

ORCAS ISLAND HEALTH CARE DISTRICT (OIHCD)

ROAD REPAIR AND DRAINAGE PROJECT

REQUEST FOR PROPOSAL 2022-02, September 27, 2022

NOTICE: Orcas Island Health Care District (“District”) is seeking proposals from qualified excavators (“contractors”) to improve and repair the portion of Deye Lane owned by the District and located at 7 Deye Lane, Eastsound, WA (the “Road”). Proposals must be of Contractor’s own design but must meet the requirements stated in the Scope of Work described below.

BACKGROUND: The gravel portion of the Road needs repair due to numerous potholes caused by inadequate water drainage. Improvements are needed to provide adequate drainage. Area of Road to be improved and repaired begins at the paved entrance to the clinic parking lot and extends curving south and east approximately 160 feet.

The clinic building is occupied by Island Hospital, which operates Island Primary Care-Orcas (the “Clinic”) Monday through Friday from 8 to 4:30 and is occupied by staff from 7:30-5:30 on those days. It will be necessary for the project to be carried out in a way that allows the Clinic to continue to operate. Patients, residents and other users of Deye Lane (including emergency vehicles) must be able to use the road safely while work is being done – even if access is limited to one lane.

Work for (a) Road Repair, (b) drainage solution and (c) concrete barriers must be priced separately.

PROPOSALS DUE: Before **4:00 p.m. on Tuesday, October 18, 2022**. Proposals received after 4:00 p.m. (Pacific time) may be disqualified from consideration.

SUBMISSION: Proposals should be mailed to:

**Orcas Island Health Care District
Post Office Box 226,
Eastsound, WA 98245**

or delivered in person to the District Office located at:

**410 Prune Alley, Unit B
Eastsound, WA 98245**

A postmark or other mark will not be accepted as receipt of the proposal. Contractor assumes full responsibility for the delivery method chosen. In the event a proposal is not accepted, Contractor will be notified of such non-acceptance and must advise the District Superintendent as to its desired disposition of the proposal by either pick up, return at Contractor's expense or destroyed with written authorization of Contractor.

MARKING PROPOSALS: Please submit your proposal, plainly marked "**RFP 2022-2: ROAD REPAIR AND DRAINAGE PROJECT**" along with Contractor's name on the lower left-hand corner of the mailing envelope.

SITE INSPECTION: All contractors should carefully examine the Road to determine all project specific conditions including grading and water management options. Site visits can be arranged by contacting:

Tom Eversole, Interim Superintendent
tome@orcashealth.org
360-317-3545

SCOPE OF WORK:

1. Obtain all necessary work permits and authorizations.
2. Install protective signage and barriers, as appropriate to protect the clinic staff and public.
3. Coordinate all work activities with the District Superintendent to minimize impact on the Clinic's operations and adverse impact on patient and staff health. The District will notify medical clinic manager and other users of the Road.

Road Repair (Show as separate subtotal in your pricing detail.)

4. Supply, place, grade and compact 30 – 35 tons of crushed rock over the prepared surface.
5. Apply up to 300 gallons of road stabilizer to help preserve the compacted gravel road surface.

Drainage Solution (Show as separate Subtotal)

6. Create adequate drainage designed to reduce pothole formation to be achieved using road grade, ditches, catch basins, culverts and/or drains according to industry standards.

Concrete Barrier (Show as separate Subtotal)

7. Additionally, supply and place up to three concrete blocks (barriers) intended to block off the East end exit to the existing parking lot.

General

8. Handle, remove and dispose of all project materials in a manner consistent with environmental laws and best industry practices.
9. Comply with state regulations and building codes.
10. Prevailing wage and other public works contracts requirements per state law.
11. Clean up work site after project is completed.
12. All work to be completed before December 15, 2022.

Workmanship: Contractor shall keep the work site safe and free from excess debris and conduct the work in a manner that does not interfere with the operations of the Clinic or the health and safety of its staff and patients. All work must comply with current applicable codes.

Warranty: Contractor shall clearly state the scope and term of Contractor's warranty of the materials and workmanship in Contractor's proposal.

For more information contact: Tom Eversole, Interim Superintendent, Orcas Island Health Care District
TomE@orcashealth.org Phone: 360.317.3545

STANDARD RFP TERMS

1. Inquiries: Questions about the projects should be directed to:

Tom Eversole, Interim Superintendent
tome@orcashealth.org
360-317-3545

Inquiries made and responses given will be posted on the District's public website.

1. Examination of Site & Conditions: Each contractor is expected to carefully examine the site of the proposed work, to read the full contents of this RFP, and to acquaint itself with all conditions and obstacles that might affect its performance of the work and the pricing it offers before submitting a proposal. **The submission of a proposal shall be considered conclusive evidence that Contractor has made such examination and is satisfied as to the conditions to be encountered in performing the work.** Site visits can be arranged by contacting:

Tom Eversole, Interim Superintendent
tome@orcashealth.org
360-317-3545

- 2. Submission of Proposal:** Contractors are required to make their pricing proposals on the accompanying *or similar* Proposal Form and to provide evidence of successful completion of similar projects. Contractors shall also complete and include the Certification of Compliance with Wage Payment Statutes included in the Proposal Form, as required by RCW 39.04.350(2).
- 3. Payment and Performance Bonds:** **Contractors shall hold their proposal prices for forty-five (45) calendar days** after proposal opening. The selected contractor, prior to commencing work, shall furnish a Performance and Payment Bond in an amount of 100% of the total contract price. If the successful proposer fails to execute and deliver the Agreement and furnish the required Payment and Performance Bond within fifteen (15) calendar days after the Notice of Award, District may void the Notice of Award.
- 4. Prevailing Wages:** This contract is subject to the requirements of Chapter 39.12 RCW, Prevailing Wages on Public Works. Contractors shall be responsible for reviewing and complying with the wage rate schedule found at www.lni.wa.gov/tradeslicensing/prevwage/wagerates/default.asp prior to submitting a proposal. The project is located in San Juan County. A copy of the applicable prevailing wage rates is available for viewing at the District's office. A hard copy will be mailed upon request and payment of the non-refundable copying and mailing charge. Any questions regarding the state prevailing wage determinations should be addressed to:

Department of Labor and Industries

Prevailing Wage Section
7273 Linderson Way S.W.
Tumwater, Washington 98501
360-902-5335

<http://www.lni.wa.gov/tradeslicensing/prevailingwage/default.asp>

5. **Technical Qualifications:** Contractor, in its proposal, shall, as a minimum, include the following:
- A. Prior Experience with similar projects. Contractor should describe its prior experience including the names, addresses, contact persons, and telephone numbers of at least 3 organizations your firm has provided similar services. A minimum of 5 years of experience is desired.
 - B. Subcontractors. Contractor should identify each subcontractor that it expects to use to complete the project by name, address and telephone number:
 - C. Understanding of Work to be Performed. Contractor should describe its understanding of work to be performed and the measures it will undertake to minimize disruption of the Clinic's operations and to protect the health and safety of its patients and staff.
 - D. Licenses / Certificates. Contractor must include copies of all licenses or certifications claimed by contractor and its expected subcontractors. Contractor must sign and include as an attachment to its proposal the certifications enclosed with this RFP.
6. **Contractor Responsibility Criteria:** Before award, Contractor must meet the eligibility requirements for construction related businesses set forth at <https://mrscrosters.org/businesses/eligibility-requirements/>. In addition, Contractor must also meet the following supplemental responsibility criteria applicable to the project:
- Contractor shall have successfully completed projects of a similar size and scope as this project. In evaluating whether the projects were "successfully completed," the District may check owner references for the previous projects and may evaluate the owner's assessment of Contractor's performance
 - Contractor shall not be listed on the Washington State Department of Revenue's "Delinquent Taxpayer List" website:
<http://dor.wa.gov/content/fileandpaytaxes/latefiling/dtlwest.aspx>, unless accompanied by a written payment plan approved by the Department of Revenue.
 - Contractor shall not have a record of excessive claims filed against the retainage or payment bonds for public works projects during the previous 3 years that demonstrate a lack of effective management by Contractor of making timely and appropriate payments to its subcontractors, suppliers, and workers, unless there are extenuating circumstances that are deemed acceptable by the District.

- Contractor shall not have had any public works contract terminated for cause or terminated for default by a government agency, and shall not have abandoned, surrendered, or failed to complete any public works contract, during the 5-year period immediately preceding the proposal submittal deadline for this project, unless there are extenuating circumstances that are deemed acceptable by the District.
- Contractor shall not have lawsuits with judgments entered against it within 5 years of the proposal submittal date that demonstrate a pattern of failing to meet the terms of contracts, unless there are extenuating circumstances that are deemed acceptable by the District.

A. Documentation: As evidence that Contractor meets the responsibility criteria above, the District may require the apparent successful proposer to complete a Pre-award Bidder Information Form. If requested, the proposer must submit the complete Pre-award Bidder Information Form within 24 hours of the District providing the form and making the request. In addition to the information contained in the completed Pre-award Bidder Information Form, the District may request further relevant documents and may rely on any available information related to the supplemental criteria, including the District's past experiences with Contractor.

B. Appeal: If the District determines Contractor does not meet the responsibility criteria above and is therefore not responsible, the District shall notify Contractor in writing with the reasons for its determination. If Contractor disagrees with this determination, it may appeal the determination within 24 hours of receipt of the District's determination by presenting additional information to the District. The District will consider the additional information before issuing its final determination. If the final determination affirms that Contractor is not responsible, the District will not execute a contract with any other contractor until 2 business days after Contractor has received the final determination.

PROPOSAL FORM – PRICING DETAILS
RFP 2022-02: Road Repair and Drainage Project
Orcas Island Health Care District

To the Orcas Island Health Care District, herein called the District:

The undersigned, as Contractor, herein referred to as singular and masculine declares as follows:

1. All interested in this Proposal as principals are named herein;
2. This Proposal is not made jointly, or in conjunction, cooperation or collusion with any other person, firm, corporation, or other legal entity;
3. No officer, agent or employee of the District is directly or indirectly interested in this Proposal;
4. Contractor has carefully examined the site of the proposed work and fully informed and satisfied itself as to the conditions there existing, the character and requirements of the proposed work, the difficulties attendant upon its execution and the accuracy of all estimated quantities proposed in this Proposal, and Contractor has carefully read and examined the Request for Proposal and knows and understands the terms and provisions thereof; and
5. Contractor agrees that, if this Proposal is accepted, Contractor will contract with the District and that Contractor will supply or perform all labor, services, material, plant, machinery, apparatus, appliances, tools, supplies and all other activities required by this Proposal in the manner and within the time set forth in the RFP, and that Contractor will take in full payment therefore the following proposal price.
6. Contractor has outlined the materials that will be used, the work that will be undertaken and the details of the warranty that will be given for the work and materials with this proposal.
7. Contractor has included a proposed project initiation date and attached a completion schedule with the proposal and a statement of Contractor's certifications and qualifications, contractor license number(s), Washington Unified Business Identifier number, and availability.
8. **Please complete your formal price proposal using the attached *or similar* Proposal Forms which follow the format on the subsequent two pages of this RFP. Please include all required attachments.**

RECOMMENDED PROPOSAL FORM – PRICING DETAIL

RFP 2022-02: Road Repair and Drainage

Orcas Island Health Care District

Road Repair

Crushed Rock	\$ _____
Grading and Rolling	\$ _____
Water Truck	\$ _____
Road Stabilizer	\$ _____
Labor	\$ _____
Other (Specify)	\$ _____
Sales Tax	\$ _____

Repair Sub Total: \$ _____

Drainage

Materials	\$ _____
Labor	\$ _____
Other (Specify)	\$ _____
Sales Tax	\$ _____

Drainage Sub Total \$ _____

Barriers

Concrete Barriers	\$ _____
Labor	\$ _____
Other (Specify)	\$ _____
Sales Tax:	\$ _____

Options Sub Total: \$ _____

Additional Items (Optional)

Trucking Fees	\$ _____
Other (Specify)	\$ _____
Sales Tax	\$ _____

Additional Items Sub Total \$ _____

Proposal Total: \$ _____

REFERENCES (for similar types of projects completed in last 3 years):

Name: _____

Contact Person: _____

Telephone Number: _____

Name: _____

Contact Person: _____

Telephone Number: _____

Name: _____

Contact Person: _____

Telephone Number: _____

PROPOSAL FORM - SIGNATURE
RFP 2022-02: Road Repair and Drainage
Orcas Island Health Care District

To Contractor: It is the intention of this contract that the items listed above and the information attached hereto describe completely and thoroughly the entirety of the work. Contractor hereby certifies that all items required to accomplish the work described above are included in the total proposed price.

Date: _____

Company Name: _____

Officer: _____

Title: _____

Signature: _____

Business Address: _____

Town, State, Zip Code: _____

Telephone: _____

Email: _____

All proposals are to be submitted on this form with the required attachments and in a sealed envelope, plainly marked on the outside lower left-hand corner with Contractor's name and address and the Project name as it appears at the top of the Proposal Form.

CERTIFICATION OF COMPLIANCE WITH WAGE PAYMENT STATUTES

Contractor hereby certifies that, within the three-year period immediately preceding the bid solicitation date of September 27, 2022 Contractor is not a “willful” violator, as defined in RCW 49.48.082, of any provision of chapters 49.46, 49.48, or 49.52 RCW, as determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Contractor’s Business Name

Signature of Authorized Official*

Printed Name

Title

Date

City

State

Check One:

Sole Proprietorship Partnership Joint Venture Corporation

State of Incorporation, or if not a corporation, State where business entity was formed:

If a co-partnership, give firm name under which business is transacted:

** If a corporation, proposal must be executed in the corporate name by the president or vice-president (or any other corporate officer accompanied by evidence of authority to sign). If a co-partnership, proposal must be executed by a partner.*

(This Certification properly executed must accompany all proposals)