

BID DOCUMENTS & SPECIFICATIONS

**For
WATER PLANT PROJECT**

BID NUMBER 20-01

City of Dakota City
1511 Broadway Street
P.O. Box 482
Dakota City, NE 68731

City of Dakota City
Maintenance Department

INVITATION TO BID

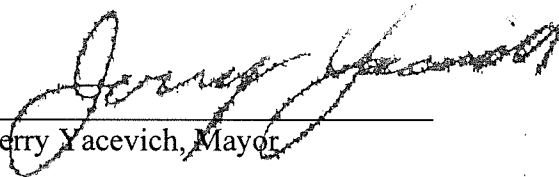
Sealed bid proposals, plainly marked, "**Water Plant Project Bid #20-01**" on the outside of the mailing envelope as well as the sealed bid envelope, addressed to City Hall, 1511 Broadway Street, P.O. Box 482, Dakota City, NE 68731 will be accepted until 6:00pm, April 2nd, 2020, at which time all bids will be publicly opened and read aloud.

Excavation and disposal of lime in west holding pond, replanting of damaged grass, and washing streets upon completion for the City of Dakota City, NE.

The total bid package may be obtained from City Hall at the above address, or by calling City Hall at (402) 987-3448. If you have any questions, please contact the Water Plant Supervisor at (712) 259-5786.

The Mayor and City Council reserve the right to waive informalities and irregularities and to make awards on bids which, in their opinion, serves the best interest of the City of Dakota City, and also reserve the right to reject any and/or all bids.

DATED THIS 5TH DAY OF MARCH 2020
CITY OF DAKOTA CITY, NEBRASKA



Jerry Yacevich, Mayor

ATTEST:



Jason Allen, Administrator/Treasurer/Clerk

PUBLISHED: Dakota County Star
March 20th, 2020
March 13th, 2020
March 6th, 2020

INSTRUCTION TO BIDDERSI. Preparation of Bid Proposal

- A. The Bidder shall submit the proposal upon the forms furnished by the City (attached). The bidder shall specify a unit price, both in words and figures, for each pay item for which a quantity is given and shall also show the products of the respective unit prices and quantities written in figures in the column provided for that purpose and the total amount of the proposal obtained by adding the amount of several items. All words and figures shall be in ink or typed.
- B. If a unit price or lump sum bid already entered by the bidder on the proposal form is to be altered it should be crossed out with ink, the new unit price or lump sum bid entered above or below it, and initialed by the bidder, also with ink. In case of discrepancy between the prices written in words and those written in figures, the prices written in words shall govern.
- C. The bidder's proposal must be signed with ink by the individual, by one or more members of the partnership, by one or more members or officers of each firm representing a joint venture; by one or more officers of a corporation, or by an agent of the contractor legally qualified and acceptable to the owner. If the proposal is made by an individual, his name and post office address must be shown, by a partnership the name and post office address of each partnership member must be shown; as a joint venture, the name and post office address of each must be shown; by a corporation, the name of the corporation and its business address must be shown, together with the name of the state in which it is incorporated, and the names, titles, and business addresses of the President, Secretary, and Treasurer.

II. Disqualified Proposals

Bid proposals will be considered irregular and may be disqualified for any of the following reasons:

- A. If the proposal is on a form other than that furnished by the Owner or if the form is altered or any thereof is detached.
- B. If there are unauthorized additions, conditional or alternated bids, or irregularities of any kind which may tend to make the proposal incomplete, indefinite or ambiguous as to its meaning.
- C. If the bidder adds any provisions reserving the right to accept or reject an award, or to enter into a contract pursuant to an award.
- D. If the proposal does not contain a unit price for each pay item listed, except in the case of authorized alter pay items.
- E. More than one proposal for the same work from an individual, firm, or corporation under the same or different name.
- F. Evidence of collusion among bidders.

III. Delivery of Bid Proposals

When sent by mail, the sealed proposal shall be addressed to the City of Dakota City, 1511 Broadway Street – P.O. Box 482, Dakota City, NE 68731. All proposals shall be filed prior to the time and at the place specified in the invitation for bids. Proposals received after the time for opening of the bids will be returned to the bidder, unopened. Faxed bid proposals are not acceptable. The envelope shall be clearly labeled **“Water Plant Project Bid #20-01.”**

IV. Withdrawal of Bid Proposals

A bidder will be permitted to withdraw his proposal unopened after it has been deposited if such request is received in writing prior to the time specified for opening the proposals.

V. Public Opening of Bid Proposals

Proposals will be opened and read publicly at the time and place indicated in the invitation for bids. Bidder, their authorized agents, and other interested parties are invited to be present.

AWARD AND EXECUTION OF CONTRACT

I. Consideration of Proposals

- A. After the proposals are opened and read, they will be compared on the basis of the responsiveness to the specifications described and the price. No contract will be awarded except to responsible bidders capable of supplying the equipment specified. Bid results will be available to the public. In case of discrepancy between the prices written in words and those written figures, the prices written in words shall govern. In case of a discrepancy between the total shown in the proposal and that obtained by adding the products of the quantities of items and unit bid prices, the latter shall govern.
- B. The right is reserved to reject any or all proposals, to waive technicalities or to advertise for new proposals, if in the judgment of the City; the best interest of the City of Dakota City will be promoted thereby.

II. Award of Contract

Prior to award of the Contract the City reserves the right to require an on-site demonstration of the proposed service at no cost to the City. If as a result of this demonstration the services are deemed unacceptable, the City will contact the next lowest bidder whose proposal complies with all the requirements prescribed, until an acceptable demonstration is conducted.

Within 45 calendar days after the opening of proposals, if a contract is to be awarded, the award will be made to the lowest responsible and qualified bidder whose proposal complies with all the requirements prescribed. The successful bidder will be notified, by phone that the bid has been accepted.

III. Cancellation of Award

The City reserves the right to cancel the award of any contract at any time before the execution of such contract by all parties without any liability against the City.

BID SPECIFICATIONS
Water Plant Project
City of Dakota City

All service bids are to be for the time period 2020-2023.

Proposed Base Bids shall meet the minimum insurance requirements as listed in Attachment A

DELIVERY: Delivery of services shall be made within 30 days of the date of the award. Delivery of services are to be made at the Dakota City Water Plant.

INSURANCE: Please see the Attachment A for copy of an example of what any independent contractor should have for insurance, at a minimum. IF the contractor is a sole proprietor with NO employees, under Nebraska law he or she can elect to NOT be covered under the work comp law. In a case like that there should be wording in the box above the certificate holder's name, (City of Dakota City), stating that the sole proprietor showing his/her name has elected to NOT be covered for workers' compensation as allowed by Nebraska law. Note there are two vertical columns immediately after the type of insurance marked "ADDL INSD" and "SUBRO WVD". The first column abbreviation is for Additional Insured and the second is for Waiver of Subrogation. Both items are required.

SPECIAL CONDITIONS:

The City may, at a later date, consider purchasing similar services for the east lagoon at the Dakota City Water Plant. The City is under no obligation to purchase any additional services submitted in this proposal.

City of Dakota City
Water Department

BID PROPOSAL FORM

BASE BID: Services performed in west lagoon, as described in the Bid Specifications:

\$ _____
Price in Figures

\$ _____
Price in Words

The undersigned agrees that he/she on behalf of Bidder has read the bid proposal documents, instruction to bidders and the bid specifications and agrees to the terms and conditions set forth therein.

Bidder further agrees that this bid is not made jointly or in conjunction, cooperation or collusion with any person, firm, corporation or other legal entity.

Bidder agrees no officer, agent or employee of the Owner is directly or indirectly interested in this Bid.

All Bids are to be submitted on this form and in a sealed envelope plainly marked **“Water Plant Project Bid #20-1”** on the outside envelope.

Company Name

Business Address

City, State, Zip Code

Contact Person’s Name

Phone Number

Title

E-mail Address

Signature

Date

Attachment A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2020

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 have ADDITIONAL INSURED provisions or 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 Northeast Nebraska Insurance Agency 2021 Dakota Avenue South Sioux City, NE 68776	CONTACT NAME: PHONE (A/C, No, Ext): (402) 494-1356 FAX (A/C, No): (402) 241-1815 E-MAIL ADDRESS: ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: NAME OF INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED NAME OF BUSINESS STREET ADDRESS and/or MAILING ADDRESS CITY ST ZIP CODE	

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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER CITY OF DAKOTA CITY PO BOX 482 DAKOTA CITY, NE 68731	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
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