

November 6, 2012

INSTRUCTIONS TO BIDDERS

ITB-COT 12-25

Sealed proposals to furnish **ONE YEAR REQUIREMENTS OF LIQUID CALCIUM CHLORIDE WITH AN OPTION TO RENEW FOR ONE ADDITIONAL YEAR** will be received by the City of Troy at the office of the City Clerk, 500 W. Big Beaver Road, Troy, MI 48084 until **Wednesday, November 21, 2012 at 10:00 AM, EST**, after which time they will be publicly opened and read in the Troy City Offices. Bid responses are not accepted via fax transmission.

MARK ENVELOPES: **ITB-COT 12-25, LIQUID CALCIUM CHLORIDE** ON THE LOWER LEFT-HAND CORNER.

The proposals will be for Liquid Calcium Chloride. Specifications are listed in the bid proposal form on file in the office of the City Clerk.

All bids shall specify terms and show delivery dates. The City reserves the right to reject any or all bids, to waive any informality in the proposal received, and to accept any proposal or part thereof, which it shall deem to be most favorable to the interests of the City.

1. Any and all bids submitted must be on the City of Troy bid proposal forms. If more than one bid is submitted, a separate bid proposal form must be used for each. Forms are enclosed, or obtainable at the City of Troy Purchasing Department or on the MITN (Michigan Intergovernmental Trade Network) Website at www.mitn.info.
2. Municipalities are exempt from Michigan State Sales and Federal Excise taxes. Do not include such taxes in the proposal figure. The City will furnish the successful bidder(s) with tax exemption certificates when requested.
3. All items are to be F.O.B. delivered freight paid to: City of Troy Department of Public Works, 4693 Rochester Road, Troy, MI 48085, Attn: Emily Frontera.
4. If further information regarding this bid is required, please contact the Purchasing Department at (248) 524-3338.
5. VENDOR CHANGES OR ALTERATIONS TO BID DOCUMENTS INCLUDING SPECIFICATIONS MAY RESULT IN A BID BEING CONSIDERED NON-RESPONSIVE. The only authorized vendor changes to a bid document will be in the areas provided for a bidder's response, including the "Exceptions" section of the bid proposal. If a change or alteration to the documents is undetected and the bidder is awarded a contract, the original terms, conditions, and specifications in the Authorized Version of the bid document will be applicable during the term of the contract. The City of Troy shall accept NO CHANGES to the bid document made by the Vendor unless those changes are set out in the "Exceptions" provision of the Authorized Version of the bid document. It is the Vendor's responsibility to acquire knowledge of any changes, modifications or additions to the Authorized Version of the bid document. Any Vendor who submits a bid and later claims it had no knowledge of any changes, modifications or additions made by the City of Troy to the Authorized Version of the bid document, shall be bound by the bid, including any changes, modifications or additions to the Authorized Version. If a bid is awarded to a Vendor who claims that it had no knowledge of changes, modifications or additions made by the City of Troy to the Authorized Version of the bid, and that Vendor fails to accept the bid award, the City of Troy may pursue costs and expenses to re-bid the item from that Vendor. The Authorized Version of the bid document shall be that bid document appearing on the MITN System with any amendments and updates.

5. Continued

The City of Troy officially distributes bid documents from the Purchasing Department or through the Michigan Intergovernmental Trade Network (MITN). Copies of bid documents obtained from any other source are not considered official copies. Only those vendors who obtain bid documents from either the Purchasing Department or the MITN website are guaranteed access to receive addendum information, if such information is issued. If you obtained this document from a source other than the sources indicated, it is recommended that you register on the MITN website, www.mitn.info, and obtain an official copy.

6. To the fullest extent permitted by law, the successful bidder agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Troy, by reason of personal injury, including bodily injury or death and/ or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.
7. A successful bidder(s) furnishing labor on City/public premises does agree to have his workers covered by Worker's Compensation, General Liability, and Automobile Liability and to furnish a certificate of insurance showing coverage to the Risk Management Department within five (5) business days of a verbal request. The "Company Representative" does warrant that by signing the proposal document, the "additional insured endorsement" will be included in the Insurance Coverage supplied to the City as part of the specified requirements.
8. To the fullest extent permitted by law, the City of Troy and the successful bidder waive all rights against each other and any of their subcontractors, sub-subcontractors, agents and employees, and the architect, architect's consultants, separate contractors, if any, and any of their subcontracts, subcontractors, sub-subcontractors, agents and employees, for damages caused by fire or other perils to the extent covered by property insurance obtained pursuant to this agreement or other property insurance applicable to the work. The policies shall provide such waivers of subrogation by endorsement or otherwise. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged for this contract.

SPECIAL INSTRUCTIONS

- All bidders are held to bid prices for 60 days or bid award, whichever comes first, except the successful bidder(s) whose prices shall remain firm for the entire contract period.
- Final bid results will be posted on the MITN website after award. Please register to see results - www.mitn.info.
- **If your bid is not to be broken up by option and based on an all or none award, please indicate this on your bid proposal under the "Exceptions" section, page 4 of 4.**

CITY OF TROY
BID PROPOSAL

ITB-COT 12-25
Page 1 of 4

The undersigned proposes to furnish **ONE -YEAR REQUIREMENTS OF LIQUID CALCIUM CHLORIDE WITH AN OPTION TO RENEW FOR ONE ADDITIONAL YEAR** in accordance with the attached specifications that are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME _____

<u>ESTIMATED QUANTITY</u>	<u>DESCRIPTION</u>	<u>PRICE/ GALLON</u>
24,000 GALS	OPTION A: 38% Bidder will <u>deliver to a storage tank</u> located at 4693 Rochester Rd., Troy, for dust control at shipments of no less than 3,000 gallons , as requested by the City	\$ _____
20,000 GALS	OPTION B: 32% Bidder will <u>deliver to a storage tank</u> located at 4693 Rochester Rd., Troy, for snow & ice control at shipments of no less than 2,000 gallons , as requested by the City.	\$ _____

ESTIMATED QUANTITIES: Quantities stated are estimated and not guaranteed, but are to be used for award purposes only. The City will not be penalized for ordering more or less than the quantities stated.

CONTACT INFORMATION:

Hours of operation: _____

24 Hr. Phone No. _____

AWARD: The evaluation and award of this bid shall be a combination of factors including but not limited to: cost, professional competence, references, and the correlation of the proposal submitted to the needs of the City of Troy. The City of Troy reserves the right to award this bid to the lowest responsible bidder(s) meeting specifications for each option or to combine options, whatever is deemed to be in the City of Troy's best interest; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations.

DOWNPAYMENTS OR PREPAYMENTS: Any bid received which requires a down payment or prepayment for services to be performed prior to work completion and acceptance of material as being in conformance with specifications will not be considered for award.

NOTICE OF DELIVERY: The contractor will be notified as to the quantity needed before noon on the day prior to the desired delivery date. Delivery will be expected at the time requested, as long as this minimum notification is given.

ADDITIONAL INFORMATION: For additional information or questions concerning this project, please contact **Emily Frontera**, Public Works Administrative Aide at **(248) 524-3373**.

INSURANCE: Insurance Requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE**. The required Insurance Certificate must be submitted to Mr. Stephen Cooperrider, within five (5) business days of a verbal/ electronic request. The bid cannot be completely awarded without this Insurance Certificate. The Insurance Certificate may be faxed **(248) 524-3328** to the City Offices, and is the only bid document accepted in this format.

- () We can meet the specified insurance requirements.
- () We cannot meet the specified insurance requirements.
- () We do not carry the specified limits but can obtain the additional insurance coverage of \$ _____ at the cost of \$ _____.
Note: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.
- () Our bid proposal is reduced by \$ _____ if we lower the requirements to \$ _____.
Note: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

IMPORTANT: A Certificate of Insurance on an ACORD Form showing present coverage or a letter from your insurance agent or carrier that the insurance to be supplied will meet specifications SHOULD be attached to the bid document at the time of submission of the bid proposal to the Office of the City Clerk.

NOTE: Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this bid proposal being completed incorrectly.

OTHER: Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan and acceptable to the City of Troy.

INSURANCE VERIFICATION: A bidder shall complete the above portion that details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

Letter Verification: If not submitted with the bid documents as requested, the successful bidder will be notified to submit a letter from their *insurance agent or carrier* that the insurance to be supplied will meet specifications. As an alternative, the successful bidder may submit the certificate of insurance meeting specifications at this time at his/her option. ***The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder or the bidder will be considered non-responsive and the bid un-awardable.*** This process will occur before presentation of the award recommendation to the Troy City Council.

Final Insurance Certificate Submission: After approval by Troy City Council, the City of Troy will provide verbal / electronic notification to submit within five (5) days an insurance certificate in accordance with specifications. If not received, the company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements. _____ being duly authorized to execute contracts for _____ (Company Name) hereby acknowledges that once accepted by the Risk Manager, the specified insurance certificate for ITB-COT 12-25 shall remain in full force and effect during the life of the contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

COMPANY NAME: _____

REFERENCES

The City of Troy requires that your company list at least three (3) clients who have recently had similar work performed by your company.

COMPANY: _____
ADDRESS: _____
PHONE: _____ CONTACT _____
EMAIL: _____

COMPANY: _____
ADDRESS: _____
PHONE: _____ CONTACT _____
EMAIL: _____

COMPANY: _____
ADDRESS: _____
PHONE: _____ CONTACT _____
EMAIL: _____

APPROVED ALTERNATES: The City of Troy’s designated department representatives or their designee will review all items submitted for consideration as approved alternates. Their decision as to acceptability will be deemed in the City of Troy’s best interest and will be final.

TERMINATION FOR CONVENIENCE: The City may cancel the contract for its convenience, in whole or in part, by giving the supplier written notice 60-days prior to the date of cancellation. If the City chooses to cancel this contract in whole or in part, the charges due under this contract shall be payable only for services as rendered.

IMPORTANT: All City of Troy purchases require a MATERIAL SAFETY DATA SHEET, where applicable, in compliance with the MIOSHA “Right to Know” Law. Please include a copy of any relevant MSDS at the time of bid submission.

COMPANY NAME: _____

SIGNATURE PAGE

PRICES: Prices shall remain firm for 60 days or bid award whichever comes first, except the successful bidder(s) whose prices shall remain firm for the entire contract period which shall commence on the date of award or **December 1, 2012**, whichever is later, and expire **November 30, 2013**. The contract may be renewed for one (1) additional year based upon mutual consent of both parties within 90 days of contract termination based upon the same prices, terms, and conditions. The renewal is subject to a favorable market survey and City Council approval. A request by City staff to determine a successful bidder's interest in renewing a contract in no way obligates the City. The option cannot be exercised without Troy City Council approval and a blanket purchase order issued. The City of Troy may terminate this contract with written notice at least thirty (30) days in advance.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE _____

NOTE: The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this bid offer and is in receipt of all addenda as issued.

TAX ID# _____

COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ FAX NUMBER (____) _____

REPRESENTATIVE'S NAME _____
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

PAYMENT TERMS _____ DELIVERY: **As Specified**

E-MAIL: _____

EXCEPTIONS: Any exceptions, substitutions, deviations, etc. from the City specifications and this proposal must be stated below. The reason(s) for the exceptions, substitutions or deviations are an integral part of this bid offer:

ACKNOWLEDGEMENT:

I, _____, certify that I have read the **Instructions to Bidders** (2 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS: All prices quoted are to be in U.S. Currency.

**CITY OF TROY
SPECIFICATIONS**

LIQUID CALCIUM CHLORIDE

The estimated season's usage is 24,000 gallons for dust control.
The estimated season's usage is 20,000 gallons for snow and ice control.

The minimum percentage of Calcium Chloride in the solution shall not be less than 38% for dust control and exactly 32% for ice control. The Calcium Chloride shall conform to the requirements of the current specifications for Calcium Chloride A.S.T.M. Designation D98.

Sodium Chloride in the Calcium Chloride solution shall not exceed a maximum of 4%. Should the Sodium Chloride at any time exceed 4%, the City reserves the right to cancel the undelivered balance of the Purchase Order.

The percentage of Calcium Chloride in the solution will be determined by the EDTA Titration method of the current methods of sampling and testing Calcium Chloride, A.S.T.M. Designation D98.

On Option "A" bidder will deliver to a storage tank located at 4693 Rochester Rd, Troy, MI, ***shipments of no less than 3,000 gallons***, as requested by the City for dust control.

On Option "B" bidder will deliver to a storage tank located at 4693 Rochester Road, Troy, MI, ***shipments of no less than 3,000 gallons***, as requested by the City for ice control.

NOTIFICATION FOR DELIVERY

The City will notify the contractor before noon on the day prior to the desired delivery date. The contractor will be informed as to the quantity desired and will be expected to deliver at the time requested as long as this minimum notification is given.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER <p style="margin-left: 20px;">Complete</p> <p style="margin-left: 20px;"><u>Sample Certificate</u></p>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE	
INSURED <p style="margin-left: 20px;">Complete</p>	INSURER A: <u>XYZ Company</u> INSURER B: <u>ABC Company</u> INSURER C: INSURER D: INSURER E:

COVERAGES

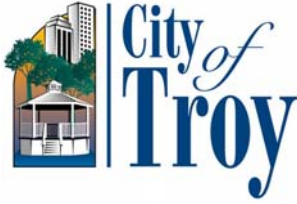
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	0001	XX-XX-XX	XX-XX-XX	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> Additional Insured- City of Troy - use wording below				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> See below				GENERAL AGGREGATE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG.	\$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	0002	XX-XX-XX	XX-XX-XX	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
A	EXCESS LIABILITY	0003			EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0004	XX-XX-XX	XX-XX-XX	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 100,000
					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Additional Insured: City of Troy including Architects and Engineers, all elected and appointed officials, all employees and volunteers, boards, commissions and/or authorities and their board members, employees, and volunteers additional insured on ISO form B or broader.

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER <u>A</u>	CANCELLATION
City of Troy 500 W. Big Beaver Rd. Troy, MI 48084		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.	
		AUTHORIZED REPRESENTATIVE	



**STATEMENT OF NO BID
CITY OF TROY**

BID NUMBER: ITB-COT 12-25
TITLE: LIQUID CALCIUM CHLORIDE

Please Send or Fax To:
 City of Troy Purchasing Department
 500 W. Big Beaver Rd.
 Troy, MI 48084

FAX NUMBER: (248) 619-7608

We, the undersigned, have declined to bid on the subject bid for the following reasons:

Check All That Apply	REASON
<input type="checkbox"/>	Our company does not handle the type of product / service
<input type="checkbox"/>	We cannot meet the specifications nor provide an approved alternate – please explain below
<input type="checkbox"/>	Our company is not interested in bidding at this time
<input type="checkbox"/>	Job is too small
<input type="checkbox"/>	Job is too large
<input type="checkbox"/>	Cannot be competitive
<input type="checkbox"/>	Liability Issues such as insurance, bonding, indemnification, hold harmless
<input type="checkbox"/>	Insufficient time to respond – please explain below
<input type="checkbox"/>	Our company's schedule would not permit performance of the specifications
<input type="checkbox"/>	Other – describe below

REMARKS: _____

COMPANY INFORMATION:

COMPANY NAME: _____
 SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____
 TITLE: _____
 COMPANY: _____
 ADDRESS: _____

 FAX NUMBER: _____ TELEPHONE NUMBER: _____

IMPORTANT NOTE: To qualify as a respondent to the bid, the vendor must submit a bid or return this completed form.

VENDOR REGISTRATION: The City of Troy uses the MITN website for vendor registration, bid and tabulation posting, award information and other processes. Final bid results will be posted on the MITN website after award. Please register to see results - www.mitn.info.