

VENDOR NAME \_\_\_\_\_

**GENERAL CONTRACT - PROPOSAL FORM (revised 4 - 2017)**

Sealed proposals for lump-sum General Contract will be received at the office of the Procurement & Strategic Sourcing by **electronic submission on August 30, 2019**, until 2:00 p.m. (local time). The link for bid submission will be posted with the bid details at <http://go.wayne.edu/bids> beginning **August 15, 2019**.

**Please Note – Vendors must Pre-qualify themselves when responding to this bid opportunity. Our Prequalification questions can be found on page 4 of this section.**

**OWNER:** Board of Governors  
Wayne State University

**PROJECT:** **I2C MRI Installation**

**PROJECT NO.:** WSU PROJECT NO. **212-313128**

**PROJECT TYPE:** **General Work**

**PURCHASING AGENT:** **Kimberly Tomaszewski, Senior Buyer**  
WSU – Procurement & Strategic Sourcing  
5700 Cass, Suite 4200  
Detroit, Michigan 48202  
**313-577-3757/ 313-577-3747 fax**  
**Ac9934@wayne.edu & copy Rfpteam2@wayne.edu**

**OWNER'S REPRESENTATIVE:** **Kidest Albaari** , Project Manager  
Design & Construction Services  
Facilities Planning & Management  
Wayne State University  
5454 Cass Avenue  
Detroit, Michigan 48202

**TO:** Board of Governors  
Wayne State University  
Detroit, Michigan

**BASE PROPOSAL:**

The undersigned agrees to enter into an Agreement to complete the entire work of the **I2C MRI Installation** project (WSU Project No. **212-313128**) in accordance with the Bidding Documents for the following amounts:

\_\_\_\_\_ \$ \_\_\_\_\_ Dollars

**Allowance: Repair and/or Repair green lawn and concrete side walk for Not-In-Contract MRI delivery.**

\_\_\_\_\_ \$10,000 \_\_\_\_\_ allowance and material to be added in the following amount as per Specification Section 012100. The allowance expenditure must be accounted for and approved **in advance** by WSU and the architect during the construction phase of the project:

\_\_\_\_\_ \$ \_\_\_\_\_ Dollars

**TOTAL BASE PROPOSAL WITH ALLOWANCE:**

\$ \_\_\_\_\_ Dollars

**LAWN REPLACEMENT:**

The undersigned agrees that, in the event of existing lawn or landscaping damage, due to the Contractor's work, that has not been properly addressed and repaired to the satisfaction of the University, the University may repair/replace the lawn and/or landscaping, and that the expense will be at a **unit cost of \$10.00 per square yard for lawn, and landscaping at a rate of 1.5 times the cost of said repairs**, the full cost of which shall be reimbursed by the contractor.

**CONTRACT CHANGE ORDERS: (revised 4-17-2017)**

The undersigned agrees to the following pricing formula and rates for changes in the contract work:

Where changed Work is performed, the Contractor may add to the total estimated actual cost for such Work no more than ten (10%) for subcontractor mark-up and seven and one-half percent (7.5%) for self-performed trade work for profit, overhead, insurance, taxes, indirect supervision, bonds, and any other costs not allowed by section 4.02.01

**Within 14 days of the project's contract execution Contractor shall provide to the Owner; Subcontractor's hourly labor rate breakdown details. This requirement shall extend to the lowest level of subcontractor participation.**

\* Job and general overhead includes supervision and executive expenses; use charges on small tools, scaffolding, blocking, shores, appliances, etc., and other miscellaneous job expenses.

\*\* Net labor cost is the sum of the base wages, fringe benefits established by governing trade organizations, applicable payroll taxes, and increased expense for contractor's liability insurance (Workman's Compensation, P.L. and P.D.).

**TIME OF COMPLETION:**

*(revised 4-01-2011)*

The Contract is expected to be fully executed on or about 25 calendar days after successful bidder qualification and recommendation of award. The undersigned agrees to start construction **immediately after** receipt of a fully executed contract, and to complete the work as follows:

Substantial Completion will be completed no later than **February 6, 2020**.

**LIQUIDATED DAMAGES:**

It is understood and agreed that, if project is not completed within the time specified in the contract plus any extension of time allowed pursuant thereto, the actual damages sustained by the Owner because of any such delay, will be uncertain and difficult to ascertain, and it is agreed that the reasonable foreseeable value of the use of said project by Owner would be the sum of **\$250.00, Two Hundred Fifty Dollars Per Day Dollars per day**, and therefore the contractor shall pay as liquidated damages to the Owner the sum of **\$250.00, Two Hundred Fifty Dollars Per Day Dollars per day** for each day's delay in substantially completing said project beyond the time specified in the Contract and any extensions of time allowed thereunder.

**TAXES:**

The undersigned acknowledges that prices stated above include all applicable taxes of whatever character or description. Michigan State Sales Tax is applicable to the work. Bidder understands that the Owner reserves the right to reject any or all bids and to waive informalities or irregularities therein.

**ADDENDA:**

The undersigned affirms that the cost of all work covered by the following Addenda are included in the lump sum price of this proposal.

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_



**Diversity Classification:** Please indicate the appropriate diversity classification for your company. The University recognizes the following groups as diverse or disadvantaged:

- Majority Owned \_\_\_\_\_
- Minority Business Enterprises (MBE) \_\_\_\_\_
- Women Business Enterprises (WBE) \_\_\_\_\_
- Disabled Veteran Enterprises (DVBE) \_\_\_\_\_
- Disabled Person Enterprises (DBE) \_\_\_\_\_
- Veteran Owned Businesses (VBE) \_\_\_\_\_
- Small Businesses per the US Small Business Administration (SBE) \_\_\_\_\_
- Other (Please Explain): \_\_\_\_\_

1. How many years has your organization been in business as a contractor? \_\_\_\_\_

2. How many years has your organization been in business under its present business name? \_\_\_\_\_

3. List states in which your organization is legally qualified to do business. \_\_\_\_\_  
\_\_\_\_\_

4. Provide the Name and Address of your Liability Insurance Carrier. \_\_\_\_\_  
\_\_\_\_\_

5. What is your current EMR Rating? \_\_\_\_\_  
The minimum requirement is an EMR Rating of 1.0 or less for all projects. Bidders with a rating higher than 1.0 understand that their bid may be disqualified, at the sole discretion of the University.

6. What percentage of work performed on projects are by company employees; excluding any hired subcontracting and outsourced relationships, for the bid submitted? \_\_\_\_\_ %

7. What percentage of work performed on your companies behalf are by subcontracted business relationships; disallowing 1099 contracting work forces, for the bid submitted? \_\_\_\_\_ %

8. Have you ever failed to complete any work awarded to you? If so, attach a separate sheet of explanation. Include the name of the Project, the customer, the dates of the work, and the amount of the contract?

9. \_\_\_\_\_  
Have you withdrawn a bid after a University bid opening and/or refused to enter into a contract with the University upon notification of award within the last 3 years? If so, state the Project Name and Number, and the date of bid submission below.

10. \_\_\_\_\_  
Has any officer or partner of your organization ever been an officer or partner of another organization that failed to complete a construction contract? If so, attach a separate sheet of explanation.  
\_\_\_\_\_

11. List the construction experience of the principals and superintendents of your company.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List the construction Projects, and approximate dates, when you performed work similar in Scope to this project.

Project: \_\_\_\_\_ Owner: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Project: \_\_\_\_\_ Owner: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Project: \_\_\_\_\_ Owner: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_

13. List the construction Projects, and approximate dates, when you performed work similar in Dollar Amount to this project.

Project: \_\_\_\_\_ Owner: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Project: \_\_\_\_\_ Owner: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Project: \_\_\_\_\_ Owner: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_

14. Is your Company "bondable"? Yes \_\_\_\_\_ No \_\_\_\_\_

15. What is your present bonding capacity? \$ \_\_\_\_\_

16. Who is your bonding agent?

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
CONTACT: \_\_\_\_\_

17. Does your company agree to provide financial reports to the University upon request? Failure to agree may result in disqualification of your bid? (select one): Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does your company agree that all of the Terms and Conditions of this RFP and Vendor's Response Proposal become part of any ensuing agreement? (select one): Yes \_\_\_\_\_ No \_\_\_\_\_

19. Does your company agree to execute a contract containing the clauses shown in Section 00500 "Agreement Between Contractor and Owner for Construction"? (select one): Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", clearly note any exceptions to any information contained in the contract documents and include with your proposal. Otherwise, a "No" response without documentation will be considered a non-responsive proposal. In addition, any proposed exceptions may or may not be accepted by the University.

