

Request for Quotes#19-24
Walnut Street Park Re-surfacing

Rule for Award

The City of Somerville solicits quotes for the re-surfacing of the Walnut Street Park, 19 Walnut Street, Somerville MA 02143.

One contract will be awarded to the responsible and eligible Contractor offering the lowest QUOTED price – Lumpsum total price for the labor, material and equipment for the Walnut Street Park Re-surfacing project.

The contract will be awarded within ninety (90) days after the bid opening. The time for award may be extended for up to 45 additional days by mutual agreement between the City and the apparent lowest responsive and responsible bidder.

Questions Due Date: 10/31/2018 11:00AM EST

Quotes Submission Due Date: Wednesday, November 7th 2018, 12:00PM EST.

NOTE: THIS IS NOT A SEALED BID PROCESS. THUS, QUOTES CAN BE EMAILED TO PWADITWAR@SOMERVILLEMA.GOV ANYTIME BEFORE THE ABOVE MENTIONED QUOTE SUBMISSION DEADLINE.

Scope of Work

The Contractor proposes to furnish Labor, Equipment and Materials required to perform the following work:

Part A – Demo

1. Remove & Dispose existing poured in place rubber safety surfacing at existing play area. (Refer **EXHIBIT A**)
2. Clean asphalt sub-base at existing play area
3. Repair asphalt sub-base as needed at existing play area

Part B – New Rubber Safety Surfacing

1. Furnish and install 2” of poured in place rubber safety surfacing at 1 ½ inch thick base coat and ½ inch top coat (approximately 1,550 square feet)
2. Top color to be determined by the City of Somerville
3. Clean work area after installation of poured in place rubber is complete.

Estimated contract value: \$40,000.00.

The Contractor shall fully inform himself of the existing conditions before the work is started. The Contractor shall, as required, furnish estimates and survey potential work at no cost to the City.

Protection of Property

The Contractor shall take all precautions to protect municipal and private property from injury and be held responsible for all employees or any person or persons, instrument or device directly or indirectly employed by him.

Any corresponding damages shall be replaced, repaired, and paid for by the Contractor to the satisfaction of all parties concerned including the City.

Quality of Workmanship

All work must be done in a thorough workmanlike manner by fully qualified skilled technicians. The City reserves the right to judge on the quality of workmanship of those bidding based either on work done for the City, in the past, or on work done for other companies and/or cities.

Experience/Requirements

- All the work must be completed by November 30th, 2018. (December 15th, 2018 max in case of unavoidable circumstances.)
- At least 10 hours of OSHA approved training in Construction Safety and Health is mandatory.
- Prevailing wages are applicable.

Law and Regulations

The Contract shall comply with all Federal, State and Local Ordinances and Regulations governing the type of work called for in these specifications.

Payment Bond

The Awarded contractor must furnish payment bond in the amount of 50% of the contract value in case the contract value exceeds \$25,000.00.

Pricing

Please provide the pricing in below given Quote Request Form.

City of Somerville

REQUEST FOR PRICE QUOTATION

This Is Not an Order

City of Somerville	<p>By signing this quotation, the vendor acknowledges and agrees to the following terms and conditions (herein and attached hereto):</p> <ul style="list-style-type: none"> • Unless otherwise stated, the quantities set forth are ESTIMATES ONLY. The City reserves the right to purchase the items specified in any amount less than the estimated amount. • The City is exempt from the following taxes: sales, excise and Federal transportation. • The City reserves the right to reject any or all quotes when the City determines that it is in the best interest of the City to do so. • The City will award the contract to the responsible vendor offering the needed quality of supply or service at the lowest quotation. • All supplies must be property packaged; damaged supplies will not be accepted. • Rejected supplies will be returned to the vendor at the vendor's sole risk and expense. • Where the unit price and the total price are at variance, the unit price will prevail.
Office of Purchasing Director	
93 Highland Avenue, City Hall Somerville, MA 02143 Tel # (617-625-6600 Ext. 3400 Fax # (617) 625-1344	
RETURN TO THE ATTENTION OF:	
Procurement Manager Name Prajkta Waditwar	
Email: pwaditwar@somervillema.gov	

RETURN QUOTES BY: November 7th, 2018 12:00PM EST

DELIVERY POINT: CITY OF SOMERVILLE

Description of Good / Service	Unit	Lumpsum Pricing		
Lumpsum pricing for the labor, material and equipment required for the park re-surfacing	Approx. 1,550.00 Sq Ft.	\$		

Anticipated Contract Term: 11/13/2018 -12/31/2018

Quote prices shall include transportation and delivery charges (unless itemized in quotation).

If, applicable, manufacturer and model numbers of item to be quoted must be stated. In the event the vendor does not indicate the manufacturer and model number to be furnished, vendor must supply the exact manufacturer and model number specified by the City.

All Quotations Must Be Signed

Pursuant to M.G.L. c. 62C, §49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support, as well as paid all contributions and payments in lieu of contributions pursuant to MGL 151A, §19A(b).

<input checked="" type="checkbox"/>	Company Name:
Signature of Vendor	Street Address:
	City, State, Zip:
Print Name of Vendor's Authorized Agent	Company Type (Circle) Corporation, LLC, Other: _____
Title of Vendor's Authorized Agent	Tax Identification Number

EXHIBIT A





Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ► _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or distributions)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

REFERENCE FORM

Bidder: _____

IFB Title: _____

Bidder must provide references for: Three other similar sized Municipalities provided the same services

Reference: _____ Contact: _____

Address: _____ Phone: _____

_____ Email: _____

Description and date(s) of supplies or services provided: _____

Reference: _____ Contact: _____

Address: _____ Phone: _____

_____ Email: _____

Description and date(s) of supplies or services provided: _____

Reference: _____ Contact: _____

Address: _____ Phone: _____

_____ Email: _____

Description and date(s) of supplies or services provided: _____

