



Public Works & Development Services

14200 Washington Avenue
Sturtevant, WI 53177-1253
262-886-8446
fax: 262-886-8480
brett.mcdonald@racinecounty.com

June 5, 2017

Dear Prospective Bidder:

You are invited to submit a bid to provide the Racine County Public Works Department with a **Scale Maintenance/Certification** for the County's two (2) Truck Scales. Sealed bids are due on or before 2:00 p.m. on Wednesday, June 21, 2017 at the address detailed below. Late bids will not be accepted.

Responses must be in a sealed envelope or box and show the firm's name, address, and solicitation number on the cover. Your response must be manually signed and dated and include all requested information. Responses shall be marked with the bidder's return address and addressed as follows:

To: Racine County Purchasing Coordinator
c/o Racine County Finance Department
730 Wisconsin Avenue, Room 400 Racine, WI 53403

Any general questions regarding this Invitation for Bid may be directed to Brett McDonald, Shop Operations Manager, at 262-886-8446 between the hours of 8:00 a.m. and 3:30 p.m., Monday through Friday.

No other Racine County employees or representatives other than those specified above are authorized to provide information or interpret any portion of this solicitation. No contact from a vendor to any Racine County employee or elected official should be made during this process unless authorized by Racine County Purchasing.

Sincerely,

Brett McDonald

Brett McDonald
Shop Operations Manager

Encl: Bid Package

INVITATION FOR BID
Bid #17-PW-008

SCALE MAINTENANCE/CERTIFICATION

I. REQUEST SUMMARY

Racine County Public Works is seeking proposals from contractors to provide service maintenance for the County's truck scales for a period of three (3) years with two one (1) year options to renew at the discretion of the County.

II. BACKGROUND

Racine County Public Works owns and operates two pit scales used to weigh materials for highway and park maintenance along with deicing materials for winter snow removal operations. Locations and pertinent information are as follows:

<u>Name:</u>	<u>Address</u>
1. Ives Grove	14200 Washington Ave, Sturtevant, WI 53177
2. Rochester	31929 Academy Rd, Burlington, WI 53105

<u>Manufacturer</u>	<u>Model</u>	<u>Capacity</u>	<u>Platform Size</u>	<u># of Sections</u>	<u>CLC</u>	<u>Deck Type</u>
1. Fairbanks	PLT2600	120,000	35x10	4	60000	Concrete
2. Fairbanks	PLT2600C	120,000	24x10	2	60000	Concrete

III. SCOPE OF SERVICES

Racine County Public Works intends to obtain the services of a qualified contractor to provide the services as outlined below. Best industry practices and/or best management practices may require additional services not explicitly enumerated. The proposer should identify any additional services required, price them, and explain them in their response.

Descriptions

The objective of this service is to ensure the truck scales located at the two locations in the county, are kept in a safe efficient, trouble free, and accurate operating condition to help prolong equipment life.

A. The Vendor shall schedule any maintenance and calibration between the hours of 7:00 a.m. to 3:00 p.m. Monday through Friday. Any other times must be approved by the Shop Operations Manager prior to work commencing.

- B. The Vendor shall take instructions for service from Shop Operations Manager, and shall obtain approval from the Shop Operations Manager before commencing any additional work.
- C. The Vendor shall be responsible for inspecting the condition and the operating performance within the design parameters and in accordance with the operating instructions and limitations as set out by the original equipment manufacturer.
- D. Under no circumstances shall the Vendor, in the opinion of Racine County Public Works downgrade, adjust in any detrimental fashion that would detract from the original design intentions or of the original equipment manufacturer.
- E. The Vendor shall immediately advise the Shop Operations Manager of any issues of non-conformance with, or detract from the safe and accurate operation of the equipment.
- F. The Vendor shall advise the Shop Operations Manager of any items that will adversely compromise equipment safety or the original equipment manufacturers design intentions or equipment limitations.
- G. All services performed shall be scheduled during normal business hours unless directed otherwise by the Shop Operations Manager.
- H. The entire area shall be kept in a neat and orderly fashion at all times.
- I. The Vendor will be responsible for cleaning up any spills or unwanted discharges to the satisfaction of the Shop Operations Manager.
- J. The Vendor shall be responsible for all clean up related to their operations.
- K. All work shall be completed to the satisfaction of the Shop Operations Manager.

Services to be Performed:

The Contractor shall provide annual scale inspections, report on condition, and calibration Certificate services once in the period of August 1st to September 30th, at each of the named locations as follows:

- A. The Vendor will clean and inspect each scale installation and evaluate its condition;
- B. The Vendor will test for general operation, and for calibration of each scale unit using a minimum of 20.000-pound certified test weights. Testing shall be done in accordance with the current editions of Wisconsin State Statutes, ATCP 92 and NIST handbook 44
- C. Any reports/reporting required by the State of Wisconsin shall be done by the Vendor in a timely manner after calibration has been completed.
- D. The Vendor will examine and report on the scale conditions as to steel work, fasteners, and concrete walls and supports;

E. The Vendor will make all required adjustments to systems that do not require parts to be replaced;

F. The Vendor shall supply a work sheet report including a "Truck Scale Certificate" for each facility detailing the service performed and time of job start-up and completion. One copy shall be given to the Shop Operations Manager, and the other shall accompany the invoice.

G. The Vendor will report to the Shop Operations Manager any issues found that would affect the weight readings and make recommendations how these issues can be resolved.

IV. PROPOSAL OUTLINE TO BE SUBMITTED

The proposal shall be organized and submitted with the following elements:

A. Cover Page/Executive Summary

Provide a summary describing the proposer's ability to perform the work requested, a history of the proposer's background and experience providing services, certifications, the qualifications of the proposer's personnel to be assigned to this project, any subcontractor, and a brief history of their background and experience, and any other information called for by this request for proposal which the proposer deems relevant, including restating any exceptions to this request for proposal. This summary should be brief and concise to apprise the reader of the basic services offered, experience and qualifications of the proposer, staff, subcontractors, and/or suppliers.

B. Questionnaire/Response to Scope of Services

Proposer shall provide responses and information to fully satisfy each item in the Questionnaire. Each question item should be presented before the proposer's response

C. Attachments

References, Schedule, and Certificate of Insurance

V. QUESTIONNAIRE

A. Company and General Information

1. Company name and address.
2. Letter of transmittal signed by an individual authorized to bind the respondent, stating that the respondent has read and will comply with all terms and conditions of the RFP.
3. General information about the primary contact who would be able to answer questions about the proposal. Include name, title, telephone number and email address of the individual.

B. Qualifications and Experience of the Company

1. Describe your company's history and organizational structure. Include the size of the company, location of offices, years in business, and name(s) of owner(s) and principal parties.
2. List all licenses and certification relevant to the services proposed.
3. What is the primary business of the parent company and/or affiliates?
4. Which office(s) of your organization will have primary responsibility for managing this account? List the members of your team who will be responsible for providing the services and for ongoing support.
5. What is your company's experience conducting service maintenance of truck scales requested? What is your company's experience with Fairbanks manufactured scales? Describe comparable projects performed by your company in the last five years, including the number of projects, scope of service, type of scales serviced, and status of projects.
6. Comment on other areas that may make your company different from your competitors.

C. Qualifications and Experience of Proposed Project Team

1. Describe the qualifications of staff proposed for the assignment, position(s) in the company, and types and amount of experience with maintaining truck scales. Be sure to include any municipal agencies they have worked with in the past three years and their level of involvement. A description of how overall supervision will be provided should be included.
2. Identify and provide the resume(s) of the personnel who will be assigned to this project.

D. Questions/Response to Scope of Services

1. Describe the methods by which your company will fulfill the services requested in the Scope of Services section.
2. Provide a statement of the service(s) that differentiate your company from other respondents

E. Fees

1. Provide proposed fees for each task per year of maintenance services for each facility. Fees should also include in detail all estimated personnel hours, travel,

surcharges, etc. Also include accompanying service rates for future services and/or work that may be needed to maintain scales in operational condition

F. References

1. List the name, address and telephone number of references from at least three (3) recent similar projects. Include a brief description of the work provided for each reference. Wisconsin municipal and county projects are preferred. You may offer more than three recent similar projects if desired.

G. Certificate(s) of Insurance

1. Racine County will require the successful proposer to provide Certificates of Insurance evidencing required coverage types and the minimum limits.

VI. EVALUATION OF PROPOSALS

Proposals will be judged on the Proposer's ability to provide services that meet the requirements set forth in this document. The City reserves the right to make such investigations as it deems necessary to determine the ability of the Proposer to provide services meeting a satisfactory level of performance in accordance with the City's requirements. Interviews and presentations by one, several, or all of the Proposers may be requested by evaluators if deemed necessary to fully understand and compare the Proposer's capabilities and qualifications. The adequacy, depth, and clarity of the proposal will influence, to a considerable degree, its evaluation. Proposals will be evaluated based on the following criteria, in no particular order:

- | | |
|--|--------------------|
| 1. Qualifications & Experience | Section V. B & V.C |
| 2. Questions/Response to Scope of Services | Section V.D |
| 3. Fees | Section V.E |
| 4. References | Section V.F |

Attachment A

CERTIFICATION OF VENDOR

Invitation for Bid #17-PW-008

SCALE MAINTENANCE/CERTIFICATION

I fully understand the requirement of the County of Racine and certify on behalf of my Company that we can meet the requirements stated above.

SIGNATURE _____

TYPED/PRINTED NAME _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

DATE: _____

Attachment B

Client Work History Sheet

Provide at least three municipal public work entities (i.e. city, county, town or village) that you have provided this software from 2012 to 2017.

Reference 1:

Name of Company or Vendor: _____

Address: _____

City, State, Zip: _____

Contact Name: _____ Phone Number _____

E-mail Address: _____

Project Name _____ Date of Delivery _____

Reference 2:

Name of Company or Vendor: _____

Address: _____

City, State, Zip: _____

Contact Name: _____ Phone Number _____

E-mail Address: _____

Project Name _____ Date of Delivery _____

Reference 3:

Name of Company or Vendor: _____

Address: _____

City, State, Zip: _____

Contact Name: _____ Phone Number _____

E-mail Address: _____

Project Name _____ Date of Delivery _____

Attachment C



Public Works & Development Services

14200 Washington Avenue
Sturtevant, WI 53177
262-886-8440
fax: 262-886-8480

[Date]

[Name]

[Company]

[Address]

[City, State, Zip]

Re: Scale Maintenance/Certification

Your bid on the above referenced project has been accepted in accordance with the project documents dated, [Date of RFP], in the amount of [Amount as text] Dollars (\$ [Amount as number]).

You are required to return the following:

1. Three (3) signed copies of the enclosed Owner-Contractor Agreement
2. Certificates of insurance naming Racine County as additional named insured.

If you have any questions, please call me at (262) 886-8446.

Brett McDonald
Shop Operations Manager
Racine County Public Works & Development Services