

BID2022-58 MODERIZATION OF ELEVATOR AT TRENTON WATER WORKS BID OPENED 11/16/2022 AT 11:00AM

BID2022-58 MODERNIZATION OF ELEVATOR AT TRENTON WATER WORKS	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	WEST END - KB, LLC
ADDRESS	14 BRIDGEWATERS DR
CITY, STATE, ZIP	OCEANPORT, NJ 07757
CONTACT NAME	MATTHEW KELLY
TELEPHONE	732-389-3355
FAX	732-389-3353
E-MAIL	CSILK@KELLYDEVELOPERS.COM
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED
BID GUARANTEE	10% SELECTIVE INSURANCE COMPANY OF AMERICA W.P.O.A/ANNA J MENTEL
CONSENT OF SURETY	SELECTIVE INSURANCE COMPANY OF AMIERCA
PERFORMANCE BOND AND LABOR AND MATERIAL BOND	REQUIRED WITH SIGNED CONTRACTS
AFFIRMATIVE ACTION REGULATIONS REQUIRED	INCLUDED
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE EXHIBIT A	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED
EIC	REQUIRED PRIOR TO AWARD
CONTRACTOR PUBLIC WORKS CONTRACTOR REGISTRATION	CERT# 672995 EXP: 03/23/2023
HOME IMPROVEMENT LICENSE	13VH04604100 EXP: 03/31/2023
SUB CONTRACTOR	YES
SUB CONTRACTOR'S NAME	OTIS ELEVATOR COMPANY (ELEVATOR) MARSHALL INDUSTRIAL TECHNOLOGIES (ELECTRICAL)
SUB-CONTRACTOR'S PUBLIC WORKS CONTRACTOR REGISTRATION	CERT#604694 EXP: 06/06/2023 (MARSHALL) CERT#59507 EXP: 09/09/2023 (OTIS)
SUB CONTRACTOR'S BUSINESS REGISTRATION CERTIFICATE	INCLUDED
SUB CONTRACTOR'S EIC	REQUIRED PRIOR TO AWARD OF THE CONTRACT
DEBARMENT STATE & FEDERAL CERTIFICATION	INCLUDED
STATE & FEDERAL CERTIFICATION FOR SUB CONTRACTOR	REQUIRED PRIOR TO AWARD OF THE CONTRACT
NON-COLLUSION AFFADAVIT	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED
ETHIC COMPLAINT DISCLOSURE	INCLUDED
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED
CERTIFICATE OF INSURANCE	INCLUDED
60-DAY EXTENSION COMPLIANCE	NO-30 DAY EXT
COMPLIANCE WITH EMERGENCY SERVICES	N/A
REFERENCES	INCLUDED
EXCEPTIONS (IF ANY)	NONE
UNIT PRICE PER HOUR	\$496.00
TOTAL BID PRICE	\$247,957.50
FATAL FLAW	NONE

**BID PROPOSAL FORM
BIDDER MUST COMPLETE**

WE, THE UNDERSIGNED, PROPOSE TO MODERNIZE THE OTIS ELEVATOR AT TRENTON WATER WORKS, 333 COURTLAND STREET, TRENTON, NJ 08639 PURSUANT TO THE BID SPECIFICATIONS AND REQUIREMENTS AND MADE PART HEREOF:

INDICATE ESTIMATED HOURS TO COMPLETE WORK DURING NORMAL BUSINESS HOURS, MONDAY THROUGH FRIDAY 8:30 AM TO 4:30 PM):

496 _____ HRS

TOTAL LABOR COST INCLUDING SUBCONTRACTED WORK: \$ 99,183.00

GRAND TOTAL (LABOR AND MATERIALS) \$ 247,957.50

ALTERNATE #1

CAB AIR PURIFIER – TOTAL COST FOR FURNISHING AND DELIVERY:

3,125.00

ALTERNATE #2

CAB INTERIOR UPGRADES – TOTAL COST FOR FURNISHING AND DELIVERY:

28,750.00

ALTERNATE #3

EXPEDITED INSTALLATION – ADDITIONAL COST TO COMPLETE PROJECT IN 8 DAYS:

27,500.00

Otis to install the elevator equipment on an expedited schedule. The anticipated installation time is 8 working days. This time frame is predicated on the work by others being completed prior to the start of the elevator equipment. Otis will not be responsible for delays caused by others or by unforeseen job conditions that may exist. Otis understands that time is of the essence and will make every attempt to install the elevator in the expedited time line. If an expedited option is chosen, any work that involves the cab refurbishment or door work beyond just the door operator will be completed after the initial modernization is performed and inspected by the Authority having Jurisdiction.

**PROVIDE A LIST SUB-CONTRACTORS
COPY OF LICENSES SUBMITTED WITH BID**

(MANDATORY IF APPLICABLE)

NAME Otis Elevator
ADDRESS 30 Twosome Dr., Ste 4
CITY, STATE, ZIP Moorestown, NJ 08057
TELEPHONE: (856) 235-5200
FAX NO. _____
TRADE Elevator Modernization
LICENSE NO. _____

NAME Marshall Industries
ADDRESS 529 South Clinton Ave
CITY, STATE, ZIP Trenton, NJ 08611
TELEPHONE: 609-689-3227
FAX NO. _____
TRADE Electrical
LICENSE NO. _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____