



HVAC SYSTEM FOR OLD COWEE SCHOOL

ISSUED BY: MACON COUNTY FINANCE DEPARTMENT
5 WEST MAIN STREET
FRANKLIN, NC 28734
PHONE: (828) 524-1640
LINDSAY MCCONNELL, PURCHASING AGENT

ISSUE DATE: OCTOBER 21, 2013

QUOTES WILL BE RECEIVED UNTIL OCTOBER 28, 2013 AT 3:00pm.

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MAILING INSTRUCTIONS

1. If mailed, quote should be forwarded by certified U.S. Postal Service. Please address as shown below.

MACON COUNTY FINANCE DEPARTMENT ATTN: LINDSAY MCCONNELL 5 WEST MAIN STREET FRANKLIN, NC 28734

2. If forwarded other than by U.S. Postal Service, delivery must be made directly to Macon County Finance Department, 5 West Main Street, Franklin, NC 28734.
3. Electronic or faxed quotes will be accepted. Fax (828) 349-2520 or email lmcconnell@maconnc.org

NOTE: IF MAIL OR DELIVERY BY ANY OTHER MEANS IS DELAYED BEYOND THE DATE AND HOUR SET, QUOTE THUS DELAYED WILL NOT BE CONSIDERED.

Specifications for HVAC System for Old Cowee School

Cafeteria Area: 2– Systems

Bryant Furnace Model #915SA48080S17

Bryant Coil Model #CNPVP3617A1S

Bryant Heat Pump Model#213BNA036000

Gym and Stage Area: 2– Systems

Bryant Furnace Model#915SA48080S17

Bryant Coil Model#CNPVP3617A1S

Bryant Heat Pump Model#213BNA036000

Office, Hallway and Bathrooms 1–System

Bryant Furnace Model#915SA48080S17

Bryant Coil Model#CNPVP4821A1A

Bryant Heat Pump Model#213bna048000

Classrooms 10–Systems

Bryant Furnace Model#915SA30040S14

Bryant Coil Model#CNPVP1814A1A

Bryant Heat Pump Model#213BNA018000

*****NO PARTIAL BIDS OR SUBSTITUTIONS WILL BE ACCEPTED*****

1. This Invitation for Quotes is subject to the availability of funds for this Project.
2. Macon County accepts no responsibility for any expense incurred by the bidder in the preparation and presentation of a quote. Such expenses shall be borne exclusively by the bidder.
3. The successful Proposer shall comply with the North Carolina Workers' Compensation Act and shall provide for the payment of workers' compensation to its employees in the manner and to the extent required by such Act. Additionally, the successful Proposer shall maintain, at its expense, the following minimum insurance coverage:
 - a. \$1,000,000 per occurrence/\$2,000,000 annual aggregate—General Liability
 - b. \$1,000,000 per occurrence/\$2,000,000 annual aggregate —Automobile Liability

All such insurance shall meet all laws of the State of North Carolina. Such insurance coverage shall be obtained from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in North Carolina. Please submit a copy of your Certificate of Insurance to Lindsay McConnell, Purchasing Agent.

NON-COLLUSION AFFIDAVIT

MACON COUNTY
BID REQUEST NO. 01-4926i
HVAC SYSTEM FOR THE OLD COWEE SCHOOL

The undersigned affirms that the proposal made here-in is made without any connections with any other person, or persons, making any other proposal for the above item(s): that it is in all respects fair and without collusion or fraud:

That _____ (Firm Name) is not connected in any official capacity with Macon County, and that no person, or persons, acting in such a capacity are directly, or indirectly, interested herein or in any of the profit arising or anticipated from this transaction.

In making this proposal, it is understood and agreed, that the conditions set forth in the advertisement for bids, instructions to bidders, terms and conditions and specifications together with the proposal shall form a part of and be construed with the contract under the same.

The acceptance of this proposal by Macon County, as evidenced by the issuance of a Macon County Purchase Order, will be held to be a mutual agreement as to each and every clause of this proposal and to constitute a contract between the parties hereto.

FIRM NAME: _____

ADDRESS:

BY:

TITLE: _____

State of North Carolina
County of: _____

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

Notary Public

My commission expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MACON

AFFIDAVIT OF COMPLIANCE WITH N.C. E-VERIFY STATUTES

I, _____ (hereinafter the "Affiant"), duly authorized by and on behalf of _____ (hereinafter the "Employer") after being first duly sworn deposes and says as follows:

1. I am the _____ (President, Manager, CEO, etc.) of the Employer and possess the full authority to speak for and on behalf of the Employer identified above.
2. Employer understands that "E-Verify" means the federal E-Verify program operated by the United States Dept. of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law.
3. Employer employs 25 or more employees in the State of North Carolina, and is in compliance with the provisions of N.C. General Statute §64-26. Employer has verified the work authorization of its employees through E-Verify and shall retain the records of verification for a period of at least one year.
 Employer employs fewer than 25 Employees and is therefore not subject to the provisions of N.C. General Statute §64-26.
4. All subcontractors engaged by or to be engaged by Employer have or will have likewise complied with the provisions of N.C. General Statute §64-26.
5. Employer shall keep Macon County informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina Statutes.

Rather this affiant sayeth not.

This is the ____ day of _____, 20____.

Affiant

STATE OF NORTH CAROLINA
COUNTY OF _____

Sworn to and subscribed before me, this the ____ day of _____,
20____.

Notary Public

[SEAL]

My commission expires: _____

BID QUOTE AND ACKNOWLEDGMENT

For: HVAC System for the Old Cowee School

Quote Furnished by: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Fax Number: _____

We who furnish this quote have reviewed the Specifications, **and all Addenda which we list below**, and therefore furnish the quote as shown below.

Addenda (if none, state "N/A"): #1 _____, #2 _____, #3 _____.

QUOTE:

Price for the HVAC System for the Old Cowee School

Total Quote \$ _____

Total Tax \$ _____

Date of the Quote: _____

By: _____

Authorized Signature