



MONTAGUE PLANNING & CONSERVATION

ONE AVENUE A · TURNERS FALLS, MA 01376 ·
PHONE: 413-863-3200 EXT 207 - FAX: 413-863-3222

REQUEST FOR QUOTES

Energy Project Advisory and Consulting Services

ASHRAE Level 2 Audit at the Sheffield Elementary School

Client: Town of Montague

The Town of Montague Board of Selectmen invites quotes from qualified consultants to conduct a ASHRAE Level 2 Energy Audit of the Sheffield Elementary School at 35-43 Crocker Ave. This scope includes 3 connected buildings, known as the Administration Building (#35), Gymnasium/Auditorium (#35), and the Sheffield Elementary School (#43). The cumulative building area is approximately 91,820 sqft and served by three steam boilers. There is an urgent need to replace an aged backup boiler and the Town's goal is to use this opportunity make energy efficiency improvements in the buildings and identify energy efficient heating system(s) for the campus of buildings.

The Request for Quotes is available at Montague Town Hall or on-line at www.montague-ma.gov.

Quotes must be submitted on the form attached, along with the required additional back-up materials no later than Wednesday March 16 at 12:00 p.m. Quotes shall be emailed to: Walter Ramsey, Montague Town Planner, planner@montague-ma.gov with "SHEFFIELD SCHOOL ENERGY STUDY-QUOTE" in the subject line.

Questions can be directed to Walter Ramsey, 413 863 3200 x 207 or email planner@montague-ma.gov. **Written questions must be received by no later than Monday March 14, 2014 at 12:00PM** so that answers may be prepared and distributed to all RFQ holders.

IF YOU DID NOT RECEIVE THIS RFQ DIRECTLY FROM THE TOWN OF MONTAGUE VIA EMAIL, YOU MUST SEND YOUR EMAIL ADDRESS TO planner@montague-ma.gov subject line. No addenda will be sent via US Mail.

The Town of Montague may accept or reject any quote in the best interest of the public.

TOWN OF MONTAGUE
Walter Ramsey, AICP- Town Planner

The Town of Montague is an equal opportunity employer. M/WBE are encouraged to submit quotes.

INTRODUCTION

The Town will fund the audit through a 2015 DOER Municipal Energy Technical Assistance Grant. The Town was designated a Green Community in 2010 and this building is part of the municipal baseline. It is anticipated that the recommended efficiency projects will be supported by the Green Communities program among other sources. The Montague Board of Selectmen will award the contract. The Town Planner will administer the grant. The GMRSD will provide accurate and complete energy usage and cost data

TASKS

- identify efficiency measures to create a comprehensive, long-range energy efficiency plan, for the heating system(s) for space heating and domestic hot water and for the controls systems related to them. BEA will evaluate the thermal performance of the various enclosure elements (walls, ceiling, windows, doors, and other elements) as part of evaluating the design heat load as necessary to properly size the new heating system(s) and also necessary for modeling the annual heat loads and energy use.
- review and utilize information from previous reports and studies, including the Robert Hall report from October of 2013.
- determine which efficiency measures could be paid for at least in part by specific funding sources such as various grants and incentives available for proposed efficiency measures.
- define the nature of the work to be completed and describe scopes of work as options to improve the heating systems
- identify operational efficiency opportunities for immediate implementation and energy savings.

BUDGET

Total Budget for design services is up to \$12,500 including direct costs.

DELIVERABLES:

A Feasibility Report that addresses the following:

- Assessment of (but not limited to) heating, ventilation, and air conditioning systems, building envelope, and energy management systems.
- Identify the anticipated amount of all utility incentives for a package of measures with an overall payback of 10 years or less
- Identify payback for each measure
- Include all measures in a single table that includes facility, measure, annual cost savings, project cost, utility incentives, net project cost and measure life.

- Specifically, recommend a heating system solution, which may include a temporary backup system to address the immediate concern of a dysfunctional backup boiler.
- Presentation/Discussion of results with the Town.

MINIMUM CRITEREA FOR CONSULTANT

Consultant is a PRF62 Category 4 vendor.

INFORMATION TO BE SUBMITTED WITH QUOTE FORM

See list of information on the quote form in Appendix.

TIMELINE

Project must be completed within 60 days from Notice to Proceed.

CONTRACT

A contract will be required between the selected Consultant and the Town of Montague. A sample contract is attached and an agreement substantially in accord with this contract will be expected to be signed. Please provide a lump sum amount not to exceed \$12,500

This will be a lump sum contract with all travel expenses and other direct expenses to be included in the total lump sum price.

INSURANCE REQUIREMENTS

The successful individual or firm shall have the following minimum insurance coverage's with the Town of Montague listed as an additional insured on the general and professional liability:

- a) General Liability: Bodily Injury & Property Damage: \$1,000,000 each Occurrence
- b) Professional Liability: Errors & Omissions: \$1,000,000 each Occurrence
- c) Worker's Compensation: In accordance with Massachusetts State Law

RULE FOR AWARD

The contract shall be awarded to a responsive and responsible firm meeting all criteria and offering the the service at the lowest cost per M.G.L. ch 30B.

The Montague Board of Selectmen are the awarding authority and they may accept or reject any quote in the best interest of the public.

Town of Montague – ASHRAE Level 2 Audit at the Sheffield Elementary School

QUOTE FORM

Please check that the following are attached:

- A brief written narrative that describes the respondent's qualification and approach to completing the work (1-3 pages).
- Contact information (name, phone, e-mail address) for the person from your organization who will manage this project.
- Signed Tax Compliance, Non-Collusion, and Debarment and Suspension Statements and Taxpayer Identification Number Certification.

Total lump sum quote _____

Authorized Signature Name of Firm

Printed Name and Title Date

Address

_____/_____/_____
Phone Number Fax Number Email Address

Company or Corporation
Taxpayer Identification Number (TIN) and Certification W-9

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor

Corporation

Limited Liability Company

Circle tax classification: **D** (disregarded entity) **C** (corporation) or **P** (partnership)

Partnership

Other

Address (number, street, and apt. or suite no.)

City, State, and ZIP Code

Taxpayer Identification Number (TIN)

Enter your TIN on the appropriate line below. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the IRS instructions on filling out Form W-9. For other entities, it is your employer identification number (EIN).

SSN: _____

EIN: _____

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S. person _____

Date: _____

DEBARMENT AND SUSPENSION STATEMENT

Any person or corporation that fails to date, sign with original signature, and submit the following statement shall not be awarded this contract.

DEBARMENT AND SUSPENSION CERTIFICATION

The Consultant certifies to the best of its knowledge and belief, that it and its principals:

1. Is not presently debarred, suspended, purposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; and
2. The undersigned certifies under penalties of perjury that the said undersigned is not presently debarred (Chapter 550, Acts of 1991) from doing public construction work in the Commonwealth of Massachusetts under the provisions of Section 29F of Chapter 29 of the General Laws, or any other applicable debarment provisions of any other Chapter of the General Laws, or any Rule or Regulation promulgated thereunder.

Date: _____



Authorized Official's Signature

Typed or Printed Name of Person Signing

Company or Corporation