



Boston Public Health Commission
Division of Property Management
205 River Street
Mattapan, MA 02125

Bid Package

November 1, 2021 – October 30, 2024

Project # PM-045-2224 Drain Cleaning

**BOSTON PUBLIC HEALTH COMMISSION
PROPERTY MANAGEMENT DIVISION**

ADVERTISEMENT

**DRAIN CLEANING / EMERGENCY RESPONSE
November 1, 2021 – October 30, 2024**

INVITATION TO INTERESTED, RESPONSIBLE AND COMPETENT PERSONS OR FIRMS ENGAGED IN THE DRAIN CLEANING BUSINESS TO APPLY AND QUALIFY FOR CONTRACTS WITH THE BOSTON PUBLIC HEALTH COMMISSION

Project # PM-045-2224 Drain Cleaning

The Boston Public Health Commission, acting through its Property Management Division invites competent persons, firms or corporations to apply for pre-qualification on a bidder's list and thereafter enter into a contract or contracts as may be requested from time to time by the Official for the performance of the categories of work generally described above, and to perform such work when and as may be required by the Official.

APPLICATIONS MUST BE SUBMITTED DIRECTLY (Hand deliver) TO: PROPERTY MANAGEMENT DIVISION OF THE BOSTON PUBLIC HEALTH COMMISSION – 205 River Street, Mattapan, MA 02126. Applications must be in a sealed envelope. Envelopes must be labeled “**DRAIN CLEANING / EMERGENCY – PRESELECTION November 1, 2021 – October 30, 2024**”. Applications to pre-qualify for contracts for such work will be accepted until 2:00 p.m. on September 16, 2021. LATE PROPOSALS WILL NOT BE ACCEPTED.

The Boston Public Health Commission and the Awarding Authority reserve the right to contract only in those cases and in accordance with those applications as the Awarding Authority determines to be in the best interest of the Boston Public Health Commission.

Copies of the application and related contact documents may be obtained via website on or after **August 30, 2021, at 10am**

INSTRUCTIONS TO APPLICANTS

One (1) fully completed Contract Proposal must be submitted directly to the **Property Management Division Office, 205 River Street, Mattapan MA 02126 – no later than 2:00 p.m. on September 16, 2021**; with the following items below: Applications must be in a sealed envelope. The front of the envelope must be labeled: **Project # PM-45-1921 Drain Cleaning / Emergency Response** LATE PROPOSALS WILL NOT BE ACCEPTED.

BPHC IS NOT RESPONSIBLE FOR DELIVERIES CONDUCTED BY FEDEX, UPS, USPS OR DHL. BPHC HIGHLY ENCOURAGE THE HAND DELIVERY OF THE APPLICATION.

Instruction to Bidders:

Prevailing Wages

Bidders are hereby notified that this project is subjected to M.G.L. C.149 s.27 and in accordance contractors must pay prevailing wages as set by the Commissioner of Labor and Industries. Prevailing Wages schedules attached.

Payment Bond

Bidders are hereby notified that a payment bond of a surety company qualified to do business under the laws of the Commonwealth and satisfactory to the Awarding Authority, and in the sum of 50% of the contract price will be required of the successful bidder

Bid Deposit

Bidders are hereby notified that bid deposits must be 5% of his/her bid, and shall be in the form of a bid bond, or certified check, treasurer’s check, or cashier’s check made payable to the Boston Public Health Commission

Insurance Requirements

1. Commercial General Liability Coverage and Limits:

Do not restrict the coverage provided in the form by any endorsement including Premises-operations, personal injury-advertising injury, product liability-completed operations, and contractual liability.

Limits:

General aggregate – Per project	\$ 1,000,000.00
Products/Completed Operations Aggregate – Per Project	\$ 1,000,000.00
Personal and advertising Injury	\$ 1,000,000.00
Each Occurrence	\$ 1,000,000.00
Fire Damage Legal Liability	\$ 50,000.00
Medical Expenses (each individual)	\$ 10,000.00

Additional Insured: Owner shall be added as an additional insured.

2. Workers Compensation & Employers Liability Coverage and Limits:

Workers Compensation: Statutory coverage for all States of Operation.

Employer Liability:

Each Accident: \$ 1,000,000.00

Aggregate for Disease \$ 1,000,000.00

Disease for Employee \$ 1,000,000.00

3. Commercial Automobile Liability Coverage and Limits:

Provide coverage for all owned, non-owned, leased and hired vehicles.

Bodily Injury-Property Damage, Combined Single Limit: \$ 1,000,000.00

4. Commercial Umbrella Coverage and Limits:

Each Occurrence \$ 5,000,000.00

Annual Aggregate per project \$ 5,000,000.00

- (1) If your company is considered a corporation, a Certificate of Authority is required. It must name the person who is your company's authorized signatory and must be signed and sealed by the clerk or secretary of your corporation. If no seal is obtained, the Certificate of Authority must be signed by two (2) company officials. This document must be original (no photocopies).
- (2) If your company is classified as incorporation, a copy of the Articles of Organization must be provided.
- (3) An ORIGINAL, CURRENT INSURANCE CERTIFICATE (S) is required.
- (4) The vendor must fill out all the forms enclosed.
- (5) The vendor must submit a company profile package. This package shall contain methodologies and practices used in the industry.
- (6) Vendors must provide MSDS Sheets for all chemicals currently used or planned to use on Boston Public Health Commission Properties.
- (7) All services shall be in compliance with current state and city ordinances/laws.
- (8) Any person submitting a bid for, or signing a contract to work on, a public building or public works project must certify under pains and penalties of perjury that he or she is able to furnish labor in harmony with all other elements of labor employed on the work and that all employees employed on the worksite, or in subject to the bid; And have successfully completed at least ten hours of OSHA approved training.

Please be sure to review all sheets and completely fill out all forms with original signatures. Return the entire application. Do not discard any part of the package. THE PROPERTY MANAGEMENT DEPARTMENT RESERVES THE RIGHT TO REJECT ANY PROPOSALS SUBMITTED WITH INCOMPLETE DOCUMENTS. Any questions regarding this package may be directed to Keren Tejada at 617-534-2500 or via e-mail: ktejada@bphc.org

BOSTON PUBLIC HEALTH COMMISSION

Notice to applicants

1. INVITATION

The Boston Public Health Commission, acting by its Property Management Department, invites applications for providing the goods or services and performing the work as described in the specifications attached, in accordance with the terms of the contract documents.

2. SUBMISSION OF APPLICATIONS

Applications shall be filed at the place and time designated in the Advertisement. Applications shall bear the original signature of the applicant and be submitted in a sealed envelope, plainly marked with a description of the goods or services to be provided subsequent to telephone or written price quotations, which may from time to time be solicited by the Official.

3. SPECIFICATIONS

Applicants shall fully inform themselves in regard to all conditions pertaining to carrying out the contract as executed. Such contract shall be signed as part of their application but shall only be binding upon the written authorization. Any estimates, plans or other information relating to the goods, services, labor or materials or work required by the contract documents are to be considered solely for the purpose of qualifying for a contract that may be entered into by the Commission and comparing the several applications. The BPHC, nor its officers, agents nor employees shall be responsible for the accuracy of, or bound by, such estimates, plans or information.

4. TAXES

The Boston Public Health Commission is exempt from federal excise taxes. Exemption Certificates will be provided, if requested, following award to the successful applicant.

5. BASIS FOR ACCEPTANCE/CONFLICT OF INTEREST

Any application will be accepted only on the basis that the applicant, by filing its application, represents that it is made in good faith without fraud, collusion, or connection of any kind with any other applicant for the same work; that the applicant is competing solely in its own behalf without connection with, or obligation to, any undisclosed person, firm or corporation; that no other person, firm or corporation has any interest in the contract; that no other officer, agent or employee of the Boston Public Health Commission is financially interested in the contract; that the applicant is fully informed in regard to all provisions of the contract documents, including, without limitation, the specifications and drawings, if any, the time of performance, and the provisions for liquidated damages, if any.

6. QUESTIONS

All questions as to the interpretation of the correct documents shall be submitted in writing to the Official. The Official will send written answers to such relevant and material questions to everyone on record as having taken a set of the application and contract documents. No questions will be answered unless received by the Official at least seventy-two hours prior to the expiration of the time set for filing applications.

7. NON-EMERGENCY CONTRACT AWARD

Right to Accept or Reject

The Official reserves the right to waive any informalities and to accept or reject any or all applications or any part or parts thereof, and thereafter to award any particular contract for non-emergencies, as the Official deems necessary, to the applicant submitting the lowest priced bid or quotation among any three eligible applicant, if available, for a particular contract, provided that in an emergency, the Official reserves the right to award a contract to the applicant whose offer specifies the earliest date of the response and/or completion of the work.

Agreement by Applicant

The submission of an application shall constitute agreement on the part of the applicant that, within ten (10) calendar days (Saturdays, Sundays and legal holidays excluded) after notice of successful qualifications or within such additional time as the Official may authorized in writing, the applicant shall deliver to the Official a contract properly executed together with the security for performance, if required.

8. HARMONIOUS LABOR RELATIONS

The submission of an application shall constitute the certification of the applicant that it is able to and will furnish labor that can work in harmony with all other elements of labor employed on the work.

9. QUALIFICATION OF APPLICANTS

It is the purpose of the Official not to award a contract to any applicant who does not furnish evidence, when requested, satisfactory to the Official that he has ability and experience in the pertinent class of work.

Boston Public Health Commission

contract general conditions

1. During the term of this contract, the Contractor shall, upon the written request of the Official, provide a written offer (quotation or estimate) of the cost of the goods or services to be supplied or the work to be done on forms authorized or provided by the Official. If the Official accepts such offer, The Contractor shall do the work in question in accordance with the specifications provided.
2. The Contractor shall furnish and supply all labor, parts and materials and shall do everything necessary to complete the work to the satisfaction of the Official and within the time set forth in the terms of the accepted offer.
3. The form written to the Official shall contain, at a minimum, the following information:
 - Date
 - Description of work to be performed or goods to be supplied
 - Total labor time an hours and cost per man-hour
 - Date of completion of the work
 - Total cost of the work
4. The Boston Public Health Commission shall not be required to pay in excess of an accepted offer unless the Official first approves both the additional work and the cost in writing. All such requests for additional compensation shall be submitted to the Official in the form described above. Additional payments will be approved only based on a mutually unforeseen defect or other condition not apparent to the official and contractor at the time of the submission of a written offer.
5. This agreement does not bind the Contractor to submit bids or quotations, nor does it bind the Boston Public Health Commission to accept, in whole or in part, any bid or quotation submitted by the Contract. It is agreed and understood that in each instance in which bids or quotations are submitted by more than one Contractor, the Official shall accept the written offer of the Contractor submitting the lowest bid or quotation, who is eligible and capable to do the work or, in emergency situations, the offer specifying the earliest date of completion of the work.
6. The contractor will submit a final invoice for finished work within 5 days of completion.

Furnish all labor, materials and equipment necessary to perform various alternations, repairs and other related work in accordance with Standard Specifications on file at the Department or as specified on work orders in the category listed as follows:

DRAINS CLEAN-UP

Project # PM-45-1921

CONTRACTORS MUST FURNISH ALL LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PERFORM VARIOUS ALTERATIONS, REPAIRS AND OTHER RELATED WORK IN ACCORDANCE WITH STANDARD SPECIFICATIONS ON FILE AT THE DEPARTMENT OR AS SPECIFIED ON INVITATION BIDS OR WORK ORDERS AS LISTED BELOW:

CLEANING STORM DRAINS, WASTE DRAIN AND OR ROOF DRAINS.

CLEANING OF STOPPAGES IN ALL SANITARY FIXTURES AND THE ENTIRE BUILDING STORM AND SANITARY SYSTEMS (INCLUDING FIXTURES TRAPS AND GREASE TRAPS)

CLEANING OUT OF CATCH BASIN AND DRAINPIPES.

REMOTE FILMING CAMERA SERVICES UP TO A REACH OF 100 TO 150 FEET.

IN ADDITION, CONTRACTORS WILL BE CALLED UPON TO MAKE ANY OR ALL OTHER CLEAN-UP REPAIRS RELATING TO THE PLUMBING AND SPRINKLER SYSTEMS NOT SPECIFICALLY MENTIONED.

PRESELECTION CONTRACT

CONTRACTOR SELECTION PROCEDURE

As repair work is required from time to time, contractors will be notified as follows:

For routine work, all contractors will be invited to bid.

For Emergency Work, contractors will be notified on a rotating basis, subject to responsiveness.

CONTRACTOR TERMINATION PROCEDURE

- 1) As per General Conditions, contractors shall 1) do the work in question in accordance with the specific requirements or specifications provided; 2) furnish and supply all labor, parts and materials; and 3) do everything necessary to complete the work to the satisfaction of the Official and complete the work within the time set forth in the terms of the accepted offer.
- 2) Contractors may be terminated from further eligibility to furnish services for the following reasons, and under the following procedures:

Reasons for Termination:

A Contractor will be terminated from further eligibility to furnish services under the contract if:

- a) Contractor does not perform services or.
- b) Contractor provides services which are not satisfactory; see [Boston Public Health Commission Standard Contract – General Conditions Article 8, Section 8.1]
- c) Contractor engages in unprofessional behavior, illegal activity, or violation of any policy or procedure as determined by the awarding Authority. (e.g., lapse of insurance, failure to pay police details, illegal dumping, operating without permits or licenses, etc.)
- d) Contractor fails to show up for three or more consecutive bid viewings, or calls for Emergency Work**
- e) Contractor fails to respond to request for EMERGENCY WORK within time specified (answers call but fails to show at scene within time specified)

A) General Procedure for termination:

- i) Upon first occurrence of one of reasons a, b, or c, the Project Manager will complete a Contractor Non-Compliance Form. The Contractor will receive a Notice of Termination of Eligibility to Provide Services by certified mail. The Contractor will no longer be considered for work.
- ii) Within 30 days of receipt of Notice of Termination, the Contractor may appeal, in writing, for reinstatement of eligibility to the Director of Property Management.
- iii) The Director shall uphold the termination, or restore eligibility to the Contractor with additional requirements, where deemed necessary.

B) Failure to Respond or show to Emergencies

- i) Upon failure to show up for three consecutive bid viewings, a failure to accept three calls for Requests for Emergency Work, any combination of the above, or upon acceptance of a call for Request for Emergency Work and a failure to show at scene within time specified, the Project Manager will complete a Contractor Non-Compliance Form. The Contractor will no longer be considered for work. The Contractor will receive a Notice of Termination of Eligibility to Provide Services by certified mail.
- ii) Within 30 days of receipt of Notice of Termination, the Contractor may appeal, in writing, for reinstatement of eligibility to the Director of Property Management.
- iii) The Director shall uphold the termination, or restore eligibility to the Contractor with additional requirements, where deemed necessary.

Vendor Information Form

Vendor Name: _____

LOCATION INFORMATION INSTRUCTIONS

1. For each company location, check the functions that apply. Each location can have from one to three functions as described below:
 - Check **Ordering** if goods/services are ordered from this location.
 - Check **Invoicing** if invoices are sent from this location.
 - Check **Remitting** if payments are received at this location.
2. For each Location, identify up to two contacts. Identify a Type (A/R, A/P, Management, etc.) for each contact.
3. Attach a separate page or an additional form if you have more than two locations or more than two contacts per location.

Location #1 Ordering Invoicing Remitting

Name (if different than Vendor Name above): _____

Address: _____

Address 2: _____

Address 3: _____

City: _____

County: _____

State/Province: _____ Postal Code: _____

Enter the contact(s) for Location #1:

Name: _____ Type: _____

Title: _____

Main: () Extension: _____

Fax () _____

Name2: _____ Type: _____

Title: _____

Main: () Extension: _____

Fax () _____

Location #2 Ordering Invoicing Remitting

Name (if different than Vendor Name above): _____

Address: _____

Address 2: _____

Address 3: _____

City: _____

County: _____

State/Province: _____ Postal Code: _____

Enter the contact(s) for Location #1:

Name: _____ Type: _____

Title: _____

Main: () Extension: _____

Fax () _____

Name2: _____ Type: _____

Title: _____

Main: () Extension: _____

Fax () _____

Vendor Tax Information

Check One: Federal Identification # or SSN #

Number: _____

Tax Reporting Information

Name (if different than Vendor Name above): _____

Address: _____

City: _____

State: _____ Postal Code: _____

<u>Vendor Internet Address</u>	<u>Description</u>
_____	E-mail
_____	Homepage

Type of Business (check all that apply)

Minority Business Enterprise (MBE)

Women Business Enterprise (WBE)

Non-Profit

If you checked Minority and/or Women Enterprise above, indicate your certification below.

State Office of Minority Women Business Agent (SOMWBA)

City of Boston MWBE certification

Other _____

Boston Public Health Commission Use Only

Vendor ID: _____

Date Approved: ____/____/____

Entered by: _____

VENDOR PROFILE

PRESELECTION CONTRACT

Please fill out and return this form with your bid submission, proposal, submission, CM/10 form or Purchase Contract. (If returned with your bid proposal do not submit a duplicate with your CM/10 or Purchasing Contract.) The Boston Public Health Commission is using this information to develop a master vendor list. Submission of this form does not constitute approval of your firm as a BPHC contractor.

IDENTIFICATION:

CEO Name: _____ Contact Person: _____

Business Name: _____ FIN or SSN: _____

Primary Headquarters Address:

Number Street City State Zip Phone

Local Branch Address: (if different)

Number Street City State Zip Phone

BUSINESS PROFILE – Please check appropriate category(ies):

1. Type of Business:

Construction _____ Professional _____ Maintenance Service _____ Service _____
Manufacturing _____ Retail Sales _____ Other _____ Describe _____

2. Year business established _____ Year present ownership established _____

OWNERSHIP: (Check all applicable boxes)

Company is at least 51% owned, controlled, and actively managed by:

- _____ Woman/Women
- _____ Handicapped Persons
- _____ White / Not Hispanic Origin
- _____ American Indian/Alaskan
- _____ Asian or Pacific Islander
- _____ Black / Not Hispanic Origin
- _____ Hispanic
- _____ Other (Please Specify)

If you are describing yourself as a minority or women owned business, please check one of the following:

- 1) Certified by the City of Boston as an M/WBE _____
- 2) Certified by SOMBWA as a M/WBE _____
- 3) Certified by another organization _____ which _____
- 4) Not Certified _____

If your business is not certified by the City of Boston or SOMBWA and you would like more information, please call the Minority/Women Business Enterprise Office 635-4084.

ASSURANCE OF EQUAL EMPLOYMENT OPPORTUNITY

Staff Employed by Contractor (Please Indicate Number):

____ Black ____ White ____ Hispanic ____ Asian ____ American Indian ____ Other

Staff Servicing this Contract:

____ Black ____ White ____ Hispanic ____ Asian ____ American Indian ____ Other

Responsibility for Equal Opportunity:

Name: _____

Title: _____

Signature

Date: _____

Contractor is an equal opportunity employer and does not discriminate based on race, color, sex, religion, national origin, sexual orientation, age or handicap.

THIS FORM MUST BE COMPLETED

EMERGENCY WORK RESPONSIVENESS

Work, which in the opinion of the Property Management Department, is of an emergency nature requires that the contractor selected respond within a reasonable time. Contractors receiving Work Orders to perform emergency services should be prepared to respond at any hour to any building in the inventory. Requirements for response times will be determined on a case-by-case basis by the Property Management Department, and the time will be noted whenever possible. When times are not explicitly mentioned, contractors should assume that they must respond within one hour of the call.

The following questions must be answered if any material, equipment, or parts are an integral part of the services to be performed:

1. Do you have a material storage facility within five (5) miles of the City of Boston?
NO _____ YES _____

2. Do you have available material, trucks, equipment or parts stored for 24-hour emergency service?
NO _____ YES _____

3. Does your company regularly employ Comm. of Mass. Certified apprentices?
NO _____ YES _____

4. Does your company have voice mail / answering service?
NO _____ YES _____

Corporate Official Signature

Title

Date

VENDOR CATEGORY & TIME FRAMES
BOSTON PUBLIC HEALTH COMMISSION

VENDOR NAME: _____

ADDRESS: _____

PH _____ FAX _____

E-MAIL _____

1ST SHIFT (MON- SAT) 8:00 AM – 5:00 PM \$ _____ / HOUR

2ND SHIFT (MON- SAT) 5:00 PM – 8:00 AM \$ _____ / HOUR

SUNDAY \$ _____ / HOUR

HOLIDAY \$ _____ / HOUR

PIPE FILMING SERVICES \$ _____

CERTIFICATE OF AUTHORITY
(For Corporations Only)

(Current Date)

At a meeting of the Directors of the _____
(Name of Corporation)
duly called and held at _____
on the _____ day of _____, _____, at
which a quorum was present and acting, it was VOTED, that

(Name)

the _____ of this corporation is hereby
(Office)
authorized and empowered to make, enter into, sign seal and deliver on behalf of this
corporation a contract for _____
(Describe Service)

with the Boston Public Health Commission, and if required by such contract, a
performance bond in connection therewith.

I do hereby certify that the above is a true and correct account of the records, that
said vote has not been amended or repealed and is full force and effect as of this date, and
that _____
(NAME)
is the duly elected _____
(Office)
of this corporation

Attest:

(Affix Corporate Seal Here)

(Clerk) (Secretary) of the Corporation

STATE TAX RETURN CERTIFICATE

The Boston Public Health Commission is subject to Section 49A of Chapter 62C of the Massachusetts General Laws which provides, in subsection (b), “[t]hat no contract or other agreement for the purposes of providing goods, services or real estate space... shall be entered into, renewed or extended with any person unless such person certifies in writing, under the penalties of perjury, that had complied with all laws of the commonwealth relating to taxes.”

CERTIFICATION

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury, that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Name of Bidder or Proposer

Authorized Signature of
Bidder or Proposer

Social Security #
Federal Identification #

Date

Approval of a contract or other agreement will not be granted unless the bidder signs this certificate.

Social Security number or federal Identification number, as applicable, will be furnished to the Massachusetts Department of Revenue to determine compliance with the above-referenced law.

BOSTON PUBLIC HEALTH COMMISSION

BUILDING INVENTORY

- **Northampton Square**
721, 725, 729 Mass Ave, Boston, MA 02118
785 Albany Street, Boston, MA 02118
35 Northampton Street - SEFC, Boston, MA 02118
- **Albany Street Campus**
774 Albany Street, Boston, MA 02118 – Finland Building
794 Massachusetts Avenue, Boston, MA 02118 – Woods Mullen Shelter

Jonathan Olivo- NHS – Albany Street Campus Site Manager

P. 617-534-5800

E.escoto@bphc.org

- **Mattapan Campus**
201 River Street, Mattapan Campus
203 River Street, Mattapan Campus
205 River Street, Mattapan Campus
207 River Street, Mattapan Campus
209 River Street, Mattapan Campus
211 River Street, Mattapan Campus
213 River Street, Mattapan Campus
215 River Street, Mattapan Campus
- **110-112 Southamton Street, Boston, MA 02118**
- **Long Island Campus (Off Limits)**

Estuardo Escoto – Mattapan Campus, 112 Southamton, Moon Island and LIC

P. 617-534-2500

E. rgonzalez@bphc.org

Boston EMS (Emergency Medical Services) Stations are also included on the properties to be serviced within this contract:

EMS District Stations

- 125 High St (@ 109 Purchase St.)
Boston
- Boston Police Special Operations
364 Warren Street (@ Edgewood St)
Roxbury
- Boston Police Area B-3
1165 Blue Hill Ave (@ Morton Street)
Mattapan
- Faulkner Hospital
1153 Centre Street
Jamaica Plain
- Boston Police Area C-6
101 West Broadway
South Boston
- Logan Airport
East Boston
- BFD HQ's
17 Glynn Way
Roxbury
- DPW Building
58 Gibson Street
Dorchester
- Boston Police Drug Control Unit
3345 Washington Street
Jamaica Plain
- 287 Western Ave. (rear)
Brighton
- 512 Main Street
Charlestown
- Beth Israel Deaconess Hospital
330 Brookline Ave.
Boston
- DPW Building

58 Dana Ave.
Hyde Park

- Carney Hospital
2100 Dorchester Ave
Dorchester

* Other Satellite Locations may be included / added

John Cushing – EMS
P. 617-343-1315
E. cushing@ems.org