

February 5, 2020
BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

INVITATION FOR BIDS (IFB) #Y20-170-SW, ADDENDUM NO. 2
RENTAL OF PUMP STATION CORROSION AND ODOR CONTROL EQUIPMENT AND
MAINTENANCE SERVICES

This Addendum is hereby incorporated into the bid documents of the project referenced above. The following items are clarifications, corrections, additions, deletions, and/or revisions to and shall take precedence over the original documents. Additions are indicated by underlining and deletions via ~~strikethrough~~.

- A. The Bid Opening Date is changed from ~~Thursday, February 6, 2020~~ to Thursday, February 13, 2020 at 2:00PM.**

- B. Page 36, Section 3 Specifications / Scope of Services, II. General Requirements, A. Calcium Nitrate, 5., is changed as follows:**
The Contractor shall provide data collection to include but is not limited to, acidity pH, Dissolved Oxygen, Dissolved H₂S (concentration and removal) and temperature according to the application of treatment. The Contractor shall provide a report of each location. Test result shall be supplied to the County representative for analysis and approval before any treatment adjustment.

- C. Page 43, Section 3 Specifications / Scope of Services, Attachment A, Chemical Delivery Locations and Actual Consumption is replaced in its entirety with the attached Attachment A, Chemical Delivery Locations and Actual Consumption Page 43A.**

- D. Page 44, Section 3 Specifications / Scope of Services, Attachment B, Vapor Phase Treatment County Owned Equipment Maintenance Locations is replaced in its entirety with the attached Attachment B, Vapor Phase Treatment County Owned Equipment Maintenance Locations Page 44A.**

- E. Page 50 through 60, Section 4 Bid Response Form is replaced in its entirety with the attached Bid Response Form Page 50A through 61A.**

F. Questions and Answers

- 1. **Question:** Do you anticipate extending the bid due date?
Answer: Refer to paragraph A above.

- 2. **Question:** What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?
Answer: Award shall be made on an all-or-none total estimated bid basis to the lowest responsive and responsible bidder as indicated in the IFB. See Section 2 Special Term and Condition No. 4 Award.

3. **Question:** Was the bid posted to the nationwide free bid notification website at www.mygovwatch.com?

Answer: No. Other than our OrangeCountyFL.net Vendor Services website, procurement opportunities are posted in the Orlando Sentinel in accordance with the Orange County Code of Ordinances, Sec. 17-310. - Competitive sealed bid process.

4. **Question:** Other than your own website, where was this bid posted?

Answer: See paragraph F, #3 above.

5. **Question:** If possible, please provide the last annual spend for the following:

2019:

Calcium Nitrate

- Price Per Gallon
- Gallons Consumed (if different than the 324,850 gallons listed)

BioFilter Rental

- Rental Price Per BioFilter

Carbon Polisher Rental

- Rental Price Per Carbon Unit
- Total Units Rented
- Has the Carbon or a specific unit needed replaced since installation

BioFilter Maintenance

- Pump Station 3177 Annual Maintenance Cost
- Pump Station 3190 Annual Maintenance Cost
- Pump Station 3498 Annual Maintenance Cost

Answer: Pricing is as follows:

2019:

Calcium Nitrate

- Price Per Gallon - \$2.39 per gallon
- Gallons Consumed (if different than the 324,850 gallons listed) –Estimate listed in the IFB is higher than actual consumption. Actual consumption is unknown.

BioFilter Rental

- Rental Price Per BioFilter
- Orange Wood - \$2,935 per month
- Orange Avenue - \$2,935 per month
- President's Drive - \$3,141 per month
- Berry Dease - \$2,987 per month
- Independence - \$1,599 per month

Carbon Polisher Rental

- Rental Price Per Carbon Unit – Is not available. Not applicable. Zero carbon polishers have been rented to date.
- Total Units Rented – Zero carbon polishers have been rented to date.
- Has the Carbon or a specific unit needed replaced since installation – Not applicable.

BioFilter Maintenance

- Pump Station 3177 Annual Maintenance Cost – This information is not available.
- Pump Station 3190 Annual Maintenance Cost - This information is not available.
- Pump Station 3498 Annual Maintenance Cost - This information is not available.

6. **Question:** Are there any cost from your current supplier regarding these items:
- Freight
 - Site Maintenance or Labor regarding Calcium Nitrate

Answer: There are no costs associated with freight, site maintenance or labor regarding Calcium Nitrate as the cost of the chemical covers all deliveries.

7. **Question:** Please provide the current tank (container) sizes for the seven stations which use Calcium Nitrate.

Answer: The Site Visits were accommodated so contractors could see actual equipment on site, including tank capacities. It is the contractor's responsibility to determine the size of the tank depending on the number of trips required to re-fill the chemicals on each site. The bidder has to determine this size by considering their delivery, consumption and proposed treatment strategy. As an example, if the bidder strategy is to deliver weekly, the tank capacity can be smaller compared to a strategy with quarterly deliveries.

8. **Question:** Can you provide any of the following concerning the seven lift stations which use Calcium Nitrate?
- Average Flow per Lift Station
 - Average mg/l of dissolved sulfide for each Lift Station

Answer: This information will be provided to the contractor after award during the dosage evaluation.

9. **Question:** Is there an online tool or mapping system available to use to evaluate detention times from station to station?

Answer: This information will be provided to the contractor after award.

10. **Question:** Can alternative technical approaches be submitted?

Answer: No. All bids submitted must meet the scope of work provided in the IFB.

11. **Question:** Can a line item be added for SULFA-PRESS?

Answer: No. Sulfa-Press will not be considered for this IFB.

12. **Question:** Page 31, Paragraph 30. PRICE ESCALATION/DE-ESCALATION (CPI): Per the language in this paragraph the county will allow price escalation or de-escalation based on the CPI-U after the first 12 months of the contract and every 12 months of the contract after the first 12 months. Please confirm?

Answer: Yes. Prices shall remain firm for the first twelve months of the contract. A request for an increase must be received from the contractor using the CPI-U as listed in the IFB to be reviewed for consideration after the first twelve months and at twelve month intervals thereafter.

13. **Question:** Page 36, Paragraph 5: The language states “The Contractor shall provide data collection to include but is not limited to, acidity pH, Dissolved Oxygen, and temperature according to the application of treatment”. Instead of Dissolved Oxygen, do you mean Dissolved Sulfide?

Answer: Refer to paragraph B above.

14. **Question:** Page 37, Paragraph 17: The language states “The Contractor shall provide double containment storage tanks at all dosing locations that are 1000 gallon or greater size, based on the site and County requirements.” Since calcium nitrate is non-hazardous, are double wall tanks required for this product?

Answer: Yes. Double walled tanks are required as specified in this IFB.

15. **Question:** Page 37, Paragraph 21: The language states “The Contractor shall provide services at intervals not to exceed fifteen (15) calendar days for all sites.” Since the bid specs require on line monitoring of the sites with web based access for the county, will this be changed to once per month like the Vapor Phase service language?

Answer: No. Calcium Nitrate services remain as specified in this IFB.

16. **Question:** Page 39, Section 3, Paragraph B: The language states “Orange County Utilities will provide the media as needed for each of its Bio Filters to be replenished by the contractor.” The contractor will provide a quote for labor to replace this media on county owned equipment? Please confirm?

Answer: No. The County will provide Media to the Contractor upon award. Media replacement is included in the preventative maintenance cost and will not be considered repair costs.

17. **Question:** Page 44, Attachment B: Table states “Pump Station 3190 Orange Ave shows air flow as 922cfm” The correct CFM should be 1,729CFM. Please confirm?

Answer: Refer to paragraph D above.

18. **Question:** Page 44, Attachment B: Table states “Pump Station 3498 Orange Wood east shows air flow as 663cfm” The correct CFM should be 1,326CFM. Please confirm?

Answer: Refer to paragraph D above.

19. **Question:** Page 44, Attachment B: Note #3 below the table states CFM = Cubic Feet Meter Air. The note should state CFM = Cubic Feet Per Minute. Please confirm?

Answer: Refer to paragraph D above.

20. **Question:** Page 50, TABLE 2A – MONTHLY RENTAL FEE – BIO FILTER: The second to last column header states Total Estimated Annual Quantity X 6 Units and the last column of the table “Total Extended Price” States 36 Months. The last column should be X 3 Years. Please confirm?

Answer: Refer to paragraph E above.

21. **Question:** Page 53, TABLE 2B – MONTHLY RENTAL FEE – POLISHING SCRUBBER: Polishing scrubbers should only have a maximum of <10ppm of H2S loading. There should be only one line item for each air flow item with An Average Design H2S Concentration of <10ppm. Please confirm?

Answer: Refer to paragraph E above.

22. **Question:** Page 53, TABLE 2B – MONTHLY RENTAL FEE – POLISHING SCRUBBER: The second to last column header states Total Estimated Annual Quantity X 6 Units and the last column of the table “Total Extended Price” States 36 Months. The last column should be X 3 Years. Please confirm?

Answer: Refer to paragraph E above.

23. **Question:** Page 56, TABLE 3 – COUNTY OWNED MAINTENANCE AND SERVICES – BIO FILTER: The second to last column header states Total Estimated Annual Quantity X 7 Units and the last column of the table “Total Extended Price” States 36 Months. The last column should be X 3 Years. Please confirm?

Answer: Refer to paragraph E above.

24. **Question:** PART 4 - REPAIR SERVICES AND PARTS FOR COUNTY OWNED EQUIPMENT: Annual price should be X 3 Years not 36 months. Please confirm?

Answer: Refer to paragraph E above.

25. **Question:** Is it the county’s intent to base the evaluated bid total only on those items that will be employed/needed at the beginning of the contract with bidders still providing prices for all of the other possibilities that may or may not be used in the future, but not use the pricing of those items in the evaluation process?

Answer: Evaluation will be based upon on the Total Estimated Bid Items 1 – 144 to the lowest responsive and responsible bidder as indicated in the IFB for the initial 3 year term.

G. ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing that applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.
- b. All other terms and conditions of the IFB remain the same.
- c. Receipt acknowledge by:

Authorized Signature

Date

Title

Name of Firm

BID RESPONSE FORM - REVISED
IFB #Y20-170-SW

The Contractor shall provide all labor and other resources necessary to provide the goods, services and/or equipment in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs. All prices shall include rental, installation, storage, dosing, delivery, application equipment, maintenance, technology licenses, mobilization and de-mobilization, equipment, warranty, shipping and handling and training. Rental includes storage and dosing.

PART 1 – CHEMICALS - Table 1

All prices for products listed shall include delivery, application equipment, ongoing maintenance, and technical evaluations/support service and technology licenses as stated in the specifications. No mobilization or de-mobilization charges will be applied to chemical equipment.

Item	Description of Chemicals (for 6 Units)	% sol	Commercial Name	Unit Price Per Gallon		Total Estimated Annual Quantity		Total Estimated Annual Price
1.	Calcium Nitrate	N/A		\$_____ Per Gal	X	350,000 Gallons	=	\$_____
2.	Sodium Hydroxide	25		\$_____ Per Gal	X	8,000 Gallons	=	\$_____
3.	Ferric Sulfate	9		\$_____ Per Gal	X	10,000 Gallons	=	\$_____
4.	Sodium Hypochlorite	15		\$_____ Per Gal	X	66,720 Pounds	=	\$_____
5.	Hydrogen Peroxide	50		\$_____ Per Gal	X	8,000 Gallons	=	\$_____
TOTAL ESTIMATED ANNUAL BID PRICE – ITEMS 1-5 \$_____								

PART 2 - VAPOR PHASE TREATMENT SYSTEMS RENTAL

TABLE 2A – MONTHLY RENTAL FEE – BIO FILTER

All prices for monthly rental shall include delivery, application equipment, ongoing maintenance, and technical evaluations/support service and technology licenses as stated in the specifications. No mobilization or de-mobilization charges will be applied to Vapor Phase Systems.

Item	Natural Draft (cfm)	Vapor Phase Treatment System Rental Average Design HS Concentration (ppm) Bio Filter - Monthly Rental Fee & Services				Total Estimated Quantity		Total Annual Estimated Price
		<10	10-150	150-300	300-500			
6.	0-75	\$_____ Per Month/ Per Unit				X 6 Units		
						\$_____	X 12 Months	\$_____

Item	Natural Draft (cfm)	Vapor Phase Treatment System Rental Average Design HS Concentration (ppm) Bio Filter - Monthly Rental Fee & Services				Total Estimated Quantity	X 6 Units	X 12 Months	Total Estimated Annual Price
		<10	10-150	150-300	300-500				
7.	<u>0-75</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
8.	<u>0-75</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
9.	<u>0-75</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
10.	<u>0-140</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
11.	<u>0-140</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
12.	<u>0-140</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
13.	<u>0-140</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
14.	<u>0-280</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
15.	<u>0-280</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
16.	<u>0-280</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
17.	<u>0-280</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
18.	<u>0-600</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
19.	<u>0-600</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
20.	<u>0-600</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
21.	<u>0-600</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
22.	<u>0-850</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
23.	<u>0-850</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
24.	<u>0-850</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	

Item	Natural Draft (cfm)	Vapor Phase Treatment System Rental Average Design HS Concentration (ppm) Bio Filter - Monthly Rental Fee & Services				Total Estimated Quantity	X 6 Units	Total Estimated Annual Price
		<10	10-150	150-300	300-500			
25.	<u>0-850</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
26.	<u>0-1150</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
27.	<u>0-1150</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
28.	<u>0-1150</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
29.	<u>0-1150</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
30.	<u>0-1500</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
31.	<u>0-1500</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
32.	<u>0-1500</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
33.	<u>0-1500</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
34.	<u>0-2000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
35.	<u>0-2000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
36.	<u>0-2000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
37.	<u>0-2000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
38.	<u>0-3000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
39.	<u>0-3000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
40.	<u>0-3000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
41.	<u>0-3000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
42.	<u>0-4000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____

Item	Natural Draft (cfm)	Vapor Phase Treatment System Rental Average Design HS Concentration (ppm) Bio Filter - Monthly Rental Fee & Services				Total Estimated Quantity	X 6 Units	X 12 Months	Total Estimated Annual Price
		<10	10-150	150-300	300-500				
43.	<u>0-4000</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
44.	<u>0-4000</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
45.	<u>0-4000</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
46.	<u>0-5000</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
47.	<u>0-5000</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
48.	<u>0-5000</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
49.	<u>0-5000</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
50.	<u>0-8000</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
51.	<u>0-8000</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
52.	<u>0-8000</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
53.	<u>0-8000</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
54.	<u>0-12000</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
55.	<u>0-12000</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
56.	<u>0-12000</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	
57.	<u>0-12000</u>				\$ _____ Per Month/ Per Unit	\$ _____		\$ _____	
58.	<u>0-15000</u>	\$ _____ Per Month/ Per Unit				\$ _____		\$ _____	
59.	<u>0-15000</u>		\$ _____ Per Month/ Per Unit			\$ _____		\$ _____	
60.	<u>0-15000</u>			\$ _____ Per Month/ Per Unit		\$ _____		\$ _____	

Item	Natural Draft (cfm)	Vapor Phase Treatment System Rental Average Design HS Concentration (ppm) Bio Filter - Monthly Rental Fee & Services				Total Estimated Quantity		Total Estimated Annual Price
		<10	10-150	150-300	300-500			
					X 6 Units			
61.	<u>0-15000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
62.	<u>0-18000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
63.	<u>0-18000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
64.	<u>0-18000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
65.	<u>0-18000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
TOTAL ESTIMATED ANNUAL BID PRICE – ITEMS 6-65 \$								

TABLE 2B – MONTHLY RENTAL FEE – POLISHING SCRUBBER

All prices for monthly rental shall include delivery, application equipment, ongoing maintenance, and technical evaluations/support service and technology licenses as stated in the specifications. No mobilization or de-mobilization charges will be applied to Vapor Phase Systems.

Item	Natural Draft (cfm)	Vapor Phase Treatment System Rental Polishing Scrubber - Monthly Rental Fee & Services	Total Estimated Quantity	Total Estimated Monthly Price		Total Estimated Annual Price
		Average Design HS Concentration (ppm) <10				
66.	<u>0-75</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____
67.	<u>0-140</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____
68.	<u>0-280</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____
69.	<u>0-600</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____
70.	<u>0-850</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____
71.	<u>0-1150</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____
72.	<u>0-1500</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____
73.	<u>0-2000</u>	\$ _____ Per Month/Per Unit	X 6 Units	\$ _____	X 12 Months	\$ _____

Item	Natural Draft (cfm)	Vapor Phase Treatment System Rental Polishing Scrubber - Monthly Rental Fee & Services	Total Estimated Quantity	Total Estimated Monthly Price		Total Estimated Annual Price
		Average Design HS Concentration (ppm) <10				
74.	<u>0-3000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
75.	<u>0-4000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
76.	<u>0-5000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
77.	<u>0-8000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
78.	<u>0-12000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
79.	<u>0-12000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
80.	<u>0-12000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
81.	<u>0-15000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
82.	<u>0-18000</u>	\$_____ Per Month/Per Unit	X 6 Units	\$_____	X 12 Months	\$_____
TOTAL ESTIMATED ANNUAL BID PRICE – ITEMS 66-82 \$_____						

PART 3 - VAPOR PHASE TREATMENT SYSTEMS MAINTENANCE AND SERVICES

TABLE 3 – COUNTY OWNED MAINTENANCE AND SERVICES – BIO FILTER

All prices shall include delivery, application equipment, ongoing maintenance, and technical evaluations/support service and technology licenses as stated in the specifications. No mobilization or demobilization charges will be applied to Vapor Phase Systems.

Item	Natural Draft (cfm)	County Owned Vapor Phase Treatment System Average Design HS Concentration (ppm) Bio Filter - Monthly Maintenance and Services				Total Estimated Quantity		Total Estimated Annual Price
		<10	10-150	150-300	300-500			
83.	<u>0-75</u>	\$_____ Per Month/Per Unit				X 7 Units	X 12 Months	\$_____
84.	<u>0-75</u>	\$_____ Per Month/Per Unit					X 12 Months	\$_____
85.	<u>0-75</u>			\$_____ Per Month/Per Unit			X 12 Months	\$_____
86.	<u>0-75</u>				\$_____ Per Month/Per Unit		X 12 Months	\$_____
87.	<u>0-140</u>	\$_____ Per Month/Per Unit					X 12 Months	\$_____

Item	Natural Draft (cfm)	County Owned Vapor Phase Treatment System Average Design HS Concentration (ppm) Bio Filter - Monthly Maintenance and Services				Total Estimated Quantity X 7 Units		Total Estimated Annual Price
		<10	10-150	150-300	300-500			
88.	<u>0-140</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
89.	<u>0-140</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
90.	<u>0-140</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
91.	<u>0-280</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
92.	<u>0-280</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
93.	<u>0-280</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
94.	<u>0-280</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
95.	<u>0-600</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
96.	<u>0-600</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
97.	<u>0-600</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
98.	<u>0-600</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
99.	<u>0-850</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
100.	<u>0-850</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
101.	<u>0-850</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
102.	<u>0-850</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
103.	<u>0-1150</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
104.	<u>0-1150</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
105.	<u>0-1150</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
106.	<u>0-1150</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____

Item	Natural Draft (cfm)	County Owned Vapor Phase Treatment System Average Design HS Concentration (ppm) Bio Filter - Monthly Maintenance and Services				Total Estimated Quantity X 7 Units		Total Estimated Annual Price
		<10	10-150	150-300	300-500			
107.	<u>0-1500</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
108.	<u>0-1500</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
109.	<u>0-1500</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
110.	<u>0-1500</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
111.	<u>0-2000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
112.	<u>0-2000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
113.	<u>0-2000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
114.	<u>0-2000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
115.	<u>0-3000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
116.	<u>0-3000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
117.	<u>0-3000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
118.	<u>0-3000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
119.	<u>0-4000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
120.	<u>0-4000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
121.	<u>0-4000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
122.	<u>0-4000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
123.	<u>0-5000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
124.	<u>0-5000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
125.	<u>0-5000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____

Item	Natural Draft (cfm)	County Owned Vapor Phase Treatment System Average Design HS Concentration (ppm) Bio Filter - Monthly Maintenance and Services				Total Estimated Quantity X 7 Units		Total Estimated Annual Price
		<10	10-150	150-300	300-500			
126.	<u>0-5000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
127.	<u>0-8000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
128.	<u>0-8000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
129.	<u>0-8000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
130.	<u>0-8000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
131.	<u>0-12000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
132.	<u>0-12000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
133.	<u>0-12000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
134.	<u>0-12000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
135.	<u>0-15000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
136.	<u>0-15000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
137.	<u>0-15000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
138.	<u>0-15000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
139.	<u>0-18000</u>	\$ _____ Per Month/ Per Unit				\$ _____	X 12 Months	\$ _____
140.	<u>0-18000</u>		\$ _____ Per Month/ Per Unit			\$ _____	X 12 Months	\$ _____
141.	<u>0-18000</u>			\$ _____ Per Month/ Per Unit		\$ _____	X 12 Months	\$ _____
142.	<u>0-18000</u>				\$ _____ Per Month/ Per Unit	\$ _____	X 12 Months	\$ _____
TOTAL ESTIMATED ANNUAL BID PRICE – ITEMS 83-142 \$ _____								

PART 4 - REPAIR SERVICES AND PARTS FOR COUNTY OWNED EQUIPMENT

Item	Description	Estimated Annual Quantity	Unit Price Per Hour		Total Estimated Annual Price	
143.	Repair Services for County Owned Systems - Labor	100 Hours	X	\$ _____ Per Hour	=	\$ _____
Item	Description	Estimated Annual Quantity	Cost Plus (Max 25%)		Total Estimated Annual Price	
144.	Repair Parts for County Owned Systems	\$300,000.00	X	% _____	=	\$ _____
		<input type="checkbox"/> Markup or <input type="checkbox"/> Mark-Down (CHECK ONE)				
<p>Example: If the mark-up is 10%, your total should be $\\$300,000.00 + 10\% = \\$330,000.00$ OR Example: If the mark-down is 10%, your total should be $\\$300,000.00 - 10\% = \\$270,000.00$</p>						
<p>Note: The Percentage mark-up or mark-down from cost shall be indicated by checking the applicable box. Failure to indicate will deem the bid non-responsive.</p>						
<p>Parts and Materials shall be priced at a markup or markdown of the actual cost. Contractor shall submit all supporting cost documentation to support the invoice.</p>						
TOTAL ESTIMATED ANNUAL BID PRICE – ITEMS 143-144 \$ _____						

TOTAL ESTIMATED ANNUAL BID ITEMS 1-144 \$ _____

X 3 Years

TOTAL ESTIMATED BID \$ _____

Company Name

IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.

Delivery shall be not later than thirty (30) calendar days After Receipt of Order (ARO) per Special Terms and Conditions.

Performance shall be not later than thirty (30) calendar days After Receipt of Order (ARO) per Special Terms and Conditions.

Inquiries regarding this Invitation for Bids may be directed to Sherry Wooten, Contracting Agent, at Sherry.Wooten@ocfl.net

BID RESPONSE FORM - CONTINUED
THE FOLLOWING SECTION MUST BE COMPLETED BY ALL BIDDERS:

Company Name: _____

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN
NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID.

TIN#: _____ D-U-N-S® # _____

(Street No. or P.O. Box Number) (Street Name) (City)

(County) (State) (Zip Code)

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

<u>EMERGENCY CONTACT</u>	
Emergency Contact Person: _____	
Telephone Number: _____	Cell Phone Number: _____
Residence Telephone Number: _____	Email: _____

ACKNOWLEDGEMENT OF ADDENDA

The Bidder shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the bid. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your bid. Material impacts include but are not limited to changes to specifications, scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. _____, Date _____ Addendum No. _____, Date _____

Addendum No. _____, Date _____ Addendum No. _____, Date _____

ATTACHMENT A

CHEMICAL DELIVERY LOCATIONS AND ACTUAL CONSUMPTION

Pump Station	Name	Address	Estimated CURRENT Monthly Chemical Consumption	
			ml/min	Gallons Per Day GPD
3038	HIAWASSEE ROAD	518 North Hiawassee Road, Orlando FL 32835	412.7	157
3146	ROUSE ROAD NORTH	3175 Rouse Road, Orlando FL 32817	210.3	80
3397 <u>3152</u>	CULVER ROAD PSF3152	1903 Culver Road, Orlando, FL 32825 <u>7819 Hoosier Place, Orlando FL 32807</u>	302.31	115
3367	WALDEN WOODS	11555 Walden Woods Drive, Orlando, FL 32826	92	35
3499	SOUTH CENTRAL	2528 Tandori Circle, Orlando, FL 32837	704.5	268
3541	LAKE EVE	11799 International Drive, Orlando, FL 32821	591.5	225
3653	CULLEN LAKES <u>WINDSOR PLACE</u>	5321 Hoffner Circle Orlando, FL 32812 <u>5134 Darden Avenue, Orlando FL 32812</u>	26.3	10

ATTACHMENT B

VAPOR PHASE TREATMENT COUNTY OWNED EQUIPMENT MAINTENANCE LOCATIONS

Pump Station	Name	Address	Design HS Concentration (2)	Design Air Flow (3)
3177	PRESIDENTS DRIVE	7612 Presidents Drive Orlando FL 32809	90	1041
3190	ORANGE AVENUE	8068 South Orange Avenue Orlando FL 32809	60	922
3498	ORANGE WOOD EAST	3104 West Taft Vineland Road Orlando FL 32837	105	663

(1)GPD = 2.63 ml/min

(2) ppmv - parts per million volume

(3) CFM Cubic Feet ~~Per Minute~~ Per Minute