

10/27/2023

To: All Potential Respondents
From: Construction Procurement
Subject: RFQ926200-02 WRC Elevator Work

Request for Quote

The Iowa Department of Administrative Services is requesting proposals to make alterations to two (2) hydraulic elevators located on the campus of the Woodward Resource Center, Woodward, IA. The elevators are in Myers Hall and the Medical Center. The Consultant retained has acquired wiring diagrams sufficient to aid in adding Phase I Recall operation to these elevators at the facility. See Exhibit B for additional detail.

All work must be done on-site at Woodward Resource Center and all personnel must pass a background check. Information required for the background check includes full name, birthdate, state driver's license # or State id#, and social security number.

The alterations to the two (2) hydronic elevators shall be completed no later than March 29, 2024.

The Project is located at Woodward Resource Center, 1251 334th St. Woodward, Iowa 50276.

Please email your quote using the Exhibit A pricing form to construction.procurement@iowa.gov prior to November 21, 2023, at 2:00 pm (CT).

All questions regarding this solicitation must be received by email by 2:00 pm (CT) On November 14, 2023.

There will be a pre-bid meeting and walkthrough at the site on November 9, 2023 at 10:00 AM or you may join online via Microsoft Teams:

Call-in Number: 1-563-293-1351

Phone Conference ID: 350 874 375#

Contract Terms and Conditions

This procurement will result in two different Consensus 802 Agreements: one for the work at the Medical Center and one for the work at Myers Hall. By submitting a quote, respondent agrees to the contract terms and conditions available at:

<https://das.iowa.gov/sites/default/files/procurement/pdf/ConsensusDoc802.pdf>

Performance Bond

Respondent must provide Performance and Payment Bonds in accordance with Section 10.8 of Consensus 802 Agreement. It is anticipated that Performance and Payment Bonds will only be needed for the work at the Medical Center.

Insurance Requirements

See sample Certificate of Insurance attached as Exhibit D for required limits, additional insured requirements and waiver of subrogation.

Exhibit A Pricing Form
WRC Elevator Work
Woodward Resource Center
Request for Quote RFQ926200-02
Due November 21, 2023 at 2:00 pm (CT)

Please submit this completed form with your Quote to:
Attention: Michael Bradbury
Iowa Department of Administrative Services - Central Procurement
construction.procurement@iowa.gov

This form is to be completed in ink or typewritten.
Only pricing on this form or an exact copy of this form will be accepted.
Pricing Form shall be signed by an officer of the firm with authority to bind Respondent to Contract.

Respondent acknowledges receipt of the following Addenda (if issued) which are part of the RFQ documents:

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Freight Terms: FOB Destination, Freight Pre-Paid

The State reserves the right to reject any or all quotes without penalty and to waive minor deficiencies and informalities if, in the judgement of the State, it's best interests will be served.

Respondents must submit pricing for all scope of work items indicated per the attached Exhibit B. The State reserves the right to evaluate pricing. The State intends to make one Award for this project.

Lump Sum Quote Price for Elevator Work

Medical Center Elevator Work (Labor and Material(s)) Total \$ _____

Myers Hall Elevator Work (Labor and Material(s)) Total \$ _____

Please note all pricing is to be delivered price. That is why we are stating FOB Destination, Freight Pre-Paid.

Signature _____

Name (Print) _____

Title _____

Company _____

Address _____

City, St., Zip _____

Phone # _____ **Fax #** _____

E-mail _____

Exhibit B Scope of Work

WRC Elevator Work
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Due to the addition of sprinklers in the hoistway and elevator equipment rooms, these elevators must be equipped with shunt trip breakers. These breakers will remove power to the elevators if a heat detector is activated in the elevator equipment room or top of the hoistways. Phase One fire recall is required to bring the elevator to a landing and open the doors prior to removing power. The sprinkler work and shunt trip breakers have been provided by a separate contract. This RFQ is for work to enable the elevator controllers to accept the signals from the shunt trip breakers. See below for scope of work details for the elevator in each building.

Medical Center State ID# 288

Elevator Type	In-Ground Hydraulic
Installer	Chenowith and Kern
Installation Year	1963
Capacity	5000 lbs.
Speed	100 fpm.
Operation	Selective Collective
Landings Served	B, 1, & 2
Control Type	ESCO Relay Controller
Door Operation	Automatic one-speed side sliding
Existing Fire Service	None

The Medical Center Elevator was designed and installed without any fire service features. Provide pricing to add Phase One recall with the following features:

1. Install a code approved panel in the mechanical room to add Phase One recall to the elevator. All wiring shall be included and installed in code approved wireways.
2. Install a new hall fixture at Floor 1, mounted at ADA height and includes an FEO-K1 fire switch and Fire indicator. Provide a keyed switch with three positions, Bypass, Off, On. The key shall be removeable in the Off and On positions only.
3. Install a Fire Buzzer and Indicator in the elevator cab that signals activation of any recall device.
4. Install fire signage at all landings. The signage made of white plastic with red and black symbols containing three (3) flame emblems and "In Case Of Fire Emergency Use Exit Stairs". The signage at the Phase One switch shall include instructions for Phase One recall.
5. There shall be a pretest prior to scheduling the acceptance test with the State of Iowa Elevator Division.
6. Provide all necessary materials, labor and permits.

Myers Hall State ID# 3279

Elevator Type	In-Ground Hydraulic
Installer	Polly Elevator
Installation Year	1980
Capacity	2500 lbs.
Speed	100 fpm.
Operation	Selective Collective
Landings Served	B, 1, & 2
Control Type	ESI Relay Controller
Door Operation	Automatic one-speed side sliding
Existing Fire Service Retain	ANSI A17.1 1978

Myers Hall was designed with Fire call operations under ANSI A17.1 1978 requirements. There is a phase One switch located at the main landing that when activated, recalls the elevator.

Scope of work to be provided with this RFP:

1. Install a new FEO-K1 fire recall switch and bezel in the hall station. The bezel shall be Red with the following markings:
Bypass, Off, On.
The key shall be removeable in the off and on positions only.
2. Connect the relay signals (provided by others) to the controller to enable recall by the fire detection system.
3. Install fire signage at all landings. The signage made of white plastic with red and black symbols containing three (3) flame emblems and "In Case Of Fire Emergency Use Exit Stairs".
4. The signage at the Phase One switch shall include instructions for Phase One On, Off and Bypass positions.
5. There shall be a pretest prior to scheduling the acceptance test with the State of Iowa Elevator Division.
6. Provide all necessary materials, labor and permits.

Submittals for each elevator (separately for Medical Center and Myers Hall)

1. Pre-Construction
 - a. Product data: Submit a cut sheet of the proposed overlay product to be utilized for the Medical Center elevator.
 - b. Provide a drawing of the proposed signal fixture to be installed at the main landings.
2. Post-Construction
3. Operation and Maintenance Manuals: Submit bound manuals in standard three-ring, hard binders. Identify each binder with Owner's name. Submit one (1) electronic manual in .pdf format on a USB drive. Each manual shall contain the following:
 - a. Operating and maintenance instructions, lubricating schedule and instructions, parts listing, recommended parts inventory listing for motor and critical components, emergency instructions and similar information.
 - b. Diagnostic device operations manual - The diagnostic device operations manual shall be complete with adjustment settings, sequence of operation, and other diagnostic technical data required for adjustments, tuning, maintenance, and operation of the elevators including performance of all required acceptance and periodic testing required by the ASME

A17.1 Safety Code for Elevators and Escalators. Manual shall include access codes required for accessing microprocessor equipment for adjusting or programming.

- c. Wiring Diagrams - Complete electrical circuit diagrams for control and operational features as installed, showing location and wiring for power, signal and control systems. The diagrams shall differentiate clearly between manufacturer-installed wiring and field installed wiring.
3. On-Site Wiring Diagrams: Provide job-specific wiring diagrams located near the elevator controller in the elevator control room. Provide one (1) hard copy sized at 11" x 17" minimum, clear-laminated wiring diagrams.
4. Keys: Provide a total of three (3) sets of keys for each type of key fixture on the elevator equipment. Keys shall be tagged with permanent marking, identifying function and use.

ELECTRIC WIRING

1. Conductors: Copper throughout with individual wires coded and all connections on identified studs or terminal blocks. Use no splices or similar connections on any wiring except at terminal blocks, control cabinets, junction boxes or conduits. Provide 10% spare conductors in traveling cables between car and elevator controller.
2. Conduit: Painted or galvanized steel or aluminum conduit and duct shall be used. Conduit size shall be ¾-inch minimum, except that ½-inch can be used for runs containing only 2 wires. Flexible conduit exceeding 18 inches in length shall not be used. Flexible heavy duty service cord, type SO, may be used between fixed car wiring and car door switches for safety edges.

Quality Assurance

1. All products installed by the successful contractor shall be in accordance with the codes enforced by the State of Iowa. All penetrations shall be patched and fire-stopped prior to inspection and handover.

Warranty

1. Provide a One (1) year warranty of all labor and materials installed.

Exhibit C Facility Work Requirements

WRC Elevator Work
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1. Each person (excluding delivery drivers) shall submit to and pass a background check run by the State of Iowa prior to site entry. Information needed for background checks include full name, date of birth, and social security number. There is no cost to the Contractor for background checks. Plan that each background check takes two weeks from the date of submission.
2. Contractors shall clean up and dispose of waste materials and debris generated from their work daily.
3. All persons shall wear hardhats, safety glasses, work boots, full-length pants, and shirts with a minimum of 4-inch sleeves while onsite.
4. All persons are prohibited from using products containing tobacco and/or nicotine on site.
5. Each Contractor shall designate a representative to attend one 60-minute pre-construction meeting.
6. All vehicles must be locked when unoccupied and the windows left open no more than 1-inch.

Exhibit D Sample Certification of Insurance

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Due November 21, 2023 at 2:00 pm (CT)



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agent's Name Agent's Address	CONTACT NAME: Agent's Information PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Company A (AM Best Rated A/VI or Better) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # Admitted Carriers
INSURED Trade Contractor's Name Trade Contractor's Mailing Address		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	Minimum
* A	COMMERCIAL GENERAL LIABILITY	X	X	#TBD- CGL	3/1/17	3/1/18	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMPROP AGG	\$1,000,000
								\$
B	AUTOMOBILE LIABILITY	X	X	#TBD-AL	3/1/17	3/1/18	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	SCHEDULED AUTOS NON-OWNED AUTOS							\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X	X	#TBD-UMB	3/1/17	3/1/18	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	#TBD-WC	3/1/17	3/1/18	PER STATUTE	X
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
* E	Owners Contrators Protective Liability			#TBD-OCF	3/1/17	3/1/18	*Limits equal to CGL (or) as required by owner (Note- Would be either CGL or OCF, not both)	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured on a Primary & Non-Contributory basis (CGL;AL;UMB/Excess) in favor of : (Owner) Iowa Department of Administrative Services (DAS), Officers, Directors, Members, Consultants, Agents, and Employees.
Waiver of Subrogation (CGL;AL;WC/EL;UMB/Excess) in favor of: (Owner) Iowa Department of Administrative Services (DAS), Officers, Directors, Members, Consultants, Agents, and Employees.

Project XXXX.XX (Number varies by project)

CERTIFICATE HOLDER

CANCELLATION

Iowa Department of Administrative Services (DAS)
109 SE 13th Street
Des Moines, IA 50319

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Signature

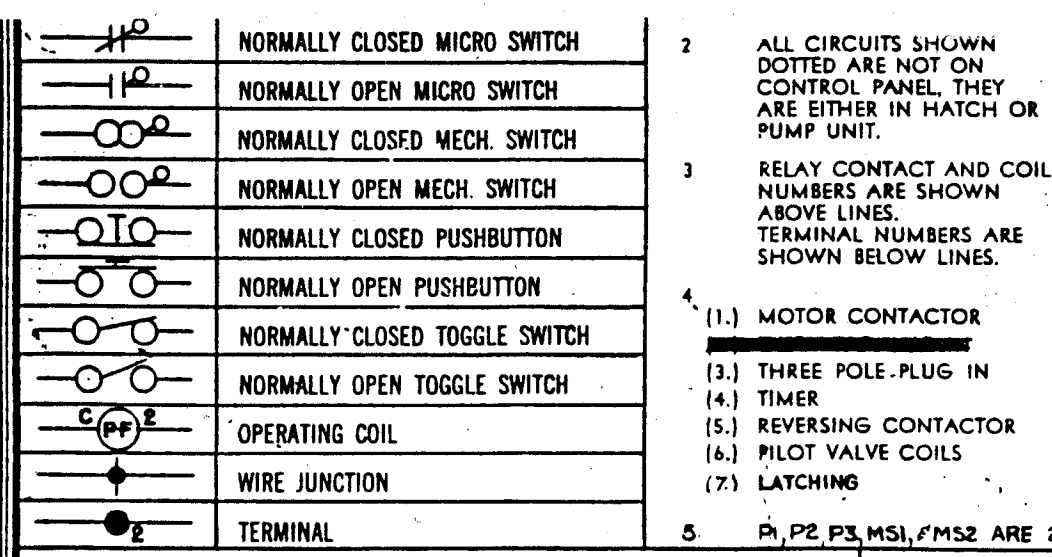
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ACORD 25 (2014/01)

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Exhibit E Wiring Diagrams

WRC Elevator Work
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SEE NOTE	RELAY MARKING	RELAY FUNCTION	COIL AND CONTACT LOCATION												
			0	NORMALLY OPEN						NORMALLY CLOSED					
				1	2	3	4	5	6	7	8	9	10	11	12
5	C	DOOR CLOSE CONTACTOR	12	12	13	13								12	
3	CA	CALL ABOVE	5	6										8	
3	CB	CALL BELOW	5	6										8	
3	D	DOWN	11	11									12	10	
3	DD	DOWN DIRECTION	6		6	11						5			
3	DDI	AUXILIARY TO "DD"	6	8	10	1									
3	DF	DOWN FULL SPEED	10	9	11									11	
3	DL	DOWN LEVEL	11	12								12			
3	DLI	AUXILIARY TO "DL"	11		11	11						11			
3	DO	DOOR OPEN	4	12									12		
3	DR	DOOR	9									4	4		
3	INS	INSPECTION	3	11								10	10	11	
3	INSI	AUXILIARY TO "INS"	3									10			
3	LR	LEVELING	11	11										11	
1	MS	MOTOR STARTER													
1	MSI	AUXILIARY TO "MS"	2												
5	O	DOOR OPEN CONTACTOR	12	13	13	13								12	
3	OI	AUXILIARY TO "O"	12	8											
3	S	STOP	8	8								11	10		
3	SE	DOOR SEQUENCE	12		12	12						12			
4	T	DOOR CYCLE TIMER	12	12											
3	T1	AUXILIARY TO "T"	12			12						6	8		
3	T2	" " "	12	12	12								4		
3	TC	TIME CANCEL	4	12											
3	U	UP	10	11	2							12			
3	UI	AUXILIARY TO "U"	10	2									10		
3	UD	UP DIRECTION	6	10	6	11						5			
3	UDI	AUXILIARY TO "UD"	6	8	10	1									
3	UDF	UP~DOWN FULL SPEED	9									4	10	10	
3	UF	UP FULL SPEED	10	9	11	10							10		
3	UL	UP LEVEL	10	12								12			
3	ULI	AUXILIARY TO "UL"	10	11	11								11	10	
6	V1	FULL DOWN PILOT VALVE SOLENOID	10												
6	V2	DOWN LEVELING PILOT VALVE SOLENOID	10												
6	V3	FULL UP PILOT VALVE SOLENOID	11												
6	V4	DUMP PILOT VALVE SOLENOID	10												
6	V5	FLOW CONTROL PILOT VALVE SOLENOID	10												
7	1	FLOOR RELAY, 1ST FLOOR	4	1	5										
7	2	" " 2ND FLOOR	4	1	5	8									
7	3	" " 3RD FLOOR	4	1	5										
3	1F	FLOOR INDICATING, 1ST FLOOR	2	8	5	4									
3	1FI	AUXILIARY TO "1F"	2		1							5	5		
3	2F	FLOOR INDICATING, 2ND FLOOR	2	8	5	4									
3	2FI	AUXILIARY TO "2F"	2		1							5	5		
3	3F	FLOOR INDICATING, 3RD FLOOR	2	8	5	4									
3	3FI	AUXILIARY TO "3F"	2		1							5	5		
4	MT	LOW OIL CONTROL - HEINEMANN TIMER	10	9											
3	MTI	AUXILIARY TO "MT"	9	9	6							5	10	9	
3	OS	OUT OF SERVICE	6	7	7							7	7		

Exhibit F Preliminary Schedule

WRC Elevator Work
Woodward Resource Center
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Due November 21, 2023 at 2:00 pm (CT)

Preliminary Schedule:

1. Bid Due: 11/21/2023.
2. Date of Commencement: 12/22/2024.
3. Procurement of Materials: 1/2/2024 to 3/1/2024
4. Construction: 1/2/2024 to 3/29/2024
5. Substantial Completion: 3/29/2024