

**TOWN OF KIAWAH ISLAND**  
**Municipal Building Shingle Replacement**  
**21 Beachwalker Dr., Kiawah Island, SC**

**PROJECT # RR05052015**

The Town of Kiawah Island, a political subdivision of the State of South Carolina (hereinafter "Town of Kiawah Island" or the "Town") is requesting bids from individuals, corporations, partnerships, and other legal entities authorized to do business in the State of South Carolina and the Town of Kiawah Island, for the purpose of replacement of shingled roof on both the Municipal Building and adjacent Garage.

**SCOPE OF WORK: Two (2) quotes**

- (a.) Removal of the existing shingles and felt roofing material on both the Municipal Building and Garage located at 21 Beachwalker Drive, Kiawah Island, SC. Inspect all plywood surfaces for water damage and/or rot, replace as needed. Inspect all drip edge and flashing repair as needed. Install shingled ridge vent and a 50 year architectural shingle (color approved by the Town). Additional information maybe obtained through Rusty Lameo at 768-9166/697-1959 or on site inspections.
- (b.) Second quote to include the above work but replace with metal roof.

**SCHEDULE:**

Project must be completed within 30 days after award of bid.

**LIABILITY AND INSURANCE:**

- a. Contractor shall carry and maintain Worker's Compensation Insurance in the statutory amounts for its employees, unless exempt by State statute. Contractor shall provide Town with certification of this coverage, or if exempt, written confirmation of this.
- b. Contractor shall carry a Comprehensive Liability Policy of at least One Million (\$1,000,000.) Dollars per occurrence (combined single limit liability) to cover operations, equipment and contractual liability. Contractor shall provide Town with copies of policy.
- c. Contractor shall defend, indemnify and hold harmless the Town, its elected officials and employees from and against any and all actions, costs, claims, losses, expenses and/or damages arising out of performance of the working contract.

**TOWN LICENSE/BUILDING PERMITS:**

Contractor shall be licensed and permitted with the Town prior to start date of award.

**TIME AND DATE DUE:**

All bids must be returned sealed to **Ken Gunnells, Treasurer, (marked Shingle Replacement Bid # RR05052015), 21 Beachwalker Drive, Kiawah Island, SC 29455,(843)-768-9166** by 12:00pm, May 22, 2015. Bids will be **publicly opened** May 22, 2015 at 12:30pm. All interested parties are invited to attend at Kiawah Island Municipal Center, 21 Beachwalker Drive, Kiawah Island, SC.

Additions or changes to the stated requirements shall be listed as separate line items and totaled as such with explanation.

## **BIDDER'S CHECKLIST**

**NOTE:** *These items are the criteria on which your proposal will be evaluated.*

Please make sure that the following items are included with your submittal:

- Submittal Form **(Required)**
- Non-Collusion Oath **(Required)**
- Copy of Contractor's License **(Required)**
- Acknowledgment of Addenda (If applicable)
- Minority/Women Owned Business Certification (Preferred but not required)

**NOTE: IN ADDITION TO THE ABOVE, THE FOLLOWING ITEMS MUST ALSO BE INCLUDED IN YOUR SUBMITTAL:**

- Equipment List (i.e. type and amount of equipment to be used in the cleaning project.) **(Required)**
- Personnel List (i.e. names and qualifications of persons to be used in this engagement) **(Required)**
- Past experience and record (or reputation) **(Required)**

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

**SUBMITTAL FORM**

**(Bidder to complete all blanks)**

DATE: \_\_\_\_\_, 2015

NAME OF BIDDER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**BY SUBMITTING HIS PROPOSAL, THE UNDERSIGNED BIDDER REPRESENTS:**

1. That he has carefully examined specifications for the Services;
2. That he is familiar with all the conditions surrounding the performance of the Services;
3. That, if awarded the Contract, he will provide all labor, material, supplies and equipment necessary to execute the Services in accordance with the Contract Documents;
4. That he understands that the Owner reserves the right to reject any or all responses which does not meet the proposal requirements, or all proposals in the event that the Project is canceled, postponed, or if it is in the best interest of Town of Kiawah Island;
5. That, if awarded the Contract, he will enter and execute a contract as required in the Request for Proposals (RFP);
6. That the Bidder is legally able to enter into and perform a contract, if awarded;
7. That the Bidder is current on all taxes and fees owed to the Town.

**I. EQUIPMENT:**

Provide a list of the type and amount of equipment that will be committed to the Town for the removal and replacement of the contracted roofing replacement

**II. PERSONNEL:**

Provide a list of personnel that will be committed to this engagement and their job function. Please include the name and contact information for the Contact Person who will be charged with the administration of this contract.

**III. EXPERIENCE:**

**At least three (3) references are required, however, you may provide as many as desired in excess of the three (3) required)**

- 1. COMPANY NAME: \_\_\_\_\_  
Contract Title: \_\_\_\_\_  
Contract Period: From \_\_\_\_\_ To \_\_\_\_\_  
Geographic Area Served: \_\_\_\_\_  
Scope of Work: \_\_\_\_\_  
Contracting Office: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

III. **EXPERIENCE (Continued):**

2. COMPANY NAME: \_\_\_\_\_

Contract Title: \_\_\_\_\_

Contract Period: From \_\_\_\_\_ To \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contracting Office: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

III. **EXPERIENCE (Continued):**

3. COMPANY NAME: \_\_\_\_\_

Contract Title: \_\_\_\_\_

Contract Period: From \_\_\_\_\_ To \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contracting Office: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

IV. **COST:**

In Compliance with Request for Proposals, the undersigned hereby proposes to provide all materials, equipment, and labor for the removal and installation (all prices shall include applicable sales taxes, if required), permits, licensing fees and disposal fees.

**Total Costs: Two (2) separate quotes**

**(a.)**

**(b.)**

NAME OF COMPANY: \_\_\_\_\_

By: \_\_\_\_\_

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 state of incorporation: \_\_\_\_\_

**TOWN OF KIAWAH ISLAND TAXES:**

Please note that the Purchasing Department is required to verify that all taxes have been paid to the County. If you owe delinquent taxes your submittal may be disqualified from consideration. If you wish to inquire as to your tax status you may contact the Charleston County Delinquent Tax Office at (843) 958-4570.

**BUSINESS LICENSE:**

The Bidder is not required to have valid business licenses to submit a Proposal. However, Bidder 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.

Does your business have a valid **Charleston County** Business License?  Yes  No

If yes, list the number \_\_\_\_\_. Contact (843) 958-4880 with any questions.

**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 Public, for and in the County and State aforesaid, personally appeared \_\_\_\_\_ and made oath that the Bidder herein, his agents, servants, and/or employees, to the best of his knowledge and belief, have not in any way colluded with anyone for and on behalf of the Bidder, or themselves, to obtain information that would give the Bidder an unfair advantage over others, nor have they colluded with anyone for and on behalf of the Bidder, or themselves, to gain any favoritism in the award of the contract herein.

**SWORN TO BEFORE ME THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 2015

\_\_\_\_\_  
Authorized Signature for Bidder

NOTARY PUBLIC FOR THE  
STATE OF \_\_\_\_\_

\_\_\_\_\_  
Please print Bidder's name and address:

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(Note: Notary seal required for foreign Bidder.)