



Project 2324-38 Government Building Flooring

Issue Date: Thursday, April 11, 2024

Emailed Bids Due: Monday, April 22, 2024 @ 2:00 pm scok@chestercountysc.gov. Any bids received after this deadline will not be accepted.

Chester County Government is requesting bids for flooring from a licensed contractor in South Carolina at the Chester County Government Building located at 1476 J.A. Cochran Bypass, Chester, SC 29706. Please email your quote or use the bid form on page 2 of this document, including all taxes and fees, to Susan Cok at scok@chestercountysc.gov. Please put 2324-38 Government Building Flooring in the Subject Line of your email.

SCOPE OF WORK / SPECIFICATIONS:

- Chester County is requesting the demolition of existing flooring and installation of new flooring; approximately 9,000 sq. ft. of LVT and approximately 5,000 sq. ft. of carpet according to the Floor Plan Drawings that are located on the county website. The contractor is responsible for the exact measurements.
 - Carpet Tile: Patcraft Easy on the Eyes 10227, Color – Alakazam 00412 in board room with the Carpet Tile: Patcraft Color Your World, Color – Black, as the border in the Board Room.
 - Carpet Tile: Patcraft Instinct 10501, Color – Echo 0085 in Council Chambers
 - LVT: Patcraft Homegrain, Color – TBD
 - Cove Base – 4” Mannington Rubber Base, Color – TBD
- Minor floor prep as needed.
- Move furniture as needed.
- The site shall be cleaned, and any debris/materials removed.
- The contractor is responsible for any permits, and they must be submitted to our Project Manager Harold Hayes hhayes@chestercountysc.gov prior to beginning work.
- A certificate of liability insurance will be required from the contractor who is awarded the bid.
- Please email Susan Cok scok@chestercountysc.gov and Harold Hayes hhayes@chestercountysc.gov with any questions.

*** If you are a local (Chester County) vendor or will use local sub-contractors, please fill out the [Local Vendor Preference – Sub-Contractor Preference Affidavit \(Pg. 3-6\)](#). According to our Chester County Purchasing Policy, Pages 3-4, Section I, C. Local Vendor Preference: This permits the lowest local (Chester County or its municipalities) Bidder whose bid is within five percent (5%) of the lowest non-local Bidder on project solicitations up to \$100,000.00 or within two percent (2%) of the lowest non-local bidder on project solicitations over \$100,000.00. Local Vendor Preference will further permit local (Chester County or its municipalities) qualified bidders to be given the opportunity to match the lowest non-local bidder and may be awarded the project with the approval of the County Administrator. Additional consideration will be given to local bidders who use local subcontractors on the project.

Susan M. Cok
Contracts and Procurement Director
scok@chestercountysc.gov
803-581-2829



2324-38 Government Building Flooring

Bid Form

1. Date: _____

2. Submitted by:

a. Company/Firm Name: _____

b. Contact Person: _____

c. Address: _____

d. Phone Number: _____

e. Email: _____

3. The above company/firm hereby agrees to the requested services as defined herein for a total price of \$_____ all taxes and fees included.

4. Sum (price) in words: _____

5. Calendar days of completion: _____

6. Warranty: _____ year(s).

7. The following Addenda have been received (if applicable).

a. Addendum # _____ Dated: _____

b. Addendum # _____ Dated: _____

Submitted by: _____
(Name of person authorized to sign)



**LOCAL VENDOR PREFERENCE
and
SUB-CONTRACTOR PREFERENCE
AFFIDAVIT OF ELIGIBILITY**

IMPORTANT: Local Vendor Preference affidavit and required documentation MUST be submitted WITH a vendor's SEALED BID or QUOTE to be considered.

This form is to be completed in its entirety by the local vendor requesting consideration for the preference and submitted along with your Sealed Bid or Quote. Incomplete forms may be rejected for local vendor preference evaluation. Attach required documentation to sealed bid or quote.

1. LEGAL NAME OF FIRM: _____

Mailing Address:

Physical Address: (if different)

2. Year your business was established in Chester County: _____

3. Business License Number issued by Chester County or applicable municipality:

Yes _____ No _____ Date Issued: _____

4. Are all Chester County personal and real property taxes paid and up to date?

Yes _____ No _____

5. Is your business and all required licensure up to date and in good standing with the State of South Carolina SC? Yes _____ No _____

- a. SCDOR
- b. SCLLR
- c. SC Secretary of State

6. Are a majority of employees (on payroll of local vendor requesting preference) Chester County residents?

Yes _____ No _____

7. Are a majority of independent contractors (engaged by local vendor requesting preference) Chester County residents? Yes _____ No _____

8. Is your business:

- a. Minority or woman owned. Yes _____ No _____
- b. Owned by member/former member of the Armed Services. Yes _____ No _____

9. Has the vendor applying for the local vendor preference in this affidavit been in default or terminated from any Chester County contract within the last five (5) years? Yes _____ No _____
(A condition of default includes notices from sub-contractors and suppliers who have contracted the local vendor's surety, or Chester County, without successful resolution for contract payment disputes.)

If "Yes", please explain: _____

Subcontractor Preference Contacts Form
(Use multiple copies as needed) Page ____ of ____

Bidder: _____

RFP # / Description: _____

Contact Documentation:

Subcontractor/Vendor name: _____

Contact name and number: _____

Address: _____

Work for which subcontractor/vendor was considered in relation to this RFP.

Was the subcontractor/vendor used in this RFP? Yes _____ No _____

If yes, please disclose the anticipated value of subcontractor contract \$ _____

If yes, please have subcontractor fill out pages 1 & 2 of this Local Vendor Preference Package.

If no, please explain why the subcontractor was not used:

Bidder: _____

RFP # / Description: _____

Contact Documentation:

Subcontractor/Vendor name: _____

Contact name and number: _____

Address: _____

Work for which subcontractor/vendor was considered in relation to this RFP.

Was the subcontractor/vendor used in this RFP? Yes _____ No _____

If yes, please disclose the anticipated value of subcontractor contract \$ _____

If yes, please have subcontractor fill out pages 1 & 2 of this Local Vendor Preference Package.

If no, please explain why the subcontractor was not used:

By signing below, it is understood that all terms and conditions and instructions have been carefully examined before deciding to submit this local vendor preference affidavit. Under the penalty of perjury, the undersigned states that the foregoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation, or entity intentionally submitting false information to the County in an attempt to qualify for local preference may be suspended from bidding on Chester County products and services.

Company Legal Name (Printed): _____

Authorized Person's Signature: _____ Date: _____

Printed Name & Title: _____

Email Address: _____ Phone: _____

For Internal Use Only

By signing below, I hereby approve the above bidder to be awarded bid # _____

Name (Printed): _____

Signature: _____

Title: _____

Date: _____