



11/13/2023

To: All Potential Respondents
From: Construction Procurement
Subject: RFQ920300-01 NCCF Treatment Center Records Room Floor Deflection

Request for Quote

The State of Iowa is conducting a Request for Quote for a contractor to correct existing records room floor deflection by raising the floor back to the original level position and anchoring the header into the concrete wall. See exhibit B for additional detail. Quote shall include all work shown on plans.

All work must be done on-site at North Central Correctional Facility 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 floor deflection correction shall be completed no later than 12/29/2023.

The Project is located at North Central Correctional Facility, 313 Lanedale, Rockwell City, IA 50579.

Please email your quote using the Exhibit A pricing form to construction.procurement@iowa.gov prior to 11/29/2023 at 2:00pm (CT).

All questions regarding this solicitation must be received by email by 2:00pm (CT) ON 11/21/2023.

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 and Payment Bonds

No Performance and Payment Bond will be required.

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

Treatment Center Records Room Floor Deflection
313 Lanedale, Rockwell City, IA 50579
Request for Quote RFQ920300-01

Due Wednesday, November 29th at 2:00pm (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 Price for Treatment Center Records Room Floor Deflection

(Labor and Material(s)) Total \$ _____

Signature _____

Name (Print) _____

Title _____

Company _____

Address _____

City, St., Zip _____

Phone # _____ **Fax #** _____

E-mail _____

Exhibit B Scope of Work

Treatment Center Records Room Floor Deflection
313 Lanedale, Rockwell City, IA 50579
Request for Quote RFQ920300-01

Due Wednesday, November 29th at 2:00pm (CT)

Drawings: All drawing sheets as it relates to the floor deflection for drawings titled: North Central Correctional Facility – Treatment Building Dated: 10/20/2023

Specifications: Includes all specifications as it relates to the floor deflection for specifications titled: North Central Correctional Facility – Treatment Building Dated: 10/20/2023

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 take 2-weeks from the date of submission.
2. Contractors shall clean up and dispose of waste materials and debris generated from their work daily.
3. Contractors shall have a copy of their own Company Safety Manual onsite and submit an electronic copy to the Construction Manager.
4. If not included in the Company Safety Manual, Contractors shall submit their OSHA-required Silica Control Policy/Plan along with documentation identifying who the onsite Component Silica Control person(s) are, prior to beginning work onsite.
5. Contractors shall maintain an accurate set of As-Built Drawings throughout the duration of the Project.
6. All persons shall wear hardhats, safety glasses, work boots, full-length pants, and shirts with a minimum of 4-inch sleeves while onsite. Blue jeans and orange high visibility clothing is prohibited.
7. All persons are prohibited from using products containing tobacco and/or nicotine on site. Vaping products are also prohibited.
8. Install provided VCT floor tiles over plywood subfloor (180 SF of VCT tile stored onsite).
9. Provide and Install Vinyl Base around the perimeter of the records room.

Exhibit C Facility Work Requirements

Treatment Center Records Room Floor Deflection
313 Lanedale, Rockwell City, IA 50579
Request for Quote RFQ920300-01

Due Wednesday, November 29th at 2:00pm (CT)

WORK HOUR RESTRICTIONS

1. Work hours are limited at the North Central Correctional Facility. The hours of operation will be 7:00 am to 3:30 pm. Please provide facility with one week notice before performing any work at the North Central Correctional Facility, and one of two people at the facility will need to be present during work.

CONTRACTOR USE OF SITE AND PREMISES

1. Construction Operations: Limited to areas noted on Drawings.
2. Provide access to and from site as required by law and Owner:
 - a. 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.
 - b. Do not obstruct roadways, sidewalks, or other public ways without permission of Owner and permit if required.
3. Facility will be occupied at all times during duration of work. Contractor personnel shall conduct themselves in an agreeable manner at all times. Failure to do so may result in removal from the work site.

OWNER OCCUPANCY

1. Owner intends to occupy the Project upon Substantial Completion. The building will be occupied throughout construction
2. Cooperate with Owner to minimize conflict and to facilitate Owner's operations.
3. Schedule the Work to accommodate Owner occupancy.

RULES FOR CONSTRUCTION WORKERS

- A. NCCF will provide an orientation for all individuals prior to working onsite. The orientation lasts approximately 2 hours. This will include:
 - a. NCCF General Rules of Employee Conduct
 - b. Dress Code and Appearance Guidelines
 - c. IDOC Staff Sexual Misconduct with Offenders Policy
 - d. PREA Policy and power point presentation to be completed by all site workers. This training takes about an hour and should be completed prior to the commencement of work.
 - e. Tobacco Usage Policy
 - f. IDOC/NCCF Entrance Procedure
 - g. Tool Control Policy – full time NCCF staff supervision.

- B. All Contractors tools shall be inventoried upon entry into the institution and re-inspected upon exit.
 - a. NCCF would like to have the contractors bring a small trailer or container that can only be inside the secure perimeter during work hours, and outside of secure perimeter when not working. NCCF will move the trailer as no contractor vehicles can be inside secure perimeter. The trailer has to be lockable and NCCF will supply the lock. This container or trailer will house all tools and material that will be needed on a day to day basis. The tools will be inventoried each day before work begins and accounted for prior to the end of work each day. Tools shall be on shadow boards and an inventory sheet shall accompany the tools.
 - b. All Class A tools shall remain under direct supervision at all times (Class A tools will be designated prior to work start).
 - c. Tools are subject to identification marking/engraving.
 - d. A Correctional Officer or CTL shall escort contractors while in the Facility.
 - e. Use of all terrain lifts would be preferred, ladders and scaffolding if used would need to be disassembled and removed from the facility nightly and constantly monitored while inside.
 - f. Dumpsters are allowed inside the perimeter fence but will require a 6'-0" tall perimeter fence that extends 10'-0" beyond the dumpster in all directions. Fencing needs to be mechanically continuous.
 - g. Major equipment and moving dumpsters in and out of the perimeter fence can only happen at count time. Count time is 11:15am and 4:00pm daily.
- C. The North Central Correctional Facility is a secure environment. To maintain this level of security, all vehicles and individuals entering the facility are subject to adherence to certain procedures and requirements including pat searches, metal-detector searches, and vehicle searches.
 - a. All persons shall be required to submit to a NCIC background check prior to being allowed on grounds.
 - b. Contractors are responsible for maintaining constant control of all tools and materials being used. At no time are offenders to be allowed the use of any Contractor's tools.
 - c. Refusal to submit to any of these requirements will result in forfeiture of access to the facility.
 - d. No weapons, ammunition, other security equipment, or controlled substances, are allowed on facility grounds.
 - e. Cell phones are allowed for professional use. They need to always stay on person and if they are missing immediately report to NCCF staff.
 - f. Equipment such as backhoes, excavators, loaders, ride-on compactors, dump trucks, forklifts, scissor lifts, booms lifts shall be moved outside of the perimeter security fence at the end of each work shift.
- D. Contractors will not be allowed to leave a designated area without first getting approval from the supervising staff.
 - a. Tobacco use is only allowed in a designated area outside of the secure perimeter.
 - b. Breaks should be coordinated to limit the amount of times contractors will need to be escorted in and out of the facility.
 - c. All contractors are required to wear long pants and, if at all possible, refrain from blue jeans. Contractors are not allowed to wear the following color shirts or coats: orange, blue, and grey. We recommend wearing high visibility yellow if possible to help distinguish you from the offender population.

Exhibit D Sample Certification of Insurance

Treatment Center Records Room Floor Deflection
313 Lanedale, Rockwell City, IA 50579
Request for Quote RFQ920300-01

Due Wednesday, November 29th at 2:00pm (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):	
INSURED Trade Contractor's Name Trade Contractor's Mailing Address	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Company A (AM Best Rated A/VI or Better)		Admitted
	INSURER B:		Carriers
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		LIMITS Minimum	
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
* A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	#TBD- CGL	3/1/17	3/1/18	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS	X	X	#TBD-AL	3/1/17	3/1/18	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						
C	UMBRELLA LIAB EXCESS LIAB	X	X	#TBD-UMB	3/1/17	3/1/18	EACH OCCURRENCE \$2,000,000 AGGREGATE \$
	DED RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	#TBD-WC	3/1/17	3/1/18	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	Y/N						
* 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)							

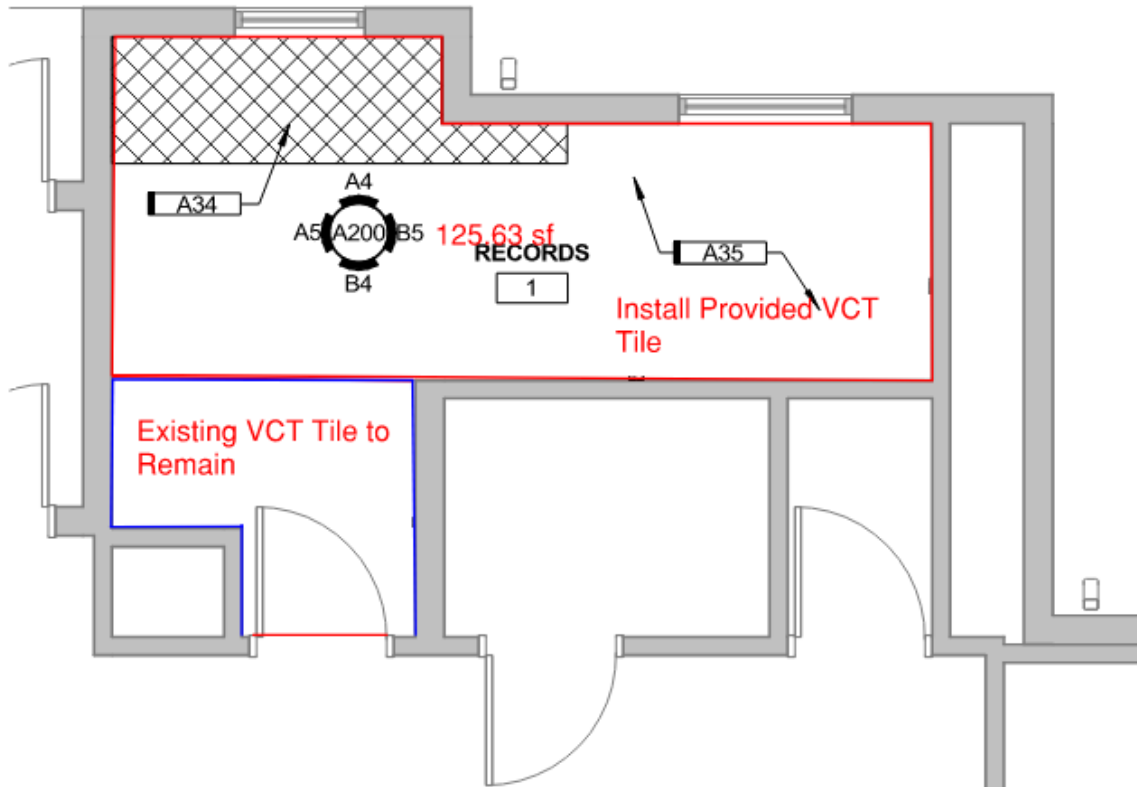
CERTIFICATE HOLDER Iowa Department of Administrative Services (DAS) 109 SE 13th Street Des Moines, IA 50319	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Signature
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Exhibit E Floor Plan

Treatment Center Records Room Floor Deflection
313 Lanedale, Rockwell City, IA 50579
Request for Quote RFQ920300-01

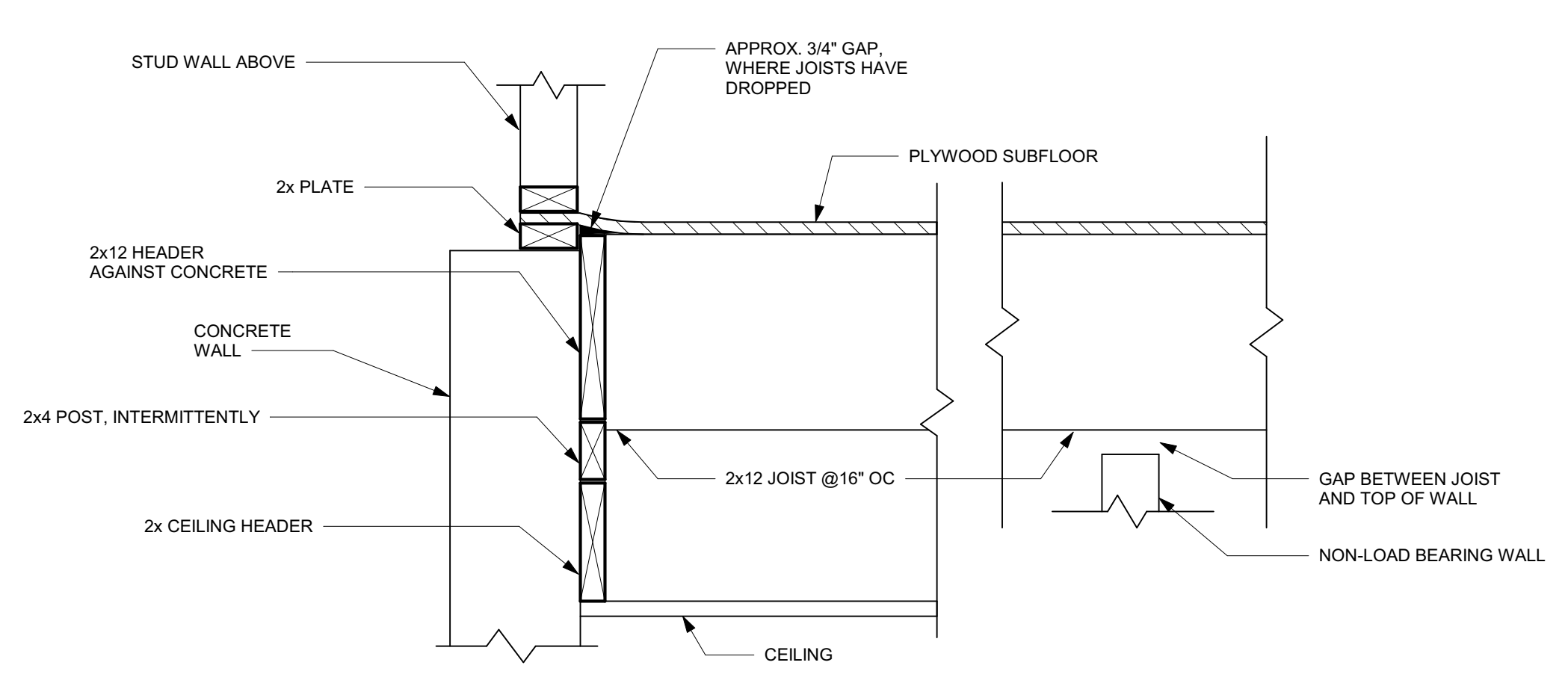
Due Wednesday, November 29th at 2:00pm (CT)



(A6)

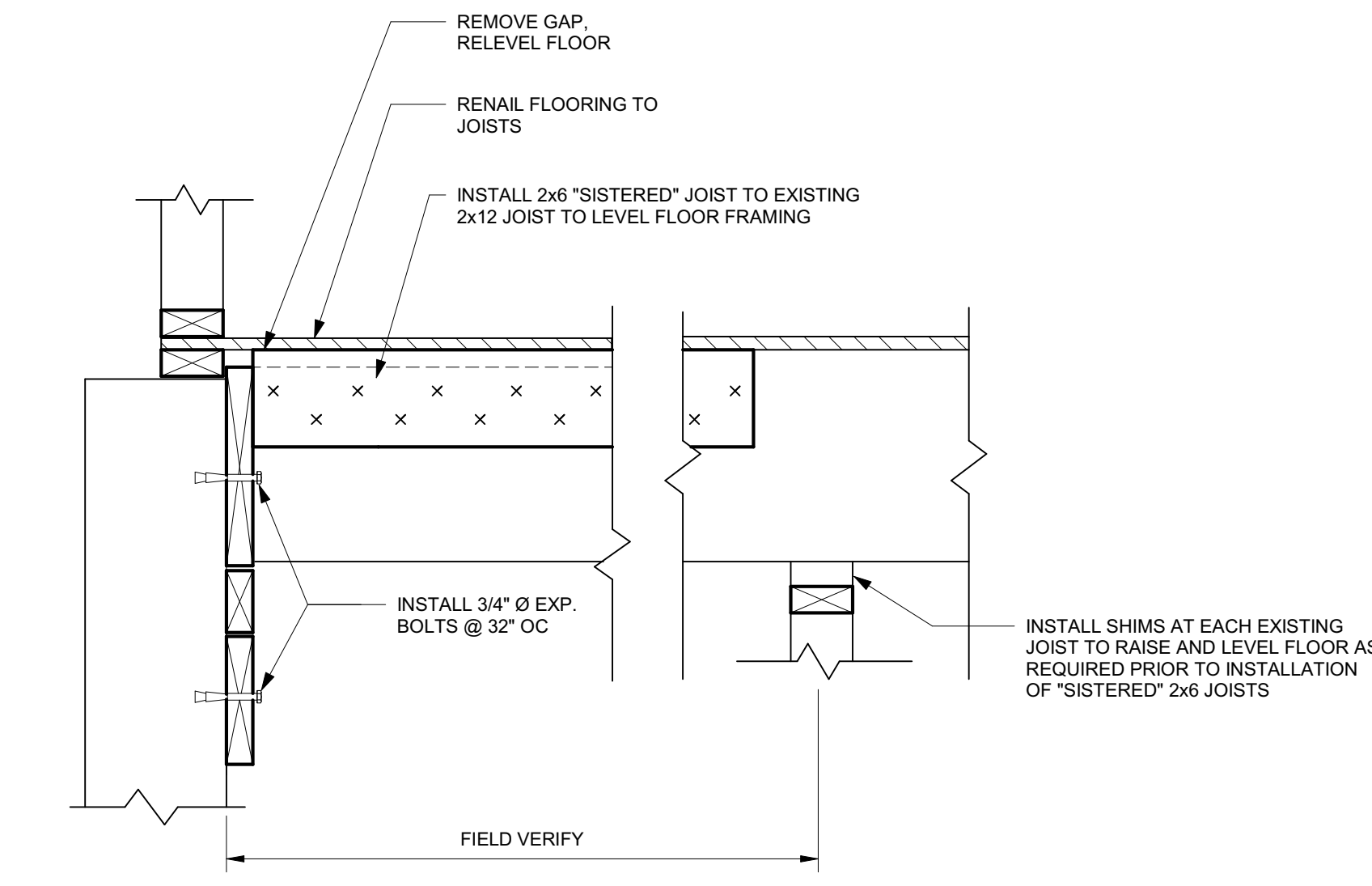
ROOM FLOOR PLAN

1/4" = 1'-0" 0' 6'

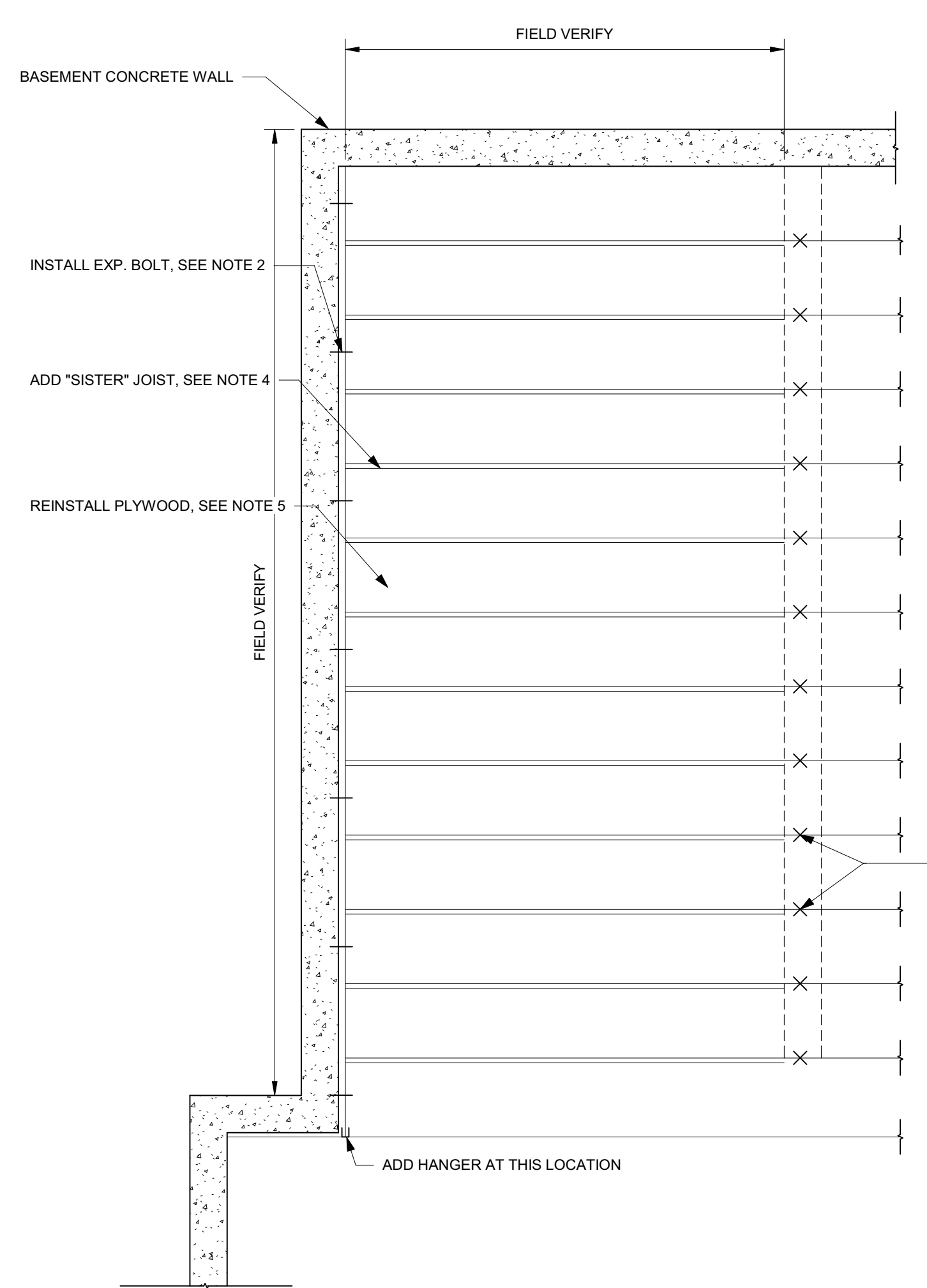


- NOTES**
1. THE FLOOR HAS DEFLECTED DOWNWARD ABOUT 3/4" BECAUSE THERE ARE NO SUPPORT FASTENERS FROM HEADER TO CONCRETE WALL.
 2. THE REPAIR IS TO RAISE THE FLOOR BACK TO THE ORIGINAL LEVEL POSITION AND ANCHOR THE HEADER INTO THE CONCRETE WALL.

① **CURRENT CONDITION**
1 1/2" = 1'-0"



② **FINAL CONDITION**
1 1/2" = 1'-0"



SUGGESTED PROCEDURE TO LEVEL THE FLOOR:

1. INSTALL SHIMS AT INTERIOR EXISTING WALL TO ATTEMPT TO RAISE FLOOR TO LEVEL CONDITION.
2. INSTALL EXPANSION BOLTS THROUGH THE HEADER JOIST TO THE CONCRETE WALL.
3. REMOVE SECTION OF EXISTING PLYWOOD FLOORING.
4. CUT OUT ANY LOCATIONS WHERE EXISTING FRAMING IS BEARING ON ANY EXISTING PIPING, CONDUIT, DUCTWORK, OR OTHER HVAC EQUIPMENT.
5. INSTALL 2x6 'SISTER' JOISTS TO SIDE OF EXISTING 2x12 JOISTS TO PROVIDE LEVEL TOP SURFACE. USE 10d NAILS AT 6" OC, TOP AND BOTTOM.
6. REINSTALL PLYWOOD FLOORING AND ATTACH TO TOP OF 'SISTER' JOISTS.

③ **SOUTHEAST CORNER TREATMENT**
BUILDING - PLAN VIEW
1/2" = 1'-0"

STRUCTURAL ENGINEER

	<small>HEREBY CERTIFY THAT THE ENGINEERING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A FULLY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF IOWA.</small>
	<small>SIGNATURE</small> <i>Steven W. Brase</i> <small>DATE</small> 10-20-2023
	<small>PRINTED OR TYPED NAME</small> Steve Brase
	<small>LICENSE NUMBER</small> 8890
	<small>MY LICENSE RENEWAL DATE IS</small> DECEMBER 31, Odd
<small>PAGES, SHEETS OR DIVISIONS COVERED BY THIS SEAL</small> S.100, S.101	

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 WEST DES MOINES, IOWA 50319
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NORTH CENTRAL
CORRECTIONAL FACILITY
- TREATMENT BUILDING
 Iowa Department of Administrative Services
 313 Lanesdale Rockwell City, IA 50579

DRAWN BY	JPL
APPROVED BY	SWB
ISSUED FOR	
ISSUE DATE	10/20/2023
PROJECT NUMBER	421596
FIELD BOOK	

JOIST CONNECTION
DETAIL AND PLAN
VIEW
S.100

A B C D E F G H

1



APPROXIMATE 3/4" GAP BETWEEN JOIST AND PLYWOOD SUBFLOOR



HEADER IS BEARING ON PVC PIPES



JOISTS ARE LEVEL WITH EACH OTHER AFTER DROPPING 3/4" FROM THE SUBFLOOR

2

3

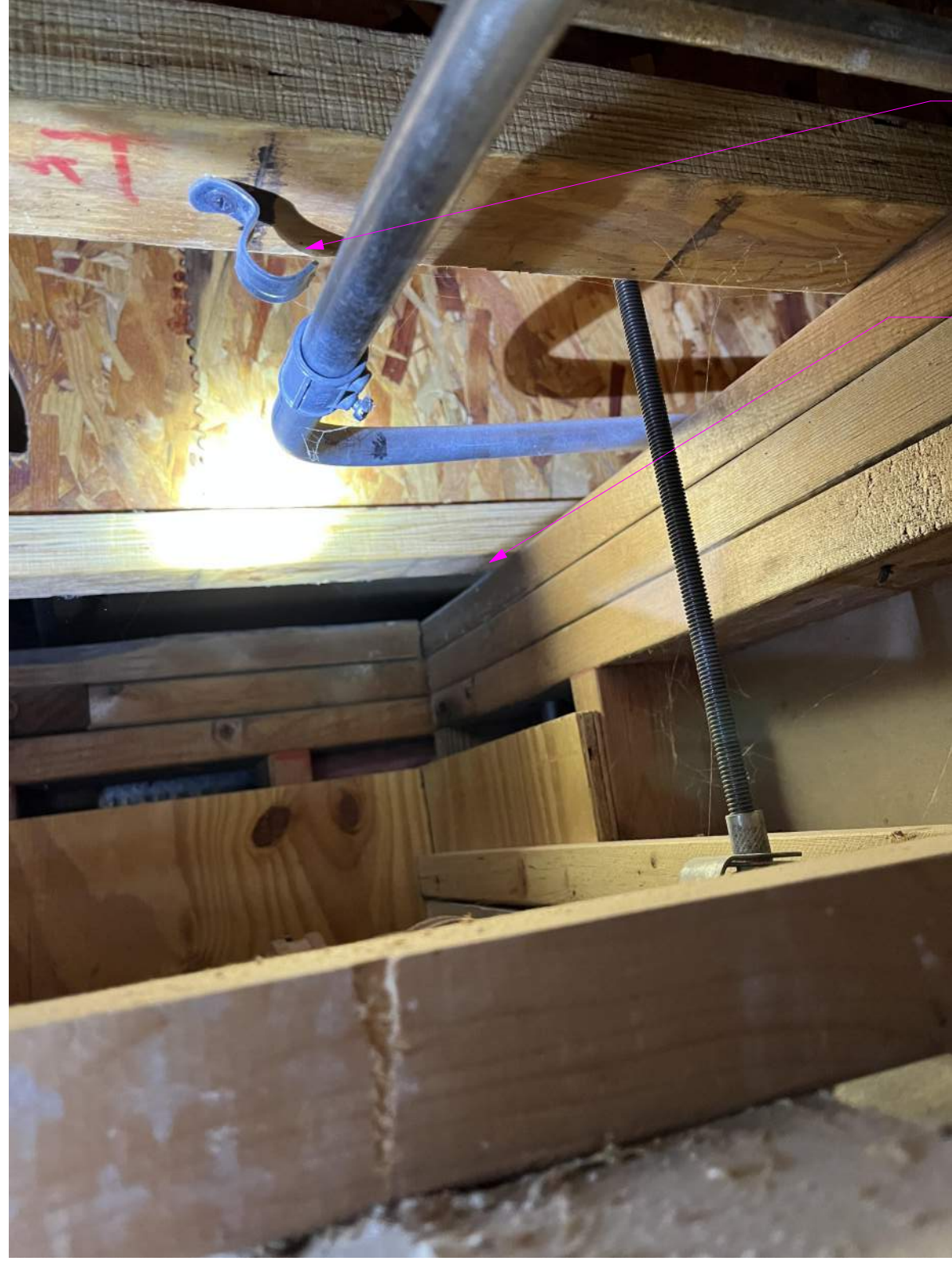
4



THE FLOOR DROPS 3/4"



HEADER IS RESTING ON 2X4 POST, INTERMITTENTLY



CONDUIT HAS MOVED

SPACE BETWEEN JOISTS AND CEILING

5

6

A B C D E F G H

DRAWN BY	JPL
APPROVED BY	SWB
ISSUED FOR	
ISSUE DATE	10/20/2023
PROJECT NUMBER	4171990
FIELD BOOK	