Town of Kiawah Island Preventative Maintenance Services for HVAC Equipment REQUEST FOR BIDS



2024

Town of Kiawah Island

REQUEST FOR BIDS FOR PREVENTATIVE MAINTENANCE (PM) SERVICES FOR THE TOWN OF KIAWAH ISLAND'S MUNICIPAL COMPLEX HVAC EQUIPMENT AND COMPONENTS

SECTION 1. PURPOSE

The Town of Kiawah Island hereby requests bids from qualified firms to provide and facilitate quarterly Preventative Maintenance (PM) services to maintain the proper operations of the Town of Kiawah Island Municipal Complex VRV/VRF, HVAC equipment and components based upon the Manufacturer's recommended schedule.

SECTION 2. PROJECT DESCRIPTION

The Town of Kiawah Island desires quarterly and annual Preventative Maintenance (PM) services to maintain the proper operation of the HVAC system and its components located at the Municipal Complex at 4475 Betsy Kerrison Pkwy, Kiawah Island, SC 29455. This contract shall be in effect for three (3) years with two (2) one-year extensions.

2.1. The proposed work in this Request for Bids will include service for the following equipment.

(Annual PM - once yearly) 21 - Daikin IDHPS, 1 - Daikin Outside Air Unit DHS, 3 - Daikin ODHP Condensers, 6 - Exhaust Fans, 1 - Garage CU, 1 - Garage AHU, Replace filters for units each service, Annual VRV service inspection.

(Quarterly PM - four times yearly) 21 - Daikin IDHPS, 1 - Daikin Outside Air Units DHS, 3 - Daikin ODHP Condensers, Garage CU, and AHU. Replace filters for all units at each service.

The contractor will:

- **A.** Perform quarterly PM inspections for all units to include operation inspections and filter changes
- **B.** Perform (1) annual PM inspection for all units, including filter changes, comprehensive inspection, belt changes, condenser cleaning, and VRV system inspection and service.
- **C.** Supply and replace all filters during each inspection (PM); metal grilles must be wiped clean after filter installation.
- **D.** Upon completion of the service, the contractor will supply the Town with written, easy-to-understand field service reports detailing the work completed and the condition of equipment by a single designated point of contact.
- **E.** Provide a single point of contact as our account manager to answer questions and respond to help resolve issues within one business day.

- **F.** Technicians must be Daikin Certified Technicians who can troubleshoot software-related issues related to temperature control and setting other parameters.
- **G.** Provide emergency response services for severe issues that will provide a response with technicians on-site within 24 hours.

2.2. Annual VRV service inspection:

Outside units: Investigate Alarms

Verify proper power supply Inspect electrical connections Inspect for refrigeration leaks

Inspect coils

Temperature and pressure sensors

Coil temperature control Verify refrigerant level Verify DIII communications Record operating data

Indoor Units: Investigate alarms

Verify sensor calibration Verify fan operation

Confirm start/stop command operation

Verify indoor unit temperature setpoint changes

Verify proper EEV control

Verify Branch Selector box mode control

Backup iTouch manager/Controller database (If

equipped)

Section 3. RECEIPT OF BIDS

3.1. Each proposer must email an electronic copy of the bid along with any supporting documentation to the Town Clerk at preynolds@kiawahisland.org or two (2) paper copies and one electronic copy of the bid may be mailed or hand-delivered in a sealed envelope marked "HVAC PM SERVICES BID" no later than 2:00 pm on Monday, May 31, 2024, at the following address:

Town of Kiawah Island 4475 Betsy Kerrison Parkway Kiawah Island, SC 29455 Attn: Petra Reynolds, Town Clerk

3.2. Each bid submitted will be the document upon which the Town of Kiawah Island will make its initial judgment regarding each proposer's qualifications, methodology, and ability to provide the requested services.

- 3.3. Those submitting bids do so entirely at their own expense. The Town has no expressed or implied obligation to reimburse any firm or individual for any costs incurred in preparing or submitting bids, preparing or submitting additional information requested by the Town, or participating in any selection interviews.
- **3.4.** Submission of any bid indicates an acceptance of the conditions contained in this Request for Bids unless the submitted bid clearly and specifically states otherwise.
- 3.5. The Town of Kiawah Island reserves the right to accept or reject any and all bids in whole or in part, to waive any and all informalities, and to disregard all non-conforming, non-responsive, or conditional bids.
- **3.6.** The Town of Kiawah Island reserves the right to award the work, in whole or in part, to one or more firms and individuals.
- **3.7.** The Town of Kiawah Island reserves the right not to award any or all the work detailed in this document.
- **3.8.** Any award of the services shall be conditioned on the later execution of a formal written contract. The Town of Kiawah Island reserves the right to revoke or rescind any award at any time prior to the full execution of a formal written contract.

OFFEROR'S CHECKLIST

NOTE: These items are the criteria on which your bid submittal will be evaluated.

| Please ma | ske sure that the following items are included with your submittal: |
|-----------|--|
| □ Sul | bmittal Form (Required) |
| □ No | on-Collusion Oath (Required) |
| □ Do | cumentation of Insurance Coverage (Required) |
| □ Co | py of Business License (If applicable) |
| □ Mi | nority/Women-Owned Business Certification (Preferred but not required) |
| | ADDITION TO THE ABOVE, THE FOLLOWING ITEMS <u>MUST</u> ALSO BE INCLUDED OR ED IN YOUR SUBMITTAL: |
| □ Org | ganization Information (Required) |
| □ Pe | rsonnel List (i.e., names of persons to be used in this engagement) (Required) |
| □ Re | ferences (Required) |

You do not have to submit the Offeror's Checklist. This list is included for your convenience. However, all required information must be provided.

Failure to submit the required items may deem your submittal to be non-responsive.

□ All-Inclusive Cost (Required)

SUBMITTAL FORM

(Offeror to complete all blanks)

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| DATE: | , 2024 |
|-------------------|---------------|
| ORGANIZATIONAL | . INFORMATION |
| NAME OF OFFEROR: | |
| BUSINESS ADDRESS: | |
| | |

BY SUBMITTING THIS BID, THE UNDERSIGNED OFFEROR REPRESENTS:

- 1. The offeror has carefully examined the specifications for the Services;
- 2. The offeror is familiar with all the conditions surrounding the performance of the Services;
- If awarded the Contract, the offeror will provide all labor, material, supplies, and equipment necessary to execute the Services in accordance with the Contract Documents;
- 4. understands the Town reserves the right to reject any or all responses which do not meet the bid requirements or all bids in the event the Project is canceled, postponed, or if it is in the best interest of the Town of Kiawah Island;
- 5. If awarded the Contract, will enter and execute a contract as required in the Invitation to Bid;
- 6. The Offeror is legally able to enter into and perform a contract if awarded;
- 7. The Offeror is current on all taxes and fees owed to the Town;
- 8. The Offeror has provided proof of insurance as required by the Town.

| Provide a list of pers | sonnel that will be committed to this engagement and the | eir job f |
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| At least three (3) reprovide as many as | eferences for similar work performed are required; ho five (5) references. | |
| At least three (3) reprovide as many as COMPANY NAME: | eferences for similar work performed are required; ho five (5) references. | |
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| At least three (3) reprovide as many as COMPANY NAME: Contract Title Contract Period: From Geographic Area Set Scope of Work: | eferences for similar work performed are required; ho five (5) references. ToTo | |
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| COMPANY NAME: Contract Title Contract Period: Fro Geographic Area Ser Scope of Work: Contracting Office: _ | eferences for similar work performed are required; ho five (5) references. ToTo | |
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REFERENCES / EXPERIENCE (Continued):

| COMPANY NAME: | | |
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| Geographic Area Served | | |
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| Address: | | |
| City | | |
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| Telephone: | | |

III. COST:

In compliance with the Request for Bids, the undersigned hereby proposes to provide all materials, equipment, and labor, except as otherwise provided noted, to provide and facilitate quarterly and annual Preventative Maintenance (PM) services for the following cost:

| Total Proposed Cost | |
|-----------------------|----|
| Quarterly PM Services | \$ |
| Annual PM Services | \$ |

| NAME OF COMPANY: | | |
|---|------------------------------------|----------------|
| Ву: | | |
| Signature | Print Name | |
| Title: | (i.e., Owner, Partner, Corporate (| Officer, etc.) |
| Address: | | |
| City: | State: | Zip: |
| Telephone Number: | Business Fax Number: | |
| Is your firm a Corporation, | Sole Proprietorship, or | Partnership? |
| If incorporated, please list the state of | f incorporation: | |
| FEIN or SSN: | | |

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BUSINESS LICENSE:

The Offeror is not required to have valid business licenses to submit a Bid. However, the Offeror must possess a valid Business License for business undertaken within the corporate limits of the Town of Kiawah Island.

| Does your business have a valid Town of Kiawah Island Business License? | |
|---|---------------|
| Yes No If yes, list the number | |
| Contact (843) 768-9166 with any questions. If no, a business license must be obtained | upon award of |
| the contract. | |

INSURANCE:

The successful offeror, at his own expense, shall keep in force and at all times and maintain the insurance requirements as outlined below during the term of any contract resulting from this Request for Bids.

- Workers' Compensation and Employer's Liability Insurance: A policy or policies providing protection for employees in the event of job-related injuries.
- **General Liability Insurance:** A policy or policies of comprehensive general liability insurance with limits of not less than three million dollars (\$3,000,000.00) per occurrence.
- **Errors and Omissions Insurance:** A policy or policies of errors and omissions insurance. Said insurance must be issued by an insurer licensed to do business in the State of South Carolina.
- Automobile Liability Insurance: A policy or policies with limits of not less than \$1,000,000 for each accident because of bodily injury, sickness, or disease, including death at any time, resulting therefrom, sustained by any person caused by accident; and a policy or policies with limits of not less than \$1,000,000 for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance, or use of any automobiles.
- Professional Liability Insurance: A policy or policies with limits of not less than \$1,000,000.

The successful offeror shall provide acceptable Insurance Certificate(s) and Endorsement(s) to the Town no later than at the execution of any contract resulting from this RFP. The Town reserves the right to receive any additional documentation or information verifying insurance coverage as the Town deems necessary. The Town may contact the successful offeror's insurance agent(s) or carrier(s) directly concerning any insurance issues.

The Town of Kiawah Island must be advised immediately of any changes in required coverage(s).

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INDEMNIFICATION

Except for expenses or liabilities arising from the negligence of the Town, the offeror hereby expressly agrees to indemnify and hold the Town of Kiawah Island harmless against any and all expenses and liabilities arising out of performance or default of any resulting contract as follows:

The offeror expressly agrees to the extent that there is a causal relationship between its negligent, reckless, or intentionally wrongful action or inaction or the negligent, reckless, or intentionally wrongful action or inaction of any of its employees or any person, firm, or corporation directly or indirectly employed by the offeror, and any damage, liability, injury, loss or expense (whether in connection with bodily injury or death or property damage or loss) that is suffered by the Town and its employees or any member of the public, to indemnify and save the Town and its employees harmless against any and all liabilities, penalties, demands, claims, lawsuits, losses, damages, costs, and expenses arising out of the performance or default of any resulting contract from this RFP. Such costs are to include any defense, settlement, or reasonable attorneys' fees incurred by the Town or its employees. This promise to indemnify shall include bodily injuries or death occurring to the offeror's employees and any person directly or indirectly employed by the offeror (including without limitation any employee of any subcontractor), the Town's employees, the employees of any other independent contractors, or occurring to any member of the public. When the Town submits notice, the offeror shall promptly defend any aforementioned action. This obligation shall survive the suspension or termination of this Agreement. The limits of insurance coverage required herein shall not serve to limit this obligation to indemnify. The recovery of costs and fees shall extend to those incurred in the enforcement of this indemnity.

MINORITY/WOMEN-OWNED ENTERPRISE:

| Are you a Minority or Woman-Owned business? Yes No |
|--|
| If so, are you certified? Yes No |
| If you are certified, you must furnish a copy of your certificate with your submittal. |

NON-COLLUSION OATH

| COUNTY OF: | |
|--|--|
| STATE OF: | |
| Before me, the Undersigned, a Notary Pul | blic, for and in the County and State aforesaid, |
| personally appeared | and made oath that the Offeror |
| herein, his agents, servants, and/or employe | ees, to the best of his knowledge and belief, have |
| not in any way colluded with anyone for and | on behalf of the Offeror, or themselves, to obtain |
| information that would give the Offeror a | in unfair advantage over others, nor have they |
| colluded with anyone for and on behalf of t | he Offeror, or themselves, to gain any favoritism |
| in the award of the contract herein. | |
| | |
| SWORN TO BEFORE ME THISDAY OF | , 2024 |
| | Authorized Signature for Offeror |
| | Please print the Offeror's name and address: |
| | |
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| | |
| NOTARY PUBLIC FOR THE STATE OF | |
| My Commission Expires: | |
| Print Name: | |