

INVITATION FOR BID

FOR
CCP Locomotive Restoration
For
Macon-Bibb County

BID NUMBER: 21-057-LH

55830
55835
92857
92967
93458



MACON BIBB COUNTY, GEORGIA

ISSUED: **May 20, 2021**

BIDS DUE NO LATER THAN 12:00 NOON ON THURSDAY, **June 10, 2021**

Macon-Bibb County Procurement Department
(Attn: Laura Hardwick)
700 Poplar Street Suite 308
Macon, Georgia 31201

GENERAL

A. Invitation

1. Notice is hereby given that Macon-Bibb County will receive sealed bids in the Macon Bibb County Procurement Department, 700 Poplar Street – Suite 308, Macon, Georgia 31201, until **12:00 noon on Thursday, June 10, 2021 for 21-057-LH Locomotive Restoration** for the Macon-Bibb County Government.

NO BIDS WILL BE ACCEPTED AFTER THE ABOVE TIME.

2. A pre-bid conference is scheduled for 10:00 o'clock a.m., **June 3, 2021** at the Macon-Bibb County **Carolyn Crayton Park, 115 Willie Smokie Glover Drive, Macon, GA 31216**. This pre-bid is mandatory; contractor must be present in order to submit a response. Social distancing and mandatory mask wearing measures will be enforced.
3. **Questions regarding the bid are due June 4, 2021 by 5:00 p.m.**
4. Bids will be publicly opened and read in the Macon Bibb Commissioners' Chamber Room located on the 2nd floor of the Government Center Building, 700 Poplar Street, Macon, Georgia 31216 **on June 10, 2021** starting at 2:00 pm.
5. Minority, Women Owned and other Disadvantaged Business Enterprises are encouraged to participate in the solicitation process. Additionally, respondents are encouraged to use M/W/DBE subcontractors where possible. Small and other disadvantaged businesses requiring assistance with the competitive process can contact Small Business Affairs at (478) 803-2819 or via email cstephens2@maconbibb.us ; contact person name is Charise Stephens.

B. Bid Documents

6. Bid documents will be made available at the Macon-Bibb County Procurement Department, Government Center, 700 Poplar Street. Suite 308, Macon, GA 31201, (478) 803-0554 or www.maconbibb.us/procurement under active solicitations.

C. Sealed Bids

SEALED Bids shall be delivered or mailed to:

**Macon-Bibb County Procurement Department
Attn: Laura Hardwick
700 Poplar Street, Suite 308
Macon, GA 31201
478-803-0554**

Mark the outside of the envelope “Bid # 21-057-LH” – “CCP Locomotive Restoration ”

D. Forms

1. The enclosed Macon-Bibb County bid form shall be used. Use of other bid documents may deem the bid to be non-responsive.
2. “Attachment A” must be completed and included with the bid; failure to include completed, signed, and notarized forms (as applicable) may deem the bid non-responsive. Any “Attachment A” documents which are not applicable to a vendor shall be marked “Not applicable” and submitted with all other “Attachment A”. For example, an automobile dealership which does not intend to use subcontractors shall mark the “List of Subcontractors” form in the “Attachment A” documents “Not applicable” and submit that document with the other “Attachment A” documents.

E. Validity

1. No bid may be withdrawn for a period of sixty (60) days after time has been called on date of bid opening.
2. All prices shall be Delivered prices, FOB Destination, after deducting all non-applicable taxes, delivered to each requesting department or office.

F. Local Preference

1. Macon-Bibb County reserves the right to award bids to County businesses and merchants whose bid is within 5% (five percent) of the lowest responsive and responsible bid which conforms to the Invitation to Bid.

G. Reservations

1. Macon-Bibb County reserves full freedom (in addition to the right to reject any and all bids) in awarding bids to consider all available factors including, but not limited to, price, the provision of needed and unneeded features, usefulness to the using department and prior Macon-Bibb County experience. Hence, Macon-Bibb County may award bids to other than the lowest bidder if in the judgment of the Board of Commissioners the interest of the County will be best served by award to another. Any required information not submitted with bids shall deem bid non– responsive.

H. Insurance

Insurance Requirements

All deductibles shall be paid for by the Contractor.

Required Insurance Coverages. The Contractor also agrees to purchase and have the authorized agent state on the insurance certificate that the Contractor has purchased the following types of insurance coverages, consistent with the policies and requirements of O.C.G.A. 50-21-37.

The minimum required coverages and liability limits are as follows:

Workers' Compensation Insurance. The Contractor agrees to provide, at a minimum, Workers' Compensation coverage in accordance with the statutory limits as established by the General Assembly of the State of Georgia. A group insurer must submit a certificate of authority from the Insurance Commissioner approving the group insurance plan. A self-insurer must submit a certificate from the Georgia Board of Workers' compensation stating the contractor qualifies to pay its own workers' compensation claims.

The Contractor shall require all Trade Contractors/Subcontractors performing work under this Contract to obtain an insurance certificate showing proof of Workers' compensation Coverage and shall submit a certificate on the letterhead of the Contractor in the following language:

This is to certify that all trade contractors/subcontractors performing work on this Project are covered by their own workers' compensation insurance or are covered by the Contractor's workers' compensation insurance.

Employers' Liability Insurance. The Contractor shall also maintain Employer's Liability Insurance Coverage with limits of at least:

- | | | |
|-------|---------------------------------|--------------------------------|
| (i) | Bodily Injury by Accident | \$1,000,000 each accident |
| (ii) | Bodily Injury by Disease | \$1,000,000 each employee; and |
| (iii) | Bodily Injury/Disease Aggregate | \$1,000,000 each accident |

The Contractor shall require all Trade Contractors/Subcontractors performing work under this Contract to obtain an insurance certificate showing proof of Employers Liability Insurance Coverage and shall submit a certificate on the letterhead of the Contractor in the following language:

This is to certify that all trade contractors/subcontractors performing work on this Project are covered by their own Employers Liability Insurance Coverage or are covered by the Contractor's Employers Liability Insurance Coverage.

Commercial General Liability Insurance. The Contractor shall provide Commercial General Liability Insurance (2001 ISO Occurrence Form or equivalent) that shall include, but need not be limited to, coverage for bodily injury and property damage arising from premises and operations liability, products and completed operations liability, lasting and explosion, collapse of structures, underground damage, personal injury liability and contractual liability. The CGL policy must include separate aggregate limits per Project and shall provide at a minimum the following limits:

Coverage	Limits
1. Premises and Operations	\$1,000,000 per Occurrence
2. Products and Completed Operations	\$1,000,000 per Occurrence
3. Personal Injury	\$1,000,000 per Occurrence
4. Contractual	\$1,000,000 per Occurrence
5. General Aggregate	\$2,000,000 per Project

Additional Requirements for Commercial General Liability Insurance are as follows:

Commercial business Automobile Liability Insurance. The Contractor shall provide commercial business Automobile Liability Insurance that shall include coverage for bodily injury and property damage arising from the operation of any owned, non-owned, or hired automobile. The commercial business Automobile Liability Insurance Policy shall provide not less than \$1,000,000 combined Single Limits for each accident.

Additional Requirements for Commercial Business Automobile Liability Insurance are as follows:

Commercial Umbrella Liability Insurance. The Contractor shall provide a commercial Umbrella Liability Insurance to provide excess coverage above the Commercial General Liability, Commercial Business Automobile Liability and the Workers' Compensation and Employers' Liability to satisfy the minimum limits set forth herein. The umbrella coverage shall follow form with the Umbrella limits required as follows:

For contract Amounts Less Than \$5,000,000:	For Contract Amounts Equal to or Greater than \$5,000,000:
\$2,000,000 per Occurrence	\$2,000,000 per Occurrence
\$4,000,000 Aggregate	\$10,000,000 Aggregate

Additional Requirements for Commercial Umbrella Liability Insurance are as follows:

Additional Requirements for Commercial Policies

(a) The policy shall name as additional Insureds the officers, members, and employees of the Owner and the Using Agency.

(b) The policy must be on an “occurrence” basis.

Builders Risk Insurance. Contractor shall provide a Builder’s Risk Policy to be made payable to the Owner and contractor, as their interests may appear. The policy amount should be equal to 100% of the Contract Sum, written on a Builder’s Risk “All Risk”, or its equivalent. The policy shall be endorsed as follows:

The following may occur without diminishing, changing, altering or otherwise affecting that coverage and protection afforded the insured under this policy:

- (i) *Furniture and equipment may be delivered to the insured premises and installed in place ready for use; and*
- (ii) *Partial or complete occupancy by Owner; and*
- (iii) *Performance of work in connection with construction operations insured by the Owner, by agents or lessees or other Contractors of the Owner or Using Agency.*

In the event that the contract is for renovation, addition or modification of an existing structure and Builders Risk Insurance is not available, the Owner will accept an Installation Floater Insurance Policy with the above endorsement in lieu of the Builders’ Risk Insurance Policy. Such floater must insure loss to materials and equipment prior to acceptance by Owner and must be on an ALL RISK BASIS with the policy written on a specific job site.

Disposition of Insurance Documents. One original certificate of insurance with all endorsements attached must be deposited with Owner for each insurance policy required.

Termination of Obligation to Insure. Unless otherwise expressly provided to the contrary, the obligation to insure as provided herein shall not terminate until the Design Professional/Architect has executed the Certificate of Material Completion.

Failure of Insurers. The Contractor is responsible for any delay resulting from the failure of his insurance carriers to furnish proof of proper coverage in the prescribed form.

Additional Insured: Contractor shall add Owner and Architect as an additional insured under the commercial general and automobile policies.

CCP Locomotive Restoration

Scope of Work

Successful Contractor shall furnish all labor, tools, materials, and equipment necessary to perform cosmetic restoration of the CCP Locomotive. All cost and expenses associated with the cosmetic restoration shall be in accordance with the specifications.

Minimum Requirements

The successful Contractor must have at least five (3) years of verifiable experience on similar work as specified in this Scope of Services. Also, must be licensed to do business in Macon-Bibb County. Successful Contractor must hold all required state and local licenses for providing cosmetic restoration services for locomotives.

The following work shall be performed:

- Abate all environmentally hazardous materials to include, but not limited to, asbestos and lead based paint. Testing has been conducted and can be made available.
- Scrape and blast locomotive to prepare for paint.
- Repair/patch/weld rusted or damaged exterior areas for visual restoration.
- Prime locomotive with rust inhibitor.
- Apply 1 coat 646 Sherwin Williams epoxy.
- Topcoat locomotive with urethane to match existing color scheme.
- The successful Contractor shall guarantee all labor and workmanship for a minimum of five (5) years from the date of completion.

BID FORM

Description	Total Cost
Locomotive Cosmetic Restoration	\$

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME (TYPED OR PRINTED): _____ TITLE: _____

COMPANY _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

FAX: _____

Email: _____

ACKNOWLEDGMENT OF ADDENDUM

The undersigned Contractor acknowledged receipt of the following addendum, if issued, to the Invitation for Bid. If none received, write "None Received."

Addendum No.	Dated:
Addendum No.	Dated:
Addendum No.	Dated:
Addendum No.	Dated:
Addendum No.	Dated:

Firm	
Signature	
Print Name	
Title	
Date	