

**FORM OF PROPOSAL**

Des Moines Public Schools
 Division of Purchasing
 1915 Prospect Road, Suite 1200
 Des Moines, IA 50310

No: B6940
 Date Issued: 02/13/2014 (Original)
 Date Due: 02/28/2014 (Original)
 Time Due: 2:00 p.m.

JAS Concrete Services FY 2016-2017 - Second Extension

<u>Concrete Services Rate</u>	<u>FY2015-16</u>	<u>FY2016-17</u>
Labor Rate per SF to tear out 4" concrete and place in receptacle/dump truck*	\$3.75	\$
Labor Rate per SF to tear out 6" concrete and place in receptacle/dump truck *	\$4.50	\$
Labor Rate per SF to place and finish (trowel) 4" concrete **	\$3.25	\$
Labor Rate per SF to place and finish (broom) 4" concrete **	\$2.75	\$
Labor Rate per SF to place and finish (trowel) 6" concrete **	\$3.25	\$
Labor Rate per SF to place and finish (broom) 6" concrete **	\$2.75	\$
Labor Rate per SF to place and finish - SF pricing DEDUCTION if no rebar	\$20/hr.	\$
Additional Labor Rate per CY to place fill material (material provided) with Buggy	\$150.00	\$
Additional Labor Rate per CY to place concrete (concrete provided) with Buggy	\$150.00	\$
Concrete Supervisor Hourly Rate	\$25.00	\$
Concrete Finisher Hourly Rate	\$20.00	\$
Concrete Laborer Hourly Rate	\$18.00	\$
Emergency / Overtime Rate		\$
(State as a percentage, i.e. standard rate + 50% for all levels)	15%	%
Material & Supplies mark up over cost (state as a percentage) ***	15%	%
Skid Loader Hourly Rate (hourly rate is the total for machine + operator)	\$100.00	\$
Trip Charges (rate / mile)	\$300.00/trip	\$

*For "Labor Rate per SF to tear out" assume the tear out of 1000 SF of concrete

**For "Labor Rate per SF to place and finish" assume the installation of a new 1000 SF slab. Machine grade work has been completed, so include in your labor rate any typical remaining manual grade/excavation, forming, installation and compaction of base (base material provided), setting #4 rebar 2' on center (rebar provided), concrete placement (concrete provided), concrete finishing, and saw-cutting of control joints.

***Materials such as rebar, mesh, expansion joint, etc. Materials may also include truckloads of base material and Ready Mix on projects where the District does not order.

Period of Contract

This contract is for the period July 1, 2016 through June 30, 2017. The District reserves the option to renew the contract with the successful bidder for up to four additional years following the expiration of the original contract. The amount of the contract for the second through the fifth year shall be negotiated at the close of each preceding year. The renewal option may not be exercised if it is not in the District's best interest. The undersigned bidder certifies, by responding to this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal, State or Local department or agency. Further, it is the policy of the Des Moines Community School District not to illegally discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you believe you have been discriminated against or treated unjustly, please contact the Equity Coordinator, Isaiah McGee at 2323 Grand Avenue, Des Moines, IA 50312, 515-242-7662 Isaiah.mcgee@dmschools.org Section 504 34 CFR 104.8, Title IX 34 CFR 106.9, OCR Guidelines IV.O and V.C. Also the District plans to pay Seller using a procurement or virtual credit card, or may make payments by electronic funds transfer and recommends that Contractors accept one of these forms of payment. Finally by signing this document the Seller and their agent(s) have read, understand and will comply with the District's Acknowledgement & Certification requirements as detailed below.

Company Name

Representative Name

Representative Signature

Representative Title

Date

Street Address

City/State/Zip

Email

Phone

Fax

SUBJECT TO THE TERMS AND CONDITIONS @<http://www.dmschools.org/wp-content/uploads/2015/08/General-Terms-n-Conditions-New.pdf>.

THIS FORM AND EACH ADDITIONAL FORM OF PROPOSAL, IF ANY, MUST BE SIGNED

Francis W. Greene



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER State Farm James Walford State Farm Agency 3022 SE 14th St Des Moines, IA 50320	CONTACT NAME: James Walford PHONE (A/C, No, Ext): (515) 287-5404 E-MAIL ADDRESS:	FAX (A/C, No): (515) 393-4735	
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 25143
INSURED Francisco Guerrero- Cardenas, dba Town & Country Concrete 3096 220th St Saint Charles, IA 50240			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	95-BF-V203-0	06/26/2015	06/26/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Business Property \$ 11,100	
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	135 1032-D07-15D 164 9739-E11-15	10/07/2015 11/11/2015	10/07/2016 11/11/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 50,000	
		<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
			<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	6S60UB-2E79144-2-16	03/15/2016

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	6S60UB-2E79144-2-16	03/15/2016	03/15/2017 PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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