



Mobile County PUBLIC SCHOOLS

1 Magnum Pass | Mobile, Alabama 36618 | 251-221-4000 | www.mcps.com

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SUPERINTENDENT Chresal D. Threadgill

Purchasing Department
Phone (251)221-4473
Fax (251)221-4472
purchasing.mcps.com

May 17, 2019

REQUEST FOR QUOTE CANTILEVER FENCE GATES MAINTENANCE DEPARTMENT

Price Quote No. 19-04

Please know that the Mobile County Public School System would appreciate your quote on the materials and installation of two (2) cantilever gates.

Your quote must be submitted to the Purchasing Department, Mobile County Public Schools, 1 Magnum Pass, Mobile, AL 36618 no later than **Thursday, May 30, 2019 at 10:00 AM.**

A mandatory pre-bid meeting will be held on site. The pre-bid meeting will be on Tuesday, May, 21, 2019 @ 9:30 AM at the Maintenance Office, located at 1200 E. Linwood Drive, Mobile, AL .

All bids are to be submitted in a sealed envelope and the outside of the envelope must be clearly identified with the Bid Description, Bid Number, Date and Time of Opening. This will insure the bid proposal to be processed in a timely manner. The Purchasing Department will not be responsible for any bids that are not clearly identified as indicated above.

The Board **will not** be responsible in the event the U.S. Postal Service or any other courier system fails to deliver the proposal to the Board of School Commissioners, Purchasing Department by the time stated in the bid request.

Should you have any questions, please contact Rhonda Williams @ (251) 221-4473.

Sincerely,

Russell Hudson
Purchasing Director

SPECIFICATIONS CANTILEVER GATES MAINTENANCE DEPT.

Scope of Work: Remove two existing gates one (1) 29 ft and one (1) 58 ft. Replace with a 29 ft and 58 ft double cantilever gate.

1. The bidder is responsible for attending mandatory pre-bid meeting.
2. The successful bidder must provide all necessary labor, equipment, material, and permits to successfully complete the work.
3. The successful bidder must remove all debris as a result of this contract from said premises.
4. All work is to be coordinated with Pat Mitchell, Transportation Department.
5. The contractor shall indemnify, save and hold harmless; the district from alleged damages or injuries arising directly or indirectly from the contractor's negligent acts or omissions while performing the work under this contract.
6. Bidder is responsible for all clean up as a result of this bid
7. The bidder shall provide, at the company's own expense, insurance as described below. **A copy of your current insurance document must be submitted with your proposal.**

Successful bidder(s) shall provide a copy of a Certificate of Insurance naming the School board as an additional insured and must be sent to the Purchasing Department, Attention: Rhonda Williams. The policies of insurance shall be delivered upon request within seven work days after notification of award. Minimums included shall be:

- A. Worker's Compensation - per Alabama Statutes
- B. Comprehensive General Liability

Bodily Injury(including death) Property Damage and Personal Injury
\$2,000,000 per person, \$3,000,000 per occurrence.

Commercial Automobile liability insurance of \$1 million per person, \$3 million per occurrence.

Specifications

Furnish and install the following:

Remove two existing gates one (1) 29 ft and one (1) 58 ft. Replace with a 1 ea- 29 ft and 1 ea - 58 ft double cantilever gate and all welded.

Gate Specs:

1. 6 ft- 9 gauge chain link
2. 3 strands of barbed wire
3. 4 inch schedule 40 posts and all commercial grade hardware
4. Photo provide of what gate should appear like when complete.

All labor and material included

Include on your quote delivery and install time

EXAMPLE





State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

This form is provided with:

- Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

BOARD OF SCHOOL COMMISSIONERS
MOBILE COUNTY PUBLIC SCHOOLS

VENDOR MINORITY QUESTIONNAIRE

PQ NO#: 19-04

Please complete this form and return it with your bid proposal. Should you choose not to bid at this time, please complete this form and forward back to our office as soon as possible. It is necessary that you check all categories that apply to your company. Failure to comply could result in rejection of your proposal and/or removal of your name from our bidder's list, as we are now required to provide this information to the State Department.

VENDOR NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

IS THE COMPANY MINORITY OWNED?: ___ YES ___ NO

IS THE COMPANY OWNED BY: ___ MALE ___ FEMALE ___ BOTH

IS THE COMPANY INCORPORATED ___ YES ___ NO

ETHNICITY OF OWNERSHIP:

___ ASIAN AMERICAN

___ AMERICAN INDIAN

___ BLACK

___ DISABLED

___ HISPANIC

___ OTHER (PLEASE SPECIFY): _____

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____

IMMIGRATION LAW COMPLIANCE

CONFIRMATION REQUEST: AFFIDAVIT OF ALABAMA IMMIGRATION COMPLIANCE

Vendor Information

Name: _____

Address: _____

Street Address

Suite/Unit #

City

State

ZIP Code

Phone: () _____ Alternate Phone: () _____

Please Read the attached Immigration Notice and Select one (1) of the Following:

The Alabama Immigration Law **DOES NOT** apply to the above named company. Please explain:

The Alabama Immigration Law **DOES** apply to the above named company and the documents are on file with Mobile County School System

The Alabama Immigration Law **DOES** apply to the above named company and the **AFFIDAVIT OF ALABAMA IMMIGRATION COMPLIANCE DOCUMENTS** are ATTACHED with the Bid Response

The documents are available at www.mcps.com/immigrataion and www.dhs.gov/e-verify

Employee Signature

Date

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature _____ Date _____

Notary's Signature _____ Date _____ Date Notary Expires _____

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.