#### SECTION 00-1113 NOTICE TO BIDDERS

NOTICE IS HEREBY GIVEN: Sealed bids will be received by Cass County Health System for the Master Plan Implementation – Bid Package 2 – 2021 Addition/Renovation Cass County Health System; 1500 E 10<sup>th</sup> Street in accordance with the plans and specifications now on file at Cass County Health System, 1501 East 10<sup>th</sup> Street, Atlantic, Iowa 50022.

Sealed bids shall be submitted to Lee Wyman on the 10th day of September 2020. Bids will be received outside of the Main Entry of Cass County Health System between 10:00 AM and 1:00 PM. The bids will be opened and read aloud at 1:15 PM on September 10, 2020. Due to social distancing bidders may view the bid opening at the follow link:

1. Click to join the meeting: https://chime.aws/1795971400 Meeting ID: 1795 97 1400

2. You can use your computer's microphone and speakers, however, a headset is recommended. Or, call in using your phone: United States: +1-267-866-0999 Meeting PIN: 1795 97 1400

One-click Mobile Dial-in (United States): +1-267-866-0999,,1795971400#

3. To connect from an in-room video system, use the following: Amazon Chime bridge: 52.23.133.56 Meeting PIN: 1795971400#

Amazon Chime Pro tier is included with every Vonage Business Cloud phone plan at no additional cost.

Learn more at: https://www.vonage.com/amazonchime

The Cass County Health System Master Plan Implementation consist of approximately 5,500 SF of additions, 52,000 SF of interior renovations and 84,000 SF of Patient Parking Lot replacement. The areas include Rural Health Clinic, Pharmacy, Specialty Clinic and Oncology, Hospital and Clinic Registration, Gift and Coffee Shop, Cafeteria Serving area, Business Office, and Senior Life Solutions.

This bid package is for the below-referenced Scopes of Work associated with the 2021 Additions/Renovations within the existing hospital found in Volume 1 and 1500 building found in Volume 2, as more particularly described in the plans, specifications, and contract documents now on file with Cass County Health System.

A Pre-Bid Meeting will be held at 11:45 AM on Thursday, August 27, 2020. The meeting will take place at the Cass County Hospital in Conference Room 2. Hospital screening will be required as well as masks. Social distancing will be adhered to. Note Clinic can only be walked from 12:15 p.m. until 12:45 p.m. and attendees will be broken into manageable groups to walk through the facility for areas of interest.

All work and equipment shall be in accordance with the plans, specifications, and contract documents on file with Cass County Health System.

Separate lump-sum bid(s) will be received for:

Scope of Work No. 3 – Demolition

Scope of Work No. 4 – Earthwork and Site Utilities

Scope of Work No. 5 – Concrete Paving Scope of Work No. 6 – Deep Foundations Scope of Work No. 7 – Building Concrete Scope of Work No. 8 – Masonry Scope of Work No. 9 – Structural and Miscellaneous Steel (Supply & Erection) Scope of Work No. 10 – General Construction (Millwork, Specialties, Doors, Window Treatments, Signage) Scope of Work No. 10 – General Construction (Millwork, Specialties, Doors, Window Treatments, Signage) Scope of Work No. 11 – Roofing Scope of Work No. 12 – Windows/Skylight Scope of Work No. 13 – Metal Framing (Interior/Exterior), Drywall, Insulation, Taping Scope of Work No. 14 – Painting Scope of Work No. 15 – Flooring Scope of Work No. 16 – Equipment (Kitchen/Coffee Shop) Scope of Work No. 17 – Fire Suppression Scope of Work No. 18 – Plumbing, HVAC Scope of Work No. 19 – Electrical, Communications, Safety & Security

A report of the bids, with a recommendation, will be presented to the Hospital at the September 16, 2020 Public Hearing and Board Meeting.

Complete documents for said project are available in hardcopy and electronic form. They are available at: Action Reprographics: 5037 NE 14<sup>th</sup> Street, Des Moines, Iowa 50313 515-288-2146 <u>www.actionrepro.com</u> Plan Deposit of \$300 per full size set of plans which is fully refundable if returned in good condition to Action Reprographics. An MBI card may be used in lieu of deposit.

Bidding Documents may also be examined at:

Cass County Health System 1501 East 10<sup>th</sup> Street Atlantic, Iowa 50022 712-243-7470

Master Builders of Iowa 221 Park Street Des Moines, IA 50309 515-288-8904 McGough Construction 1555 SE Delaware, Ste E Ankeny, IA 50021 515-805-3983

Omaha Builder's Exchange 4255 S. 94<sup>th</sup> Street Omaha, NE 68127 402-991-6909 Dodge Data & Analytics 4300 Beltway Place, Ste 180 Arlington, TX 76018 612-377-3574 Lincoln Builders Bureau 5910 S. 58<sup>th</sup> St., Ste C Lincoln, NE 68516 402-421-8332

Plains Builders Exchange 220 N. Kiwanis Ave Sioux Falls, SD 57104 605-334-8886

Bids shall be in sealed envelope addressed to Lee Wyman. The envelope is to list the Bidders name and Project Name and Bid Package Name and Number and shall include the bid form(s) included in the contract documents. Each proposal shall be accompanied by a separate sealed envelope containing the Bidder's Bid Security. Bid Security shall be in the amount of 5% of the bid amount and in the form of a cashier's check or certified check drawn on a solvent Iowa bank or a bank chartered under the laws of the United States, or a bid bond in the form prescribed in the specifications, executed by a corporation authorized to contract as a surety in Iowa. The check or bid bond shall be made payable to Cass County Health System. Said check or bond may be cashed as liquidated damages in the event the bidder fails or refuses to enter into a contract within ten (10) days and performance bond satisfactory to the Hospital Board, insuring the faithful fulfillment of the contract and maintenance of said improvements as required by law and the specifications.

Failure to submit a fully completed Bidder Status Form with the bid may result in the bid being deemed nonresponsive and rejected.

Each successful bidder shall be required to furnish a corporate surety bond in an amount equal to 100% of its contract price. Said bonds to be issued by a responsible surety approved by the Hospital Board and shall guarantee the faithful performance of the contract and terms and conditions therein contained and shall guarantee the prompt payment of all material and labor.

Bids will be required to be submitted for a condition of irrevocability for a period of forty-five (45) days after the date set for the bid opening. Bid Alternates shall remain valid for the duration stated on the bid form.

The Owner reserves the right to reject any or all Bids and to waive informalities or irregularities in the bidding.

#### END OF SECTION 00 1113

## **Bidder Status Form**

To be complete		Part A					
Please answer "Yes" or "No" for each of the following:							
🗌 Yes 🗌 No	My company is authorized to transact business in Iowa. (To help you determine if your company is authorized, please review the worksheet on the next page).						
🗌 Yes 🗌 No	My company has an office to transact business in Iowa.						
☐ Yes ☐ No ☐ Yes ☐ No	My company's office in Iowa is suitable for more than receiving mail, telephone calls, and e-mail. My company has been conducting business in Iowa for at least 3 years prior to the first request for bids on this project.						
Yes 🗌 No	My company is not a subsidiary of another business entity or my company is a subsidiary of another business entity that would qualify as a resident bidder in Iowa.						
	If you answer complete Part				ve, your company qualifies as a resident bidder. Pl	ease	
	If you answer complete Part			•	ns above, your company is a nonresident bidder. P	lease	
To be completed by resident bidders Part B						Part B	
My company has maintained offices in lowa during the past 3 years at the following addresses:							
Dates:/_	/	_ to	/	/	_ Address:		
					City, State, Zip:		
Dates:/_	/	_ to	/	/	_ Address:		
					City, State, Zip:		
Dates:/_	/	_ to	/	/	Address:		

## To be completed by non-resident bidders

You may attach additional sheet(s) if needed.

1. Name of home state or foreign country reported to the Iowa Secretary of State:

2. Does your company's home state or foreign country offer preferences to resident bidders, resident labor force preferences or any other type of preference to bidders or laborers?

City, State, Zip:

3. If you answered "Yes" to question 2, identify each preference offered by your company's home state or foreign country and the appropriate legal citation.

You may attach additional sheet(s) if needed.

Date:

## To be completed by all bidders

I certify that the statements made on this document are true and complete to the best of my knowledge and I know that my failure to provide accurate and truthful information may be a reason to reject my bid.

Firm Name:

Signature: \_\_\_\_\_

You must submit the completed form to the governmental body requesting bids per 875 lowa Administrative Code Chapter 156. This form has been approved by the lowa Labor Commissioner.

Part D

Part C

# **Worksheet: Authorization to Transact Business**

This worksheet may be used to help complete Part A of the Resident Bidder Status form. If at least one of the following describes your business, you are authorized to transact business in Iowa.

Yes No	My business is currently registered as a contractor with the Iowa Division of Labor.
🗌 Yes 🗌 No	My business is a sole proprietorship and I am an lowa resident for lowa income tax purposes.
Yes No	My business is a general partnership or joint venture. More than 50 percent of the general partners or joint venture parties are residents of Iowa for Iowa income tax purposes.
🗌 Yes 🗌 No	My business is an active corporation with the lowa Secretary of State and has paid all fees required by the Secretary of State, has filed its most recent biennial report, and has not filed articles of dissolution.
🗌 Yes 🗌 No	My business is a corporation whose articles of incorporation are filed in a state other than lowa, the corporation has received a certificate of authority from the lowa secretary of state, has filed its most recent biennial report with the secretary of state, and has neither received a certificate of withdrawal from the secretary of state nor had its authority revoked.
🗌 Yes 🗌 No	My business is a limited liability partnership which has filed a statement of qualification in this state and the statement has not been canceled.
🗌 Yes 🗌 No	My business is a limited liability partnership which has filed a statement of qualification in a state other than Iowa, has filed a statement of foreign qualification in Iowa and a statement of cancellation has not been filed.
Yes No	My business is a limited partnership or limited liability limited partnership which has filed a certificate of limited partnership in this state, and has not filed a statement of termination.
🗌 Yes 🗌 No	My business is a limited partnership or a limited liability limited partnership whose certificate of limited partnership is filed in a state other than lowa, the limited partnership or limited liability limited partnership has received notification from the lowa secretary of state that the application for certificate of authority has been approved and no notice of cancellation has been filed by the limited partnership or the limited liability limited partnership.
Yes No	My business is a limited liability company whose certificate of organization is filed in Iowa and has not filed a statement of termination.
🗌 Yes 🗌 No	My business is a limited liability company whose certificate of organization is filed in a state other than lowa, has received a certificate of authority to transact business in lowa and the certificate has not been revoked or canceled.