



COWLITZ COUNTY 911 CENTER

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05/20/2016

Dear RFI Proposer:

The purpose of this Request for Information (RFI) is to solicit estimates from various candidate organizations, to assist in the preparation of a Small Works Roster. Cowlitz County will select a candidate that best represents the scope of work and funding available to relocate six 911 work stations within our existing facility.

Due to an acoustic issue the console furniture will need to be turned from its current locations, which will require the removal of a false floor with multiple 2x2 panels, and potentially realignment of network, phone, CAD, electrical and other wiring which currently resides under the false floor. We would like the work completed within 12- 24 hours of an agreed upon date and time which will require the bidder to work outside regular business hours, graveyard and or a weekend. The bidder will work in coordination with County contractors, and employees.

Scope of Work. Contractor will provide the following services:

Dispatch Console Furniture Move/Relocation/Re-arrangement Specifications:

Contractor's Project Manager shall work with County Representative to evaluate the move/relocation/re-arrangement for estimated cost and time frame needed to accomplish project goal and prepare an estimate for time and labor, and all supplementary cost related to scope of work.

The Contractor will provide all necessary labor and materials to carry out its responsibilities for move within the time frames set.

The Contractor shall compensate laborers according to the Washington State prevailing wage laws. (*RCW 39.04.010, RCW 39.04.260, RCW 39.12.010, RCW 39.12.020, RCW 39.12.030 and WAC 296-127-010.*)

The Contractor will be responsible for safeguarding and protecting its own work, material, tools and equipment.

The Contractor shall, at all times, keep the premises free from excessive accumulation of waste material or rubbish caused by its employees or work.

The Contractor may have to schedule work in cooperation with other contractors working on-site at County facilities, and other equipment or maintenance vendors.

BOARD OF COUNTY COMMISSIONERS:

District 1-Michael A. Karnofski, Chairman • District 2-Dennis P. Weber • District 3- Joe Gardner

The Contractor will collaborate with the County regarding completing their work while accommodating these activities.

Contractor shall arrive at the move site promptly with all necessary equipment to complete the job.

Contractor shall be responsible for packing, safe transportation and reuse of all existing hardware associated with the disassembly of dispatch furniture.

Any furniture, equipment and supplies within the responsibility of the Contractor will be delivered to the destination site in good condition.

Additional work required after the initial move shall be authorized by the County Representative prior to work being done.

Operations and staff of the Cowlitz County 911 Center plan to relocate to a back-up site for up to 12 hours, and vendors will have full access to the facility to complete the rearranging of six 911 work stations, CAD, monitors, PC's, network, 911 phone, digital recording, radio, and electrical cables and wiring. The facility has a false floor with panels that require removal and replacement to access the wiring and cables. Day Wireless, Longview I.T. and County Facilities will assist with relocation of wiring and cables.

Performance Criteria:

3-year minimum experience working in 911/Public safety Dispatch Centers.

Minimum 3-years' experience with 911 dispatch console furniture, familiar with installation and maintenance or repairs of Watson 911 Console Furniture.

Personnel must have experience working within a live 911 center and must be sensitive to operational activities and work accordingly with the ability to adjust to the needs of emergency dispatch in the event operations are not relocated to the backup site.

All employees must be direct employees and NOT subcontracted

All employees must have backgrounds checks and verification must be available if requested

All employees must meet CJIS clearance to perform such work in a CJIS secure facility.

Vendor will guarantee consoles, phones, radio, and CAD equipment connectivity will be completely operational, and connectivity and console operations will be tested at each work station to insure operability immediately following relocation of equipment.

All connectivity issues at work stations will be dealt with by the Owner or their agent(s).

Insurance Requirement:

Must be bonded & have general liability insurance that meet or exceed County requirements, see attached.

References:

Contractor must provide two (2) Public Safety Dispatch/911 Centers who have utilized move/relocation/re-arrange services. Include contact names, emails & phone numbers

Closing Date:

Responses must be in by the close of business PST on June 10th, 2016, vendors may make arrangements to visit the site prior to submitting their response to the RFI.

INSURANCE COVERAGE REQUIREMENTS

✓ INDICATES THAT TYPE OF INSURANCE IS REQUIRED

<u>TYPE OF INSURANCE</u>	<u>LIMITS OF LIABILITY</u>
	Each Occurrence
GENERAL LIABILITY	
✓ Comprehensive Form Bodily Injury	\$1,000,000
✓ Premises - Operations Property Damage	\$1,000,000
Explosion & Collapse Hazard	
Underground Hazard	
✓ Products/Completed Operations Hazard	
✓ Contractual Insurance Bodily Injury and Property Damage Combined Single Limit	\$1,000,000
✓ Broad Form Property Damage, Incl. Care, Custody Control	
✓ Independent Contractors	
✓ Personal Injury Personal Injury	\$1,000,000
AUTOMOBILE LIABILITY	
✓ Comprehensive Form Bodily Injury (Each Person)	\$1,000,000
✓ Owned Bodily Injury (Each Accident)	\$1,000,000
✓ Hired Property Damage OR	\$1,000,000
✓ Non-Owned Bodily Injury & Property Damage Combined Single Limit	\$1,000,000
EXCESS LIABILITY (Over and above automobile and general liability)	
✓ Umbrella Form Bodily Injury/Property Damage Combined	\$1,000,000 OR
✓ Excess Liability Gap Layer	\$1,000,000
✓ WORKER'S COMPENSATION and	Title 51 Waiver Required
✓ EMPLOYER LIABILITY	\$1,000,000
OTHER	
Errors & Omissions (Professional Liability)	\$1,000,000

Please indicate: Claims-Made Form: _____, Occurrence Form: _____,
 Extending Reporting Provisions Avail. _____

The Contractor's insurance company must provide a standard certificate of insurance form showing the above required coverage and modified to conform to the following endorsement. The following endorsement must also be signed by the insurer.

ENDORSEMENT

The undersigned certifies that the policies listed on the attached Certificate of Insurance are hereby endorsed as follows:

1. Cowlitz County; the Cowlitz County Board of Commissioners; the individual members of the Cowlitz County Board of Commissioners; and all other elected or appointed officials and all agents and employees of Cowlitz County while acting in their capacity as such, shall be named as additional insured, but only as respects the contract between the above insured and Cowlitz County.
2. This policy(ies) shall be considered as primary insurance and exclusive of any insurance carried by Cowlitz County, and the insurance evidenced by this certificate shall be exhausted first, notwithstanding the fact that Cowlitz County may have other valid and collectible insurance covering the same risk.
3. This policy(ies) shall not be canceled or reduced in coverage until after thirty (30) days written notice of such cancellation or reduction in coverage shall have been mailed to certificate holder.

Certified this _____ day of _____, 20__.

By _____
Authorized Representative

CANCELLATION REQUIREMENTS-

!MODIFY CERTIFICATE HOLDER INFORMATION FOR YOUR DEPARTMENT!

1. The Certificate of Insurance will be returned if the modifications are not made as shown below.
2. The Contractor's Insurance shall be primary.

CERTIFICATE HOLDER	CANCELLATION
COWLITZ COUNTY DEPARTMENT KELSO, WA 98626	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE