

Request for Competitive Sealed Proposals  
20CSP089  
HVAC, Electrical & Plumbing Improvements  
At Wooten Elementary School

Date	Event
December 12 , 2019	Advertise/Issue Dates
December 19 , 2019	
December 20	





CONSTRUCTION FORM

**AISD Project No. 200028-WOOTN**

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**b. The addenda, if any, are as follows:**

6. **Specifications:** The specifications are as follows:

**AISD**







3.5.

construed to include the information contained in the Addenda, whether or not Offeror has received them or acknowledged receipt.

## **7. PROPOSAL GUARANTY**

- 7.1. Each Proposal must be accompanied by a Proposal Guaranty in the amount of five percent (5%) of the largest possible total Proposal (i.e. the sum of the Base Proposal and all additive Alternates).
- 7.2. The Proposal Guaranty shall be in the form of a Proposal/Bid Bond found on the Austin ISD website under "CSP Front End Documents"- (<https://www.austinisd.org/cp/forms>) and shall be issued by









**PROPOSAL FORM**

To: The Board of Trustees  
Austin Independent School District  
1111 West Sixth Street  
Austin, Texas 78703

Re: AISD CSP No.: 20CSP089

From: \_\_\_\_\_  
(Full legal name of firm, including DBA, if applicable)

Project Number: **200028-WOOTN**

Project Title: **HVAC, Electrical & Plumbing Improvements at Wooten Elementary School**

The undersigned offeror (“Offeror”) submits this Proposal for the performance of the Work of construction, alteration or repair (the “Work”) described as follows:

- a) Electrical Distribution System Upgrades – Replacement of 7 small distribution panels located in the classroom wings with two new central distribution panels. Additionally, replace three existing panels located on the cafeteria stage, kitchen, and main electrical room.
- b) Heating and Air Conditioning Improvements – Replace the non-functioning outside air unit serving the library areas with a new unit. Provide alternate bid cost to replace classroom GSHP unit with split system console unit.
- c) Plumbing Repair and Upgrades – Replace kitchen water heaters and gym office water heater. Install new plumbing connections for washer and dryer in Storage 100. Replace the existing mop sink in the main electrical room with a washer box for the janitorial services. Install a new floor sink to receive condensate. Replace classroom flush valves on existing water closets. Replace 4 drinking fountains with new electric water coolers and bottle fillers.
- d) Site Lighting Improvements – Install two new pole lights to address dark sidewalk areas from the parking lot. Install a wall pack on the gym office to provide exterior light to a dark courtyard area. Replace all interior exit signs with LED signs with integrated batteries.

The undersigned Offeror has carefully examined and considered the Project Site and relevant conditions and circumstances for the Work, information and requirements set out in the Request For Competitive Sealed Proposals, the Drawings and Specifications, and the requirements of the proposed Contract Documents, including the Agreement for Construction, the General Conditions and the Notice of Prevailing Wage Rates, in making this Proposal. Capitalized terms used but not otherwise defined in this Proposal Form shall have the same meanings as designated in the Request For Competitive Sealed Proposals.

**A.1 Pricing Schedule** (Express in words and numbers.)

Base Proposal: \_\_\_\_\_  
\_\_\_\_\_  
(\$ \_\_\_\_\_ )

\*If applicable, indicate the amount of HAZMAT Abatement included in the Base Proposal.

\_\_\_\_\_  
\_\_\_\_\_  
(\$ \_\_\_\_\_ )

Alternate No. 1 – Replacement of GSHP Unit with Split System

\_\_\_\_\_  
\_\_\_\_\_  
(\$ \_\_\_\_\_ )

**A.2 Substantial Completion Date**

All of the Work must be substantially completed no later than **08/10/2020**

**A.3 Liquidated Damages**

AISD shall have the right under the Contract to assess liquidated damages for each and every calendar day beyond the Substantial Completion Date set out in the Contract that the Work fails to be substantially complete in the following amount per day: \$ 400

**B. Enclosed Documents**

The following are enclosed with this completed Proposal:

**B.1 Proposal Guaranty**



Competitive Sealed Proposals, and that its Proposal will be construed to include all requirements of all such Addenda, whether or not identified here:

Addenda No.(s) and dates:

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Offeror must print, date and sign all addenda cover sheets and attach them to their bid package.

- C.5** Offeror (or its subcontractors/suppliers, as applicable) meets all of the Minimum Qualifications specified in Section 1.3 of the Request For Competitive Sealed Proposals.
- C.6** The subcontractors/suppliers listed on the completed Disclosure Statement meet all of the qualifications for the Project set forth in AISD's Project Manual/Specifications.
- C.7** If requested by a subcontractor or material supplier, the Offeror shall provide a copy of the subcontractor's or material supplier's bid to the Offeror.



1.3 of the Request For Competitive Sealed Proposals and include all necessary attachments evidencing same.

- D.1.10 Work to be Performed on this Project by Offeror's Own Forces:  
List the general categories of work that your organization intends to perform on this Project using its own forces.

**D.2 Organization**

- D.2.1 How many years has your organization been in business as a contractor? \_\_\_\_\_

- D.2.2 How many years has your organization been in business under its present business name? \_\_\_\_\_

- D.2.3 Under what other or former names has your organization operated?  
Name: \_\_\_\_\_ Years: \_\_\_\_\_  
Name: \_\_\_\_\_ Years: \_\_\_\_\_

- D.2.4 If your organization is a corporation, answer the following:  
Date of incorporation: \_\_\_\_\_  
State of incorporation: \_\_\_\_\_  
President's name: \_\_\_\_\_

- D.2.5 If your organization is a limited liability company, answer the following:  
Date of organization: \_\_\_\_\_  
State of organization: \_\_\_\_\_  
President's, Manager's or Managing Member's name: \_\_\_\_\_

- D.2.6 If your organization is a partnership, answer the following:  
Date of organization: \_\_\_\_\_  
Type of Partnership: \_\_\_\_\_  
Name(s) of general partner(s): \_\_\_\_\_

- D.2.7 If your organization is individually owned, answer the following:  
Date of organization: \_\_\_\_\_  
Name of owner: \_\_\_\_\_

- D.2.8 For all business entities other than publicly held corporations, provide the following:

Award to Nonresident Bidders

Is your business organized under the laws of the State of Texas?

YES NO

What is the location of your principal place of business?

\_\_\_\_\_  
Proposals from nonresident contractors shall be evaluated according to Tex. Gov. Code § 2252.002.

- D.2.9 Is your company currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, please explain the impact both in organizational and directional terms. \_\_\_\_\_

**D.3 Relevant Experience**

- D.3.1 **On the attached Table A**, list all projects your company has in progress and provide all additional information requested.
- D.3.2 **On the attached Table B**, list all school projects that your company has completed in the past eight (8) years, beginning with AISD schools, and provide all additional information requested. As used herein, “school” means K-12 and higher education.
- D.3.3 **On the attached Table C**, list all non-school projects your company has completed in the past eight (8) years and provide all additional information requested.
- D.3.4 Describe the way in which your company develops and maintains project schedules. How often do you update schedules? **Limit your response to one page.**





**D.6**

State whether your company is currently in default on any loan agreement or financing agreement with any bank, financial institution, or other entity? (If yes, specify date(s), details, circumstances, and prospects for resolution.)

- D.6.4 State whether your company is currently contemplating or has pending a petition in bankruptcy for debt relief, or whether a creditor has threatened to file an involuntary petition against Offeror.

## D.7 Safety Record

D.7.1 Please provide the following information in connection with your organization's safety record:

7.1.1 Your organization's OSHA (Occupational Safety and Health Administration) 300 Logs for the last three completed Calendar (3) years.

● OSHA log must be completed signed and dated. If no accidents, record "0" in appropriate column totals.

7.1.2 Loss run from your organization's insurance carrier or insurance agent covering your organization's workers' compensation insurance coverage. (Loss run is also referred to as "statement of claims" or SOC.) A loss analysis/loss summary may be submitted as long as it contains individual claims descriptions.

Loss run must be provided by your organization's insurance carrier or insurance agent. Insurance carrier's company name or insurance agent (agency) must be clearly legible on documents provided.

Names of claimants on loss run may be redacted/blackout.

If there have been no losses, provide copy from your firm's insurance carrier stating no losses.

Loss run/Loss Analysis/Loss Summary must be from the most recently completed policy year.

This report must be produced and printed 60 calendar days or less before the bid due date.

7.1.3 Loss ratio from your organization's insurance carrier or insurance agent covering your organization's workers' compensation insurance coverage.

Loss ratio must be provided by your organization's insurance carrier or insurance agent. Insurance carrier's company name or insurance agent (agency) must be clearly legible on documents provided.

Time period corresponding to loss ratio must be provided for the most recent completed policy year.

Typed or handwritten information concerning loss ratio prepared by your firm WILL NOT be accepted.

Experience rating documents WILL NOT be accepted for this Paragraph 7.1.3.11

If your Loss Run/Loss Analysis/Loss Summary for the most completed policy period indicates no losses, then a separate document showing 0 % loss ratio will not be required.

This report must be produced and printed 60 calendar days or less before the bid due date.

- 7.1.4 Your organization's current experience modifier from your organization's workers' compensation insurance premiums provided by your organization's insurance carrier, insurance agent or rating agency.

Experience modifier must be provided by your organization's insurance carrier, insurance agent or rating agency. Insurance carrier's company name or insurance agent (agency) must be clearly legible on documents provided.

Experience modifier must clearly indicate time period/year covered.

Hand-written experience modifiers WILL NOT be accepted.

Experience rating documents indicating a calculated experience modifier will be accepted provided there is a final calculated experience modifier with applicable year indicated.

This report must be produced and printed 60 calendar days or less before the bid due date.









**Table D Personnel**

Key Individuals	Number of years with this Company	Commitment for duration of the Project (Yes or No)	Number of school projects this team of key individuals has completed together:  _____  Number of non-school projects this team of key individuals has completed together:  _____
Project Manager (Name):			
Construction Superintendent (Name):			
Assistant Superintendent (Name):			
Field Engineer (Name):			
List below the names of all school and non-school projects that at least two of the key individuals listed above have worked on together:			
1.	2.		
3.	4.		
5.	6.		
7.	8.		
9.	10.		
11.	12.		
13.	14.		
15.	16.		
17.	18.		
19.	20.		
21.	22.		

