



TOWN OF CHESTER, NEW HAMPSHIRE REQUEST FOR PROPOSALS

The Town of Chester, New Hampshire is accepting Proposals for the creation and installation of a handicap ramp at the Wason Pond Community Center, which is located at 615 Raymond Road, Chester, New Hampshire 03036.

All bidders shall submit one (1) signed original proposal in a sealed envelope plainly marked:

Wason Pond Community Center Ramp RFP 10-08-2020
Janis A. Jalbert, BOS AA
Town of Chester
84 Chester Street
Chester, NH 03036

Proposals can also be delivered electronically to the Town Administrator's attention at Jjalbert@ChesterNH.org and they will be placed confidentially into a sealed envelope.

All proposals must be received no later than **Wednesday, October 21st, 2020 at 3:00pm** (time period may be extended at the discretion of the Board of Selectmen) to be considered. It is the sole responsibility of the responder to have the packet at the designated location prior to the deadline date and time.

Proposals will be reviewed at the next regularly scheduled Board of Selectmen's Meeting, which is likely to be **Thursday, October 22nd, 2020 at 7:00pm**.

The Town reserves the right to modify or cancel, in part or in its entirety, this RFP. The Town reserves the right to accept or reject any or all proposals. Responders who submit Proposals do so entirely at their own expense. There is no expressed or implied obligation by the Town of Chester to reimburse any individual or firm for any costs incurred in preparing or submitting a proposal, for providing additional information when requested by the Town of Chester, or for participating in any selection interviews. The selection of the Contractor shall be made without regard to race, color, sex, age, religion, national origin, sexual orientation, or political affiliation.

All questions concerning the RFP or to schedule an appointment to view the property should be directed to Debra Doda, Town Administrator, at (603) 887-3636, extension 131, or via e-mail at ddoda@chesternh.org.

The Town of Chester is an Equal Opportunity Employer.



REQUEST FOR PROPOSAL: WASON POND COMMUNITY CENTER RAMP

Scope:

The Town of Chester, New Hampshire is seeking a Contractor to build and install a handicap ramp at the Wason Pond Community Center.

General Notes:

- It is the responsibility of the Contractor to ensure that all work conforms with local, state, and federal codes and to obtain required permits from the Town's Building Inspector. Building Permits will be provided without charge.
- Ramp must be designed to comply with Chapter 11 of 2015 *International Building Code* and *2010 ADA Standards for Accessible Design (ADASAD)*.
- All dimensions are to be verified in the field.

Timeline:

- Construction is projected to be complete before the end of Calendar Year 2020.

Demolition:

- The General Contractor is responsible for all demolition work required to complete all work in the contract documents. Dumpster facility provided by Town.
- The Contractor is expected to recycle any recyclable items to reduce project waste.

Finishes:

- Ramp: Must comply with section 405 of ADASAD.
- Railings: Wood-polymer composite, or stained pressure treated wood, in grey or maroon to match building. Must comply with section 505 of ADASAD.





PROPOSAL FORM

CONTRACTOR: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

Project Commencement: _____

Project Completion: _____

Proposal:



INSTRUCTIONS TO BIDDERS

DELIVERY OF PROPOSALS

When sent by mail, the sealed proposal shall be addressed to the owner at the address and in the care of the official in whose office the proposals are to be received. All proposals shall be filed prior to the time and at the place specified in the invitation for proposals. Proposals received after the time for opening will be returned to the Provider, unopened.

WITHDRAWAL OF PROPOSALS

A Provider will be permitted to withdraw his/her proposal unopened after it has been deposited if such request is received in writing prior to the time specified for opening the proposals.

PUBLIC OPENING OF PROPOSALS

Proposals will be opened and read publicly at the first available Board of Selectmen's Meeting following the closing date of the Request for Proposal. Providers, their authorized agents, and other interested parties are invited to be present.

CONSIDERATION OF PROPOSALS

Proposals will be made public at the time of opening and may be reviewed only after they have been properly recorded.

The Town reserves the right to accept or reject any or all proposals, to negotiate with any or all qualified Provider, to waive any informalities in the Request for Proposals process, and to enter into a contract with the Provider whom the Town in its sole discretion determines is in the best interests of the Town even though the Provider may not submit the lowest bid or proposal. The Town further reserves the right to award the contract on a split order basis, lump sum, or individual item basis, or such combination as shall best serve the interests of the Town. Under no circumstances shall the Town be responsible for the cost of preparing any bid or proposal.

AWARD OF CONTRACT

A condition precedent to the contract is the Town's decision in its sole discretion to proceed with the project. If a contract is to be awarded, the award will be made to a responsible and qualified Provider whose proposal complies with all the requirements prescribed as soon as practical after the proposal opening. No proposal shall be withdrawn for a period of sixty (60) days subsequent to the opening without the consent of the Chester Board of Selectmen. The successful Provider will be notified, by the form mailed to the address on his proposal, that his/her proposal has been accepted and that he/she has been awarded the contract.



SAMPLE INSURANCE POLICY

PRODUCER Some Insurance Agency Name 100 Main Street City or Town, NH Zip		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. INSUREERS AFFORDING COVERAGE					
INSURED Name of Provider or Vendor 111 Some Street or Drive City or Town, NH Zip		INSURER A: USA INSURANCE COMPANY INSURER B: AMERICAN INSURANCE INCORPORATED INSURER C: NH WORKERS' COMPENSATION INSURANCE 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 OF 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
IN	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Additional Insured _____ <input type="checkbox"/> _____ GENERAL AGGREGATE <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/>	000P98298-A11 (Example #)	01/01/18	01/01/19	EACH	\$1,000,000	
					FIRE DAMAGE	\$	
					MED EXP (Any one)	\$	
					PERSONAL & ADV	\$	
	GENERAL	\$2,000,000		PRODUCTS-	\$		
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Additional Insured _____ <input type="checkbox"/>	3KLS-0294998 (Example #)	01/01/18	01/01/19	COMBINED (Ea accident)	\$1,000,000	
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY (Per accident)	\$	
					AUTO ONLY-EA	\$	
	OTHER EA	\$					
	AUTO AG	\$					
C	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	A4145-88-FJ37 (Example #)	01/01/18	01/01/19	EACH	\$	
					AGGREGATE	\$	
						\$	
						\$	
						\$	
	WORKERS COMPENSATION AND _____				WC	OTH-	
					E.L.	EACH	\$100,000
					E.L.	DISEASE-EA	\$500,000
					E.L.	DISEASE -	\$100,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS TOWN OF CHESTER LISTED AS ADDITIONAL INSURED, WAIVER OF SUBROGATION APPLICABLE TO POLICIES LISTED ABOVE							
CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER CANCELLATION LETTER: A & B						
Town of Chester ATTN: Board of Selectmen 84 Chester Street Chester, NH 03036	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS AUTHORIZED REPRESENTATIVE John Smith, CIC (EXAMPLE)						