

City of New York
Department of Health and Mental Hygiene (DOHMH)
Invitations for Bids (IFB) for
Agreement for Replacement and Repair of boiler Systems at Various DOHMH
Facilities
PIN: 1900011100R0X00
Addendum #1

July 10, 2020

This Addendum contains the materials from the Pre-Bid Teleconference held on June 30, 2020, responses to all questions received by DOHMH on or before July 6, 2020, and revisions to the bid attachments.

Except as otherwise stated in the attached and by any prior or subsequent Addenda to the above-referenced IFB, the solicitation remains unchanged.

Please note that the submission due date for bids remains July 29, 2020 at 3:00 P.M.

The deadline for submitting a Request for Waiver of M/WBE Participation Requirement is July 22, 2020. If you are considering requesting a Waiver, you are strongly encouraged to submit a Waiver Request before the deadline.

- I. Pre-Bid Teleconference Materials:
Attached as Annex A are the PowerPoint presentation slides and the sign-in sheet from the Pre-Bid Teleconference held on June 30, 2020.
- II. Answers to Questions Received about the Bid:
Answers to questions received by DOHMH are contained in Annex B.
- III. Changes to IFB Attachments:
The following sections of the IFB have been revised and replaced as follows. **Bidders are required to use the new forms/sections in their bid packages, or their bid may be found non-responsive.**
 - A. Section IV – Item 2: BID SHEET has been revised to update Table 1. Please see Annex C to this Addendum. Bidders are directed to use this version of the Bid Price Sheet to submit their bids.
 - B. Attached as Annex D is a revised Acknowledgement of Addenda (Item 3 of Section IV) form. Bidders are directed to complete and include this form in their bid submission.

Pre-Bid Teleconference Materials
(PowerPoint presentation slides and the sign-in sheet)

Invitation for Bids for: Agreement For Replacement And Repair Of Boiler Systems At Various DOHMH Facilities

PIN: 1900011100R0X00

EPIN: 81620B0001

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE

PRE-BID CONFERENCE

JUNE 30, 2020



1

Conference Timeline

- Pre-Proposal Conference : 2:00 p.m. – 4:00 p.m.
- Q & A Intermission : 2:30 p.m.
- Question Submission Deadline : 2:45 p.m.
- Q & A Reading and Closing : 3:30 p.m.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Conference Code of Conduct

- Participants on Microsoft Teams must call in the number provided in the invitation and enter the access code to join the audio portion of the presentation.
 - 1-866-213-1863; Access code: 6343549
- Participants other than city employees must sign in by clicking on the Chat icon on the left column of the screen and send the following in the meeting chat: first and last name, organization, M/WBE status (Please indicate if your organization is a NYC Certified M/WBE), email address, and contact number.
- Please mute all microphones at all times during the presentation.
- Please refrain from typing in the meeting chat other than signing in.



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Welcome and Overview of Conference

- Questions – all questions must be in writing. DOHMH keeps track of all questions, and answers to all questions will be sent, in writing, to all potential bidders.
 - During the conference, attendees will be given up until 2:45 p.m. today to submit their questions to Bids@health.nyc.gov with the subject "Boiler Bid". Questions received after this time will not be provided a response at the conference but will be addressed along with all other questions received by the question submission due date of July 6, 2020.
 - After the presentation is concluded, DOHMH staff will temporarily leave the conference line and attempt to answer, to the extent possible, the questions submitted to the Bids@health.nyc.gov inbox **at** this conference.



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Conference Agenda

- Summary of the IFB from a programmatic perspective
- IFB Guidelines: review of basic information, bid procedures, and basis of contract award
- M/WBE Goals and Instructions
- Q&A Intermission – DOHMH staff in attendance will temporarily leave the conference line and attempt to address the questions raised during this conference
- Q&A Reading and Closing – The answers provided during this conference are preliminary. Official answers will be published in an addendum to this Bid



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IFB Programmatic Summary

PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS



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General Overview (pg. 5)

The New York City Department of Health and Mental Hygiene (“DOHMH” or “Agency” or “Department”) seeks to secure a qualified Contractor to provide repair and replacement services for boiler systems and components in DOHMH facilities throughout the City of New York.



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Minimum Qualifications (pg. 5,6)

At time of bid submission, the bidder must demonstrate all of the following:

- Bidder must have been performing the services required in this bid for the past five (5) years.
 - The Bidder must be currently providing repair and replacement work of steam and hot water boilers, domestic gas fired hot water heaters, heat exchangers and auxiliary equipment similar to that required in the Scope of Services; and
 - The Bidder must demonstrate successful completion of at least five (5) relevant projects with two (2) projects valued at a minimum of one hundred thousand dollars (\$100,000.00) within the past five (5) years immediately preceding the bid opening.



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Minimum Qualifications (pg. 5, 6)(continued)

At time of bid submission, the bidder must demonstrate all of the following:

- The Bidders must provide five (5) written reference letters from different clients for whom work, as specified herein, has been performed within the past five (5) years, and who can attest to the Bidder's experience and quality of services.
 - Name of reference
 - The title of the individual signing the reference letter; letter must be signed in ink by the signatory
 - The address of the reference entity;
 - The contact information for the reference entity (including telephone number and email address); and
 - Description of the work performed for such clients and the dates of performance.
 - Reference Letters from DOHMH are "Not Acceptable" for this Bid.
- Certification Requirements: The Bidder must have on staff, at least one (1) technician who holds a Master Plumber license or a Class "A" Oil Burning Equipment Installer license, issued by the New York City Department of Buildings. Licensing must be held during the duration of the contract

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Scope of Services (pg. 7, 8)

1. The Contractor will provide all labor, equipment, tools, parts, materials, transportation and supplies required and necessary to repair, modify, rebuild, replace or install new, boiler systems and components in various designated facilities and buildings under the jurisdiction of the DOHMH located throughout the five boroughs of New York City (See Appendix M for a list of DOHMH facilities and Appendix N for the currently installed equipment in each facility);
2. Repair Services:
 - a) The Contractor will perform repair services on existing boiler equipment and boiler components, including, but not limited to providing all labor, material, and supervision required and necessary to test, maintain, repair, modify, make addition to and/or install boiler systems, equipment and components in any DOHMH facility when ordered to do so in writing by the Facility Manager or an Authorized DOHMH Representative.
 - b) The Contractor shall be required to perform repair work on any type of boiler system, as outlined in each Work Order.
 - c) The Contractor shall perform all repairs in accordance with Original Equipment Manufacturer (OEM) recommendations and best industry practices.

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Scope of Services (pg. 7, 8) (continued)

- 2. Repair Services (continued):
 - d) The Contractor must obtain a Work order from the DOHMH Authorized Representative or the Facility Manager prior to performing any repair services.
 - e) Types of Repair Work and Contractor Response:
 - i. Regular Service of Boiler Equipment
 - 1) Regular repair services will be requested for boiler equipment and components that are not an immediate danger to personnel, the public, or property and do not immediately interfere with DOHMH operations, as determined by the Facility Manager or an Authorized DOHMH Representative.
 - 2) The Contractor must acknowledge the request for regular repair service within twenty-four (24) hours after DOHMH written notification is received.

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Scope of Services (pg. 7, 8) (continued)

- 2. Repair Services (continued):
 - e) Types of Repair Work and Contractor Response:
 - ii. Emergency Repair Service of Boiler Equipment
 - 1) Emergency repair service will be requested for boiler equipment failures that constitute an immediate danger to personnel, the public, property, or interfere with DOHMH operations, as determined by the DOHMH Representative or Facility Manager.
 - 2) The Contractor must arrive at the DOHMH Facility with the appropriate personnel and materials, within three (3) hours of verbal notification by the DOHMH Authorized Representative or Facility Manager, any time, seven (7) days per week, twenty-four (24) hours per day, including outside of the regular repair service window of 8:00 AM to 5:00 PM, Monday through Friday, including Holidays, and must continue work until the emergency is abated. The Contractor will acknowledge the request for emergency repair service within fifteen (15) minutes of notification. The Contractor will complete all emergency repair services within twenty-four (24) hours of notification.

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Scope of Services (pg. 9)

3. Replacement and new installation services for boiler equipment:

- a) Typical new boiler equipment replacement and installation services including:
 - i. Remove and dispose of existing boiler/burner units, breechings and all existing equipment
 - ii. Provide engineering design drawings for boiler rooms as required
 - iii. Provide the plan set and all documents required to the New York City Department of Buildings (DOB) to get approval, permit, and inspection and sign off for the installation of new boilers.
 - iv. Determining and obtaining all New York City Department of Environmental Protection (DEP) permits and approvals for the proper boiler installation.
 - v. Furnish and install hot water or steam boilers, HB Smith cast iron sectional boilers, condensing boilers or Department's engineer approved equal for the capacities specified with gas burner, controls, pressure relief valves, and all specified accessories.
 - vi. Perform welding on high and low pressure steam distribution piping of various sizes in DOHMH facilities.

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Scope of Services (pg. 9,10)

3. Replacement and new installation services for boiler equipment:

- a) Typical new boiler equipment replacement and installation services including:
 - vii. Furnish and install inside boiler room new breechings with insulation and power-operated dampers on new boiler/ burner units and connect to existing stack. Furnish and install induced draft fans as specified by the Department's engineer.
 - viii. Provide chimney inspections, repairs and lining for existing chimney at DOHMH facilities as required.
 - ix. Provide and install new black steel pipe gas train to each new gas fired boiler.
 - x. Furnish and install new conduit and wiring from the circuit breaker panel to the burner control panel and from new control panels to the boiler, burner units and motorized dampers as shown on the approved drawings.
 - xi. Provide and install new controls for boilers including necessary relays, wiring and supporting hardware as specified by the Department's engineer and as noted on the approved drawings.
 - xii. Schedule and coordinate all equipment training with the Project Manager and Client Agency representatives. It shall state that the Contractor shall submit the Operation and Maintenance (O&M) manuals, and training plan contents.

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Scope of Services (pg. 9-11)

3. Replacement and new installation services for boiler equipment:
 - a) Typical new boiler equipment replacement and installation services including:
 - xiii. Operate and test each newly installed boiler system to verify compliance to NYC Building Code, and DEP all specified applicable standards.
 - xiv. Arrange with the required regulatory agencies to inspect and approve the boiler installation and operation. Obtain equipment use permit for each boiler and submit to DOHMH.
 - xv. In the event there is a critical boiler equipment installation at a DOHMH Facility requiring immediate service, DOHMH may request that the Contractor provide and install temporary boiler equipment for use at a DOHMH Facility until such time as repairs are completed or a new replacement unit is installed.
 - xvi. All replaced mechanical equipment shall be disposed of in an appropriate manner as per all city, state and federal guidelines.
 - xvii. The Contractor must provide a manual of all new equipment installed.
4. The Contractor shall comply with all relevant and necessary Federal, State and Local Statutes.

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IFB Guidelines

REVIEW OF BASIC INFORMATION, SUBMISSION INSTRUCTIONS, AND
BASIS OF CONTRACT AWARD



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IFB Guidelines

Relevant Documents

- IFB Solicitation
- Item 1 – Bidder Representations
- Item 2 – Bid Price Sheet
- Item 3 – Acknowledgement of Addenda
- Item 4 – Experience Questionnaire
- Item 5 – Safety Documents

All of these documents are available on the Department of Health's Contracting Opportunities Web Page:
<https://www1.nyc.gov/site/doh/business/opportunities/contracting-opportunities.page>



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IFB Guidelines (continued)

Relevant Documents

- Item 6 – Audited or Reviewed Financial Statement
- Item 7 – Required License/Certification and Resumes
- Item 8 – Reference Letters (5)
- Appendix C – Tax Affirmation
- Appendix H – Iran Divestment Rider
- Appendix J – Schedule B: M/WBE Subcontractor Utilization Plan/Waiver Application
- All of these documents are available on the Department of Health's Contracting Opportunities Web Page:
<https://www1.nyc.gov/site/doh/business/opportunities/contracting-opportunities.page>



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Anticipated Contract Term (pg. 6)

- Number of Contracts: 1
- February 1, 2021 – January 31, 2026, with no renewal options.



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IFB Timetable (Timetable and Overview, pg. 4)

- Bid Release date: June 17, 2020
- Pre-Bid Conference: June 30, 2020
- M/WBE Waiver Application Due: July 22, 2020
- All Bids due by 3:00 p.m. EST on July 29, 2020.
- Agency Contact Person: Erik Vaklinov– bids@health.nyc.gov
- Questions regarding this IFB must be transmitted in writing to the Agency Contact Person by July 6, 2020



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Bid Submission Instructions (p. 3, 4)

- All bids must be submitted to the Agency Contact by **July 29, 2020 at 3:00 p.m. EST. The bid opening will be accessible to the public only via tele/video (Microsoft TEAMS) conference.**
- Bids may be submitted electronically via email at Bids@health.nyc.gov.
- Bidders for whom hand-delivery is the only option must advise the Agency Contact **by July 20, 2020** of their intention to do so as the Agency will need to ensure that hand delivered bids are properly received and recorded.
- Please allow sufficient time to complete and submit bids. Bids received after the bid due and time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules.
- Unless the Agency issues a written addendum to the IFB that extends the Bid Due Date and Time for all bidders, the Bid Due Date and Time prescribed above shall remain in effect.



QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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ITEM 2: BID PRICE SHEET (Page 1 of 6) PIN: 1900011100R0X00

Bidder's Legal Name: _____ Bidder's Tax ID#: _____
Date Submitted: _____

NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN REJECTION OF YOUR BID.

The undersigned agrees, if this bid is accepted, that it will, within 10 days of receipt of notice of award, submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid AT THE UNIT AND OTHER PRICES SET FORTH BELOW.

Note #1: The Net Prevailing Wage refers to the prevailing wage rate plus any applicable supplemental benefits in effect at the time labor services are performed in accordance with New York State Labor Law Articles 8 and 9.

Note #2: In Part I of the Bid Sheet, an allowance is allocated to cover labor for replacement (new installation) and repairs in response to both regular service calls and emergency service calls as described in Section II.A.1.e. The Contractor's Mark-Up Percentage shall include all costs for labor, statutory payroll taxes, fringe benefits, travel, trucking, tools, equipment, necessary insurance, overhead, and Contractor's profit.

Note #3: In Part II of the Bid Sheet, the Hourly Rate for each position listed includes all costs for labor, statutory payroll taxes, fringe benefits, travel, trucking, tools, equipment, necessary insurance, overhead, and Contractor profit.

Rigging and Scaffolding Allowance: The Contractor will be reimbursed at net cost for the provision of rigging and scaffolding services at DOHMH Facilities, up to a total of \$660,000. Rigging and scaffolding services will not be subject to any additions, mark-ups, or percentage multipliers. The Contractor cost shall be net all trade, industry, bulk, and payment discounts. The fixed rate shall include but not be limited to all labor services, supply of portable cranes and forklifts, truck transportation, tolls, permits, consumable materials, tools, all rigging materials such as chains, straps and skids, and all scaffolding materials such as safety netting, guardrails, bracing, footings, and platforms. The Contractor shall submit original vendors' invoices to support costs.

Filing Fees: The Contractor will be reimbursed for the net cost of filing fees without any mark-up or price escalations. All reimbursable expenses, with supporting documentation, shall be paid upon written acceptance by the DOHMH.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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ITEM 2: BID PRICE SHEET (Pages 1,2 of 6)
PIN: 1900011100R0X00

Bidder's Legal Name: _____ Bidder's Tax ID#: _____
Date Submitted: _____

NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN REJECTION OF YOUR BID.

The undersigned agrees, if this bid is accepted, that it will, within 10 days of receipt of notice of award, submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid AT THE UNIT AND OTHER PRICES SET FORTH BELOW.

- Note #4: In Part III of the Bid Sheet, the Contractor shall provide the net price for all supplied parts and materials in effect at the time of the submission of the Work Order plus the applicable mark-up rate. The Contractor's Materials Mark-Up Percentage shall be net of all trade, industry, bulk and early payment discounts. The mark-up rate must not exceed 10% for this category.
- Note #5: This is a requirements contract and is intended to cover, during the term of this Contract, the requirements of DOHMH. The quantities listed are estimated for the full term of this contract, and DOHMH may use more, less or none of the quantities listed.
- Note #6: DOHMH reserves the right to add or remove locations at any time during the period of this Contract.
- Note #7: As specified in Section I of the Scope of Services, payment of prevailing wages is required for titles covered under this solicitation. The Number of Units expressed or implied on the BID SHEET are estimates only and shall be used for bid purposes only; DOHMH does not guarantee any minimum or maximum amount of work and the Department of Health and Mental Hygiene shall not be bound thereby. Although the prevailing wage and supplemental benefits rates may change in accordance with New York State Labor Law, the bid mark-up percentage shall remain firm for the duration of this agreement. Services are to be provided only at the request of DOHMH.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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ITEM 2: BID PRICE SHEET (Page 2 of 6)
PIN: 1900011100R0X00

Bidder's Legal Name: _____ Bidder's Tax ID#: _____
Date Submitted: _____

NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN REJECTION OF YOUR BID.

The undersigned agrees, if this bid is accepted, that it will, within 10 days of receipt of notice of award, submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid AT THE UNIT AND OTHER PRICES SET FORTH BELOW.

- Note #8: If the prevailing wage and/or benefit amount promulgated by the Comptroller in accordance with Articles 8 and 9 of the New York State Labor Law shall be increased for any of the classifications of employees to be utilized in the performance of the services hereunder during the term of this contract, the rate bid by the contractor shall be deemed increased by like amount and the obligations to pay such compensation and afford such benefits to the persons performing such services, either as employees of the contractor or of any approved subcontractor, will likewise be deemed to have increased in commensurate amounts.

Compliance with all provisions of the New York Labor Law is mandatory under this contract. Pursuant to Articles 8 and 9 of the New York State Labor Law, the Comptroller of the City of New York has promulgated a schedule of prevailing wages and supplemental benefits. These wages and benefits have been established solely for laborers, workmen, and mechanics engaged by private contractors to perform public work contracts. The wages to be paid and the benefits to be provided are those which prevail when the work is performed. A copy of the current relevant wage rates is attached as Appendix E.

The appropriate job title(s) as defined in Labor Law Article 8, Prevailing Wage Schedule, shall be used throughout the terms of this contract. Certified payroll reports shall be provided with each partial payment request to verify that the appropriate job title(s) are being used and that the provisions of the labor Law, as to the hours of employment, rates, and supplemental benefits are being observed. The job title required user this contract includes, but is not limited to the Prevailing Wage Titles listed in Table 1 of the Bid Sheet.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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ITEM 2: BID PRICE SHEET (Page 3 of 6)
PIN: 21EN002100R0X00

Bidder's Legal Name: _____ Bidder's Tax ID#: _____
 Date Submitted: _____

Part I. ESTIMATED TOTAL PRICE OF LABOR FOR REPAIR, NEW INSTALLATION (FOR ENTIRE CONTRACT TERM)		
A	B	C
Estimated Cost of Labor Based on the Net Prevailing Wage Rates of All Relevant Titles* (See Note #1)	Contractor's Labor Mark-Up Percentage (See Note #2)	Total Bid Price of Labor A + (A x B)
Labor (Regular Service Call) \$1,650,000.00	_____ %	\$ _____
Labor (Emergency Service Call) \$137,500.00	_____ %	\$ _____
SUBTOTAL PART I (sum of Column C)		\$ _____

*Note: Table 1 below lists the prevailing wage titles and the respective estimated hourly usages anticipated over the term of the contract. The contractor's percentage mark-up in Part I shall be applied to the net prevailing wage rates for the titles in Table I in addition to other titles not listed in the table that may be necessary to complete the tasks for each project.

Table 1. ESTIMATED TOTAL NUMBER OF HOURS ANTICIPATED (FOR ENTIRE CONTRACT TERM)

Prevailing Wage Title	Estimated Hours
Steamfitter I	1,900
Steamfitter II	4,500
Sheet Metal Worker	2,294
Sheet Metal Worker - Duct Cleaner	1,087
Electrician "A"	725
Heat & Frost Insulator	725
Plumber (Mechanical Equipment and Service)	1,450
Laborer	3,262
Boilermaker	1,631
Iron Worker- Structural	181
Welder	250

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ITEM 2: BID PRICE SHEET (Page 4 of 6)
PIN: 21EN002100R0X00

Bidder's Legal Name: _____ Bidder's Tax ID#: _____
 Date Submitted: _____

Part II. EXPEDITING/CADD/ENGINEERING SERVICES/ (FOR ENTIRE CONTRACT TERM) (See Note #3)			
	A	B	C
Title	Hourly Rate	Estimated Hours	Total Bid Price A x B
Expediter (Filing Service)	\$ _____	400	\$ _____
Expediter (Violation Removal)	\$ _____	400	\$ _____
CADD/Engineering Service	\$ _____	1500	\$ _____
Reimbursable (Expediters Filing and Permit Fees)			\$300,000.00
Allowance for Rigging and Scaffolding Services			\$660,000.00
SUBTOTAL PART II (sum of Column C)			\$ _____

Part III: PARTS FOR INSTALLATION, MAINTENANCE AND REPAIRS (FOR ENTIRE CONTRACT TERM) (See Note #4)		
A	B	C
Estimated Cost Of Materials	Contractor's Materials Mark-Up Percentage	Total Bid Price of Materials A + (A x B)
\$1,980,000.00	_____ %	\$ _____
SUBTOTAL PART III (sum of Column C)		\$ _____

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ITEM 2: BID PRICE SHEET (Page 5 of 6)
PIN: 21EN002100R0X00

Bidder's Legal Name: _____ Bidder's Tax ID#: _____
Date Submitted: _____

TOTAL BID CALCULATION

SUBTOTAL FROM PART I \$ _____
SUBTOTAL FROM PART II \$ _____
SUBTOTAL FROM PART III \$ _____
TOTAL BID PRICE (SUM OF PARTS I, II, AND III) \$ _____

TOTAL BID PRICE IN WORDS:

(Dollars)

In the case of any discrepancy between the price in words and that in figures, the lowest price will be considered the bid price.

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Bid Package Checklist (pg. 39)

1. Item 1 – Bidder Representations
2. Item 2 – Bid Sheet
3. Item 3 – Acknowledgment of Addenda
4. Item 4 – Experience Questionnaire
5. Item 5 – Safety Documents
6. Item 6 – Audited/Reviewed Financial Statements
7. Item 7 – Required License/Certification, and Resumes
8. Item 8 – Reference Letters (5)
9. Appendix C – Tax Affirmation
10. Appendix H – Iran Contractor Divestment Rider
11. Appendix J – Schedule B: Subcontractor Utilization Plan/Waiver



QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Bid Evaluation and Award (pg. 31)

- Responsiveness Check
- Award will be made to the responsive and responsible bidder that offers the lowest bid price.



QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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PASSPort

Procurement and Sourcing Solutions Portal

- All Vendors wishing to do business with the City must enroll in PASSPort (Formerly VENDEX).
- To complete the online disclosure process, please create an online account in PASSPort and file all disclosure information here:
<http://www1.nyc.gov/site/passport/index.page>
- If you have any questions regarding enrollment please contact
help@mocs.nyc.gov



QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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M/WBE Goals and Instructions (Appendix J – Schedule B)

The Department of Health and Mental Hygiene (DOHMH) is committed to ensuring that there is diversity in City contracting- as per Local Law 1 of 2013, M/WBE goals have been applied to this contract.

M/WBE Contract Goal – 30.0%

- General rule - contract goals can be met with the use of M/WBE prime and/or subcontracting (minus dollars awarded to non-M/WBEs).
- Requests for full or partial **waivers** to the goal must be submitted to bids@health.nyc.gov no later than July 22, 2020. **DOHMH strongly recommends that if you plan to request a waiver, you submit the Waiver Request as soon as possible.**
- Bid package must include either:
 - a completed "Schedule B – Part II: M/WBE Participation Plan" or
 - a fully approved "Schedule B – Part III – Request for Waiver of M/WBE Participation Requirement"

To search and find qualified M/WBEs, visit www.nyc.gov/buycertified

For assistance:

DOHMH M/WBE unit – P:(347)396-6602; E: mwbe@health.nyc.gov

NYC Small Business Services – Certification Helpline: (212) 513-6311

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Schedule B: New Part 1- M/WBE Participation Plan



SCHEDULE B – M/WBE Utilization Plan

Part 1: M/WBE Participation Goals

Contract Overview (To be completed by contracting agency)

APT E-Plan#	#####A#####	FMS Project ID#	#####
Project Title	Widgets Service	Agency PIN#	##AB#####C#D##
Contracting Agency	Dept. Health & Mental Hygiene	Bid/Proposal Response Date	#####
Agency Address	45-09 28th St	City	Long Island City State NY ZIP 10111
Contact Person	Jane Doe	Title	Procurement Coordinator
Telephone	### ### ####	Email	jdoe@health.nyc.gov

Project Description (attach additional pages if necessary)

The Department of Health and Mental hygiene seeks an appropriately qualified contractor to provide Widget Services. (Please provide full description)

Bidder or proposer is required OR is not required to specifically identify the contact information of all M/WBE firms they intend to use as a subcontractor on this contract, including the M/WBE vendor name, address and telephone number in the space provided below in Part 2 Section 4.

M/WBE Participation Goals for Services

Enter the percentage amount for each category or for an unspecified Goal.

Prime Contract Industry: Standard Srvc

Category and Breakdown:	
Unspecified	30.00 %
Black American	%
Hispanic American	%
Asian American	%
Women	%

Total Participation Goals **30.00 %**
Line 1

Part 1 is completed by DOHMH. It contains the M/WBE Participation Goal for Services.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Schedule B: New Part 2- M/WBE Participation Plan

Part 2: M/WBE Participation Plan

(To be completed by the bidder/proposer unless granted a full waiver, which must be submitted with the bid/proposal in lieu of this form)

Section 1: Prime Contractor Contact Information

Tax ID# ### ####	FMS Vendor ID# ####
Business Name ABC Widgets	Contact Person John Doe
Business Address 123 ABC Way	City XYZ State NY ZIP #####
Telephone ### ### ####	Email Jdoe@ABCWidgets.com

Section 3: Contractor M/WBE Utilization Plan

Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation. Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:

- As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor: MBE WBE
- As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE firms is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.
- As a non-M/WBE Prime Contractor that will enter into subcontracts with M/WBE firms the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable.

Section 2: M/WBE Utilization Goal Calculation

Prime Contractor Adopting Agency Participation Goals
For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE Participation Goals:

Total Bid/Proposal Value \$ 6,100,000.00
multiplied by x
Total Participation Goals 30.00 %
(Line 1 above)

Calculated M/WBE Participation Amount \$ 1,830,000.00
Line 2

Vendor will complete if agreeing to goal or denied waiver request; must complete and sign Schedule B Parts 1 and 2.

OR

Prime Contractor With Partial Waiver Approval Adopting Revised Participation Goals
For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Revised M/WBE Participation Goals:

Total Bid/Proposal Value \$ 6,100,000.00
multiplied by x
Total Revised Participation Goals 10.00 %
Calculated M/WBE Participation Amount \$ 610,000.00
Line 3

Vendor will complete if they received an approved partial waiver request; must complete and sign Schedule B Parts 1-3

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Schedule B: Part 2- Subcontracting Plan

Section 4: General Contract Information

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of M/WBE status? %

Enter a brief description of the type(s) and dollar value of subcontracts for all services you plan to subcontract if awarded this contract, along with the anticipated start and end dates for such subcontracts. For each item, indicate whether the work is designated for participation by an M/WBE. Where the contracting agency's solicitation has indicated a requirement that the bidder or proposer specifically identify the contact information of all M/WBEs they intend to use on this contract, vendors must also include the M/WBE vendor name, address and telephone number in the space provided below. Use additional sheets if necessary.

Description of Work	Start Date (MM/YY)	End Date (MM/YY)	Planned \$ Amount	Designated for M/WBE		M/WBE Vendor Name	M/WBE Address	M/WBE Telephone
				Y	N			
1.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
2.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
3.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
4.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
5.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
6.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
7.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
8.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
9.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -
10.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			() -

There are separate columns for subcontract descriptions, estimates and M/WBE designations.

Where required by the solicitation, vendors will also need to specifically identify the contact info, including name, address and telephone number, of the M/WBE vendors they intend to use to meet participation goals on the anticipated contract.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Schedule B: New Part 2- Responsive Vendor Submission

Section 5: Vendor Certification and Required Affirmations

I hereby:

1. acknowledge my understanding of the MWBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;
2. affirm that the information supplied in support of this MWBE Utilization Plan is true and correct;
3. agree, if awarded this Contract, to comply with the MWBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;
4. agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the MWBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and
5. agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the MWBE Participation Goals, or if a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature _____ Date _____
 Print Name _____ Title _____

As part of a responsive bid or proposal, the vendor **must sign** the Schedule B, Part 2 acknowledging and affirming their understanding of the M/WBE goal requirements and intent to make all good faith efforts to meet the final goal. If a vendor has been granted a full waiver, the vendor must include the approved waiver determination (Part 3) with their bid/proposal submission, in lieu, of a signed Schedule B, Part 2 in order to be considered responsive.

Failure to sign this section of the Schedule B will make a vendor non-responsive.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

Schedule B: New Part 3- Proposed Goal and Basis for Request



SCHEDULE B – Part 3 Request for Waiver of M/WBE Participation Requirement

Contract Overview

Tax ID# _____ FMS Vendor ID# _____
 Business Name ABC Widgets Contact Name John Doe
 Email jdoe@ABCWidgets.com Telephone _____
 Contracting Agency Department of Health & Mental Hygiene
 APT E-Proc# _____ Bid/Proposal Due Date _____

Basis for Waiver Request: Check appropriate box & explain in detail below (attach additional pages if needed)

- Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. Identify your subcontracting plan in the vendor certification section below.
- Vendor has other legitimate business reasons for proposing the MWBE Participation Goal requested here. Explain under separate cover.

Vendor Contract History

Using the [attached Excel template](#), list all contracts (for City and Non-City work) performed within the last 3 years and provide the requested information for each contract.

From the list of all contracts, provide reference information below for the 5 most relevant contracts in size, scale and scope (performed for New York City or any other entity) to the bid or proposal for which you are submitting this waiver request. Provide the requested information for each subcontract awarded during the life of the listed reference contract.

Please make sure to highlight the 5 reference contracts provided below among the comprehensive list of all your contract awards within the attached Excel template.

M/WBE Participation Goals for Services

Defined by AGENCY in bid/solicitation documents
 Percent of the total contract value to be subcontracted to M/WBE vendors for services and/or credited to an MWBE Qualified Joint Venture.

Unspecified 30.00 %
 Black American _____ %
 Hispanic American _____ %
 Asian American _____ %
 Women _____ %
Total Participation Goals 30.00 %

Proposed by VENDOR seeking waiver
 Percent of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted to M/WBE businesses for services. Or if MWBE Qualified Joint Venture, percent of total contract value anticipated to be credited to MWBE vendors.

Unspecified 10.00 %
 Black American _____ %
 Hispanic American _____ %
 Asian American _____ %
 Women _____ %
Total Participation Goals 10.00 %

To submit a waiver request, the vendor must complete Schedule B – Part 3. They must fill in the original goal percentage defined by the agency, the reduced goal they are requesting, and the basis for their request.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

Schedule B: New Part 3- Waiver Requests (Reference Section)

Vendors will use the linked excel file to provide their full contracting history within the last 3 years. From this list, they will identify 5 reference contracts that are most relevant to the current bid/proposal.

Contact information will now be required for each reference. Vendors must also provide an overview of the reference, including contract description, term, value, and their status as a prime/subcontractor. They must also indicate if the previous contract was subject to participation goals (city, state, or federal).

Vendor Contract History
Using the attached Excel template, list all contracts (for City and non-City work) performed within the last 3 years and provide the requested information for each contract.

From the list of all contracts, provide reference information below for the 5 most relevant contracts in size, scale and scope (performed for New York, City or any other entity) to the bid or proposal for which you are submitting this waiver request. Provide the requested information for each subcontract awarded during the life of the listed reference contract. Please make sure to highlight the 5 reference contracts provided below among the comprehensive list of all your contract awards within the attached Excel template.

Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
Agency/Organization _____	_____	_____	_____	_____
Contract # _____	_____	_____	_____	_____
Reference Contract _____	_____	_____	_____	_____
Telephone _____	_____	_____	_____	_____
Email _____	_____	_____	_____	_____
Contract Start Date _____	_____	_____	_____	_____
Contract End Date _____	_____	_____	_____	_____
Total Contract Value \$ _____	_____	_____	_____	_____
Prime Contract description _____	_____	_____	_____	_____
Did the vendor perform as a Prime Contractor or as a Subcontractor?	<input type="checkbox"/> Prime Contractor	<input type="checkbox"/> Subcontractor		
Was the Prime Contract subject to any Goals?	<input type="checkbox"/> City M/WBE Goals	<input type="checkbox"/> State Goals	<input type="checkbox"/> Federal Goals	<input type="checkbox"/> No Applicable Goals
Did the Prime Contractor meet goal requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
If the Prime Contractor did not meet goal requirements or contract is still ongoing, please explain _____				
If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.	_____	\$ _____		
_____	_____	\$ _____		
_____	_____	\$ _____		
_____	_____	\$ _____		
_____	_____	\$ _____		
_____	_____	\$ _____		
_____	_____	\$ _____		
_____	_____	\$ _____		
_____	_____	\$ _____		
Percentage of total contract value subcontracted to other vendors	_____	_____	_____	_____ %
If you performed as the Subcontractor, please provide a description and value of work areas you self-performed.	_____	\$ _____		

to be created to W/M/WBE vendors:

Unspecified	____%
Black American	____%
Hispanic American	____%
Asian American	____%
Women	____%
Total Participation Goals	____%

If the vendor was the prime contractor, they must list a description and award value for each subcontracted scope of work.

If the vendor was the subcontractor, they must list a description and award value for each subcontracted scope of work.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Schedule B: New Part 3- Waiver Requests (Vendor Certification)

Vendor Certification

Identify/list all the work areas you intend on subcontracting on the current anticipated contract for which you are submitting this waiver request.

I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith. I further affirm that the work that I did not list as work that will be subcontracted on this contract for which I am submitting this waiver request is work that I have performed on past contracts and will not subcontract if awarded this contract.

Signature _____ Date _____

Print Name _____ Title _____

Approvals (for Agency completion only)		Waiver Determination
ACCO Signature _____	Date _____	<input type="checkbox"/> Full Waiver Approved
CCPO Signature _____	Date _____	<input type="checkbox"/> Waiver Denied
		<input type="checkbox"/> Partial Waiver Approved
		Revised Participation Goal _____ %

Page 5 of 5

The Vendor Certification section includes both a subcontracting identification section. Vendors will be required to list all work areas they intend to subcontract. Upon signing the certification, they affirm that they will self-perform all work not identified in the subcontracting section.

QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Q & A Intermission

Thanks For Your Patience



QUESTIONS MAY BE SUBMITTED VIA EMAIL TO BIDS@HEALTH.NYC.GOV UNTIL 2:45 P.M.

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Q & A Reading and Closing

Thanks for your interest in DOHMH's Invitations For Bids for Agreement for Replacement and Repair of Boiler Systems at Various DOHMH Facilities



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Sign-in Sheet from the Pre-Bid Teleconference:

Name	Organization	Email
Claudio Belusic	AWL Industries	CBelusic@awlindustries.com
Robert Nerline	The Metro Group INC	rnerline@metrogroupinc.com
Alan Williams	The Metro Group INC	awilliams@metrogroupinc.com

City of New York
Department of Health and Mental Hygiene (DOHMH)
Invitations for Bids (IFB) for
Agreement for Replacement and Repair of Boiler Systems at Various DOHMH Facilities
PIN: 1900011100R0X00

Below are answers to the questions received by DOHMH at the Pre-Bid Teleconference and/or in writing by the Questions Due Date of July 6, 2020. Bidders are advised to read all questions and answers in order to have the most complete information.

Answers provided in writing herein should be considered the final and official responses to these questions.

Question 1: Can you please send me the specifications?

Answer 1: Complete bid requirements and specifications can be found in the Invitation for Bids document which can be accessed on-line at <http://www1.nyc.gov/site/doh/business/opportunities/contracting-opportunities.page>.

Question 2: Does DOHMH currently have a list of existing boilers that need replacement and will a walkthrough be scheduled for each boiler to be replaced?

Answer 2: DOHMH currently does not have any boilers scheduled for replacement and cannot anticipate boilers that will need to be replaced at this time. This is a requirements contract and the Contractor will be provided work on an as-needed basis. In the event a boiler is identified for replacement work, DOHMH will schedule a walkthrough with the Contractor as needed. Bidders can refer to Appendix N for the types and locations of boilers that may need to be replaced.

Question 3: In [one] of the slides you had: Steamfitter I & Steamfitter II. What does the I & II denote, is it for A and B guys? And are we following a PLA agreement??

Answer 3: Steamfitter I and Steam fitter II have been replaced by Steamfitter in the Prevailing Wage Schedule effective July 1, 2020. Please see Table 1 in Annex C: *Revised Bid Sheet* of this addendum. This contract is subject to the requirements of the Project Labor Agreement.

Question 4: What sort of repairs are expected for the high-pressure (steam) boilers??

Answer 4: DOHMH does not have any high-pressure boilers.

Questions 5: Can we get a copy of the power point presentation emailed to us?

Answer 5: Please refer to Annex A for the PowerPoint presentation.

ITEM 2: REVISED BID SHEET (Page 1 of 6)**PIN: 1900011100ROX00****NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN REJECTION OF YOUR BID.**

The undersigned agrees, if this bid is accepted, that it will, within 10 days of receipt of notice of award, submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid AT THE UNIT AND OTHER PRICES SET FORTH BELOW.

Note #1: The Net Prevailing Wage refers to the prevailing wage rate plus any applicable supplemental benefits in effect at the time labor services are performed in accordance with New York State Labor Law Articles 8 and 9.

Note #2 In Part I of the Bid Sheet, an allowance is allocated to cover labor for replacement (new installation) and repairs in response to both regular service calls and emergency service calls as described in Section II.A.1.e. The Contractor's Mark-Up Percentage shall include all costs for labor, statutory payroll taxes, fringe benefits, travel, trucking, tools, equipment, necessary insurance, overhead, and Contractor's profit.

Note #3: In Part II of the Bid Sheet, the Hourly Rate for each position listed includes all costs for labor, statutory payroll taxes, fringe benefits, travel, trucking, tools, equipment, necessary insurance, overhead, and Contractor profit.

Rigging and Scaffolding Allowance: The Contractor will be reimbursed at net cost for the provision of rigging and scaffolding services at DOHMH Facilities, up to a total of \$660,000. Rigging and scaffolding services will not be subject to any additions, mark-ups, or percentage multipliers. The Contractor cost shall be net all trade, industry, bulk, and payment discounts. The fixed rate shall include but not be limited to all labor services, supply of portable cranes and forklifts, truck transportation, tolls, permits, consumable materials, tools, all rigging materials such as chains, straps and skids, and all scaffolding materials such as safety netting, guardrails, bracing, footings, and platforms. The Contractor shall submit original vendors' invoices to support costs.

Filing Fees: The Contractor will be reimbursed for the net cost of filing fees without any mark-up or price escalations. All reimbursable expenses, with supporting documentation, shall be paid upon written acceptance by the DOHMH.

Note #4: In Part III of the Bid Sheet, the Contractor shall provide the net price for all supplied parts and materials in effect at the time of the submission of the Work Order plus the applicable mark-up rate. The Contractor's Materials Mark-Up Percentage shall be net of all trade, industry, bulk and early payment discounts. The mark-up rate must not exceed 10% for this category.

ITEM 2: REVISED BID SHEET (Page 2 of 6)**PIN: 1900011100ROX00**

- Note #5:** This is a requirements contract and is intended to cover, during the term of this Contract, the requirements of DOHMH. **The quantities listed are estimated for the full term of this contract, and DOHMH may use more, less or none of the quantities listed.**
- Note #6:** DOHMH reserves the right to add or remove locations at any time during the period of this Contract.
- Note #7:** As specified in Section I of the Scope of Services, payment of prevailing wages is required for titles covered under this solicitation. The Number of Units expressed or implied on the BID SHEET are **estimates only and shall be used for bid purposes only**; DOHMH does not guarantee any minimum or maximum amount of work and the Department of Health and Mental Hygiene shall not be bound thereby. Although the prevailing wage and supplemental benefits rates may change in accordance with New York State Labor Law, the bid mark-up percentage shall remain firm for the duration of this agreement. Services are to be provided only at the request of DOHMH.
- Note #8:** If the prevailing wage and/or benefit amount promulgated by the Comptroller in accordance with Articles 8 and 9 of the New York State Labor Law shall be increased for any of the classifications of employees to be utilized in the performance of the services hereunder during the term of this contract, the rate bid by the contractor shall be deemed increased by like amount and the obligations to pay such compensation and afford such benefits to the persons performing such services, either as employees of the contractor or of any approved subcontractor, will likewise be deemed to have increased in commensurate amounts.

Compliance with all provisions of the New York Labor Law is mandatory under this contract. Pursuant to Articles 8 and 9 of the New York State Labor Law, the Comptroller of the City of New York has promulgated a schedule of prevailing wages and supplemental benefits. These wages and benefits have been established solely for laborers, workmen, and mechanics engaged by private contractors to perform public work contracts. The wages to be paid and the benefits to be provided are those which prevail when the work is performed. A copy of the current relevant wage rates is attached as Appendix E.

The appropriate job title(s) as defined in Labor Law Article 8, Prevailing Wage Schedule, shall be used throughout the terms of this contract. Certified payroll reports shall be provided with each partial payment request to verify that the appropriate job title(s) are being used and that the provisions of the labor Law, as to the hours of employment, rates, and supplemental benefits are being observed. The job title required user this contract includes, but is not limited to the Prevailing Wage Titles listed in Table 1 of the Bid Sheet.

ITEM 2: REVISED BID SHEET (Page 3 of 6)

PIN: 1900011100R0X00

Bidder's Legal Name _____ Bidder's Tax ID# _____

Part I. ESTIMATED TOTAL PRICE OF LABOR FOR REPAIR, NEW INSTALLATION (FOR ENTIRE CONTRACT TERM)		
A	B	C
Estimated Cost of Labor Based on the Net Prevailing Wage Rates of All Relevant Titles* (See Note #1)	Contractor's Labor Mark-Up Percentage (See Note #2)	Total Bid Price of Labor A + (A x B)
Labor (Regular Service Call) \$1,650,000.00	_____ %	\$ _____
Labor (Emergency Service Call) \$137,500.00	_____ %	\$ _____
SUBTOTAL PART I (sum of Column C)		\$ _____
<p>*Note: Table 1 below lists the prevailing wage titles and the respective estimated hourly usages anticipated over the term of the contract. The contractor's percentage mark-up in Part I shall be applied to the net prevailing wage rates for the titles in Table I in addition to other titles not listed in the table that may be necessary to complete the tasks for each project.</p>		

Table 1. ESTIMATED TOTAL NUMBER OF HOURS ANTICIPATED (FOR ENTIRE CONTRACT TERM)

Prevailing Wage Title	Estimated Hours
Steamfitter	6,400
Sheet Metal Worker	2,294
Sheet Metal Worker - Duct Cleaner	1,087
Electrician "A"	725
Heat & Frost Insulator	725
Plumber (Mechanical Equipment and Service)	1,450
Laborer	3,262
Boilermaker	1,631
Iron Worker- Structural	181
Welder	250

ITEM 2: REVISED BID SHEET (Page 4 of 6)

PIN: 1900011100R0X00

Bidder's Legal Name _____ Bidder's Tax ID# _____

Part II. EXPEDITING/CADD/ENGINEERING SERVICES/ (FOR ENTIRE CONTRACT TERM) (See Note #3)			
Title	A Hourly Rate	B Estimated Hours	C Total Bid Price A x B
Expediter (Filing Service)	\$ _____	400	\$ _____
Expediter (Violation Removal)	\$ _____	400	\$ _____
CADD/Engineering Service	\$ _____	1500	\$ _____
Reimbursable (Expediters Filing and Permit Fees)			\$300,000.00
Allowance for Rigging and Scaffolding Services			\$660,000.00
SUBTOTAL PART II (sum of Column C)			\$ _____

Part III: PARTS FOR INSTALLATION, MAINTENANCE AND REPAIRS (FOR ENTIRE CONTRACT TERM) (See Note #4)		
A	B	C
Estimated Cost Of Materials	Contractor's Materials Mark-Up Percentage	Total Bid Price of Materials A + (A x B)
\$1,980,000.00	_____ %	\$ _____
SUBTOTAL PART III (sum of Column C)		\$ _____

ITEM 2: *REVISED* BID SHEET (Page 5 of 6)

PIN: 1900011100R0X00

Bidder's Legal Name _____ Bidder's Tax ID# _____

TOTAL BID CALCULATION

SUBTOTAL FROM PART I \$ _____

SUBTOTAL FROM PART II \$ _____

SUBTOTAL FROM PART III \$ _____

TOTAL BID PRICE (SUM OF PARTS I, II, AND III) \$ _____

TOTAL BID PRICE IN WORDS: _____

_____ (Dollars)

In the case of any discrepancy between the price in words and that in figures, the lowest price will be considered the bid price.

ITEM 2: REVISED BID SHEET (Page 6 of 6)

PIN: 1900011100ROX00

The undersigned, in submitting this bid, expressly states and represents that it is made in good faith, and that calculations were made on reasonable estimates. The undersigned hereby certifies to the truth and accuracy of all figures and answers contained herein, and authorizes the Department to make any necessary examination of the books of account, records and vouchers of the bidder or other investigation to determine its responsibility.

Bidder: _____
(Insert Full Legal Name of Company)

By: _____
(Signature of Person Authorized To Sign the Bid)

Attest: _____
(Secretary of Corporate Bidder)

(CORPORATE SEAL)

TO BE NOTARIZED:

Sworn to before me this ____ day
of _____, 20__

(Notary Public or Commissioner of Deeds)

ANNEX C

(TO BE NOTARIZED)

ACKNOWLEDGMENT BY INDIVIDUAL

STATE OF NEW YORK)

SS:

COUNTY OF _____)

On this _____ day of _____, 20__ before me personally came _____ to me known and known to me to be the same person described and who executed the foregoing instrument and he acknowledged to me that he executed the same for the purposes therein mentioned.

Notary Public or Commissioner of Deeds

(TO BE NOTARIZED)

ACKNOWLEDGMENT BY PARTNERSHIP

STATE OF NEW YORK)

ss:

COUNTY OF _____)

On this _____ day of _____, 20__ before me personally came _____ to me known and known to me to be a member of _____ the firm described in and which executed the foregoing instrument and (s)he acknowledged to me that (s)he subscribed the name of said firm thereto on behalf of said firm for the purposes therein mentioned.

Notary Public or Commissioner of Deeds

(TO BE NOTARIZED)

ACKNOWLEDGMENT BY CORPORATION

STATE OF NEW YORK)

ss:

COUNTY OF _____)

On this _____ day of _____, 20__ before me personally came _____, who being by me duly sworn, did depose and say that (s)he resides in the City of _____; that (s)he is the _____ of the corporation described in and which executed the foregoing instrument; that (s)he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Corporation; and that (s)he signed his/her name thereto by like order for the purposes therein mentioned.

Notary Public or Commissioner of Deeds

REVISED ITEM 3: ACKNOWLEDGMENT OF ADDENDA

Complete Part I or Part II, whichever is applicable, and sign your name in Part III:

PART I: LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS IFB:

- ADDENDUM # 1, DATED **July 10, 2020**
- ADDENDUM # 2, DATED _____ , 20__
- ADDENDUM # 3, DATED _____ , 20__
- ADDENDUM # 4, DATED _____ , 20__
- ADDENDUM # 5, DATED _____ , 20__
- ADDENDUM # 6, DATED _____ , 20__

PART II: ____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS INVITATION FOR BIDS.

PART III:

BIDDER (NAME)_____ DATE__/__/__

BIDDER (SIGNATURE)_____