



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
PURCHASING DEPARTMENT
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316 383-7055
<http://www.sedgwickcountv.org/finance/purchasing.asp>

REQUEST FOR BID
#15-0112
SKYLIGHT REPLACEMENT-NATIONAL CENTER for AVIATION TRAINING

November 4, 2015

Sedgwick County, Kansas (hereinafter referred to as "County") is accepting bids to replace skylights at the National Center for Aviation Training. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal.

Sincerely,

Kim Evans
Purchasing Agent

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I. Purpose

To replace damaged skylights at the National Center for Aviation Training, 4004 N Webb Rd, Wichita, KS, 67226.

II. Submittals

Carefully review this Request for Bid. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original of the entire document with any supplementary materials to:

Kim Evans
Sedgwick County Purchasing Department
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CST, TUESDAY, November 17, 2015**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Late or incomplete responses will not be accepted and will not receive consideration for final award. Is there a deadline for when questions are due and when will the addendum will be posted?

Bid responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CST, on the due date

III. Background

This project requires replacement of Kalwall Skylight Panels at the National Center for Aviation Training, 4004 N Webb Rd, Wichita, KS, 67226.

This project will include the replacement of approximately 6,500 SF of Kalwall Insulated Translucent Skylight Systems panels located on two sections of the manufacturing building as indicated on the attached plan. This is a one-to-one replacement of the Kalwall panels and no substitutes will be considered. The attached plans are for reference only; contractor shall verify all field conditions.

IV. Mandatory Requirements and Specifications

Dimensions of replacement skylights are approximate and as follows; **contractor shall verify all dimensions prior to ordering material:**

North side – “L” shaped shed skyroof, 70’-10” x 12’ OCD flat (23.75 degree) with a 90 degree return and 271’-6” x 8’-8” wide OCD flat (31.42 degrees), no end walls

South side – “L” shaped shed skyroof, 122’-10” x 12’ OCD flat (23.75 degree) with a 90 degree return and 211’-2” x 8’-8” wide OCD flat (31.42 degrees), no end walls

Panels shall be Kalwall thermally broken I-beam grid core translucent panels with .070” super-weathering Crystal color exterior face, .045” Crystal color Type 25 interior face, nominal size 12” x 24” Shoji grid pattern and .23 “U” factor, by NFRC method. All exposed aluminum to be Kalwall corrosion resistant finish color Aluminum #79.

Contractor shall examine substrates, supporting structure and installation conditions and not proceed with panel installation until unsatisfactory conditions have been corrected. Contractor may re-use existing curb caps and supports as long as they meet manufacturer’s specifications and are cleaned of any prior sealant or adhesives after removal.

Install the skylight system in accordance with the manufacturer's installation recommendations. Anchor component parts securely in place by permanent mechanical attachment system. Accommodate thermal and mechanical movements. Set perimeter framing in a full bed of sealant compound, or with joint fillers or gaskets to provide weather-tight construction. Install joint sealants at perimeter joints and within the panel system in accordance with manufacturer's installation instructions.

Upon completion of installation, contractor shall water test the panels in accordance with AAMA 501.2. Repair or replace work that does not pass testing or that is damaged by testing and retest work.

Clean the skylight system, inside and out, immediately after installation and successful water test.

V. Bid Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kim Evans at Kimberly.J.Evans@sedgwick.gov by 5:00 p.m. (CST) Tuesday, November 10, 2015. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at www.sedgwickcounty.org/finance/purchasing.asp, under view current RFQs and RFPs; to the right of the RFB number by 5:00 p.m. (CST) Thursday, November 12, 2015. Firms are responsible for checking the web site and acknowledging any addendums on their response form.

B. Minimum Firm Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Bid. Firms must meet or exceed these qualifications to be considered for award. Bids submitted must reflect in detail their inclusion as well as the degree to which they can be provided. Any exceptions to the requirements listed should be clearly detailed in proposer's response.

Bidders shall:

1. Have proper certification(s) or license(s) for the services/product specified in this document.
2. Ensure that project work meets all local, state and federal laws, regulations and ordinances.
3. Have the capacity to acquire all required permits, bonds, escrows or insurances.
4. Provide appropriate project supervision and quality control procedures.
5. Have appropriate material, equipment and labor to perform job safely and efficiently. *All costs associated with meeting this requirement will be the sole responsibility of the vendor.*

C. Selection Criteria

An award will be made to the lowest responsible and responsive bidder.

D. Request for Bid Timeline

Distribution of Request for Proposal to interested parties	November 4, 2015
Clarification, Information and Questions submitted in writing by 5:00 p.m. CST	November 10, 2015
Addendum Issued	November 12, 2015
Sealed Proposal due before 1:45pm CST	November 17, 2015
Evaluation Period	November 18- December 2, 2015
Board of Bids and Contracts Recommendation	December 3, 2015
Board of County Commission Award	December 10, 2015

E. Payment Terms

http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

F. Insurance Requirements

Worker's Compensation:	
Applicable State Statutory Employer's Liability	
Employer's Liability Insurance:	\$100,000.00
Contractor's Liability Insurance:	
Form of insurance shall be by a Commercial General Liability and include Automobile comprehensive/liability	
Bodily Injury:	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Property Damage:	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Personal Injury:	

Each Person Aggregate	\$500,000.00
General Aggregate	\$500,000.00
Automobile Liability-Owned, Non-owned and Hired	
Bodily Injury Each Person	\$500,000.00
Bodily Injury Each Occurrence	\$500,000.00
Professional Liability	\$500,000.00

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. Certificate shall be provided with bid/proposal submittals. Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas. It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Bid Conditions

In submitting a response to this Request for Bid, vendors hereby understand the following (if any duplication exists previous subsections prevail):

http://www.sedgwickcounty.org/purchasing/pdf_files/Bid%20Terms%20%20Conditions.pdf

VI. Required Response Content

- Provide information, as legally allowed, in possession of the County, which relates to the County's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.

VII. Bid Response Form

REQUEST FOR BID

#15-0112

SKYLIGHT REPLACEMENT-NATIONAL CENTER for AVIATION TRAINING

The undersigned, on behalf of the Proposer , certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the Proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the County, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ E-MAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

LLC _____ LLP _____ Not For Profit Corporation _____ Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority Owned Business: _____ Minority-Owned Business: _____ Certification # _____

African American _____ Asian _____ Hispanic _____ Native American _____ Other _____ Woman-Owned Business _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

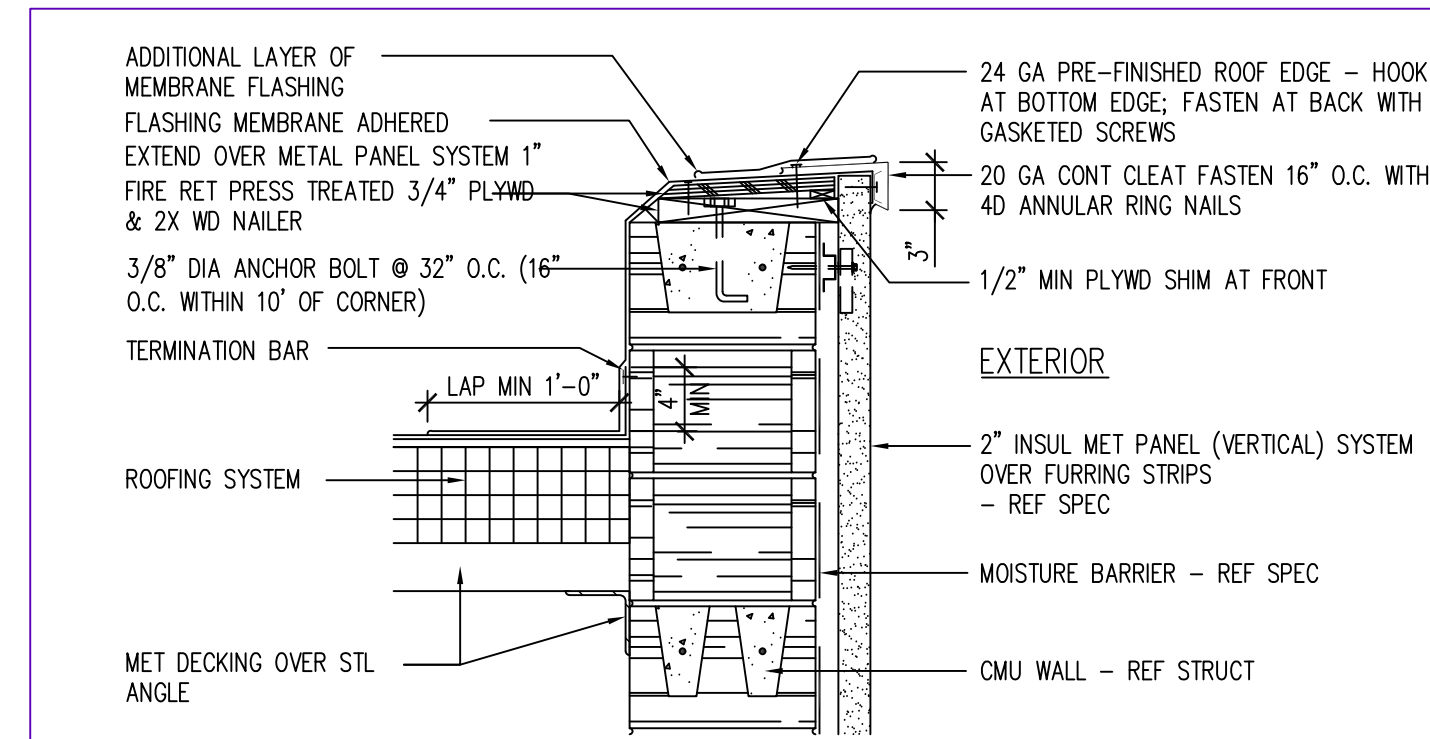
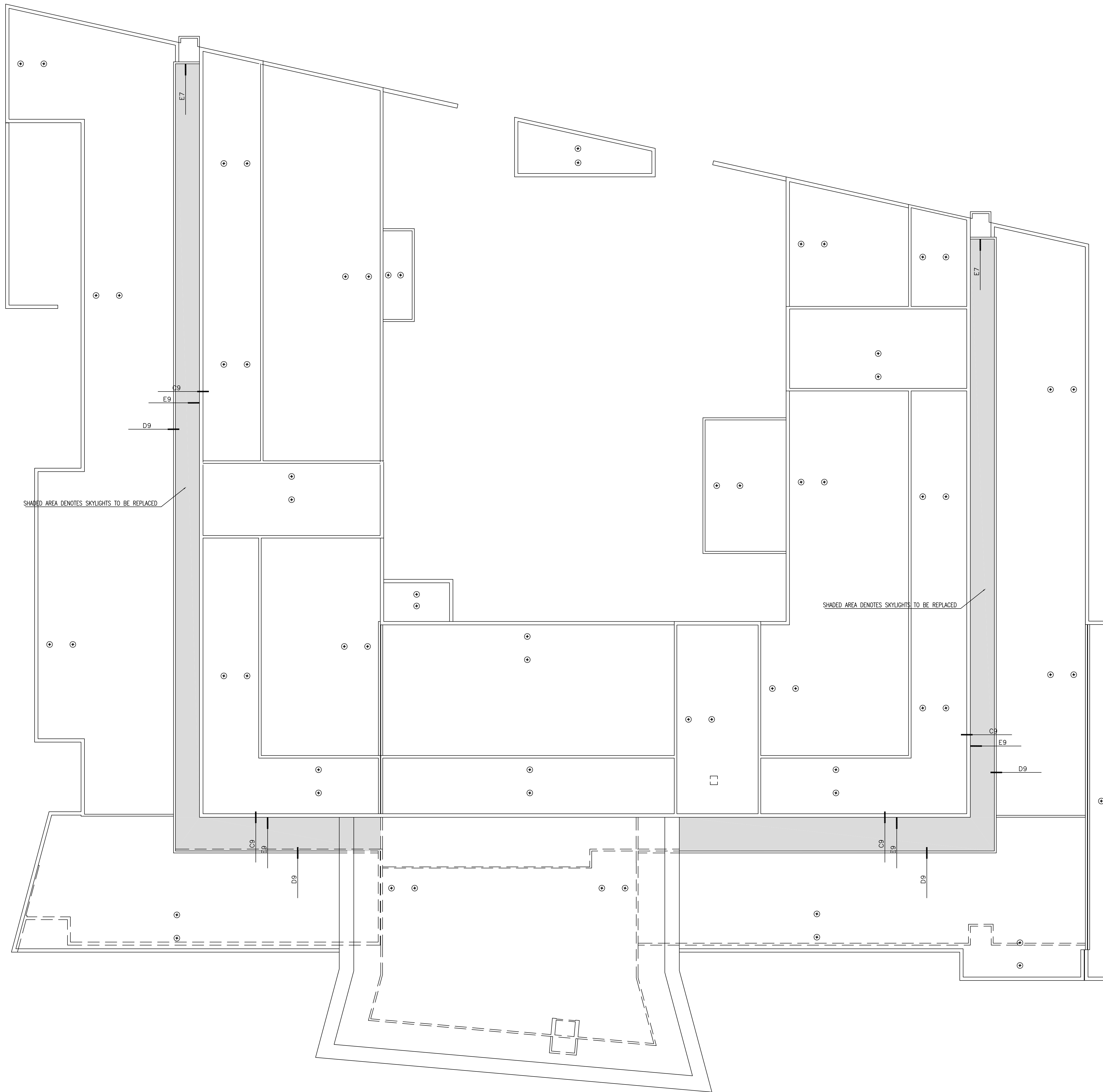
NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

I/We agree to complete the project as specified per this document for a lump sum total of \$ _____, and will complete the project in _____ days

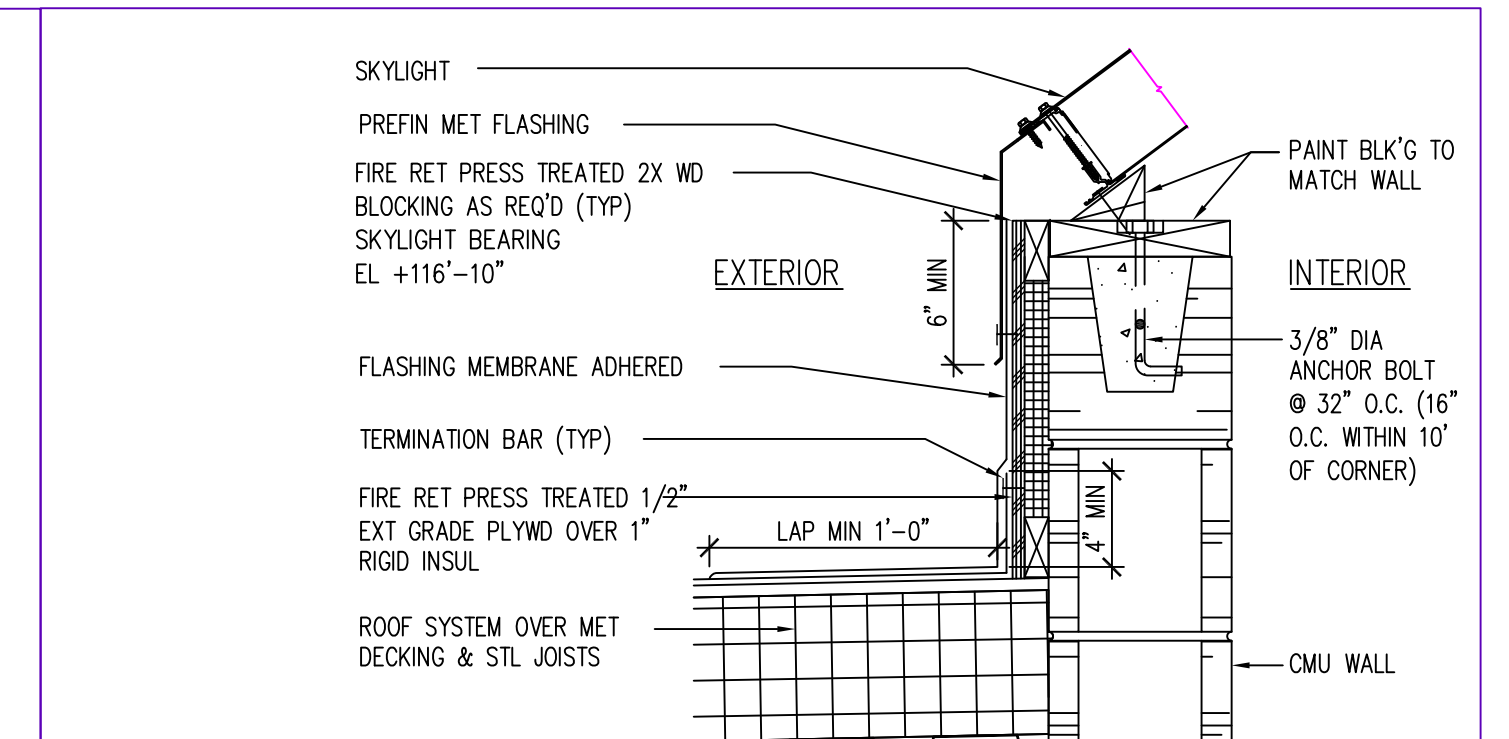
In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature _____ Title _____

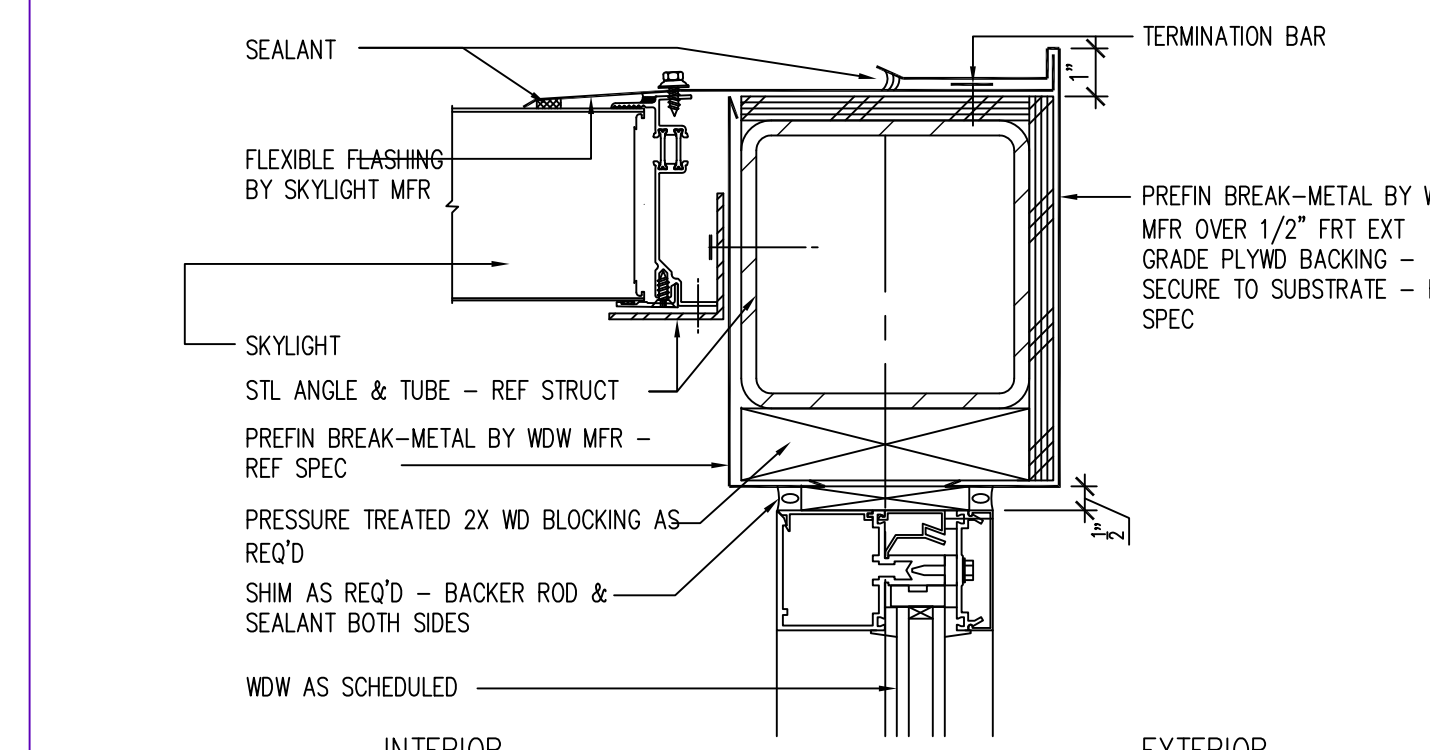
Print Name _____ Dated _____



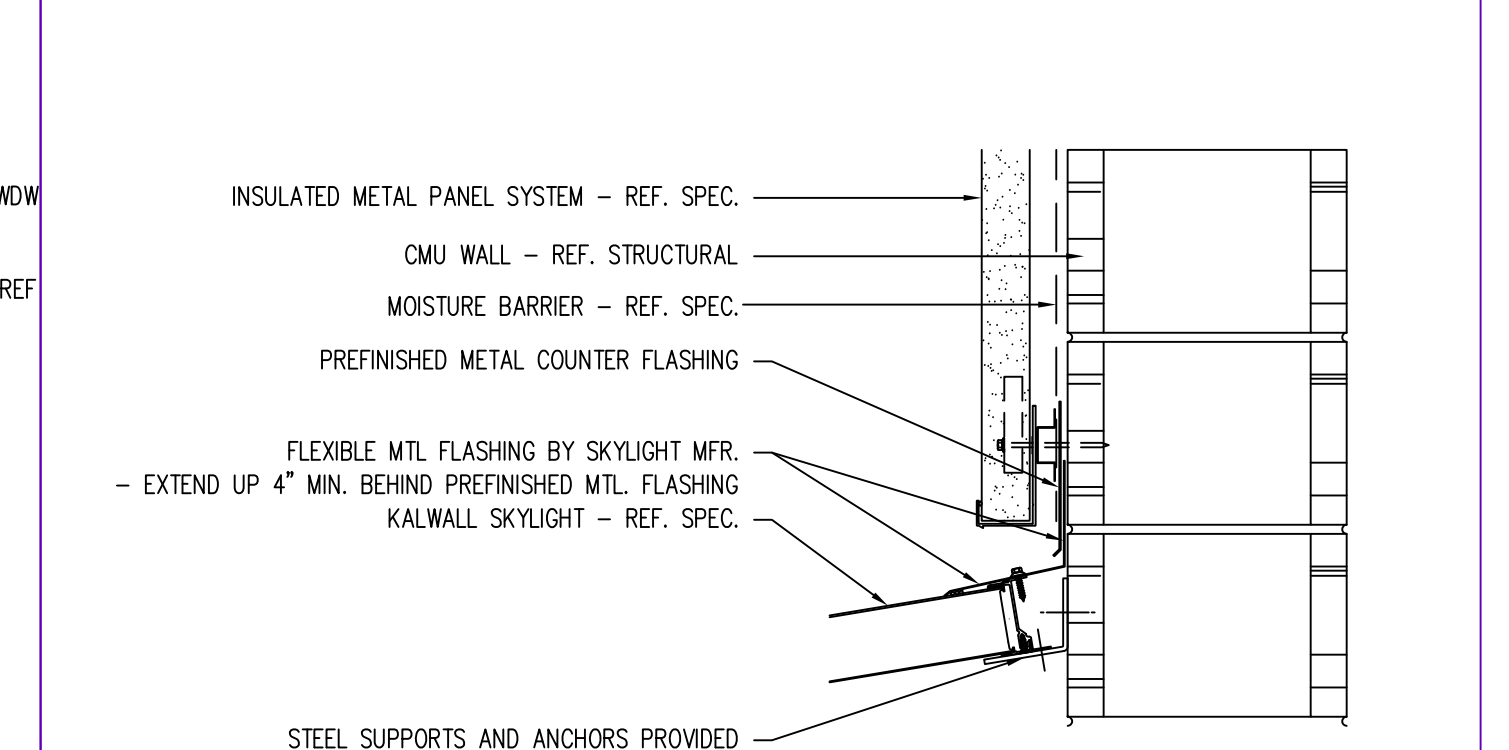
C9 PARAPET AT VERTICAL MET PANEL OVER CMU
1" = 1'-0"



D9 BASE OF TRANSLUCENT SKYLIGHT
1 1/2" = 1'-0"



E7 TRANSLUCENT SKYLIGHT DETAIL
3" = 1'-0"



E9 TRANSLUCENT SKYLIGHT DETAIL
1 1/2" = 1'-0"

NATIONAL CENTER FOR AVIATION TRAINING
KALWALL SKYLIGHT REPLACEMENT

DATE: 10/26/15
DRAWN: RJL
REVISIONS: