

04/25/2023

To: All Potential Respondents
From: Construction Procurement
Subject: RFQ922300-03 Clarinda Correctional Facility (CCF), Kitchen and Laundry Facility Construction Testing and Inspections

Request for Quote

The State of Iowa is conducting a Request for Quote for a contractor to provide testing and inspection services during construction. See Exhibit B for additional detail.

The testing and inspection services will be performed as needed between the approximate dates of June 1st, 2024 and July 1st, 2025.

The Project, Clarinda Correctional Facility (CCF), Kitchen and Laundry Addition, DAS Project #9223.00 is located at the Clarinda Correctional Facility (CCF), 2000 N. 16th St. Clarinda, IA 516326.

All questions regarding this solicitation must be received via email to construction.procurement@iowa.gov by 2:00 PM (CT) May 10th, 2024.

Please email your quote using the Exhibit A pricing form to construction.procurement@iowa.gov prior to 2:00 PM (CT) May 16th, 2024.

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/050116%20terms%20services.pdf>

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

No Performance and Payment Bond will be required.

Insurance Requirements:

Prior to the start of the work, the respondent shall procure and maintain in force Workers Compensation/ Employers' Liability Insurance, Business Automobile Liability Insurance, and Commercial General Liability Insurance (CGL). The CGL policy shall include coverage for liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, contractual liability, and broad form property damage. The respondent's liability policies shall be written on an occurrence basis with at least the following limits of liability:

- Workers' Compensation – amount required by the laws of Iowa
- Employers' Liability Insurance - \$500,000 or an amount required by Iowa law, whichever is greater.
- Business Automobile Liability Insurance - \$1,000,000 Each Accident
- Commercial General Liability Insurance:
 - \$1,000,000 Each Occurrence
 - \$2,000,000 General Aggregate
 - \$1,000,000 Products/Completed Operations Aggregate
 - \$1,000,000 Personal and Advertising Injury Limit

The respondent must also carry and maintain Excess or Umbrella Liability coverage for the policies above in the amount of \$2,000,000.

The respondent shall be required to purchase and maintain liability coverage, primary to the Owner's coverage. The additional liability coverage required of the respondent shall be:

1. Owner shall be named as an additional insured on respondent's Commercial General Liability Insurance specified for operations and completed operations, but only with respect to liability for bodily injury, property damage or personal and advertising injury to the extent caused by the negligent acts or omissions of respondent, or those acting on respondent's behalf, in the performance of respondent's Work.
2. Respondent shall provide an Owners' and Contractors' Protective Liability Insurance (OCP) policy with limits equal to the limits on Commercial General Liability Insurance specified or limits as otherwise required by Owner.

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

Exhibit A Pricing Form

Clarinda Correctional Facility (CCF), Kitchen and Laundry Facility Construction Testing and Inspections
Request for RFQ922300-03

Due May 16th, 2024 at 2:00 PM (CT)

Please submit this completed form with your Quote to:

Attention: Purchasing Agent Micheal 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 _____

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.

Proposed Testing Services					
Item:	# of Visits	Hrs. per Visit	Total # Hrs./Units	Rate per Hr./Unit	Extended Cost
Project Management (If Applicable)	xxx	xxx			\$ -
Administration (If Applicable)	xxx	xxx			\$ -
Principal Engineer (If Applicable)	xxx	xxx			\$ -
Steel Welded or Bolted Connections Inspection					\$ -
Steel Deck Inspection					\$ -
Steel Joist Inspection					\$ -
Concrete Reinforcement Inspection					\$ -
Concrete Placement Observation					\$ -
Concrete Testing (temp/slump/air content/cylinders)					\$ -
Inspection of Masonry					\$ -
Inspection of Precast					\$ -
Testing of Foundation Bearing Surfaces					\$ -
Testing of Compacted Fill					\$ -
Field Inspection of Proof-rolling					\$ -
Spray Applied Fireproofing					\$ -
Fire-Resistant Penetrations/Joints					\$ -
Compressive Strength Tests/Cylinder	xxx	xxx			\$ -
Proctor Tests	xxx	xxx			\$ -
Atterberg Limits Determinations	xxx	xxx			\$ -
Nominal Grout Prism Compressive Strength Tests	xxx	xxx			\$ -
Trip Charges (Round Trip)	xxx	xxx			\$ -
Grand Total of Proposed Testing Services					\$ -

Provide unit prices for items listed below. Provide additional unit prices as needed in blank spaces provided. Unit prices shall be additive or deductive of base bid line items.

Steel Welded or Bolted Connections Inspection	\$____/ hour
Steel Deck Inspection	\$____/ hour
Steel Joist Inspection	\$____/ hour
Concrete Reinforcement Inspection	\$____/ hour
Concrete Placement Observation	\$____/ hour
Concrete Testing (temp/slump/air content/cylinders)	\$____/ hour
Inspection of Masonry	\$____/ hour
Inspection of Precast	\$____/ hour
Testing of Foundation Bearing Surfaces	\$____/ hour
Testing of Compacted Fill	\$____/ hour
Field Inspection of Proof-rolling	\$____/ hour
Spray Applied Fireproofing Testing	\$____/ hour
Fire-Resistant Penetrations/Joints	\$____/ hour
Compressive Strength Test/Cylinders	\$____/ each
Proctor Tests	\$____/ each
Atterberg Limits Determinations	\$____/ each
Nominal Grout Prism Compressive Strength Tests	\$____/ each
Trip Charge (Round Trip)	\$____/ trip
_____	\$____/ _____
_____	\$____/ _____
_____	\$____/ _____
_____	\$____/ _____

Signature _____

Name (Print) _____

Title _____

Company _____

Address _____

City, St., Zip _____

Phone # _____ Fax # _____

E-mail _____

Exhibit B Scope of Work

Clarinda Correctional Facility (CCF), Kitchen and Laundry Facility Construction Testing and Inspections
Request for RFQ922300-03

Due May 16th, 2024 at 2:00 PM (CT)

SCOPE OF WORK:

Construction Testing and Inspections as required to complete the project.

Contact Michael Bradbury at construction.procurement@iowa.gov for access to Construction Documents (Drawings and Specifications). State of Iowa DAS Project: Clarinda Correctional Facility - Kitchen & Laundry Addition – DAS#9223.00

Prime Contractors will provide lifts, ladders, or scaffold access to areas needing inspections.

Reference the Appendix (Exhibit D) for the following information:

- 01 4500 Special Inspections and Tests (9 pages)
- Geotechnical Evaluation Report, Dated April 12, 2022 (27 pages)

Exhibit C Sample Certification of Insurance

Clarinda Correctional Facility (CCF), Kitchen and Laundry Facility Construction Testing and Inspections
Request for RFQ922300-03

Due May 16th, 2024 at 2:00 PM (CT)

ACORD		SAMPLE		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) XX/XX/XXXX	
<p>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.</p> <p>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).</p>							
<p>PRODUCER</p> <p>Agent's Name Agent's Address</p>				<p>CONTACT NAME: Agent's Information PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL 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:</p>			
<p>INSURED</p> <p>Trade Contractor's Name Trade Contractor's Mailing Address</p>							
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
<p>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.</p>							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD W/O	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)	\$
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG	\$1,000,000
	OTHER:						\$
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)	\$
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS						\$
C	UMBRELLA LIAB	X	#TBD-UMB	3/1/17	3/1/18	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED. RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		#TBD-WC	3/1/17	3/1/18	PER STATUTE	X
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/> 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 Contractors		#TBD-OC	3/1/17	3/1/18	*Limits equal to CGL (or) as required by owner (Note- Would be either CGL or OCP, not both)	
	Protective Liability						
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>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.</p> <p>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.</p> <p>Project XXXX.XX (Number varies by project)</p>							
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			

Exhibit D Appendix

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Appendix:

- 01 4500 Special Inspections and Tests (9 pages)
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