



NORTHWEST FLORIDA
STATE COLLEGE

ITB 2018-2019-03

**Artificial Turf
and
Netting for
Indoor Batting
Facility**

NORTHWEST FLORIDA STATE COLLEGE

Due July 17, 2019 at 2:00 p.m. CST

ADVERTISEMENT FOR BIDS
BOARD OF TRUSTEES
OF NORTHWEST FLORIDA STATE COLLEGE
Niceville, Florida 32578

-For:

ITB 2018-2019-03 Artificial Turf and Netting for Indoor Batting Facility

Northwest Florida State College (NWFSC) request interested parties to submit formal sealed bids for the above referenced project.

ITB documents are available at NWFSC in the Purchasing Department located at:
Northwest Florida State College
Building 310/ Room 204
100 College Boulevard
Niceville, Florida 32578

Request for ITB documents can be made by calling (850) 729-6031 or by Email to lundermd@nwfsc.edu (preferred method).

Additional, bid documents can be downloaded at:

<http://www.nwfsc.edu/about/purchasing>

All firms who download the bid documents must notify the Director of Purchasing via Email at lundermd@nwfsc.edu.

Bids must be received by the Purchasing Department no later than **2:00 p.m. CST on Wednesday, July 17, 2019**. Bids received after such time will be returned unopened.

Plainly mark the appropriate bid number on the envelope. Bids required all elements of the bid to be in a sealed envelope.

Upon receipt of this bid document, any and all communications regarding this bid must be made only to the Purchasing Office as noted above. Any violation of this condition could result in bid disqualification.

Contact Dedria Lunderman, Director of Purchasing at (850)729-5361 for further information.

M/WBE's are encouraged to participate in the bid process.

Dedria Lunderman, CPP, CPPM, CGPP
Director of Purchasing

ATHLETIC EQUIPMENT

PART 1. GENERAL DESCRIPTION:

- A. Work includes Artificial Turf, Indoor Batting Cage Shell with Retractable Dividers, and Outdoor Batting Cages.

ACTION SUBMITTALS:

- A. Shop Drawings: Indicate layout of seams, edge details, and methods of attachment of turf. Indicate cable attachments, cable layouts, hardware, netting plan, elevations, and door locations.
- B. Product Data: For each product indicated or required for installation including turf, netting, transition edging, border tape, glue.
- C. Samples: For each of the following products and for each color and texture required. Label each Sample with manufacturer's name, material description, color, pattern, and designation.
 - 1. Carpet: 12-inch- square Sample.
 - 2. Exposed Edge, Transition, and Other Accessory Stripping: 12-inch- long Samples.
 - 3. Carpet Seam: 6-inch Sample.
 - 4. Mitered Carpet Border Seam: 12-inch- square Sample. Show carpet pattern alignment.
 - 5. Pad: 12-inch- square Sample
 - 6. Netting: 24" x 24" Sample
 - 7. Pulley blocks: 1 Sample

QUALITY ASSURANCE

- A. Installer Qualifications: An experienced installer who has completed and installed retractable batting cage systems and artificial turf flooring similar in material, design, and extent to that indicated for this Project and whose work has resulted in batting cage netting and turf installations with a record of successful in-service performance.
- B. 5 years of installation experience.

PART 2. PRODUCTS:

2.1 Synthetic Turf Carpeting

- A. Description:
 - 1. Indoor/Outdoor Artificial Cushion Backed Polyethylene/Nylon Blend Turf
 - a) Primary: Polyethylene Slit-Film
 - b) Secondary Thatch: Texturized Nylon
 - c) UV Stabilized Yarn
 - d) 5mm polyurethane foam cushion backed with fleece
 - e) 3/4" Pile Height
 - f) 40oz Pile Face Weight Minimum
 - g) 125oz Total Fabric Weight
 - h) Turf to adhere together at all seams and entire surface area
 - i) Turfed Area is 100' x 100'
 - j) Turf to cover entire area from edge of concrete to edge of concrete, custom fitted around each vertical column, extending to all doorways and roll up doors.
 - 2. Perimeter Turf Edging
 - a) Aluminum Pin Track to anchored to concrete slab
 - b) 2" Black T Mold Vinyl Stripping installed around complete perimeter, all doorways, entrances, roll up doors, etc.

2.2 BATTING CAGES

- A. Description:
 - 1. Indoor Batting Cage Shell and Retractable Dividers
 - a) Size: 20'H x 100'W x 80'L Batting Cage Shell
 - b) (4) Retractable Dividers to create 5 hitting lanes
 - c) #42 1 3/4" Square Twisted Knotted Nylon Netting Shell and Dividers
 - (1) #42 twisted knotted netting

- (2) 100% Nylon fibers
- (3) 1-3/4" square mesh
- (4) 2.7mm diameter twine size
- (5) Minimum twine breaking strength 385 lbs.
- (6) Black UV dyed and bonded
- (7) Square Hung
- d) #60 1 3/4" Square Twisted Knotted 4' H Baffles on each side of divider curtains entire length attached to the roof. (8) Total.
- e) Divider curtains attached to cabling via galvanized forged pulley blocks with self-lubricating sheave.
- f) 10 Access Doors Total
- g) Shell to be one continuous piece.
- h) Galvanized cabling and hardware
- 2. Outdoor Batting Cages (Three)
 - a) (3) 15'H x 15'W x 70'L #60 Twisted Knotted Nylon Batting Cages
 - b) 640lb Break Strength Twine
 - c) 1 door per cage
 - d) Black UV dyed and bonded
 - e) Replace all galvanized cabling and hardware
 - f) Existing Poles Remain

PART 3. EXECUTION:

3.1 SURFACE CONDITIONS:

A. Inspection:

- 1. Inspect installed work of other trades and verify that such work is complete to a point where this work may commence.
- 2. Verify that installation may be made in accordance with approved shop drawings and manufacturer's instructions.
- 3.

3.2 INSTALLATION:

- A. Install where indicated, anchoring all components firmly in place in complete accordance with approved shop drawings and the manufacturer's recommendations.

END OF SECTION

BID FORM

Project: **ITB 2018-2019-03**

Item	Price	Shipping	Total Cost	Delivery Time
Turf Carpeting				
Batting Cages				

FEDERAL TAX IDENTIFICATION NUMBER

FIRM OR ENTITY NAME

ADDRESS

CITY, STATE, & ZIP CODE

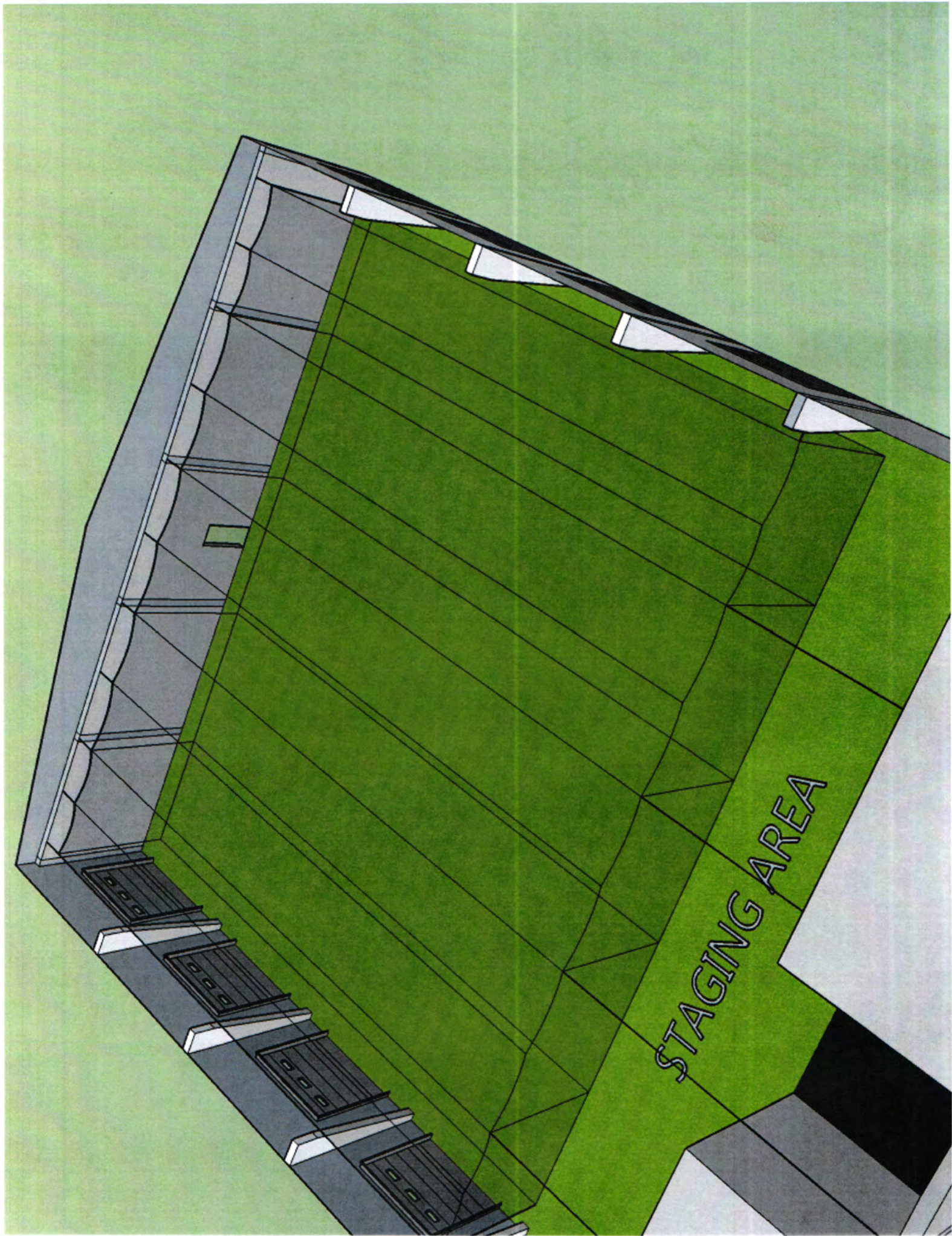
TELEPHONE NUMBER/FAX NUMBER

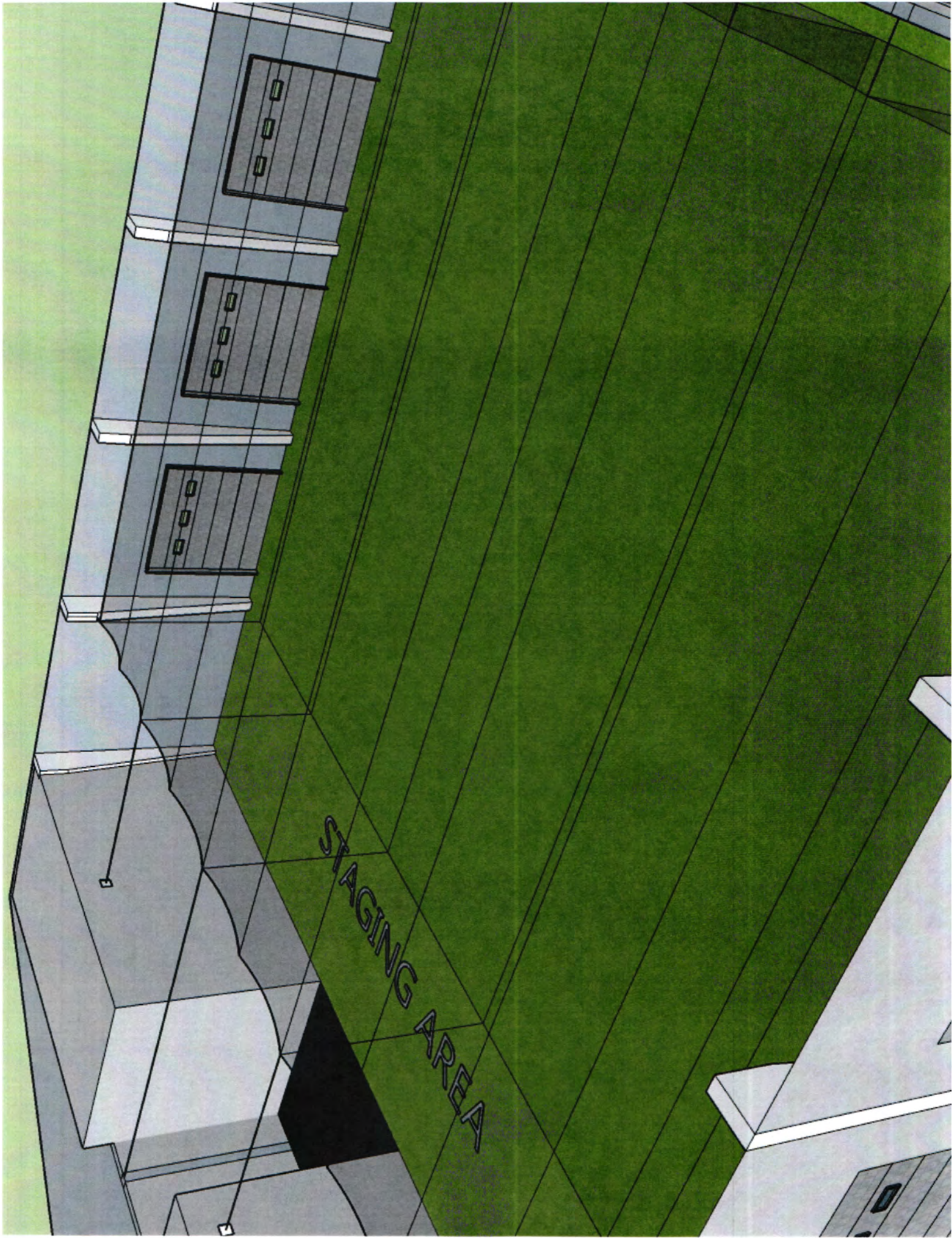
EMAIL ADDRESS

NAME OF REPRESENTATIVE

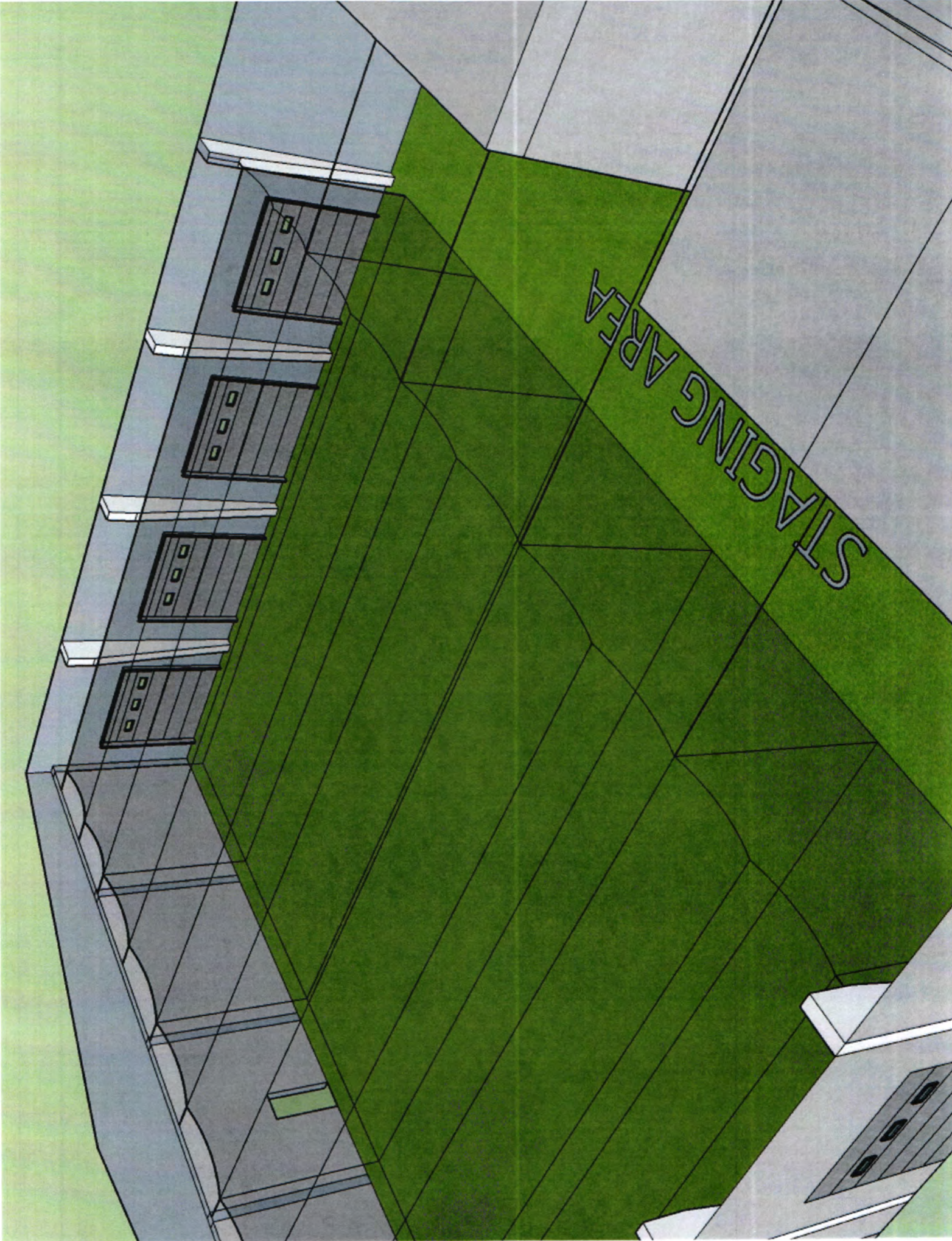
SIGNATURE OF REPRESENTATIVE

DATE





STAGING AREA



STAGING AREA

Minority Business Enterprise/Woman Business Enterprise Certification

Project: **ITB 2018-2019-03**

I hereby declare and affirm that I am the _____(Title) representative of the firm _____ (Company) minority business enterprises (MBE/WBE) _____ (Minority Type), and I will provide information requested by the College to document this fact. The foregoing statements are true and correct and include all material necessary to identify and explain the operations of the above referenced firm as well as the ownership thereof. Further, the undersigned does agree to provide the College current, complete and accurate information regarding actual work performed on the project, the payment therefor and any proposed changes in any of the arrangements hereinabove stated and to permit and audit an examination in any of the records and files of the above named company by an authorized representative of the College. It is recognized and acknowledged the statements herein are being given under oath and material misrepresentation will be grounds for terminating any contract which may be awarded in reliance hereon. Termination is understood to provide forfeiture of payment for all work not performed at the time of notification.

I do solemnly declare or affirm under the penalties of perjury the contents of the foregoing documents are true and correct, and I am authorized on behalf of the firm above to make this affidavit.

Signature of Company’s Authorized Representative

State of _____ County of _____ City of _____ on this day of, 20____, before me, in the foregoing affidavit and acknowledged that (s)he executed the same in the capacity therein stated and for the purpose therein contained. In witness thereof, I hereunto set my hand and official seal.

Notary Public

My commission Expires

Minority Type: M1 Black American Man; M2 Hispanic American; M3 Asian American; M4 Native American; M5 Native Hawaiian; M6 Small Business; M7 Disabled; M8 American Woman; M9 Black American Woman; and NM Not Minority. Must have greater than 51% ownership.

Minority/Woman Business Enterprises that file false misrepresentation of their MBE/WBE status shall be found guilty of a felony of the second degree and be debarred from bidding no less than 36 months pursuant to 287.094, Florida Statute.

CERTIFICATION OF DRUG-FREE WORKPLACE PROGRAM

Project: **ITB 2018-2019-03**

Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have

a drug-free workplace program, or if all of the tied vendors have drug-free workplace programs. In order to have a drug-free workplace program a business shall:

- (1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- (2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- (3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- (4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- (5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- (6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

Firm Name: _____

Firm Representative: _____

Signature: _____

Date: _____

PUBLIC ENTITY CRIMES CERTIFICATION

Project: **ITB 2018-2019-03**

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, for category two for a period of 36 months from the date of being placed on the convicted vendor list.

DISCRIMINATION: In accordance with HB 2127, Section 6(3)(a), all Invitations To Bid, as defined by 287.012(11) FS, requests for proposals, as defined by 287.012(15), and any written contract document of the State shall contain a statement informing entities of the discrimination provisions of paragraph (2)(a).

An entity of affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM DOES NOT FALL WITHIN THE PARAMETERS OF REPORTING AS AN ENTITY WHO HAS BEEN PLACED ON THE CONVICTED VENDOR LIST.

Firm Name: _____

Firm Representative: _____

Signature: _____

Date: _____

EQUAL OPPORTUNITY CERTIFICATE OF COMPLIANCE

Project: **ITB 2018-2019-03**

This is to certify that the undersigned contractor on subject project does now and will during the entire length of this project comply with all applicable laws, rules and regulations relating to equal employment opportunity, and any Federal, State, or Local laws, rules, or regulations pertaining thereto; and further certifies compliance specifically with Executive Order 11246 originally issued by the President of the United States on September 24, 1965, as amended from time to time thereafter, including:

1. The Contractor does not discriminate in any manner in its employment policies as to race, color, religion, sex or national origin; and,
2. The Contractor does maintain an affirmative action plan to recruit, employ, and promote qualified members of groups that may have been formerly excluded because of race, color, religion, sex or national origin.

Firm Name: _____

Firm Representative: _____

Signature: _____

Date: _____

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AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

Firm Name: _____

Firm Representative: _____

Signature: _____

Date: _____

Minority Business Enterprise/Woman Business Enterprise Certification

Project: **ITB 2018-2019-03**

I hereby declare and affirm that I am the _____(Title)
representative of the firm _____
(Company) minority business enterprises (MBE/WBE)

_____ (Minority Type), and I will provide information requested by the College to document this fact. The foregoing statements are true and correct and include all material necessary to identify and explain the operations of the above referenced firm as well as the ownership thereof. Further, the undersigned does agree to provide the College current, complete and accurate information regarding actual work performed on the project, the payment therefor and any proposed changes in any of the arrangements hereinabove stated and to permit and audit an examination in any of the records and files of the above named company by an authorized representative of the College. It is recognized and acknowledged the statements herein are being given under oath and material misrepresentation will be grounds for terminating any contract which may be awarded in reliance hereon. Termination is understood to provide forfeiture of payment for all work not performed at the time of notification.

I do solemnly declare or affirm under the penalties of perjury the contents of the foregoing documents are true and correct, and I am authorized on behalf of the firm above to make this affidavit.

Signature of Company's Authorized Representative

State of _____ County of _____ City of _____ on this day of, 20____, before me, in the foregoing affidavit and acknowledged that (s)he executed the same in the capacity therein stated and for the purpose therein contained. In witness thereof, I hereunto set my hand and official seal.

Notary Public

My commission Expires

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AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM DOES NOT FALL WITHIN THE PARAMETERS OF REPORTING AS AN ENTITY WHO HAS BEEN PLACED ON THE CONVICTED VENDOR LIST.

Firm Name: _____

Firm Representative: _____

Signature: _____

Date: _____

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1. The Contractor does not discriminate in any manner in its employment policies as to race, color, religion, sex or national origin; and,
2. The Contractor does maintain an affirmative action plan to recruit, employ, and promote qualified members of groups that may have been formerly excluded because of race, color, religion, sex or national origin.

Firm Name: _____

Firm Representative: _____

Signature: _____

Date: _____