1937 South Park Ave. • Buffalo, NY 14220 • Phone: 716.823.3630 • Fax: 716.823.2967



www.nhssouthbuffalo.org • email: info@nhssouthbuffalo.org

**Weatherization Assistance Program**

95 Dorthy St.. • Buffalo, NY 14206 • Phone: 716.837-0071 • Fax: 716.837.0244

Email: info@nhssouthbuffalo.org

** Neighborhood Housing Services of South Buffalo, Inc.**

May 3, 2024

Dear Representative,

The Neighborhood Housing Services (NHS) of South Buffalo, Inc. as part of their Weatherization Assistance Program is soliciting an invitation to bid for the attached materials.

**This BID is proposed for ASHRAE SPOT VENTILATION FANS Material bid for contract year ending May 31, 2025**

**NOTE: This BID is for a Weatherization Assistance Program project.**

Enclosed is HCR form #24 Non-Collusive Bidding. **This form is required to be completed and returned with the Bid.** Please mail or deliver sealed bids **by 3:45 pm on Friday May 17, 2024** to:

***NHS of South Buffalo – W.A.P.***

***95 Dorothy St.***

***Buffalo, New York 14206***

**A BID opening will be performed at 4:00 pm on Friday, May 17, 2024** at the said office located at 95 Dorothy Street, Buffalo, NY

Upon approval of the bid process by the weatherization agency and the NYS HCR authorized representative, additional required forms or documentation (i.e, Contractor Sub-agreement, Additional Insured lose payee evidence, etc.) will be required for completion of the award.

Any questions regarding the bid process and/or forms please call 837-0071 Monday through Friday from 8:00 am to 4:00 pm or email to [info@nhssouthbuffalo.org](mailto:info@nhssouthbuffalo.org) .

Sincerely,

Shyrl L. Duderwick

Executive Director

Enclosures – NYS HCR Form # 24, #28

****

**General Specifications**

**Quotations must be typewritten or written in ink, and corrections must be initialed. Penciled bids will not be accepted.**

Proposals must be received no later than **Friday, May17, 2024** by 3:45 pm.

Proposals should be sent to:

**NHS of South Buffalo- WAP**

**95 Dorothy St.**

**Buffalo, NY 14215**

Omissions and Discrepancies - If a Bidder is in doubt as to the correct meaning of any part of the specifications or discover any omissions or discrepancies therein; the Bidder should notify the appropriate Authorized Representative. Additional information, when required, will be issued in the form of an addendum which will be sent to all Bidders. Addendums will become part of the initial Bid Request.

**Firm-fixed price**

The quoted prices will be in effect until March 31, 2024. If for any reason pricing cannot be met during the contract year a written notice must be submitted in detail. Submittals will be required to be reviewed by HCR representative and may result in removal of awarded bidder.

**Warranty**

The supplier warrants to Purchaser that the product will be new and not refurbished.

The supplier warrants to Purchaser that the product will be free from defects and will meet the product specifications stated.

Damaged or defective items, in the opinion of the Authorized Representatives/Purchasers, shall be replaced at no cost (including shipping) to the Authorized Representatives/Purchasers.

**Returned Goods Policy**

All incorrect/damaged/unwanted goods within a reasonable time frame will be returned to the Vendor in an expeditious manner.

Returns on all incorrect/damaged items will be at the expense of **the vendor.** (Includeshandling, shipping and delivery charges) There will be no restocking charge.

**Execution of Contract/Rejection of Bids**

NHS of South Buffalo Weatherization reserves the right to:

1. Reject any/or all bids
2. Re-bid within a contract year
3. Waive or modify minor irregularities in proposal received after prior notification and concurrence of the Bidder
4. Adapt all or any part of the Bid in selecting optimal product specifications
5. Commence and complete all awarded jobs in a timely fashion.
6. An installation date must be arranged within 1 business day and work must commence within **10** working days from the time we issue a work order. Any change orders must have WAP authorization prior to installation.

**Non-Discrimination/Equal Opportunity**

Discrimination against any individual, for reason of race, creed, national origin, sex, handicap or age is specifically prohibited.

**Instructions:** Carefully read the terms and conditions shown above before preparing your proposals. Please sign on lines below indicating that you have read each page of this Bid Package thoroughly and agree to all specifications, terms and conditions. **Bids may not be accepted if incomplete.**

|  |  |
| --- | --- |
| Vendor Name: |  |
| Contact Person Regarding Bid:  (please print clearly) |  |
| E-Mail Address: |  |
| Phone/Fax Number: |  |
| Customer Service(order taker)  (please print clearly) | Name:  Phone: |
| Signature of Authorized Rep: |  |
| Printed Name and Title of Signor: |  |

If you have multiple locations for customer orders, please send all contact information

**Requesting Sealed bid quotations for the following Item:**

***A specification sheet for all ASHRAE/ENERGY STAR/ SPOT VENTILATION FANS must be submitted with all bids.***

1. **50 CFM 3 ¾” deep housing, 4” duct / 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **80 CFM 3 ¾” deep housing, 4” duct / 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **100 CFM 3 ¾” deep housing, 4” duct / 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **50 CFM 5 ¾” deep housing, 4” duct / 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **80 CFM 5 ¾” deep housing, 4” duct / 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **100 CFM 5 ¾” deep housing, 4” duct / 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **50 CFM 5 ¾” deep housing, 4” duct / 3 Sones or less with light $\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **80 CFM 3 ¾” deep housing, 4” duct / 3 Sones or less with light $\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **110 CFM 5 ¾” deep housing, 4” duct / 3 Sones or less with light $\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Kitchen/range hoods 30” White/3 speed 210 CFM – 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Kitchen/range hoods 36” White/3 speed 210 CFM – 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Kitchen/range hoods 30” Black/3 speed 210 CFM – 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Kitchen/range hoods 36” Black/3 speed 210 CFM– 3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **Multi speed 50 to 110 CFM/4” duct/1 Sone or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **Thru the wall fan 80 CFM/8” duct/3 Sones or less $\_\_\_\_\_\_\_\_\_\_\_\_\_**
10. **Exterior motor mounted fan 110 CFM $\_\_\_\_\_\_\_\_\_\_\_\_\_**
11. **Smart control fan/light switch with delay timer $\_\_\_\_\_\_\_\_\_\_\_\_\_**
12. **All pricing to include shipping / delivery of material.**
13. **Prices quoted will be in effect through May 31,2024**

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL**

**WEATHERIZATION ASSISTANCE PROGRAM**

**DHCR # 24**

**NON-COLLUSIVE BIDDING**

1. By submission of a proposal, each applicant and each person signing on behalf of any applicant certifies, and in the case of a joint proposal each party thereto certifies, as to its own organization, under penalty of perjury, to the best of his knowledge and belief, that:

* the prices in a proposal have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other applicant or with any competitor;
* unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the applicant prior to opening, directly or indirectly, to any other applicant or to any competitor; and,
* no attempt has been made or will be made by the applicant to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

2. A proposal shall not be considered for award nor shall any award be made where (1) (a), (b) and (c) have not been complied with provided, however, that if in any case the applicant cannot make the foregoing certification, the applicant shall so state and shall furnish with the proposal a signed statement which sets forth in detail the reason therefore. Where (1) (a), (b) and (c) above have not been complied with, the proposal shall not be considered for award nor shall any award be made unless the NYS Division of Housing and Community Renewal (HCR) determines that such disclosure was not made for the purpose of restricting competition.

3. Any proposal hereafter made to HCR by a corporate applicant for work or services performed or to be performed or for goods sold or to be sold, where competitive bidding is required by statute, rule or regulation, and where such proposal contains that certification referred to in subdivision (1) (a) of the paragraph, shall be deemed to have been authorized by the Board of Directors of the applicant, and such authorization shall be deemed to include the signing and submission of the proposal and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

APPLICANT:

ADDRESS:

LICENSE NO. TO BUSINESS IN NYS

AND/OR BUFFALO, IF APPLICABLE

AUTHORIZED SIGNATURE:                                                                     DATE:

NAME (Print)                                                                DATE:

SUBGRANTEE AGENCY CODE:   N/A

**NYS HOMES AND COMMUNITY RENEWAL**

**WEATHERIZATION ASSISTANCE PROGRAM**

**HCR # 28**

**CONTRACTOR QUALIFICATION**

The following information must be completed in order to be considered a qualified bidder.

**I**

**Bidder Information**

Legal Company Name

D/B/A

Address City State Zip Code Telephone

**II**

**Company Structure**

❑ Corporation ❑ Partnership ❑ Individual ❑ Other

If “Other,” explain:

State of Incorporation or Registration Number Number of Years in Business

**III**

**Principals**

List the name, address, telephone number and position of each principal of the company. (Attach additional pages if necessary.) "Principal" means

each officer and director of the bidder and each shareholder, partner and co-venturer who either controls or owns, directly or indirectly, a ten percent or greater interest in the bidder or who will actively participate in the performance by the bidder of the proposed contract.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone # | Position |
|  |  | ( ) |  |
|  |  | ( ) |  |
|  |  | ( ) |  |
|  |  | ( ) |  |

Which licenses does your company hold?

❑ Plumbing #                       Issued by:                                                                    Date:

❑ Electrical #                        Issued by:                                                                    Date:

❑ Other #                      Issued by:                                                                    Date:

If none, please explain:

**IV**

**Bank Reference**

Bank

Address City State Zip Code Telephone

Account Name                                         Account #:                     Contact Person:

**V**

**Woman/Minority-Owned Business**

Is this a woman or minority-owned business? ❑ Yes ❑ No

If “Yes,” is it qualified as such with the State of New York? ❑ Yes ❑ No Certification #:

**VI**

**Disqualification**

Has this business, its individuals, partners, officers and/or shareholders . . .

(a) been disbarred or otherwise disqualified from participation in city, state or federally funded work projects? ❑ Yes ❑ No

If “Yes,” please give details:

**VII**

**Affiliation**

List all other businesses in which the majority owners, partners, officers and shareholders have held an affiliation or interest in the past five years.

(Attach additional pages if necessary.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Business | Address | Work/Service Performed | Contact Person | Phone # |
|  |  |  |  | ( ) |
|  |  |  |  | ( ) |
|  |  |  |  | ( ) |

**VIII**

**WAP History**

List all Weatherization Assistance Program (WAP) subgrantees for which you completed major heating system work during the past three years: (Attach additional pages if necessary.)

|  |  |
| --- | --- |
| Subgrantee Name | Subgrantee Name |
|  |  |
|  |  |
|  |  |

**IX**

**Insurance**

Insurance Company

Address City State Zip Code

Type of Coverage:                                         $ Amount:                  Contact Person:                                      Telephone:                               Are there any claims pending against your auto/general contractor liability coverage? ❑ Yes ❑ No

If “Yes,” amount of claim(s) $                      $                      $                      $

Bonding Company

Address City State Zip Code

Contact Person:                                                                        Telephone:

**X**

**Project History**

Complete the following information for each of the last five heating replacement projects of 25+ units completed by your organization:

|  |  |  |
| --- | --- | --- |
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? ❑ Yes ❑ No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor Description of Subcontracted Work | | |

|  |  |  |
| --- | --- | --- |
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? ❑ Yes ❑ No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor Description of Subcontracted Work | | |

|  |  |  |
| --- | --- | --- |
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? ❑ Yes ❑ No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor Description of Subcontracted Work | | |

|  |  |  |
| --- | --- | --- |
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? ❑ Yes ❑ No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor Description of Subcontracted Work | | |

|  |  |  |
| --- | --- | --- |
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? ❑ Yes ❑ No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor Description of Subcontracted Work | | |

**XI**

**Affirmation**

By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms, under penalties of law, that the statements made in this application for inclusion to the Qualified Bidders List have been examined and to the best of his/her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of New York City and New York State unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information given herein. The applicant understands that this application for inclusion on the Qualified Bidders List does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion.

(Signature)                                                                                         (Print Name)                                                                                          (Title)

TO BE COMPLETED BY NOTARY

*(in accordance with State notary requirements)*

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month), \_\_\_\_\_\_\_\_\_ (year), by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of officer or agent, title or officer or agent) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of entity).

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

Type of ID and Number on ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary

(Typed, Stamped or Printed)

Notary Public, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_