

(ORIGINAL)



**PURCHASING DEPARTMENT**

**SEALED COMPETITIVE PROPOSAL**

**FOR**

**GENERAL CONTRACTOR SERVICES**

**DUE JULY 27, 2015**

**BY 2:00 p.m.**

**SCP 15-022**

**SAMPLE BID FORM**

**WORKROOM / SHELLSPACE RENOVATION**

The undersigned, having carefully read and examined the Instructions to Bidders, General Conditions, Supplemental Conditions, Reference Documents, Specifications and/or the Drawings and having visited the site and familiarized self with all local conditions affecting the work, hereby agrees to provide all labor, materials, equipment, and services necessary to construct and complete the Project in conformity with the Contract Documents and in compliance with all applicable regulations.

The undersigned agrees to complete the above referenced Project for the base Bid amount of:

**PROJECT:**

Amount to supply all **materials** of the base Bid amount

\$ 13,500.00

Amount to supply all **labor and supervision** of base Bid amount

\$ 15,150.00

**TOTAL BASE BID:**

Dollars \$ 28,650.00

**ALTERNATE No. 1: REFERENCE SHEET A1.2**

Amount to supply all **materials** of the Alternate amount

\$ 14,700.00

Amount to supply all **labor and supervision** of Alternate amount

\$ 16,150.00

**TOTAL ALTERNATE:**

Dollars \$ 30,850.00

**COMPANY SUBMITTING BID:** DOUBLE D CONTRACTING LLC

The attached bid form must be submitted with all other documents to be evaluated by North Richland Hills. The form has three (3) means of providing the contractor's bid to the City. Select the best method representing your company's method of bidding project. Leave the other methods BLANK.

**THE ORIGINAL AND THREE (3) COPIES OF THIS PAGE MUST BE RETURNED WITH YOUR BID**

Having read and understood the instructions to Bidders and/or Specifications, we submit the following:

Dollar amount shall represent all trade disciplines to include but not limited to; carpentry, painting, drywall, tape and bed, millwork/cabinets, flooring – laminates, tile, hardwood and carpet. If there is a different dollar amount for any trade listed or not listed please provide in the appropriate space under to miscellaneous.

**METHOD I**

**Labor & Overhead / Per Trade**

|          |  |
|----------|--|
| \$ _____ | per square foot / Framing / Rough-In Carpentry           |
| \$ _____ | per square foot / Finish-Out Carpentry including Drywall |
| \$ _____ | per linier foot / Base Board, Chair Rail, Crown Molding  |
| \$ _____ | per square foot / Millwork/Cabinetry                     |
| \$ _____ | per linier foot / Counter Top                            |
| \$ _____ | per square foot / Tape, Bed & Texture                    |
| \$ _____ | per square foot / 9' height maximum Painting             |
| \$ _____ | per square foot / 9' height minimum Painting             |
| \$ _____ | per linier foot / Molding & Trim Painting                |
| \$ _____ | per square foot / Doors, Millwork/Cabinetry              |
| \$ _____ | per square foot / Laminate Flooring                      |
| \$ _____ | per square foot / Wood Flooring                          |
| \$ _____ | per square foot / Ceramic Tile, Stone, Slate             |
| \$ _____ | per square yard / Carpet                                 |

**METHOD II**

**Labor & Overhead / Per Square Footage**

|          |  |
|----------|--|
| \$ _____ | per square foot up to 400 square feet    |
| \$ _____ | per square foot / 401 to 800 square feet |
| \$ _____ | per square foot / 801 and over           |

**METHOD III**

**Carpentry Labor & Overhead / Per Hourly Rate**

|                 |   |
|-----------------|---|
| \$ <u>18.00</u> | per hour (Normal Business Hours /Monday–Friday 8AM–5PM) |
| \$ <u>22.00</u> | per hour (After Hours & Weekends)                       |
| \$ <u>25.00</u> | per hour (National / Legal Holidays)                    |

**Millwork/Cabinetry Labor & Overhead / Per Hourly Rate**

|                 |   |
|-----------------|---|
| \$ <u>20.00</u> | per hour (Normal Business Hours /Monday–Friday 8AM–5PM) |
| \$ <u>25.00</u> | per hour (After Hours & Weekends)                       |
| \$ <u>25.00</u> | per hour (National / Legal Holidays)                    |

**Painting Labor & Overhead / Per Hourly Rate**

|                 |   |
|-----------------|---|
| \$ <u>18.00</u> | per hour (Normal Business Hours /Monday–Friday 8AM–5PM) |
|-----------------|---|

\$ 20.00 per hour (After Hours & Weekends)  
\$ 25.00 per hour (National / Legal Holidays)

**Flooring Labor & Overhead / Per Hourly Rate**

\$ 15.00 per hour (Normal Business Hours /Monday–Friday 8AM–5PM)  
\$ 18.00 per hour (After Hours & Weekends)  
\$ 20.00 per hour (National / Legal Holidays)

**Plumbing Labor & Overhead / Per Hourly Rate**

\$ 65.00 per hour (Normal Business Hours /Monday–Friday 8AM–5PM)  
\$ 70.00 per hour (After Hours & Weekends)  
\$ 80.00 per hour (National / Legal Holidays)

**Electrical Labor & Overhead / Per Hourly Rate**

\$ 30.00 per hour (Normal Business Hours /Monday–Friday 8AM–5PM)  
\$ 35.00 per hour (After Hours & Weekends)  
\$ 40.00 per hour (National / Legal Holidays)

**Miscellaneous**

COUNTERTOPS 30.00 LINEAL FT  
\_\_\_\_\_  
\_\_\_\_\_

**Materials Charge:**

% 5 Materials Mark-up

## FOR DISADVANTAGED BUSINESS ENTERPRISES ONLY

**Disadvantaged Business Enterprises (DBE)** are encouraged to participate in the City of North Richland Hills bid process. Representatives from DBE Companies should identify themselves as such and submit a copy of their Certification.

The City of North Richland Hills recognizes the certifications of both the State of Texas Building and Procurement Commission HUB Program and the North Central Texas Regional Certification Agency. All companies seeking information concerning DBE certification are urged to contact:

Texas Building and Procurement Commission  
Statewide HUB Program  
1711 San Jacinto Blvd., Austin TX 78701-1416  
P O Box 13186, Austin, TX 78711-3186  
(512) 463-5872

<http://www.window.state.tx.us/procurement/prog/hub/hub-certification/>

North Central Texas  
Regional Certification Agency  
624 Six Flags Drive, Suite 216  
Arlington, Texas 76011  
(817) 640-0606  
<http://www.nctrca.org/certification.html>

If your company is already certified, attach a copy of your certification to this form and return as part of your packet.

Company Names: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email address: \_\_\_\_\_

### INDICATE ALL THAT APPLY:

- \_\_\_\_\_ Minority-Owned Business Enterprise
- \_\_\_\_\_ Women-Owned Business Enterprise
- \_\_\_\_\_ Disadvantaged Business Enterprise

## BID CERTIFICATION

The Undersigned, in submitting this bid, represents and certifies:

- a. He/she is fully informed regarding the preparation, contents and circumstances of the attached bid;
- b. He/she proposes to furnish all equipment/service at the prices quoted herein and bid is in strict accordance with the conditions and specifications stated herein;
- c. There will be at no time a misunderstanding as to the intent of the specifications or conditions to be overcome or pleaded after the bids are opened;
- d. He/she is an equal opportunity employer, and will not discriminate with regard to race, color, national origin, age or sex in the performance of this contract.
- e. The undersigned hereby certifies that he/she has read, understands and agrees that acceptance by the City of North Richland Hills of the bidder's offer by issuance of a purchase order will create a binding contract. Further, he/she agrees to fully comply with documentary forms herewith made a part of this specific procurement.

COMPANY: DOUBLE D CONTRACTING

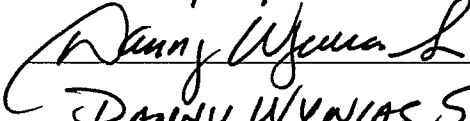
ADDRESS: PO BOX 24281

CITY, STATE & ZIP: FORT WORTH TEXAS 76124

TELEPHONE: 817-688-6160

FAX: \_\_\_\_\_

EMAIL: DANNY WYNIAS @ HOTMAIL.COM

SIGNATURE: 

PRINTED NAME: DANNY WYNIAS SR.

DATE: 7/23/15

## NON-COLLUSION AFFIDAVIT OF BIDDER

State of TEXAS County of TARRANT  
DANNY WYWIAS verifies that:  
(Name)

- (1) He/She is owner, partner, officer, representative, or agent of  
DOUBLE D CONTRACTING, has submitted the attached  
bid: (Company Name)
- (2) He/She is fully informed in respect to the preparation, contents and circumstances in  
regard to attached bid;
- (3) Neither said bidder nor any of its officers, partners, agents or employees has  
in any way colluded, conspired or agreed, directly or indirectly with any other  
bidder, firm or person to submit a collusive or sham bid in connection  
with attached bid and the price or prices quoted herein are fair and proper.

[Signature]  
SIGNATURE

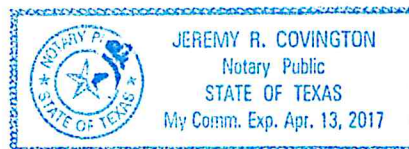
DANNY WYWIAS  
PRINTED NAME

Subscribed and sworn to before me this

23 Day of July 2015

[Signature]  
NOTARY PUBLIC in and for

Parker County, Texas.



My commission expires: 4/13/2017

**THIS FORM MUST BE COMPLETED, NOTARIZED AND SUBMITTED WITH BID**



DANNWYW-01

IJIANG

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0C36861  
Inland Empire-Alliant Insurance Services, Inc.  
735 Carnegie Dr Ste 200  
San Bernardino, CA 92408

CONTACT NAME: Stephani G Compton

PHONE (A/C, No, Ext): (909) 886-9861

FAX (A/C, No): (909) 886-2013

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hanover Insurance Company

22292

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Double D Contracting LLC  
P.O. Box 24281  
Fort Worth, TX 76124

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE              | ADD'L SUBR INSD - WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--------------------------------|-----------------------|---------------|-------------------------|-------------------------|--|
| A        | X COMMERCIAL GENERAL LIABILITY |                       | IG06A00668600 | 10/23/2014              | 10/23/2015              |  |
|          | CLAIMS-MADE X OCCUR            |                       |               |                         |                         |  |
|          |                                |                       |               |                         |                         | EACH OCCURRENCE \$ 1,000,000                         |
|          |                                |                       |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          |                                |                       |               |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          |                                |                       |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          |                                |                       |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          |                                |                       |               |                         |                         | PRODUCTS - COMPIOP AGG \$ 2,000,000                  |
|          |                                |                       |               |                         |                         |  |
|          |                                |                       |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
|          |                                |                       |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          |                                |                       |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          |                                |                       |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          |                                |                       |               |                         |                         |  |
|          |                                |                       |               |                         |                         | EACH OCCURRENCE \$                                   |
|          |                                |                       |               |                         |                         | AGGREGATE \$   |
|          |                                |                       |               |                         |                         |  |
|          |                                |                       |               |                         |                         | PER STATUTE OTH-ER                                   |
|          |                                |                       |               |                         |                         | E.L. EACH ACCIDENT \$                                |
|          |                                |                       |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |                                |                       |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance.

## CERTIFICATE HOLDER

## CANCELLATION

North Richland Hills  
PO Box 820609  
North Richland Hills, TX 76182

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# DOUBLE D CONTRACTING

July 23, 2015

## References:

Tarrant County Community Development  
Brad Hearne 817-850-7943

City of Arlington Housing  
Tim Simmons 817-275-3351

Tarrant County Housing Partnership  
Terry Green 817-924-5091

Anytime Fitness  
Ray Gilbert 817-999-9517

City of North Richland Hills  
Ken Raney 817-427-6362

5- Employee  
Danny Wywias Sr.  
Dennis Wywias Jr.  
Matilda Hernandez  
Isaias Hernandez  
Pete Middleton

Sub- Contractors  
Electrician- AME Electric  
Plumbing- Ameritex Plumbing  
HVAC- Artic Blast Air  
Framing /Sheetrock- Vincent Acoustical  
Tape, bed, and texture- Fox Drywall  
Painting- Double D  
Concrete- Monico Diaz

P.O. Box 24281  
Fort Worth, Texas 76124  
Phone - 817-688-6160