



Request for Proposal

EXTERIOR METAL TRIM PAINTING- AIRPORT COMMERCE CENTER

Richland – Lexington Airport District West Columbia, SC

ISSUED DATE: March 14, 2016

ISSUED BY: Richland – Lexington Airport District
125A Summer Lake Drive
West Columbia, SC 29170

POINT OF CONTACT: Lindsay C. Copelan, Properties Manager
Email: l.copelan@columbiaairport.com

NON- MANDATORY MEETING: March 22, 2016 at 11:00 a.m. EDT
103 Trade Zone Drive, Suite 32 –C
West Columbia SC 29170

PROPOSAL DEADLINE: March 29, 2016; no later than 2:00 p.m. EDT
Richland – Lexington Airport District
Attn: Lindsay C. Copelan, Properties Manager
125A Summer Lake Drive
West Columbia, SC 29170

SCOPE OF WORK AND SPECIFICATION

The Columbia Metropolitan Airport is requesting proposals for the painting the exterior metal trims of all windows and door frames at 103 Trade Zone Drive West Columbia, SC 29170.

Paint must be industrial enamel oil based paint and two (2) coats of paint should be applied to all metal trim, windows and door frames.

Work may be scheduled during or after business-hours, Monday-Sunday.

WARRANTY

The contractor's acceptance is conditional on the understanding that their warranty covers defective material and workmanship. The guarantee period shall not extend longer than one (1) year from the date of completion or acceptance thereof by beneficial use, whichever is earlier, of each elevator. The guarantee excludes ordinary wear and tear or improper use, vandalism, abuse, misuse, or neglect or any other causes.

<END OF SCOPE AND SPECIFICATIONS>

I. PROPOSER INFORMATION

1. Company Name: _____
Address: _____
Phone number: _____
Contact Name: _____
Contact Phone #: _____
Contact Email: _____

2. Does the Contractor have or can they obtain the insurance coverage for this project as described in the “Terms and Conditions” section of the RFP?
 Yes No

3. At the time of submitting this proposal, is the Contractor ineligible to bid on or be awarded a public contract in the state of South Carolina?
 Yes No

4. Has South Carolina OSHA cited and assessed penalties against the Contractor for any “serious,” “shallful” or “repeat” violations of its safety or health regulations in the past five years?
 Yes No

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

If “yes,” provide a brief explanation of the citation. Use additional sheets if necessary.

5. Has the federal OSHA cited and assessed penalties against the Contractor Firm in the past five years?
 Yes No

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

If “yes,” provide a brief explanation of the citation. Use additional sheets if necessary.

II. REFERENCES

References: Please provide three (3) current commercial / institutional customers references for projects of similar size and specifications.

1. Business Name: _____
Contact Name: _____ Title: _____
Address: _____
Email: _____ Phone: _____
Size of Project: _____

2. Business Name: _____
Contact Name: _____ Title: _____
Address: _____
Email: _____ Phone: _____
Size of Project: _____

3. Business Name: _____
Contact Name: _____ Title: _____
Address: _____
Email: _____ Phone: _____
Size of Project: _____

4. Business Name: _____
Contact Name: _____ Title: _____
Address: _____
Email: _____ Phone: _____
Size of Project: _____

III. PROOF OF INSURANCE COVERAGE

Contractor shall provide the District with satisfactory evidence of the Professional Liability Insurance and Automobile Insurance from a company satisfactory to the District and licensed to transact business in the State of South Carolina. If the two insurances are with different companies, submit a form for each company. This form shall be submitted for responsiveness.

INSURER:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME AND PHONE: _____

Contractor is required to submit a letter or certificate from the Company providing insurance certifying that the Contractor has professional liability insurance in accordance with the terms set forth in this RFP.

Date: _____

Corporate:

Business Name _____

Contractor Name: _____

Contractor Title: _____

Corporate Secretary/Assistant: _____

Secretary (Seal)

Non-Corporate:

Business Name _____

Contractor Name: _____

Contractor Title: _____

Notary Public: _____

My Commission Expires: _____

Notary Public (Seal)

IV. CERTIFICATION

I, undersigned, on behalf of the Contractor, certify and declare that I have read all the foregoing answers to this Questionnaire and know their contents. The matters stated in the answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of South Carolina that the foregoing is correct.

(Signature)

(Printed name)

(Title)

(Date)

V. PROPOSAL FORM

A. PROPOSAL:

\$ _____ dollars and _____ cents

B. PROJECT TIMELINE AND COMPLETION DATE

Timeline: _____

Completion Date: _____