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**Community Development**

**REQUEST FOR PROPOSAL**

**OWNER:** Mille Lacs of Ojibwe

43408 Oodena Drive

 Onamia, MN 56359

**PROJECT: Onsite Septic System Installation at 18872 County Rd. 25, Garrison, MN**

**DATE: August 22, 2019**

**TO: Licensed Septic System Installers**

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Please submit an itemized quotation for providing the following services.

**THIS IS NOT A CHANGE ORDER NOR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED HEREIN.**

**Work Scope**:

Installation, labor, and equipment for the construction of an onsite septic system, following attached septic design, located at 18872 County Rd. 25, Garrison, MN. Contact Brian Scheinost, Director Of Public Works to receive I.H.S. Specifications and Bid Documents. The contractor will be responsible for notifying Mille Lacs County for required permit and inspections.

**Bidding Notes**:

Your proposals shall include the following:

1. Copy of current MLB Vendor’s License. (or a copy of submitted application)
2. Copy of current certificate of insurance for General Liability and Property Damage.
3. Copy of an authorized signature sheet if one is not already on file with the Mille Lacs Band.
4. Contractor must follow Federal Davis Bacon Wage Scale.
5. Awarded contractor must follow TERO Compliance Plan.
6. Mille Lacs Band bid schedule completed and signed.

All Proposals must be mailed and labeled as follows:

 Attn: Commissioner of Community Development

 Sealed Bid:18872 County Rd. 25, Garrison, MN Onsite Septic Installation

 PO Box 509

 Onamia, MN 56359

**Proposals are due in the PO Box by 3:00 pm on September 11th, 2019. A public bid opening will be held at 8:30am on September 12th, 2019 at the Mille Lacs Band Government Center.**

**\*\*Please note that the bids submitted via mail to the P.O. Box. FedEx and UPS will not deliver to a P.O. Box and the Onamia post office will not accept hand delivered items. Please plan accordingly to ensure the timely receipt of your bid submittal. \*\***

**\*\*The Band reserves the right to reject any bid that it is unable to collect at the Onamia post office by the bid deadline date and time, provided that the Band has made diligent and reasonable efforts to collect the bid. The Band reserves this right even in the event that the bid has been postmarked before the deadline.**

**Contacts**:

Questions regarding this project should be addressed to Brian Scheinost at the Mille Lacs Band of Ojibwe Public Works Department (320) 532-7437. Or Mike Termont, I.H.S. Engineer, at 218-444-0514.

**Licensing**:

1. Contractors must be licensed with the Mille Lacs Band of Ojibwe. Contact Elizabeth Thornbloom at (320)532-8274 or via email at EThornbloom@grcasinos.com with questions regarding licensing and for the license application.

**COMMUNITY DEVELOPMENT RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS FOR ANY REASON.**

SECTION II – BIDDING FORMS

Bidding Requirements and Contract Forms

COMMUNITY DEVELOPMENT

PROJECT MANAGEMENT

FY 2019 CONSTRUCTION BID FORM

REQUIRED FOR ALL BIDS

**FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB/PROJECT: 18872 County Rd. 25, Garrison, MN Onsite Septic Installation**

**LUMP SUM PRICE:**

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 (Written Value) (Dollar Amount)

**ALTERNATE #1 (IF APPLICABLE):**

*(Indicate specifics of what is to be included in Alternate 1.)*

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 (Written Value) (Dollar Amount)

**ALTERNATE #2 (IF APPLICABLE):**

*(Indicate specifics of what is to be included in Alternate 2.)*

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 (Written Value) (Dollar Amount)

**Acknowledgement of Addendum(s): 1) \_\_\_\_\_\_\_\_\_\_ date 2) \_\_\_\_\_\_\_\_\_\_\_date 3) \_\_\_\_\_\_\_\_\_\_\_date**

**BID GUARANTEE PERIOD:**

I agree to hold this bid open for a period of **90 days** after the bid opening. If this bid is accepted I agree to execute a Contract and/or a Purchase Order with the Mille Lacs Band of Ojibwe along with furnishing all required bonding (if required) and insurances.

**ATTACHMENTS REQUIRED: Failure to provide any of these attachments will result in bid disqualification.**

* MLB BID FORM (MUST BE SIGNED)
* MLBO VENDOR LICENSE
* COPY OF CURRENT INSURANCES

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**