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**Community Development**

**REQUEST FOR PROPOSAL**

**OWNER:** Mille Lacs of Ojibwe

43408 Oodena Drive

Onamia, MN 56359

**PROJECT: 41936 248th Pl. McGregor Household Arsenic Treatment Unit, MN**

**DATE: August 29th 2017**

**TO: Water Treatment Contractors**

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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**:

Provide a treatment proposal for an arsenic whole home drinking water unit (and water softener if necessary) and a cost proposal for the equipment, installation, and future maintenance. Include all related cost to install the unit.

**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. Mille Lacs Band bid schedule completed and signed.
5. I.H.S. Bid Schedule completed and signed.

All Proposals must be mailed and labeled as follows:

Attn: Commissioner of Community Development

Sealed Bid: 41936 248th Pl. McGregor Household Arsenic Treatment Unit PO Box 509

Onamia, MN 56359

**Proposals are due in the PO Box by 5:00 pm on September 27th, 2017. A public bid opening will be held at 9:00am on September 28th, 2017 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.**

**PROPOSALS NOT SUBMITTED IN THIS MANNER WILL BE REJECTED.**

**Contacts**:

Questions regarding this project should be addressed to Brian Scheinost at the Mille Lacs Band of Ojibwe Public Works Department (320) 532-7437.

**Licensing**:

1. Contractors must be licensed with the Mille Lacs Band of Ojibwe. Contact Julie Habeck at the Business Regulations Office at (320)532-8860 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 2017 CONSTRUCTION BID FORM

REQUIRED FOR ALL BIDS

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

**JOB/PROJECT: 41936 248th Pl. McGregor Household Arsenic Treatment Unit**

**LUMP SUM PRICE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(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
* TERO COMPLIANCE FORM
* LETTER FROM BONDING SURETY (If required)
* COPY OF MINNESOTA CONTRACTOR’S LICENSE (if applicable)
* SUB-CONTRACTOR LISTS (Include values)

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

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

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

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

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