



Governor Kim Reynolds  
Lt. Governor Adam Gregg

Adam Steen, Director

February 11, 2022

To: All Potential Respondents  
From: Construction Procurement  
Subject: RFQ922800-01 Plumb Grove Roof Replacement

### **Request for Quote**

The State of Iowa is conducting a Request for Quote for a contractor to remove and replace the existing wood shake roofing on the Plumb Grove Building located at 1030 Carroll St., Coralville, IA 52240. See Exhibit B for additional detail.

All work shall be substantially completed by May 27, 2022

The Project is located at 1030 Carroll St., Coralville, IA 52240.

**A pre-quote on site meeting will be held February 23, 2022 @ 10:00 AM.**

**Please email your quote using the Exhibit A pricing form to [construction.procurement@iowa.gov](mailto:construction.procurement@iowa.gov) prior to March 10, 2022 at 2:00 PM (CT).**

**All questions regarding this solicitation must be received by email by 2:00 PM (CT) ON February 25, 2022.**

### **Contract Terms and Conditions**

This procurement will result in a Consensus 802 Agreement. 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 a Performance and Payment Bond in accordance with Section 10.8 of Consensus 802 Agreement.

### **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**  
Plumb Grove Roofing Replacement  
1030 Carroll St., Coralville, IA 52240  
Request for Quote RFQ922800-01

**Due Thursday, March 10, at 2:00 PM (CT)**

Please submit this completed form with your Quote to:  
Attention: Bobbi Pulley  
Iowa Department of Administrative Services - Central Procurement  
[construction.procurement@iowa.gov](mailto: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.

**BP01 – Remove and replace shake roofing:**

Quote: Total \$ \_\_\_\_\_

**Unit Price 01 – Remove and replace (1) S.F. of damaged roof sheathing:**

Quote: 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**

Plumb Grove Roofing Replacement  
1030 Carroll St., Coralville, IA 52240  
Request for Quote RFQ922800-01

**Due Thursday, March 10, at 2:00 PM (CT)**

### **BP01 – Remove and replace shake roofing:**

All work on Sheets G-1 Cover Sheet, G-2 Specifications, A-1 Roof Plan, A-2 Elevations & A-3 Details. Remove and dispose of existing cedar shakes, fasteners and underlayment indicated on the plans. Remove existing gutters and downspouts and save for reinstallation. Provide and install new continuous ventilation, roofing felt, Ice and water, new drip edge and cedar shakes as indicated on the plans.

### **Unit Price 01 - Remove and replace (1) S.F. of damaged roof sheathing:**

Provide all labor, material, and equipment to remove and dispose of (1) square foot of roof sheathing and replace with new sheathing.

C:\Users\miken\OneDrive - Horizon Architecture\My Drive\Horizon\Projects\General Projects\G21-015 DAS Plum Grove Historic House Roof Replacement.pln

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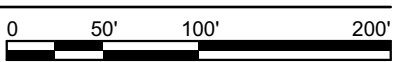
# PLUM GROVE HISTORIC HOUSE

# ROOF REPLACEMENT

# DAS PROJECT NO. 9228.00



3 SITE  
SCALE: 1" = 100'



## DING INFORMATION

LE BUILDING CODE - 2015 IEBC AND IPC  
ATION OF WORK - REPAIR

EMENT OF DAMAGED MATERIALS (SIDING) FOR THE  
OF MAINTINING COMPONENTS IN SOUND CONDITION  
PECT TO EXISTING LOADS OR PERFORMANCE  
IENTS.  
IANCE REQUIREMENT (601.2) - THE WORK SHALL NOT  
BUILDING LESS CONFORMING THAT IT WAS BEFORE  
IR WAS UNDERTAKEN.

GUTTER AND DOWNSPOUT SIZE VALIDATED PER IPC

## JECT DIRECTORY

### OWNER

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS)  
109 EAST 13TH STREET  
DES MOINES, IA 50319  
OWNER'S REPRESENTATIVE: JAMES TROWER  
PHONE: 515.725.4150  
EMAIL: [JAMES.TROWER@IOWA.GOV](mailto:JAMES.TROWER@IOWA.GOV)

### CONSTRUCTION MANAGER

THE SAMUELS GROUP  
2929 WESTON PARKWAY SUITE 200  
WEST DES MOINES, IA 50266  
PROJECT MANAGER: BRIAN POLZIN  
PHONE: 715.841.1982  
EMAIL: [BPOLZIN@SAMUELSGROUP.NET](mailto:BPOLZIN@SAMUELSGROUP.NET)

### ARCHITECT

HORIZON ARCHITECTURE  
3116 ALPINE COURT IOWA CITY IA 52245  
PHONE: (563) 506-4965  
CONTACT: MICHAEL NOLAN, AIA  
EMAIL: [MICHAEL@HORIZON-ARCHITECTURE.COM](mailto:MICHAEL@HORIZON-ARCHITECTURE.COM)

SHEET INDEX	
ID	Name
G-1	COVER SHEET
G-2	SPECIFICATIONS
A-1	ROOF PLAN
A-2	ELEVATIONS
A-3	DETAILS

## GRAPHIC SYMBOLS

### WINDOW MARKER

W01

### SKYLIGHT MARKER

S01

### DOOR IDENTIFIERS

DOOR IDENTIFIER  
(ELEVATIONS/SECTIONS)  
6" TYPICAL, UNLESS OTHERWISE NOTED

D01.1

DOOR IDENTIFIER  
(PLANS)

### SECTION / DETAIL MARKER

INDICATES SECTION  
LOCATION ON SHEET  
INDICATES SHEET  
ON WHICH DRAWING  
IS SHOWN

### INTERIOR ELEVATION MARKER

INDICATES ELEVATION  
LOCATION ON SHEET  
INDICATES SHEET  
ON WHICH ELEVATION  
IS SHOWN

### ELEVATION / SECTION MARKER

INDICATES ELEVATION  
LOCATION ON SHEET  
INDICATES SHEET  
ON WHICH DRAWING  
IS SHOWN

### DETAIL / ENLARGED PLAN MARKER

INDICATES DETAIL  
LOCATION ON SHEET  
INDICATES SHEET  
ON WHICH DETAIL  
IS SHOWN

### SPACE DESIGNATION

OFFICE  
003  
11A-201  
SPACE NAME  
SPACE NUMBER  
ENLARGED PLAN REFERENCE

### WALL TYPE MARKER

(SEE PARTITION LEGEND)

### KEYNOTE IDENTIFIER

1.01.01  
1.01.01  
KEYNOTE: SEE KEYNOTE LEGEND  
ON DRAWING'S LAYOUT  
ALTERNATE KEYNOTE:  
SEE KEYNOTE LEGEND  
ON DRAWING'S LAYOUT

## ABBREVIATIONS

A.D.	AREA DRAIN	DN	DOWN	HORIZ	HORIZONTAL	PL LAM	PLASTIC LAMINATE	U/L	UNDERWRITERS
ABV.	ABOVE	DWG.	DRAWING	HT.	HEIGHT	QTY.	QUANTITY	LABORATORIES	QUANTITY
ADA	ACCESSIBLE / AMERICANS	DEPT.	DEPARTMENT	INSUL.	INSULATION / INSULATING	R	RISER	VEST.	VESTIBULE
WITH DISABILITIES ACT		DBL	DOUBLE	ID.	INSIDE DIAMETER	R.W.C.	RAIN WATER CONDUCTOR	V.C.T.	VINYL COMPOSITION
ADJ.	ADJUSTABLE	DIM.	DIMENSION	INCAND.	INCANDESCENT	REIN.	REINFORCING / REINFORCED	TILE	
A.O.R.	AREA OF REFUGE	DR.	DOOR	JAN.	JANITOR	REQ.	REQUIRED	W	WITH
ALUM.	ALUMINUM	EXIST.	EXISTING	JT.	JOINT	R.O.	ROUGH OPENING	W.C.	WATER CLOSET
ALT.	ALTERNATE	EQ.	EQUAL	LBS.	POUNDS	REV.	REVISED / REVISION	WD	WOOD
A.F.F.	ABOVE FINISHED FLOOR	E.C.	ELECTRICAL CONTRACTOR	LAV.	LAVATORY	REFL	REFLECTED		
AC.	ACOUSTIC / ACOUSTICAL	EL.	ELEVATION	LAM.	LAMINATE	REC.	RECESSED	&	AND
A.F.	ALUMINUM FACE	ELEV.	ELEVATOR	L.P.	LOW POINT	RAD.	RADIUS	@	AT
APPK.	APPROXIMATE /	ELEC.	ELECTRIC / ELECTRICAL	MAX.	MAXIMUM	S.S.	STAINLESS STEEL	±	PLUS OR MINUS
APPROXIMATELY		EXP.	EXPANSION	MFR.	MANUFACTURER /	ST		+	ANGLE
BD.	BOARD	EXT.	EXTERIOR	MANUF.	MANUFACTURED	SIM.	SIMILAR	∠	ANGLE
BLK.	BLOCK / BLOCKING	EA.	EACH	MTL.	METAL	STL.	STEEL	[	CHANNEL
BLDG.	BUILDING	F.D.	FLOOR DRAIN	MIN.	MINIMUM	SQ.	SQUARE	#	SQUARE
B.O.	BOTTOM OF	F.E.	FIRE EXTINGUISHER	MIRR.	MIRROR	SAN.	SANITARY	□	SQUARE
B.O.S.	BOTTOM OF STEEL	F.E.C.	FIRE EXTINGUISHER	MTD.	MOUNTED	SUSP.	SUSPENDED	∅	ROUND / DIAMETER
CAB.	CABINET	CABINET		M.O.	MASONRY OPENING	STD.	STANDARD	/ / C.L.	CENTER LINE
C.C.	CENTER-TO-CENTER	FIN.	FINISH / FINISHED	MISC.	MISCELLANEOUS	SPEC.	SPECIFICATION	/ / PL.	PLATE
CLG.	CEILING	FLOOR	FLOOR	MECH.	MECHANICAL	TEL.	TELEPHONE	IT	U-BAR
CLOS.	CLOSE	F.O.	FACE OF	N.I.C.	NOT IN CONTRACT	T.O.	TOP OF	L	LEG-BAR
C.M.	CONSTRUCTION MANAGER	FT.	FEET / FOOT	NO.	NUMBER	T.O.S.	TOP OF STEEL		
CMU	CONCRETE MASONRY UNIT	FLUOR.	FLUORESCENT	N.T.S.	NOT TO SCALE	T.O.W.	TOP OF WALL		
C.J.	CONTROL JOINT	GYP.	GYPSONIUM	O.C.	ON CENTER	TOILET	TOILET		
CONC.	CONCRETE	GALV.	GALVANIZED	O.D.	OUTSIDE DIAMETER	TYP.	TYPICAL		
CORR.	CORRIDOR	GA.	GAUGE	OPP.	OPPOSITE	THK.	THICK		
COL.	COLUMN	G.C.	GENERAL CONTRACTOR	OPG.	OPENING	TMP.	TEMPERED		
CONT.	CONTINUE / CONTINUOUS	HR.	HOUR	P.C.	PLUMBING CONTRACTOR	T.S.G.	TEMPERED SAFETY		
CONTR.	CONTRACTOR	H.P.	HIGH POINT	P.F.	PANEL FACE	GLASS	GLASS		
DIA.	DIAMETER	HVAC	HEAT, VENTILATION, AIR-CONDITIONING	PR.	PAIR	U.O.N.	UNLESS OTHERWISE NOTED		
DTL.	DETAIL			P.T.	PRESSURE TREATED				

### VERIFY SCALE

BAR IS ONE (1) INCH LONG ON ORIGINAL DRAWING

0 1

IF BAR IS NOT ONE (1) INCH LONG, ADJUST SCALE ACCORDINGLY

ISSUED FOR PERMIT AND CONSTRUCTION

9228.00 DCA PLUM  
GROVE ROOF  
REPLACEMENT

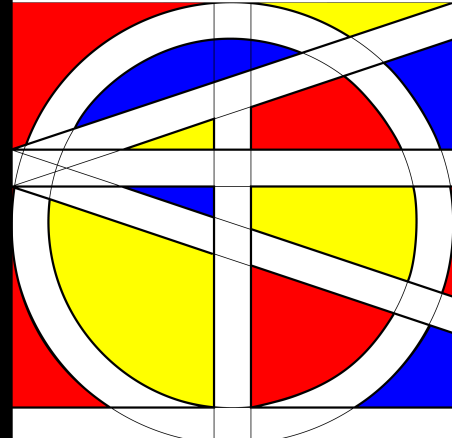
1030 Carroll Street  
Iowa City, IA 52240

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COPYRIGHT

SHEET TITLE  
COVER SHEET

G-1

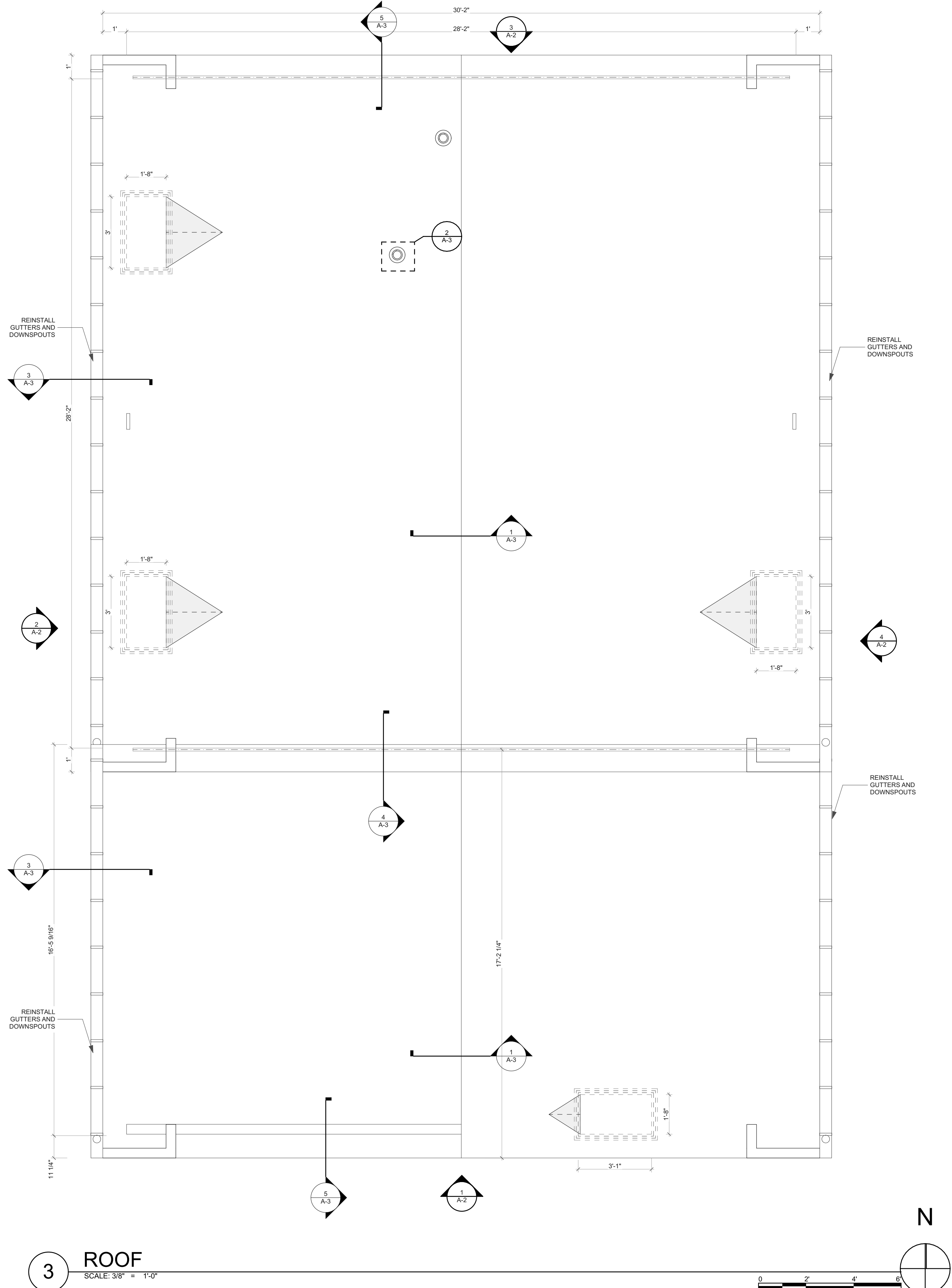
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original.  
architecture.



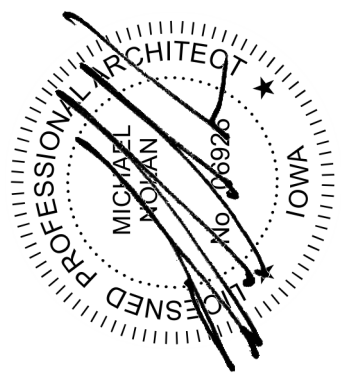








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1030 Carroll Street  
Iowa City, IA 52240

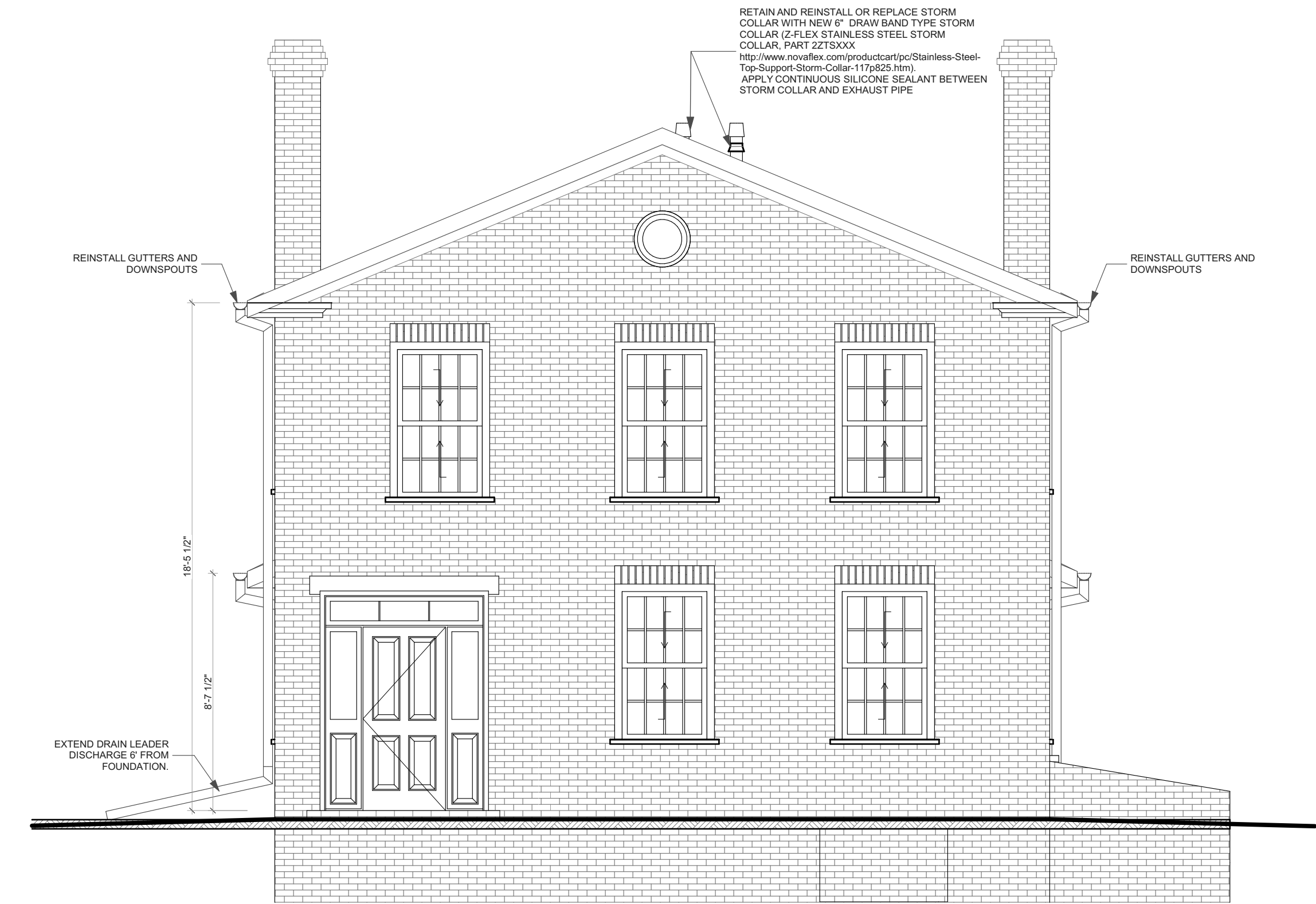
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DRAWN BY:	MSN
COPYRIGHT	

## ROOF PLAN

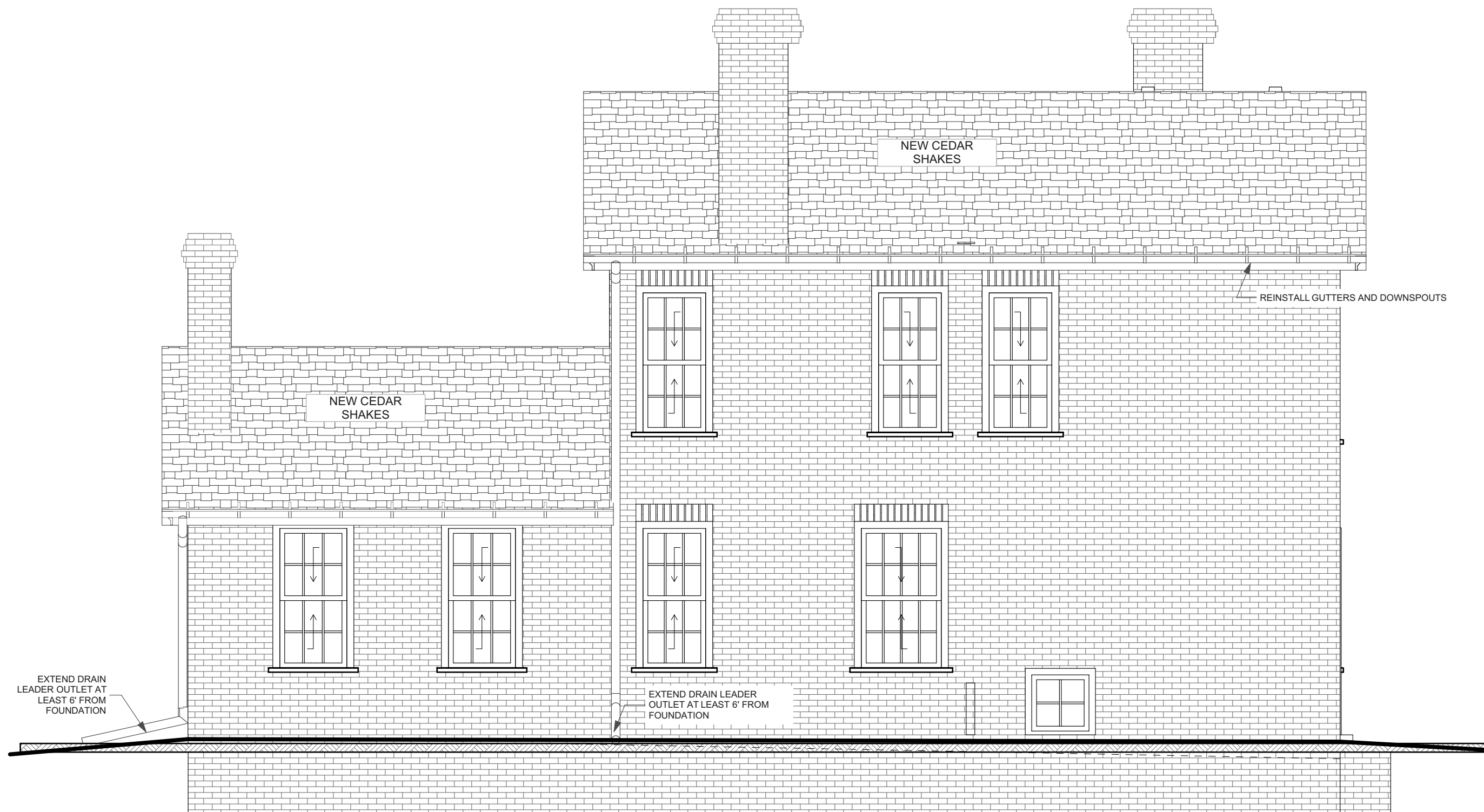
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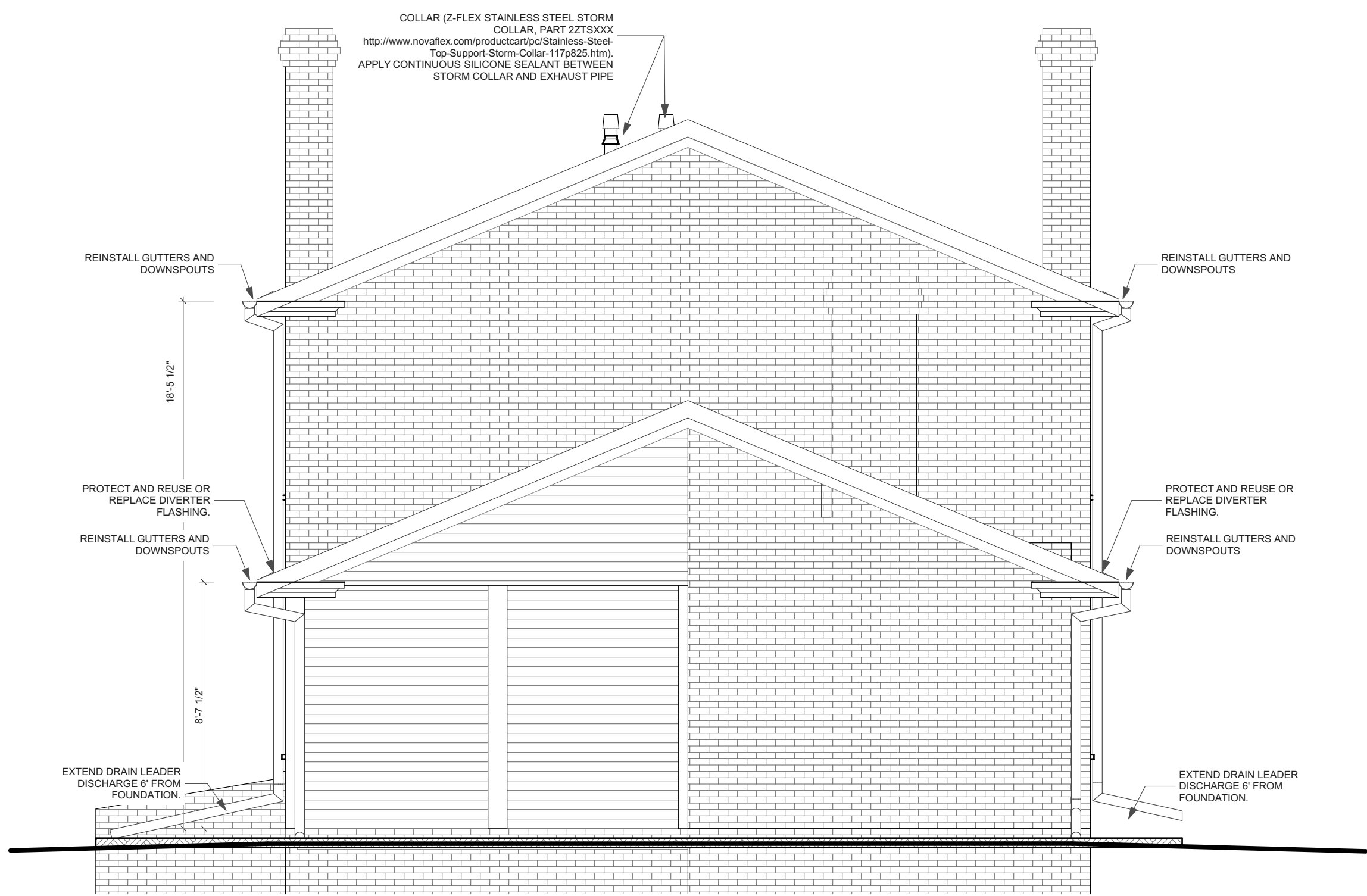
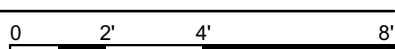
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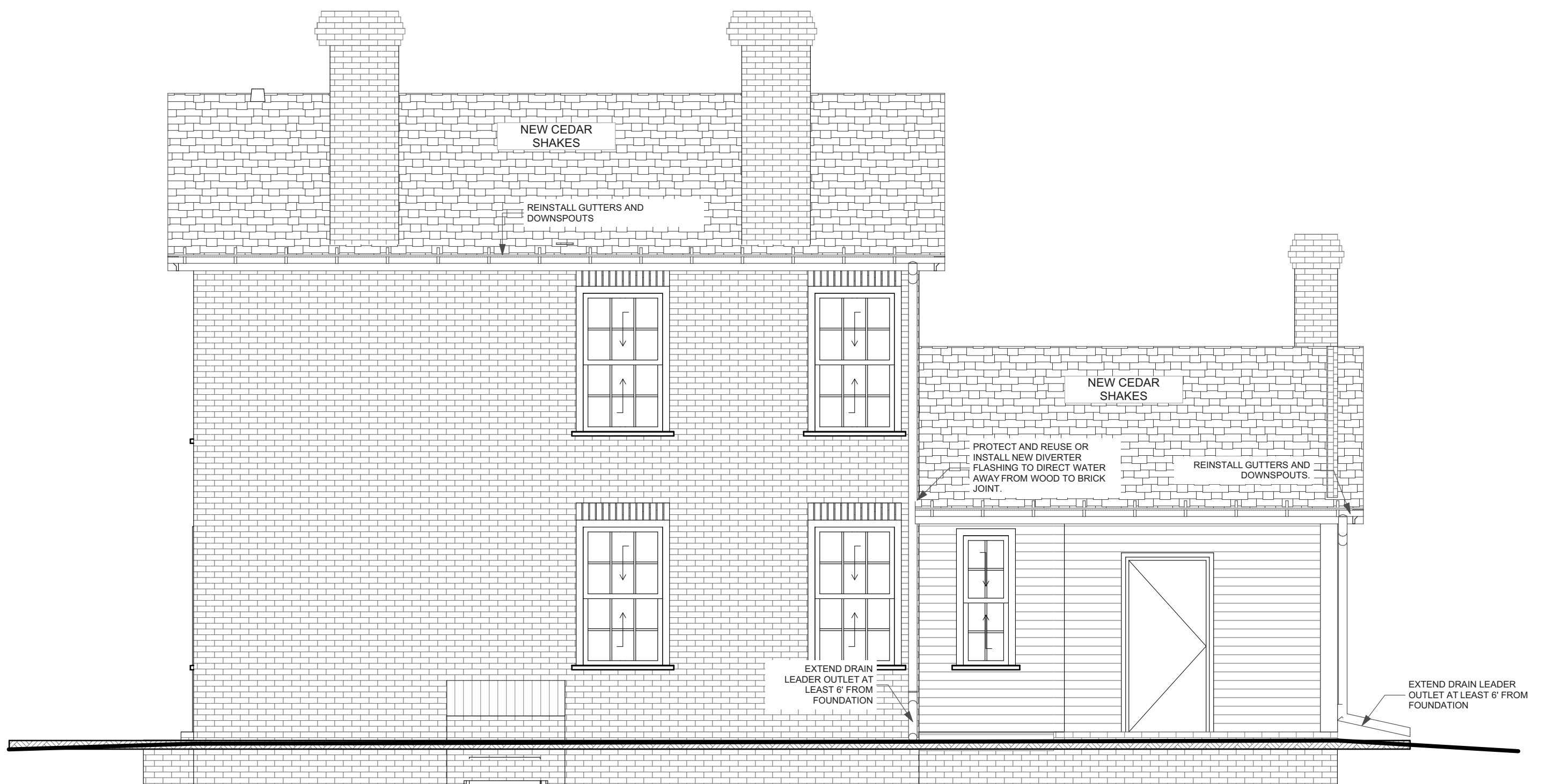
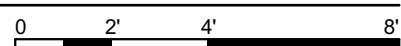
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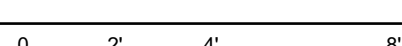
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SCALE: 1/4" = 1'-0"



1 SOUTH ELEVATION  
SCALE: 1/4" = 1'-0"

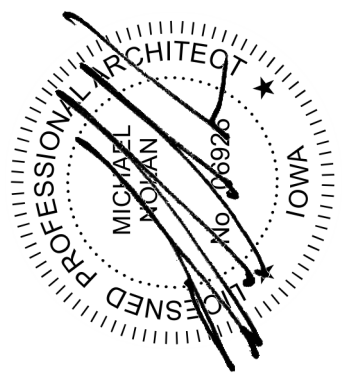
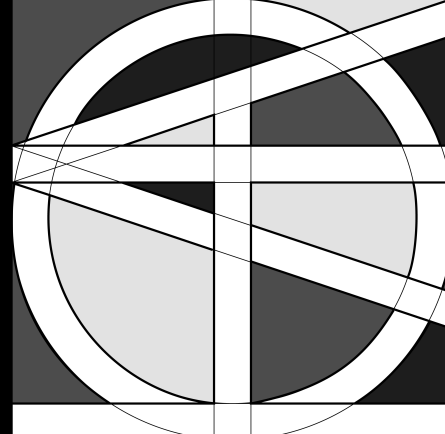


2 WEST ELEVATION  
SCALE: 1/4" = 1'-0"



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horizon.  
original.  
architecture.



9228.00 DCA PLUM  
GROVE ROOF  
REPLACEMENT

1030 Carroll Street  
Iowa City, IA 52240

MARK	DATE	DESCRIPTION

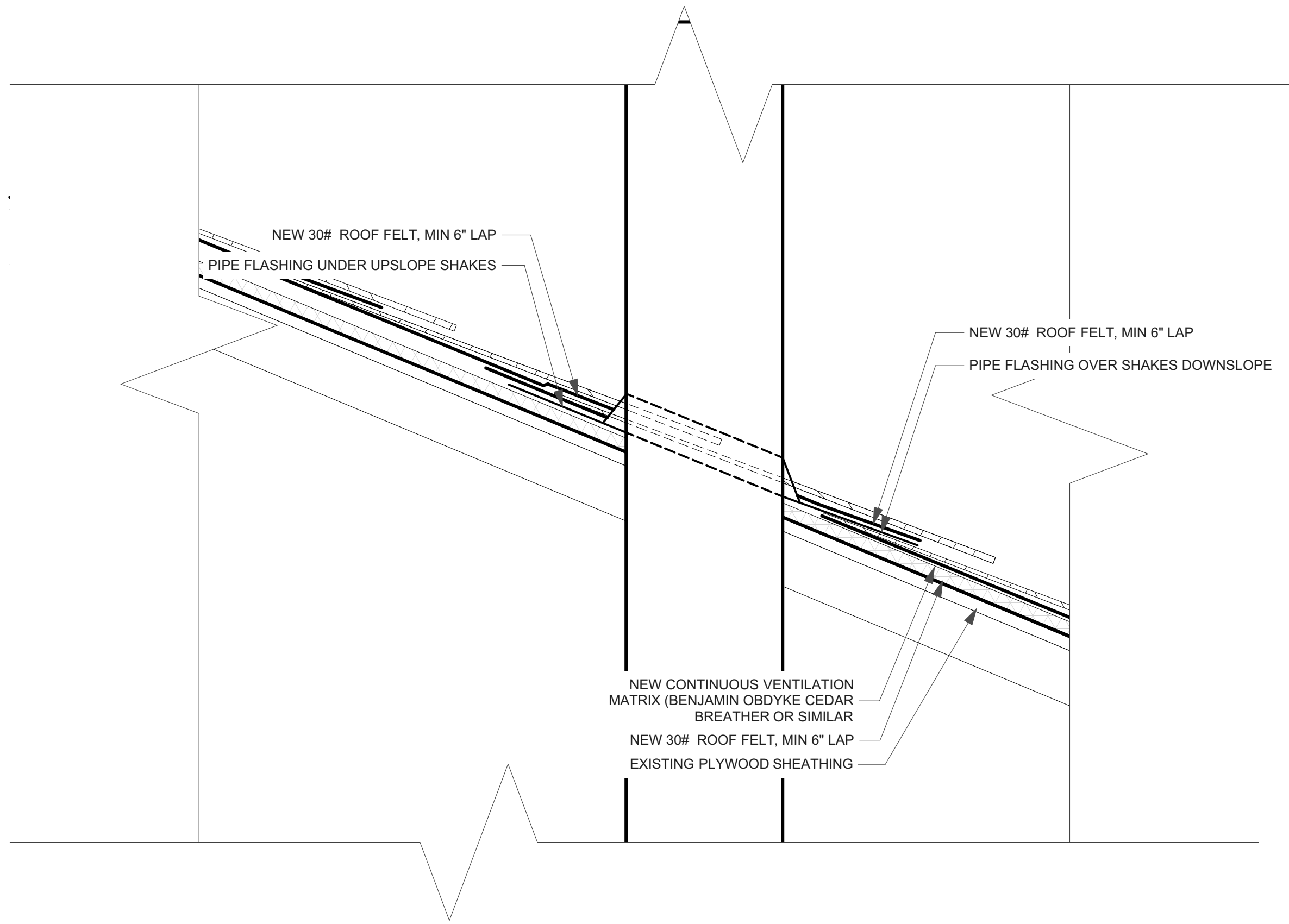
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DATE: 3/19/2018  
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SHEET TITLE  
ELEVATIONS

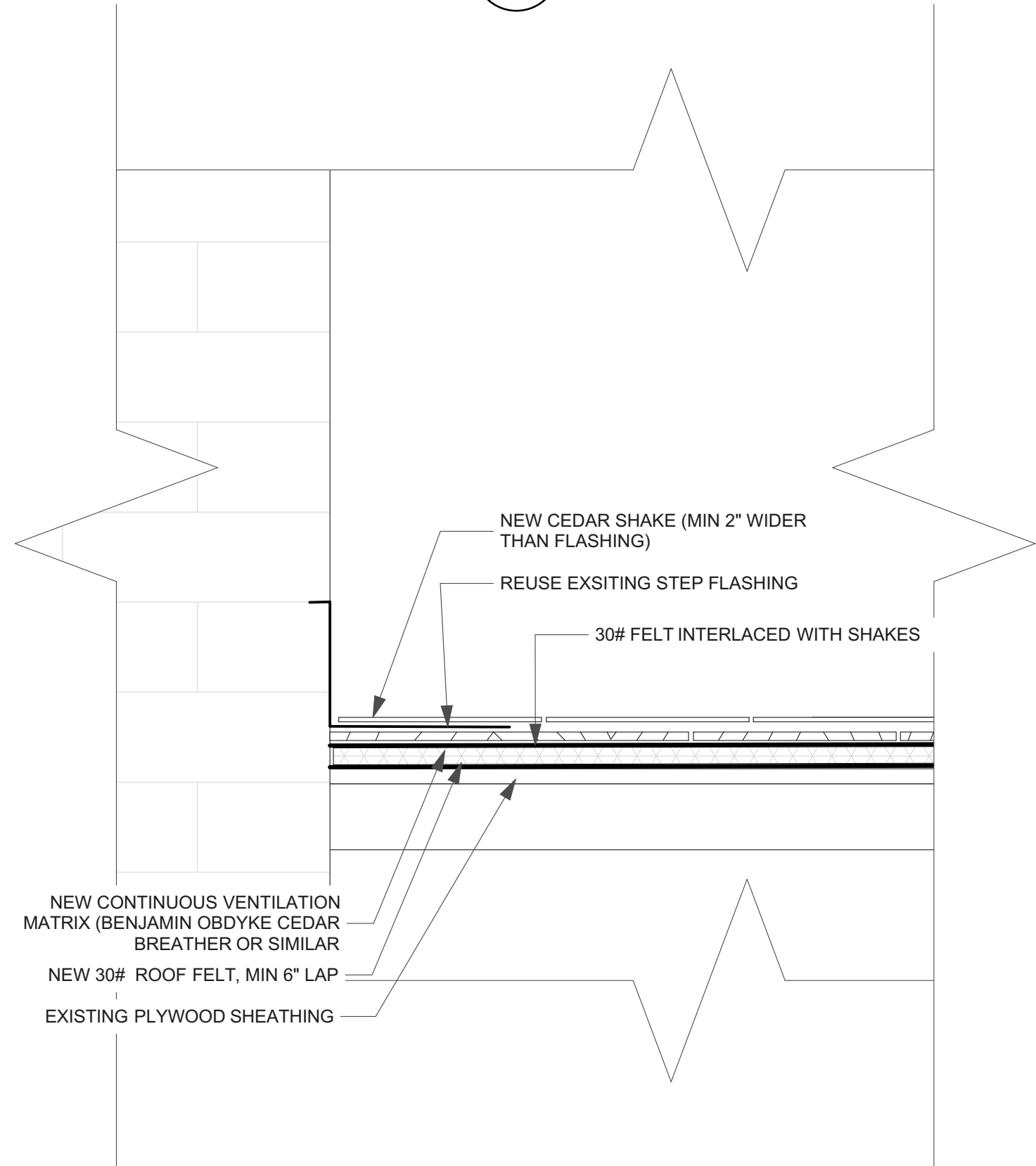
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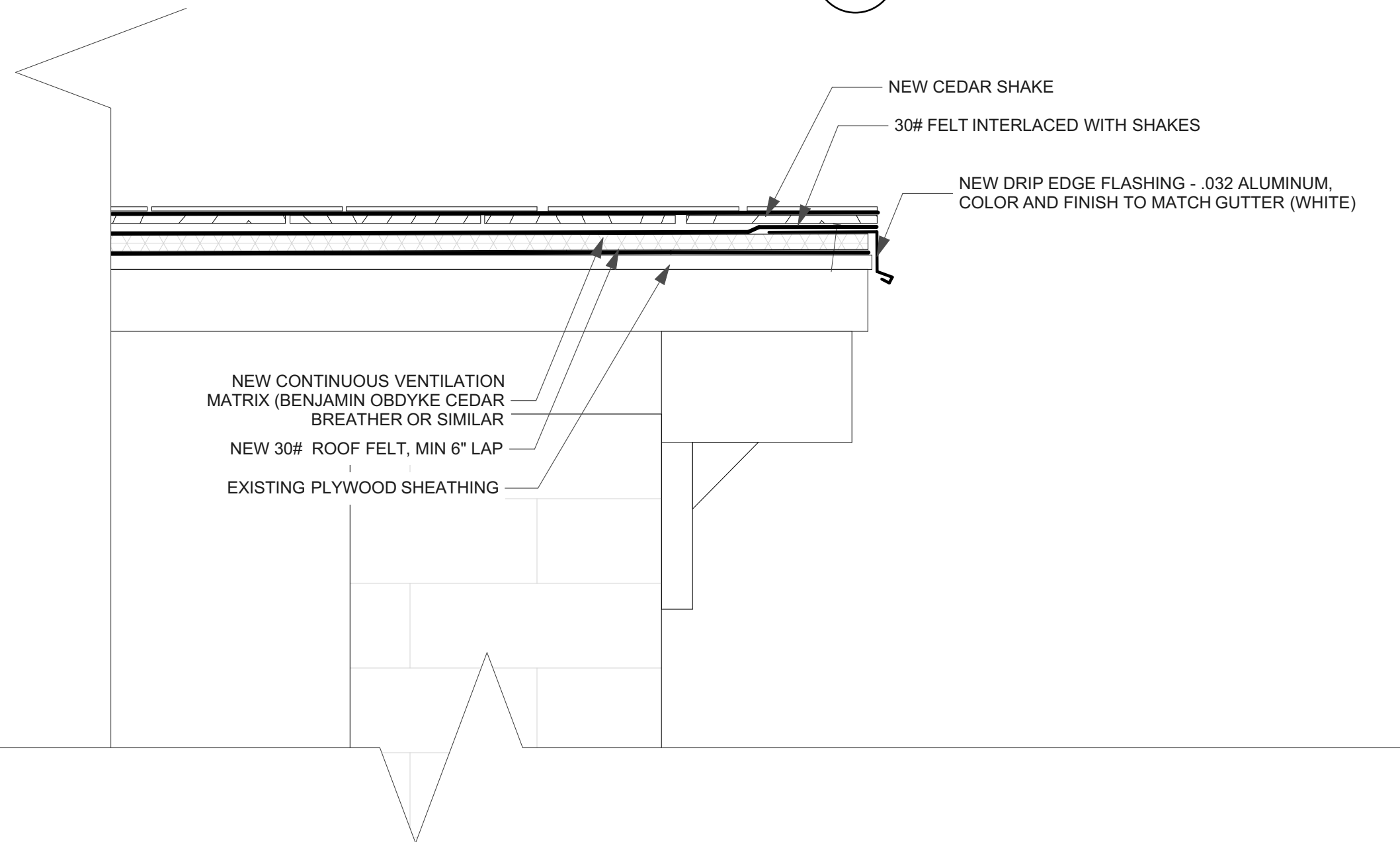
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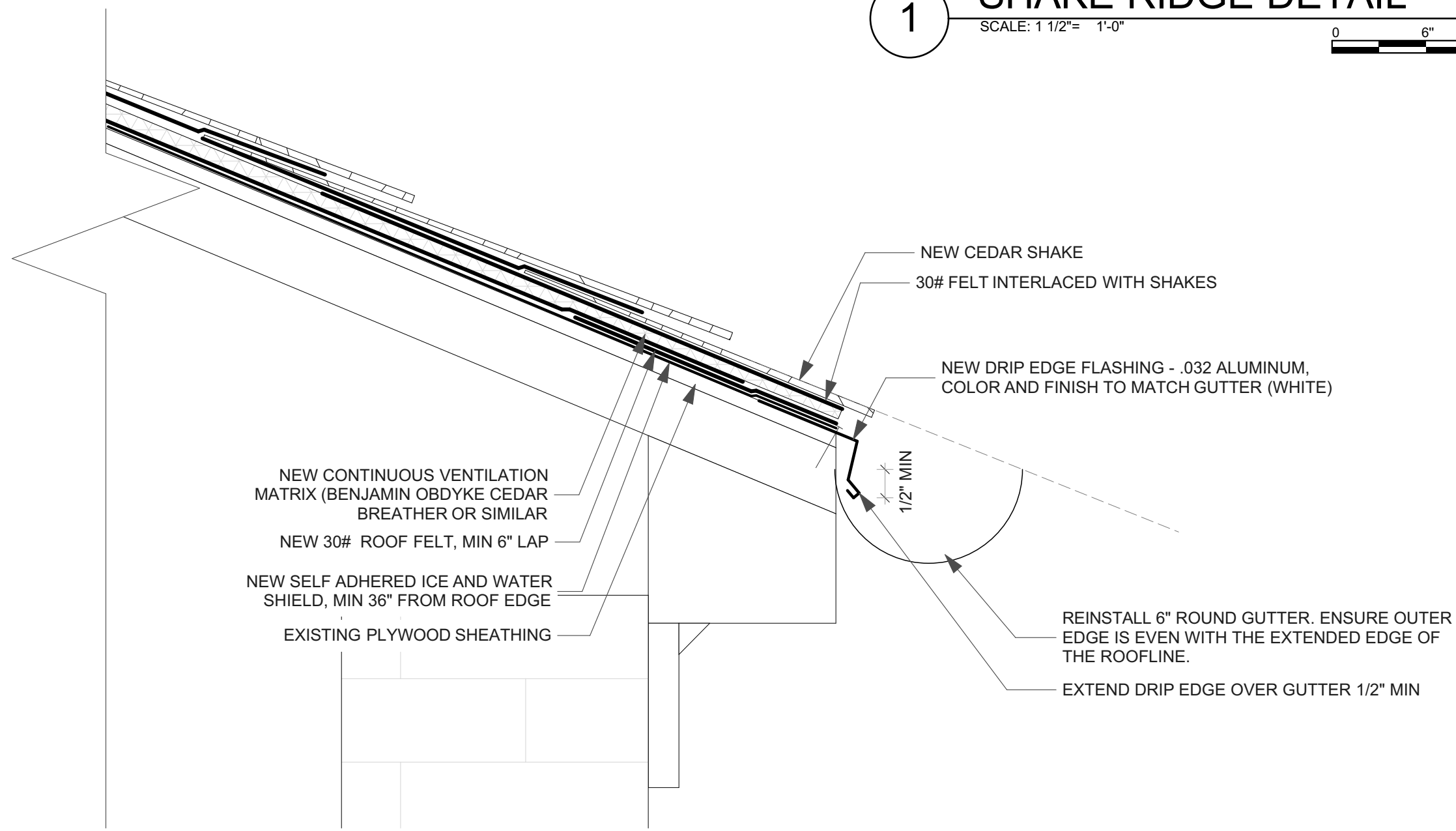
2 PENETRATION FLASHING  
SCALE: 3" = 1'-0"



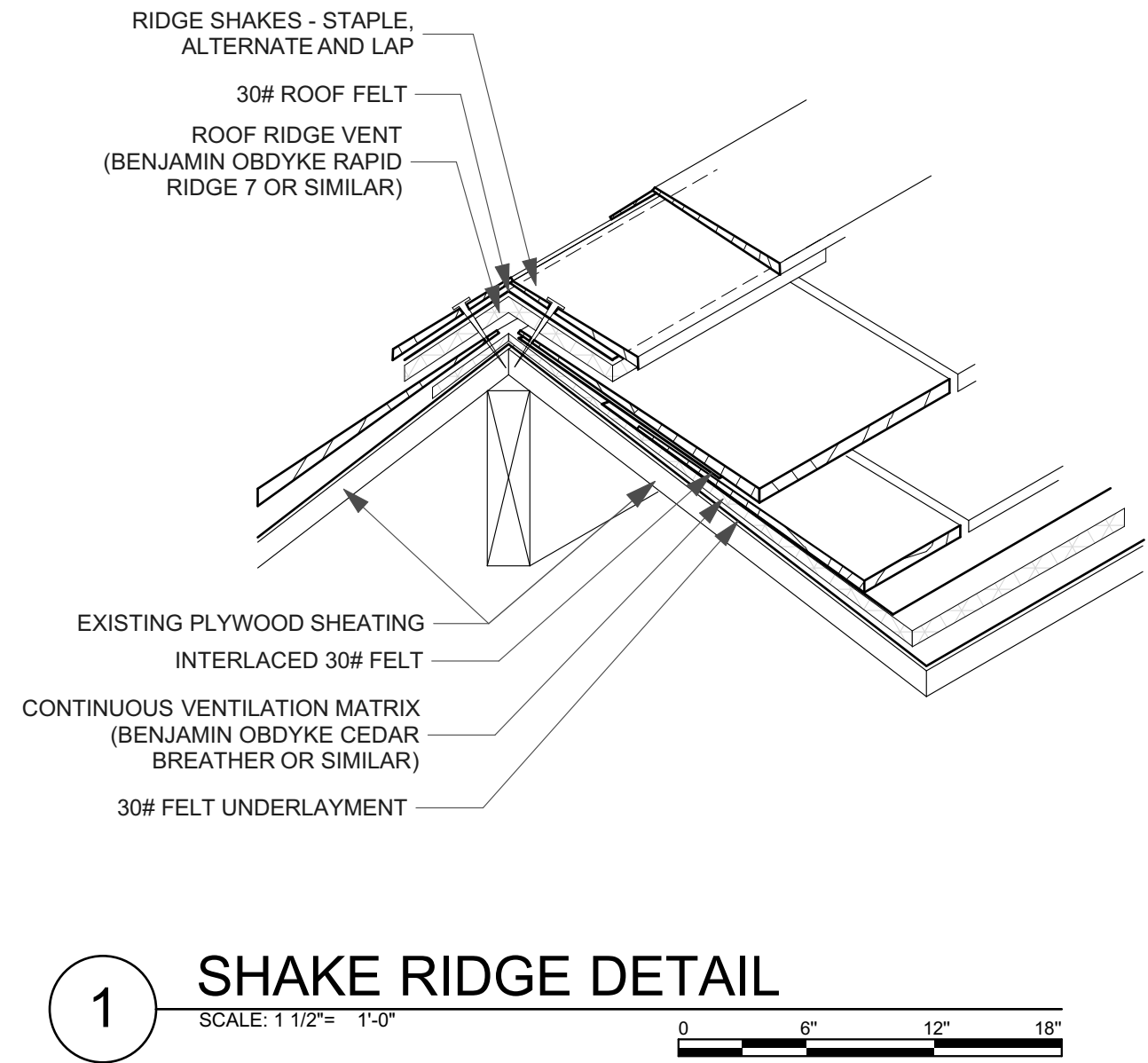
4 SIDEWALL FLASHING DETAIL  
SCALE: 3" = 1'-0"



5 RAKE DETAIL  
SCALE: 3" = 1'-0"

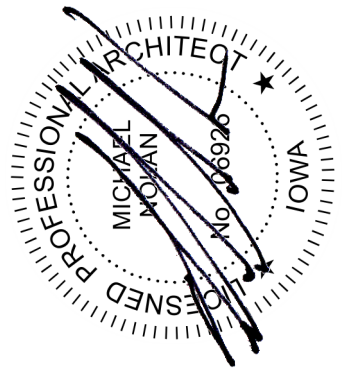
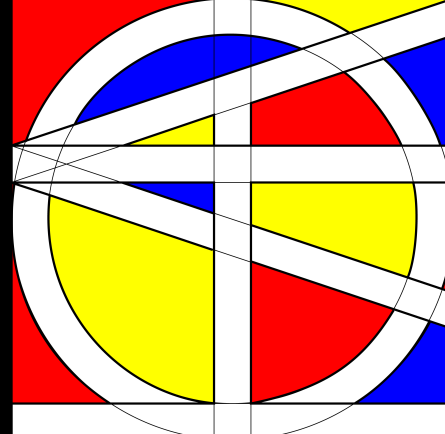


3 EAVE DETAIL  
SCALE: 3" = 1'-0"



1 SHAKE RIDGE DETAIL  
SCALE: 1 1/2" = 1'-0"

horizon.  
original.  
architecture.



9228.00 DCA PLUM  
GROVE ROOF  
REPLACEMENT

1030 Carroll Street  
Iowa City, IA 52240

ISSUED FOR PERMIT AND CONSTRUCTION

MARK	DATE	DESCRIPTION

PROJECT NO: #Pln  
DATE: 3/19/2018  
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SHEET TITLE  
DETAILS

A-3



## **Exhibit C Facility Work Requirements**

Plumb Grove Roofing Replacement  
1030 Carroll St., Coralville, IA 52240  
Request for Quote RFQ922800-01

**Due Thursday, March 10, at 2:00 PM (CT)**

### **PROJECT INFORMATION**

- A. Facility Name/Location: Plumb Grove, 1030 Carroll St., Coralville, IA 52240
- B. DAS Project #: 9228.00
- C. Owner: The State Historical Society of Iowa
- D. Owner's Representative: James Trower, Iowa Department of Administrative Services, 109 SE 13th Street, Des Moines, IA 50319
- E. Construction Manager: Brian Polzin, The Samuels Group, 2929 Westown Parkway, Suite 200, West Des Moines, Iowa 50266

### **WORK HOUR RESTRICTIONS**

- A. Work hours are from 7:00 AM to 5:30 PM, Monday through Friday unless arrangements are made in advance. No work shall be allowed on days recognized by State of Iowa as holidays.

### **CONTRACTOR USE OF SITE AND PREMISES**

Construction Operations: Removal of the shake roofing, Work extends will be limited to the existing building area.

Provide access to and from site as required by law and Owner:

1. Emergency Building Exits During Construction: Keep all exits required by code open during construction period; provide temporary exit signs if exit routes are temporarily altered.
2. Do not obstruct roadways, sidewalks, or other public ways without permission of Owner and permit if required.

Facility may be occupied at times during construction. Contractor personnel shall always conduct themselves in an agreeable manner. Failure to do so may result in removal from the work site.

### **OWNER OCCUPANCY**

- A. Owner intends to occupy the Project upon Substantial Completion.
- B. Cooperate with Owner to minimize conflict and to facilitate Owner's operations.
- C. Schedule the Work to accommodate Owner occupancy.

### **RULES FOR CONSTRUCTION WORKERS**

- A. The staff of the State of Iowa has a responsibility to protect the public by providing a secure environment. All work site rules must be followed to the letter, at all times.
- B. Hot Work Permit Processes and Fire Watch, when necessary, will be adhered to for this project.
- C. All State properties are tobacco free. No smoking will be permitted or tolerated on campus unless in designated areas.
- D. You are permitted access only to the work site and no other area of the property.

- E. No drugs, alcohol, or firearms are allowed on the work site.
- F. Do not leave money, drugs, alcohol, or firearms in your personal vehicle.
- G. Company and personal vehicles are to be parked and locked in designated or authorized area of the work.
- H. Secure all tools at the end of the day.
- I. Maintain control of all tools, supplies, and debris at all times during the work.
- J. Never leave keys in any vehicle.
- K. Secure all tools at the end of each day.
- L. All delivery vehicles must go directly to the job site.
- M. Contractor should figure using their own generator for power.
- N. Owner will provide water if needed.
- O. Contractor to provide a temporary toilet for the duration of the project.

**Exhibit D Sample Certification of Insurance**

Plumb Grove Roofing Replacement  
1030 Carroll St., Coralville, IA 52240  
Request for Quote RFQ922800-01

**Due Thursday, March 10, 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 <b>Agent's Name</b> <b>Agent's Address</b>	CONTACT NAME: <b>Agent's Information</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: <b>Company A (AM Best Rated A/VI or Better)</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # <b>Admitted Carriers</b>
INSURED <b>Trade Contractor's Name</b> <b>Trade Contractor's Mailing Address</b>		

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 - COMPOP 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
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
C	UMBRELLA LIAB	X	X	#TBD-UMB	3/1/17	3/1/18	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			#TBD-WC	3/1/17	3/1/18	PER STATUTE	\$ 500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				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 <b>Iowa Department of Administrative Services (DAS)</b> <b>109 SE 13th Street</b> <b>Des Moines, IA 50319</b>	CANCELLATION 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 <b>Signature</b>
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