



**THIS IS NOT AN ORDER**

**REQUEST FOR QUOTATION: #16-2906GE**  
**TRIPACK DEGASIFIER MEDIA CLEANING**

**MANATEE COUNTY**  
**PURCHASING OFFICE**  
**1112 MANATEE AVENUE WEST, SUITE 803, BRADENTON, FL 34205**  
**ATTENTION: George Earnest CPPB**  
**PHONE (941) 749-3044**  
**FAX (941) 749-3034**

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**Please Respond to Quote Via FAX, 941-749-3034, Attention: George Earnest or**  
**Email to: [george.earnest@mymanatee.org](mailto:george.earnest@mymanatee.org)**

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**DESCRIPTION**

**Tripack Degasifier Media Cleaning**

Manatee County invites your participation in the following quotation. The specifications stated herein are minimum requirements. All quotes submitted must be in accordance with the General Conditions and Specifications.

**DATE DUE: THURSDAY, SEPTEMBER 22, 2016 by 3:00 P.M.**

Authorization to Release: 

ISSUED: Sept. 9, 2016

## **GENERAL CONDITIONS AND SPECIFICATIONS**

### **PURPOSE**

Manatee County Property Management requires a contractor to provide the cleaning of three Tripack media degasifiers. Contractors must hold a valid Florida Contractor License and have confined space experience and provide references for similar confined space work with the Contractor's Reference form attached.

### **CLARIFICATION**

It shall be the responsibility of all vendors to request, via fax or email, any additional clarification of the contents herein from Purchasing and not from any other County employee to include Utilities Department staff. Clarification will be furnished by written addendum from George Earnest of the Purchasing Office. Contractors shall not accept any verbal or telecommunication explanation as authorized clarification of the contents herein.

### **TAXES**

Manatee County is exempt from Federal and State Sales Taxes.

### **QUALITY GUARANTEE AND REMEDIAL CLAUSE**

If any product or service does not meet specifications or does not produce the results required of the product, the contractor will be required to replace, at no extra cost to the County, any and all products involved.

### **PRICING**

Prices shall be firm and shall include all costs associated with supplying the services as specified. This is a lump sum payment agreement. Payment will be made at the completion of the project and acceptance by the County. There shall be no progress payments.

### **AWARD**

Award shall be made to the responsive and responsible quoter having submitted the lowest total price.

## TECHNICAL SPECIFICATIONS

### SCOPE

This section covers the general specifications for the cleaning and refurbishing of existing Tripack media. The work covered in this section shall be performed by the successful quoter and no subcontracting will be allowed.

### GENERAL

Work to be performed under this section shall be done so in such a manner so as to be in full conformity with specifications, instructions, and recommendations of the owner.

### DESCRIPTION OF WORK TO BE PERFORMED

The work to be performed shall include, but may not be limited to, the cleaning of three (3) existing degasifiers' 3.5# Tripack media. Successful quoter shall supply all tools required to perform the work, such as but not limited to, ladders, pressure washers, trucks, vessels to contain the media, ect.

The Contractor shall remove, clean, and re-install the existing 3.5# Tripack media from each of three (3) degasifiers. The media must be contained and taken off site for an acid wash cleaning. Any media damaged beyond the point of being effective for use or during the cleaning process may be replaced with new by way of a change order to the Purchase Order.

All degasifier interiors will be pressure washed and inspected prior to the re-installing of the media. Any deficiencies shall be brought to the owner's attention; such as cracks in the fiberglass, cracking in the inspection portholes, etc. So that repairs can be made prior to re-installation of the media.

### SITE VISITS

Site visits are required and must be coordinated and scheduled through:

Kirk Cameron

*Utilities Water Maintenance Superintendent*

*Manatee County Water Treatment Plant*

*17915 Waterline Rd., Bradenton 34212*

[kirk.cameron@mymanatee.org](mailto:kirk.cameron@mymanatee.org)

Office 941- 746-3020 Ext. 5028

Cell 1-941- 545-4269

Any questions resulting from a site visit must be submitted to George Earnest in writing and responded to in an addendum.

**QUOTATION RESPONSE FORM for RFQ #16-2906GE**

**TRIPACK DEGASIFIER MEDIA CLEANING**

**DATE DUE: THURSDAY, SEPTEMBER 22, 2016 by 3:00 P.M.**

We, the undersigned declare that we have reviewed the quote documents and with full knowledge and understanding of the, herewith submit our quote.

We propose to clean the three Tripack degasifier media as specified in this RFQ.

FAX your quote on or before the due date to (941) 749-3034 or email to george.earnest@mymanatee.org. (If necessary, the material may be mailed to Manatee County Purchasing Department, P.O. Box 1000, Bradenton, FL 34206, Attn: George Earnest, Buyer.)

I certify that I have made a site visit to fully inform myself of the work site and work conditions:

Signature and Printed Name: \_\_\_\_\_

**LUMP SUM PRICE FOR THE COMPLETE PROJECT: \$** \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Above

\_\_\_\_\_  
Email

**TRIPACK DEGASIFIER MEDIA CLEANING  
CONTRACTOR'S REFERENCES**

**THIS QUESTIONNAIRE MUST BE COMPLETED AND SUBMITTED WITH YOUR QUOTE**

Three "Confined Space" references from commercial projects in Florida for similar services.

A. CUSTOMER NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

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

TELEPHONE NO: \_\_\_\_\_ SERVICE PERIOD: \_\_\_\_\_

SERVICE  
DETAILS: \_\_\_\_\_

B. CUSTOMER NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

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

TELEPHONE NO: \_\_\_\_\_ SERVICE PERIOD: \_\_\_\_\_

SERVICE DETAILS: \_\_\_\_\_

C. CUSTOMER NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

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

TELEPHONE NO: \_\_\_\_\_ SERVICE PERIOD: \_\_\_\_\_

SERVICE DETAILS: \_\_\_\_\_

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

## **INSURANCE AND BONDING REQUIREMENTS**

The Contractor shall at its own expense, carry and maintain insurance coverage from responsible companies duly authorized to do business in the State of Florida as set forth in the Insurance and Bonding attachment of this solicitation. The Contractor shall procure and maintain property insurance upon the entire project, if required, to the full insurable value of the scope of work.

The County and the Contractor waive against each other and the County's separate Contractors, Design Consultant, Subcontractors agents and employees of each and all of them, all damages covered by property insurance provided herein, except such rights as they may have to the proceeds of such insurance. The Contractor and County shall, where appropriate, require similar waivers of subrogation from the County's separate Contractors, Design Consultants and Subcontractors and shall require each of them to include similar waivers in their contracts.

Manatee County shall be responsible for purchasing and maintaining, its own liability insurance.

Certificates issued as a result of the award of this solicitation must identify "For any and all work performed on behalf of Manatee County."

The General Liability Policy provided by Contractor to meet the requirements of this solicitation shall name Manatee County, Florida, as an additional insured as to the operations of Contractor under this solicitation and shall contain a severability of interests provisions.

Manatee County Board of County Commissioners shall be named as the Certificate Holder. The Certificates of Insurance must state the Contract Number, or Project Number, or specific Project description, or must read: For any and all work performed on behalf of Manatee County. The "Certificate Holder" should read as follows:

Manatee County  
Board of County Commissioners  
Bradenton, Florida

The amounts and types of insurance coverage shall conform to the minimum requirements set forth in Insurance and Bonding attachment, with the use of Insurance Services Office (ISO) forms and endorsements or their equivalents. If Contractor has any self-insured retentions or deductibles under any of the below listed minimum required coverage, Contractor must identify on the Certificate of Insurance the nature and amount of such self-insured retentions or deductibles and provide satisfactory evidence of financial responsibility for such obligations. All self-insured retentions or deductibles will be Contractor's sole responsibility.

Coverage(s) shall be maintained without interruption from the date of commencement of the Work until the date of completion and acceptance of the scope of work by the County or as specified in this solicitation, whichever is longer.

The Contractor and/or its insurance carrier shall provide 30 days written notice to the County of policy cancellation or non-renewal on the part of the insurance carrier or the Contractor. The Contractor shall also notify the County, in a like manner, within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, non-renewal or material change in coverage or limits received by Contractor from its insurer and nothing contained herein shall relieve Contractor of this requirement to provide notice. In the event of a reduction in the aggregate limit of any policy to be provided by

Contractor hereunder, Contractor shall immediately take steps to have the aggregate limit reinstated to the full extent permitted under such policy.

Should at any time the Contractor not maintain the insurance coverage(s) required herein, the County may terminate the Agreement or at its sole discretion shall be authorized to purchase such coverage(s) and charge the Contractor for such coverage(s) purchased. If Contractor fails to reimburse the County for such costs within thirty (30) days after demand, the County has the right to offset these costs from any amount due Contractor under this Agreement or any other agreement between the County and Contractor. The County shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverage(s) purchased or the insurance company or companies used. The decision of the County to purchase such insurance coverage(s) shall in no way be construed to be a waiver of any of its rights under the Contract Documents.

If the initial or any subsequently issued Certificate of Insurance expires prior to the completion of the scope of work, the Contractor shall furnish to the County renewal or replacement Certificate(s) of Insurance not later than ten (10) calendar days after the expiration date on the certificate. Failure of the Contractor to provide the County with such renewal certificate(s) shall be considered justification for the County to terminate any and all contracts.

**Insurance and Bonding Requirements Compliance Submittal (mandatory)**

Insurance / Bond Type	Required Limits
1. <input checked="" type="checkbox"/> Worker's Compensation	Statutory Limits of Florida Statutes, Chapter 440 and all Federal Government Statutory Limits and Requirements
2. <input checked="" type="checkbox"/> Employer's Liability	\$1,000,000 single limit per occurrence
3. <input checked="" type="checkbox"/> Commercial General Liability (Occurrence Form) patterned after the current ISO form	Bodily Injury and Property Damage \$1,000,000 single limit per occurrence, \$1,000,000 aggregate for Bodily Injury Liability and Property Damage Liability. This shall include Premises and Operations; Independent Contractors; Products and Completed Operations and Contractual Liability.
4. <input checked="" type="checkbox"/> Indemnification	To the maximum extent permitted by Florida law, the Contractor shall indemnify and hold harmless Manatee County, its officers and employees from and against all claims, suits, actions, damages, liabilities, losses and costs, including, but not limited to, reasonable attorneys' fees and paralegals' fees; caused or contributed to by the negligence, recklessness, or intentionally wrongful conduct of the Contractor or anyone employed or utilized by the Contractor in the performance of this Agreement. This indemnification obligation shall not be construed to negate, abridge or reduce any other rights or remedies which otherwise may be available to an indemnified party or person described in this paragraph or deemed to affect the rights, privileges and immunities of the County as set forth in Florida Statute Section 768.28.
4. <input checked="" type="checkbox"/> Automobile Liability	\$ 500,000 Each Occurrence; Bodily Injury & Property Damage, Owned/Non-owned/Hired; Automobile Included
5. <input type="checkbox"/> Other insurance as noted:	<div data-bbox="578 1190 1438 1218"><input type="checkbox"/> Watercraft \$ _____ Per Occurrence</div> <div data-bbox="578 1224 1438 1287"><input type="checkbox"/> United States Longshoreman's and Harborworker's Act coverage shall be maintained where applicable to the completion of the work.</div> <div data-bbox="1073 1293 1438 1320">\$ _____ Per Occurrence</div> <div data-bbox="578 1327 1438 1390"><input type="checkbox"/> Maritime Coverage (Jones Act) shall be maintained where applicable to the completion of the work.</div> <div data-bbox="1073 1396 1438 1423">\$ _____ Per Occurrence</div> <div data-bbox="578 1430 1438 1535"><input type="checkbox"/> Aircraft Liability coverage shall be carried in limits of not less than \$5,000,000 each occurrence if applicable to the completion of the Services under this Agreement.</div> <div data-bbox="1073 1541 1438 1568">\$ _____ Per Occurrence</div> <div data-bbox="578 1604 1438 1631"><input type="checkbox"/> Pollution \$ _____ Per Occurrence</div> <div data-bbox="578 1675 1438 1778"><input type="checkbox"/> Professional Liability \$ _____ per claim and in the aggregate <ul style="list-style-type: none"> <li>• \$1,000,000 per claim and in the aggregate</li> <li>• \$2,000,000 per claim and in the aggregate</li> </ul> </div>



6. ☐ Bid bond                      Shall be submitted with proposal response in the form of certified funds, cashiers' check or an irrevocable letter of credit, a cash bond posted with the County Clerk, or proposal bond in a sum equal to 5% of the cost proposal. All checks shall be made payable to the Manatee County Board of County Commissioners on a bank or trust company located in the State of Florida and insured by the Federal Deposit Insurance Corporation.
7. ☐ Performance and Payment Bonds                      For projects in excess of \$200,000, bonds shall be submitted with the executed contract by Proposers receiving award, and written for 100% of the Contract award amount, the cost borne by the Proposer receiving an award. The Performance and Payment Bonds shall be underwritten by a surety authorized to do business in the State of Florida and otherwise acceptable to Owner; provided, however, the surety shall be rated as "A-" or better as to general policy holders rating and Class V or higher rating as to financial size category and the amount required shall not exceed 5% of the reported policy holders' surplus, all as reported in the most current Best Key Rating Guide, published by A.M. Best Company, Inc. of 75 Fulton Street, New York, New York 10038.
8. ☒ Contractor shall ensure that all subcontractors comply with the same insurance requirements that he is required to meet. The same Contractor shall provide County with certificates of insurance meeting the required insurance provisions.
9. ☒ Manatee County must be named as "**ADDITIONAL INSURED**" on the Insurance Certificate for Commercial General Liability with an endorsement.
10. ☒ The Certificate Holder shall be named as Manatee County, a political subdivision of the State of Florida. The Certificates of Insurance must state the Contract Number, or Project Number, or specific Project description, or must read: For any and all work performed on behalf of Manatee County.  
☒ **Thirty (30) Days Cancellation Notice** required.

**Contractor's Insurance Statement**

We understand the insurance requirements of these specifications and that the evidence of insurability may be required within five (5) days of the award of this solicitation.

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_

Contractor  
Signature \_\_\_\_\_

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

Insurance  
Agency \_\_\_\_\_

Agent Name \_\_\_\_\_ Telephone Number \_\_\_\_\_