



BETTER. FASTER. CHEAPER

TurnKey Recovery

Managed Direct Repair Program

INVITATION FOR BID (IFB)

<u>IFB Number</u>	<u>Scope Description</u>	<u>Closing Date</u>	<u>Closing Time</u>
GC2022109553-014002-11454	Nasa Landing Facility Hanger Repairs	04/01/2023	4:30 PM CST

Insured Property Owner: Kennedy Space Center

Property Location Name: Nasa Landing Facility Hanger

Address Line 1: Astronaut Road

Address Line 2: -

City: Kennedy Space Center

State: FL

Zip Code: 32899

DESCRIPTION: Furnish all required labor, materials, and equipment necessary to provide Scope-of-Work at the above-described location. Work is being authorized under the elected FMIT TurnKey Recovery ProgramSM administered by Synergy NDS, Inc. (SynergyNDS) on behalf of the Insured Property Owner, a Member of the Florida Municipal Insurance Trust (FMIT).

SUBMITTAL INSTRUCTIONS: In support of Procurement Guidelines, the IFB Packet includes specifications and terms & conditions associated with the above referenced project information.

1. Bids shall be received no later than the Closing Date & Time indicated above. Bids received after above deadline or that are not submitted in accordance to Submittal Instructions may be rejected without further explanation or contractor notification.
2. Bid shall be completed and submitted via DocuSign by filling out the **Contractor Submittal Form** (see Page 5 of this IFB Packet). Contractor may attach additional supporting documents that may or may not be used in the overall scoring of the IFB Contractor Submittal. Attachments do not change &/or modify any of the IFB Terms & Conditions as outlined in the following pages (Pages 1-10).
3. Contractor IFB Form Submittal MUST INCLUDE all applicable Sales Tax or any other Local, State &/or Federally mandated fee(s) within the aggregated Lump Sum Proposal. Do not breakout separately.
4. Contractor is responsible to validate all Quantities and Units of Measurements specific to the following scope items &/or products. The information and descriptions provided in the IFB are intended for general guidance purposes only. Contractor may not change or alter any material &/or specifications identified in the IFB for submission purposes without prior written/email notification to: bids@synergynnds.com.
5. Contractor has the sole responsibility to ensure that all services and material for BID Submittal (whether stated correctly in the IFB or not) satisfactorily meet all required Codes & Standards, OSHA Guidelines and The Americans with Disabilities Act (ADA).
6. Contractor should also consider the approach (if necessary) in which to stock/store material at the jobsite in a safe and secure manner. SynergyNDS will not be responsible for lost or stolen material, supplies or equipment stocked at the jobsite.
7. Bid award will be made based on best overall LUMP SUM project value as determined by SynergyNDS in accordance to market valuation, project demands, critical path scheduling – as well as overall Insured Member's WorkForce Participation Goals. Contributing factors, in addition to price, may be considered as necessary to help determine bid award based on any additional criteria set forth by the specific FMIT Insured Member.

8. SynergyNDS reserves the right to modify the IFB Specifications and Terms & Conditions at any time during the bid solicitation process. Timely notice to all bidders will be given via an electronically distributed Addendum.
9. All registered HUB & HUB Zone Contractors, as well as DBEs are encouraged to participate. Additional Contractor Financial Assistance is available to help support daily HUB/DBE Contractor's operations under the terms and condition of a successful contract award.
10. SynergyNDS is an equal opportunity employer and administers all Contracts & Contractor Agreements in accordance to the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a).
11. Contractor is strongly encouraged to schedule a Site Visit of the property as necessary to support the IFB Submittal. All scheduled site visits can be requested at bids@synergynnds.com.
12. When a mandatory Pre-BID Meeting is identified and scheduled in a specific IFB, Contractor Attendance is a requirement as part of the Solicitation. Contractors who fail to attend the Pre-BID Meeting will not be eligible to participate in the IFB and subsequent submittal process.
13. Contractor can submit all questions &/or concerns specific to the IFB by email to: bids@synergynnds.com.

SCOPE-OF-WORK SUMMARY

Refer to **EXHIBIT A** for scope-of-work description.

Yes | No

- | | |
|--|---|
| <input type="checkbox"/> <input checked="" type="checkbox"/> | This IFB is part of a publicly advertised solicitation |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | This IFB is part of a potential Federally Funded Project. |
| <input checked="" type="checkbox"/> <input type="checkbox"/> | This IFB is being distributed externally |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | This IFB requires a Contractor Payment or Performance Bond. |
| <input checked="" type="checkbox"/> <input type="checkbox"/> | This IFB requires a Pre-BID Meeting |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | This IFB supports workforce participation goals. |

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IFB EXHIBIT A Scope-of-Work

<u>IFB Number</u>	<u>Scope Description</u>	<u>Closing Date</u>	<u>Closing Time</u>
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City: Kennedy Space Center

State: FL

Zip Code: 32899

GENERAL SCOPE DESCRIPTION

Nasa Landing Facility Hanger - Repairs

GENERAL SCOPE-OF-WORK DISCUSSION

Remove damaged roofing panels, Purlins, and Eave Girts.

Remove all debris from site.

Clean all surfaces from fasteners and debris.

Replace Purlins/14 Gauge Galvanized/ ½' Grade 8 Galvanized bolts to fasten purlins.

Replace Eve Girts/14 Gauge Galvanized

Replace Roof Sheathing/26 Gauge PBR Galvalume Panel/ Sheathing Attachment #14 STS w/Neoprene Washer/Member to specify color.

Replace Trim/26 Gauge Galvalume

Replace Gutters and down spouts/Galvalume/Member to specify color.

Safety Regiment in Place during work commencing.

****Separate surface blasting and painting estimate provided to be issued to member for review and approval.****

**Information should match scope-of-work description as described in SimpliCitySM.*

ADDITIONAL NOTES &/OR REQUIREMENTS

NA

DRAWING & SPECIFICATION DESCRIPTION

NA

Document #1 NA

Document #2 NA

ADDITIONAL CONTRACTOR EXPECTATIONS

NA

**Contractor should understand overall expectations as further detailed in the attached TurnKey RecoverySM Contractor Expectation Document in support of accounting for a responsible IFB Submittal.*

GENERAL WORKDAY &/OR JOBSITE CONSIDERATIONS

NA

- **Occupant Workday:** ☒ Standard (M-F/8-5pm) ☐ Wknd/After Hours ☐ Other _____
- **Building/Site Occupancy:** ☐ Occupied ☐ Vacant ☒ Partial
- **Site Access:** ☐ Open ☒ Restricted (Gated/Security)
- **Parking/Laydown Area:** ☐ Open/Available ☒ Restricted ☐ Limited
- **Restroom Facilities:** ☐ Fixed/Indoor ☒ Portalets ☐ Not Available
- **Waste/Debris Containers:** ☐ Provided/Onsite ☒ Include in BID

Email all IFB Questions to Bids@synergynds.com



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IFB – CONTRACTOR SUBMITTAL FORM

<u>IFB Number</u>	<u>Scope Description</u>	<u>Closing Date</u>	<u>Closing Time</u>
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Company Name: _____**Address Line 1:** _____**Address Line 2:** _____**City:** _____**State:** _____**Zip Code:** _____
Contractor Certification: ☐ DBE ☐ WBE/WOSB ☐ HUB ☐ SDVOSB/VOSB
CONTRACTOR LUMP SUM PROPOSAL:

IFB TITLE		PROPOSAL:	\$

CONTRACTOR NOTES:**MATERIAL DEPOSIT:** ☐ Required ☐ Requested **\$**

I understand that all applicable Sales Tax or any other Local, State &/or Federally mandated fee(s) are to be included within the aggregated Lump Sum Proposal. Do not breakout separately. Contractor may attach additional supporting documents that may or may not be used in the overall scoring of the IFB Contractor Submittal. Attachments do not change &/or modify any of the Terms & Conditions as outlined in the IFB, Scope-of-Work (Exhibit A) and the Turnkey RecoverySM Contractor Expectations.

I, having the legal authorization to represent the “Company” (the undersigned) have read and understood the IFB, its Scope-of-Work and the Turnkey RecoverySM Contractor Expectations in accordance with the Terms & Conditions:

Company Contact Name (Please Print)_____
Company Title (Please Print)_____
Signature_____
Date