ _____
Value of Contract⁽²⁾ _____
General Description of Work⁽³⁾ _____
Name and Address of Owner _____

Party to Contact _____
Phone Number _____
State whether organization was prime, joint venture, sub or other: _____

2. Project Completion Date _____
Value of Contract _____
General Description of Work _____
Name and Address of Owner _____

Party to Contact _____
Phone Number _____
State whether organization was prime, joint venture, sub or other: _____

(1) Project Completion Date - If current, state current; if incomplete, state incomplete.
(2) Value of Contract is the total amount of money paid for your work, including all settlements or judgements.
(3) General Description of Work should indicate the predominant type of construction; i.e., water pipeline, paving, earthwork, sewer, pump plant, etc.

Bidder's Questionnaire (Continued)

3. Date of Project _____
Value of Contract _____
General Description of Work _____
Name and Address of Owner _____

Party to Contact _____ Phone Number _____
State whether organization was prime, joint venture, sub or other: _____

4. Date of Project _____
Value of Contract _____
General Description of Work _____
Name and Address of Owner _____

Party to Contact _____ Phone Number _____
State whether organization was prime, joint venture, sub or other: _____

5. Date of Project _____
Value of Contract _____
General Description of Work _____
Name and Address of Owner _____

Party to Contact _____ Phone Number _____
State whether organization was prime, joint venture, sub or other: _____

PART III – CONTRACTOR'S SAFETY RECORD

1. List your firm's experience modification rate (EMR) for the last 3 years. The EMR is available from your Worker's Compensation Insurance firm. This is only required from Firms with Worker's Compensation Insurance premiums in excess of \$50,000.

| | | | | | |
|------|-----|------|-----|------|-----|
| Year | EMR | Year | EMR | Year | EMR |
|------|-----|------|-----|------|-----|

2. List your firm's Recordable Incident Rate (RIR) for the last 3 years. Incident Rate information is available from your OSHA 200/300 Log and from your insurance carrier.

$$\frac{\text{Total number of recordable incidents} \times 200,000}{\text{Total employee hours worked}} = \text{RIR}$$

| | | | | | |
|------|-----|------|-----|------|-----|
| Year | RIR | Year | RIR | Year | RIR |
|------|-----|------|-----|------|-----|

3. List your firm's Lost Time Incident Rate (LTIR) for the last 3 years. Incident Rate information is available on your OSHA 200/300 Log and from your insurance carrier.

$$\frac{\text{Total number of lost time incidents} \times 200,000}{\text{Total employee hours worked}} = \text{LTIR}$$

| | | | | | |
|------|------|------|------|------|------|
| Year | LTIR | Year | LTIR | Year | LTIR |
|------|------|------|------|------|------|

Casitas has established the following requirements for this project:

EMR – None greater than 1.2 over the last 3 years

RIR - None greater than 9 over the last 3 years

LTIR – None greater than 4 .5 over the last 3 years

4. Do you have a written safety program that includes hazardous communications? YES / NO

5. Do you have a substance abuse policy? YES / NO

6. Do all new employees complete safety orientation before performing any work activities?
YES / NO

7. Do you conduct jobsite safety inspections? YES / NO

Bidder's Questionnaire (Continued)

8. Do you conduct and document post accident investigations? YES / NO

PART IV - FINANCIAL RESPONSIBILITY (To be Completed only if Requested by Casitas)

1. Submit your most recent audited financial statement or financial data or other information and references sufficiently comprehensive to permit an appraisal of your current financial condition.
2. Submit your most recent balance sheet and profit and loss statement.

I certify under penalty of perjury that the foregoing is true and correct.

Name of Organization

By: _____

Title: _____

Date: _____