



INVITATION TO QUOTE
City of North Miami
Purchasing Department
776 NE 125th Street Room 303
North Miami, Florida 33161

**THIS IS NOT
AN ORDER**

QUOTATION NO.: 14-20-21

TITLE: Ready Mix Concrete

DATE OF ISSUE: Thursday, December 17, 2020

DUE DATE: Friday, January 15, 2021, by no later than 5:00 PM E.S.T.

CONTACT PERSON: Jean Joinville

PHONE: (305) 895.9886

E-MAIL: purchasing@northmiamifl.gov

QUOTES SHOULD BE SUBMITTED TO:

City of North Miami
Purchasing Department
776 NE 125 Street – Room 303
North Miami, FL 33161

Or via e-mail to: purchasing@northmiamifl.gov

1. DEADLINE FOR QUESTIONS

Any questions or clarifications regarding this Invitation to Quote shall be submitted in writing to the Purchasing Department via email to purchasing@northmiamifl.gov by no later than **3:30 PM (EST) on Wednesday, January 6, 2021**. Respondent(s) must clearly understand that the only official answer or position of the City will be the one received in writing. All questions and/or requests for clarification received by the City on a timely basis, shall be answered by means of addenda posted on the City's website.

2. SCOPE OF WORK

The City of North Miami is hereby requesting quotes from qualified vendor to provide all equipment and materials required to provide concrete for citywide repairs, on an as needed basis. The successful supplier shall furnish the specified product/materials on an as needed basis, per Florida Department of Transportation (FDOT) design specifications.

3. SPECIFICATIONS

Suppliers must provide proof that they have been engaged in the concrete business for a minimum of one (1) year; must have a dedicated phone and fax line, as well as on-line capabilities to receive requests. Office and plant must be located in the South Florida area in at least one of the following two (2) counties: Miami-Dade and Broward. Concrete mix manufacturer plant must be located within Sixty (60) minute drive of North Miami City limits.

All CONCRETE to be furnished must meet the FDOT design specifications. The City will not pay for any "fuel surcharges." If the bidder charges an "environmental fee" in

addition to other charges, this fee must be identified in their Quote. The fee must be clearly stated as applying per yard or per load.

4. **PRICE BID**

List both the unit price and the extended total, if applicable. Prices must be stated in the units specified on the Bid Sheet. In case of a discrepancy in computing the amount of the bid between the unit price bid and the extended total, the unit price will govern. When bids are awarded on the basis of Lump Sum, if there is a discrepancy between the written and numeric amount, the written amount prevails.

5. **F.O.B. POINT**

All bid prices shall be F.O.B. destination freight prepaid and delivered by Vendor to the City's specified location(s).

6. **DELIVERY / COMPLETION TIME / RESPONSE TIME**

Response time shall be twenty four hours [24] from the time of request. Response time may become a basis for making an award. Response shall be within the normal working hours of the user, Monday through Friday, excluding City holidays.

7. **INSURANCE AND INDEMNIFICATION**

Respondents must submit with their responses, proof of insurance meeting or exceeding the following coverage or a letter of intent to provide the following requirements if awarded a Contract:

a) **COMMERCIAL GENERAL LIABILITY**

With minimum limits of **\$1 Million** per occurrence for bodily injury and property damage. This coverage shall also include personal, advertising injury and medical expense Commercial General Liability Insurance – preferably written on an occurrence form with \$1,000,000 for each occurrence, to include contractual liability, personal & advertising injury, and products/completed operations.

b) **COMMERCIAL AUTOMOBILE LIABILITY (COVERING OWNED, NON-OWNED & HIRED VEHICLES)**

Automobile Liability Insurance with not less than five hundred thousand dollars (\$500,000.00) per occurrence (combined single limit) for bodily injury and property damage including coverage for any auto including owned, hired and non-owned vehicles as applicable. The Contractor and any of its approved sub-contractors shall take out and maintain this insurance coverage against claims for damages resulting from bodily injury, including wrongful death and property damage which may arise from the operations of any owned, hired or non-owned automobiles and/or equipment used in any capacity in connection with the execution of this Agreement. The City shall be named as an additional insured.

c) **WORKER'S COMPENSATION**

As required by the State of Florida with statutory limits, and Employer's Liability with a minimum limit of \$1,000,000 per accident for bodily injury or disease.

Liability insurance shall name the City of North Miami as an additional insured and list the contract number "ITQ 14-20-21" on the certificate. All insurance required herein shall be written as primary policies, not contributing to or in excess of any coverage that the City may carry. Coverage requirements apply to any sub-contractor(s) hired by the general contractor.

All insurance policies required by the Contract shall be maintained in full force and effect throughout the term period. The insurance carriers shall have a minimum of a rating based on the latest rating publication for Property and Casualty Insurers such as A.M. Best Company (or its equivalent). All insurers must be lawfully admitted to conduct business within the State of Florida. Required insurance coverage must be approved by the City's Risk Management Director prior to signing of Contract. Contractor may produce any insurance under a "blanket" or "umbrella" insurance policy, provided that such policy or a certificate of such policy specify the amount(s) of the total insurance allocated to this Contract. Coverage limits shall equal or exceed the amount(s) required by this agreement and shall not be reduced for claims made on other Projects undertaken by Contractor.

The Contractor must submit, prior to signing of Contract, a Certificate of Insurance naming the City as additional insured for Commercial General Liability and Auto Liability Insurance. Contractor shall guarantee all required insurances remain current and in effect throughout the term of Contract.

Contractor shall indemnify and hold harmless the City and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the City or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of an Agreement by the Contractor or its employees, agents, servants, partners principals or subcontractors.

Contractor shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the City, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon.

Contractor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Contractor shall in no way limit the responsibility to indemnify, keep and save harmless and defend the City or its officers, employees, agents and instrumentalities as herein provided neither shall it serve to waive the immunities granted to the City by Florida Statute 768.28.

The Contractor must submit a Certificate of Insurance naming the City of North Miami as "additional insured" for the above coverages prior to issuance of a Purchase Order by the City.

8. **METHOD OF AWARD**

Award of this bid will be made to the lowest responsive and responsible bidders, whose quotes are in the best interest of the City. Local preference will be applied as applicable (see below).

All vendors must be registered with the Florida Department of State Division of Corporations (Sunbiz) prior to commencement of the work.

9. **LOCAL PREFERENCE**

In accordance with the City of North Miami Code of Ordinances Sec. 7-151, regarding preference to local businesses, a preference of ten percent (10%) of the total evaluation points or ten percent (10%) of the total bid price shall be given to a local business. Respondents must submit form A-3 and A-6 (if applicable) with their submittal to receive local preference. Failure to submit the required documentation may render the Respondent ineligible for local preference.

The offeror, supplier, or contractor seeking the local business preference has the burden to show that it qualifies for the preference, to the satisfaction of the City

10. **REFERENCES / EXPERIENCE AND QUALIFICATIONS**

Contractor should have experience providing services of similar scope and size. At a minimum, at least two (2) references of clients to which the respondent has provided similar services must be submitted with all quotes (see attached Form A-14). Current contact information must be provided. References should include full written details of services provided similar to the ones described herein. Only one reference may be used for services performed for or on behalf of the City of North Miami.

ATTACHMENTS:

Attachment A – Contract Forms (A-3, A-6, A-14)

All referenced forms can be found on the City's website at
<https://www.northmiamifl.gov/217/Contract-Forms>



QUOTE FORM
READY MIX CONCRETE
IFB No. 14-20-21

Description of work items are listed below per the requirements detailed in this Invitation to Quote. Pricing for all items shall include materials, labor, supervision, equipment and other required professional and construction related services.

Ready Mix Concrete				
Item No.	Description	Estimated Qty.	Unit Price	Total Price
1.	3000 PSI regular concrete	550 YDS.	\$	\$
2.	3000 PSI PUMP MIX	30 YDS.	\$	\$
3.	3500 PSI REGULAR	30 YDS.	\$	\$
4.	WEEKEND CHARGE		\$	\$
5.	ANY EXTRA FEES/CHARGES		\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
TOTAL BID				\$

Addenda Received: Yes No
 If yes, please indicate the number of addenda received: _____

All Addenda are posted on the City's website at:
<https://www.northmiamifl.gov/bids.aspx>

It is hereby certified and affirmed that the Contractor shall accept any awards made as a result of this quotation. Contractor further agrees that prices quoted will remain fixed for ninety (90) days from the date quotation is due.

All referenced forms can be found on the City's website at
<https://www.northmiamifl.gov/217/Contract-Forms>

(Continued on next page)



Ready Mix Concrete
ITQ No. 14-20-21

Authorized Signature: _____ **Title:** _____

Print/Type Name: _____ **Phone:** _____

E-mail: _____ **Fax:** _____

Firm Name: _____ **F.E.I.D. No.:** _____

Address: _____ **City:** _____ **State:** _____

NOTES:

- 1. All prices shall be F.O.B. Destination delivery point including all costs and freight unless otherwise specified**
- 2. Failure to complete and sign this form renders your bid/quotation non-responsive and ineligible for award**



FORM "A-4"

QUESTIONNAIRE INSTRUCTIONS

PROJECT:

OWNER: CITY OF NORTH MIAMI

BIDDER:

INSTRUCTIONS

- A. All questions are to be answered in full, without exception. If copies of other documents will answer the question completely, they may be attached and clearly labeled. If additional space is needed, additional pages may be attached and clearly labeled.
- B. The City of North Miami shall be entitled to contact each and every person/company listed in response to this questionnaire. The Bidder, by completing this questionnaire, expressly agrees that any information concerning the Bidder in possession of said entities may be made available to the City.
- C. Only complete and accurate information shall be provided by the Bidder. The Bidder hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The Bidder also acknowledges that the City is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a questions was provided by the Bidder, knowing it was false, it shall constitute grounds for immediate disqualification, termination, or rescission by the City of any subsequent agreement between the City and the Bidder.
- D. If there are any questions concerning the completion of this form, the Bidder is encouraged to contact the Purchasing Department via email at purchasing@northmiamifl.gov or via phone: (305) 895-9886.



QUESTIONNAIRE

Bidder's Name: _____

Principal Office Address: _____

Official Representative: _____

Individual

Partnership (Circle One)

Corporation

If a Corporation, answer this:

When Incorporated:

In what State: _____

If Foreign Corporation:

**Date of Registration with
Florida Secretary of State:**

Name of Resident Agent: _____

Address of Resident Agent: _____

President's Name: _____

Vice President's Name: _____

Treasurer's Name: _____

Members of Board of Directors:

If a Partnership:

Date of Organization: _____

General or Limited Partnership*: _____



Name and Address of Each Partner:

Name

Address

1. _____
2. _____
3. _____

*Designate general partners in Limited Partnership

1. Number of years of relevant experience in operating similar business: _____
2. Have any similar agreements held by Bidder for a similar project to the proposed project ever been canceled?
Yes () No ()

If yes, give details on a separate sheet.

3. Has the Bidder or any principals of the applicant organization failed to qualify as a responsible Bidder, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years?

If yes, please explain:

4. Has the Bidder or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

If yes, give date, court jurisdiction, action taken, and any other explanation deemed necessary.

5. Person or persons interested in the proposal and Questionnaire Form _____ (have) _____ (have not) been convicted by a Federal, State, County or Municipal Court of any violation of law, other than traffic violations. To include stockholders over ten percent (10%). (Strike out inappropriate words).

Explain any convictions on a separate sheet.

6. Lawsuits (any) pending or completed involving the corporation, partnership or individuals with more than ten percent (10%) interest:

A. List all pending lawsuits:



B. List all judgments from lawsuits in the last five years:

C. List any criminal violations and/or convictions of the Bidder and/or any of its principals:

7. Conflicts of Interest. The following relationships are the only potential, actual or perceived conflicts of interest in connection with this proposal: (If none, so state).

The Bidder understands that information contained in this Questionnaire will be relied upon by the City of North Miami in awarding the proposed Agreement and such information is warranted by the Bidder to be true. The undersigned Bidder agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the Bidder, as may be required by the City Manager.

The Bidder further understands that the information contained in this questionnaire may be confirmed through a background investigation conducted by the City of North Miami Police Department. By submitting this questionnaire, the Bidder agrees to cooperate with this investigation, including but not necessarily limited to fingerprinting and providing information for credit check.



I certify that the information and responses provided on this Questionnaire are true, accurate and complete. The Owner of the Project or its representatives may contact any entity or reference listed in this Questionnaire. Each entity or reference may make any information concerning the Contractor available to the Owner.

Dated _____, **20**__

CONSULTANT:

By _____
Its _____

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public

My Commission Expires:



Form A-6 – Bidder/Respondent’s Disclosure of Subcontractors/Sub-consultants

Solicitation Number: _____

Prime Bidder/Respondent Name: _____

Team Composition Plan: Please list all proposed subcontractors /sub-consultants for this contract. The selected Respondent shall not change or substitute subcontractors /sub-consultants from those listed below without prior written approval from the City. Attach additional forms as necessary. Copies of subcontractor/sub-consultant contracts must be made available upon request.

Business Association	Business Name	Business Address	Business Phone #	Type of Work to be Performed	Percentage of Contract	Diversity Classification(s) (see key below)
Subcontractor/ Sub-consultant					_____%	
Subcontractor/ Sub-consultant					_____%	
Subcontractor/ Sub-consultant					_____%	
Subcontractor/ Sub-consultant					_____%	
Subcontractor/ Sub-consultant					_____%	
Subcontractor/ Sub-consultant					_____%	

Diversity Classification Key:

A = Asian Owned

B = African American Owned

F = Woman Owned

H = Hispanic Owned

N = Native American Owned

L = Local North Miami Business



Form A-14: References

Provide the information requested below for each reference. If available, such references should be from public agencies. It is the sole responsibility of each Respondent to provide accurate information regarding these references. In the event that the City is unable to verify the project information submitted or if the information provided is incorrect, the Respondent may be deemed **NON-RESPONSIVE**. Attach additional pages as necessary.

Client Name: _____ **Contact Person**
(Name & Title): _____

E-Mail: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contract # (if available): _____ **Dates Services Were Provided:** _____

Description of Services Provided and Cost: _____

Client Name: _____ **Contact Person**
(Name & Title): _____

E-Mail: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contract # (if available): _____ **Dates Services Were Provided:** _____

Description of Services Provided and Cost: _____

Client Name: _____ **Contact Person**
(Name & Title): _____

E-Mail: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contract # (if available): _____ **Dates Services Were Provided:** _____

Description of Services Provided and Cost: _____