# REQUEST FOR PROPOSALS FOR

# **HVAC PREVENTIVE MAINTENANCE**

# AT THE

# BATTERY PARKING GARAGE

# 56-80 GREENWICH STREET NY, NY 10006

Solicited By: LAZ Parking New York & New Jersey, LLC 333 West 39<sup>th</sup> Street Suite 602 New York, NY 10018

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## **Section One: Introduction**

LAZ Parking New York & New Jersey LLC 333 West 39<sup>th</sup> Street, Suite 602 New York, NY 10018

LAZ Parking is now accepting proposals for HVAC Preventive Maintenance at the Battery Parking Garage. The purpose of this RFP is to hire a reputable mechanical contractor to provide the Battery Parking Garage with the services required to keep our current HVAC system and all related HVAC devices in optimal and continuous working order. These services must be in accordance with industry standards for Preventive Maintenance (PM) and service work, and they must be completed in accordance with the manufacturer's recommendations.

LAZ offers opportunities for firms through a public solicitation known as a "Request for Proposals" (RFP). LAZ's objective in issuing an RFP is to publicly offer and promote specified competitive bids or proposals. The goal of the RFP process is to attract strong and viable proposals.

LAZ's selection criteria include the financial strength, demonstrated management expertise, business plan and track record of the Contractor, as well as the bid or offer. The RFP, therefore, requires the completion of an extensive application.

The *Contractor's Qualification Statement* (CQS) must be filled out completely; incomplete CQS forms will be returned and may disqualify a proposal.

## Section Two: Request for Proposals - Rules & Regulations

#### The Property:

This RFP booklet is accompanied by the *Scope of Services* to be performed at the Battery Parking Garage consisting of the following street addresses:

- Primary Address: 56-80 Greenwich Street New York, NY 10006 with other entrances and exits at following addresses:
- 20 Morris Street New York, NY 10006
- 81 Washington Street New York 10006

#### **Due Date:**

Each proposal must contain three (3) copies of all Submission Requirements listed on the next page. The proposal must be delivered in a sealed envelope to LAZ's New York office on or before July 14, 2023 at 3 PM, (the "Deadline") at which time they shall be opened in the presence of a MTA representative or another authorized designee. Envelopes must be addressed as follows:

LAZ Parking NY/NJ LLC
Attn: Salik Syed
Battery Parking Garage HVAC Preventive Maintenance RFP
333 West 39th Street Suite 602
New York, NY 10018

# **Submission Requirements:**

Proposals must include the following:

- 1. A complete Contractor's Qualification Statement.
- 2. A proposed Contract.
- 3. A description of the method and schedule to regularly provide HVAC Preventive Maintenance.
- 4. A proposal of the cost of the work.

#### **Proposal Bid:**

If the Contractor selected for an award fails to execute a signed contract based on the terms submitted in the proposal, LAZ can cancel or withdraw the notice of award without further obligation.

# Withdrawal Of Proposals:

After the deadline, proposals shall be considered an offer and may not be withdrawn until at least 90 days after the deadline as specified.

#### **Site Visit:**

June 30th at 1 PM. Meet in the lobby of the Battery Parking Garage at 70 Greenwich Street in lower Manhattan. Final questions are due no later than July 7th at 3 PM. Questions submitted after this deadline will not be accepted.

All Contractors are encouraged to attend and may bring a project engineer familiar with the scope of services. After the deadline, proposals shall be considered an offer and may not be withdrawn until at least 90 days after the deadline as specified.

#### **Selection Criteria:**

LAZ shall consider the following criteria in evaluating proposals:

- 1. **Business Experience:** Appropriateness will be evaluated based on length of experience and areas and levels or responsibilities.
- 2. **Financial Qualifications:** The creditworthiness of the Contractor will be evaluated to assure LAZ that the Contractor can handle the scope of services in a timely manner.
- 3. **Cost of Providing: HVAC Preventive Maintenance**. All escalation costs shall be included in the proposal.
- 4. Term of contract to be 3 years, non-renewable.

#### **Conditions:**

- 1. A confidentiality agreement will be required for receipt of all plans which shall remain the exclusive property of MTA/MTA Bridges and Tunnels.
- 2. Once submitted, a proposal becomes the property of LAZ and constitutes an offer by the Contractor that may not be revoked until the 90<sup>th</sup> day after the deadline, and thereafter only in writing. No proposal shall be deemed granted and no rights whatsoever shall accrue to the Contractor or any other person against LAZ or any affiliate or subsidiary thereof, nor shall there be deemed to be an executed contract for any project unless and until a fully executed contract is delivered to the Contractor.
- 3. **Insurance:** Please see the section of this booklet entitled "Type of Insurance Required by the Successful Bidder" for all insurance requirements.
- 4. **Termination:** LAZ reserves the right to terminate the Contract.

#### **Non-Discrimination:**

LAZ will not discriminate against any person based on race, creed, color, national origin, sex, age, handicap or marital status in accepting, reviewing, and evaluating proposals

### Section Three: Type of Insurance Required by the Successful Bidder

- I. <u>Insurance</u>: Contractor shall maintain, at its sole expense:
- A. Workers' Compensation Insurance including Employer's Liability. Such insurance shall fully comply with the Worker's Compensation law(s) of the state(s) in which operations or work related to this Agreement is to be performed.
- B. Commercial General Liability Insurance including Products/Completed Operations coverage and Contractual Liability coverage, with a Combined Single Limit of at least \$2,000,000 per Occurrence for Bodily Injury and Property Damage. Such insurance shall (1) be underwritten by insurers acceptable to LAZ; (2) name LAZ Parking New York/New Jersey LLC., Metropolitan Transportation Authority, Metropolitan Transportation Authority Bridges And Tunnels, City and State of New York and their subsidiaries and their officers, directors and employees as additional insureds (the "Insured's") for the full policy limit; (3) provide for a waiver of subrogation with respect to any additional insured's; (4) specifically state the indemnification agreement of this contract is insured as a contractual obligation for the insurer; and (5) provide that the insurer shall give LAZ at least sixty (60) days advance written notice, by certified mail, return receipt requested, of any adverse change, or any cancellation or non-renewal of such insurance and that any adverse change, cancellation or non-renewal shall not apply to the interest of the additional insured for sixty (60) days following receipt of such notice.
- C. Automobile Liability Insurance with a Combined Single Limit of at least \$1,000,000 per occurrence for bodily Injury and Property Damage. Such insurance shall be (1) underwritten by insurers acceptable to LAZ; (2) name the Insured; (3) apply to any automobile; and (4) provide that the insurer will provide LAZ with at least sixty (60) days advance written notice, by certified mail, return receipt requested, of any cancellation or non-renewal of such insurance. Such notice to be given by certified mail, return receipt requested to the address herein below set forth.

The Contractor will provide LAZ with a Certificate of Insurance evidencing the maintenance of the insurance required above. The Certificate of Insurance shall (1) show the total limit of liability of all policies; (2) reference this contract on the Certificate of Insurance; and (3) be signed by an authorized representative of the insurance carrier.

#### NOTIFICATION LIST OF CERTIFICATE OF INSURANCE POLICY

II. <u>Notice:</u> Any notice to be served pursuant to this contract shall be delivered by either (i) personal delivery or (ii) U.S. Certified Mail, Return Receipt Requested, postage pre-paid, addressed as follows:

If to LAZ Parking:

LAZ Parking New York/New Jersey LLC.
One Financial Plaza, 14<sup>TH</sup> Floor
Hartford, CT 06103
Attn: Insurance Director

With a copy to:

LAZ Parking LLC.
One Financial Plaza, 14<sup>TH</sup> Floor
Hartford, CT 06103
Attn: Insurance Compliance and Contract Administrator

And:

Metropolitan Transportation Authority 2 Broadway, 16<sup>th</sup> Floor New York, NY10004 Attention: Director, Risk Management

# **Section Four: Contractor's Qualification Statement**

Firm:   Address:   City:   State:   PROJECT:   Zip:   Phone:   Property   Phone:   Partnership   Individual   Other (provide explanation)   Open Shop   Minority Business Enterprise   Woman Owned Business Enterprise   Type of MBE/WBE certification:   Woman Owned Business Enterprise   Woman Owned Business Enterprise   Woman Owned Business Enterprise   Type of MBE/WBE certification:   Persident's name:   President's name:	SUBMITTED TO:	SUBMITTED BY:	
City:  State:  PROJECT:  Zip:  Phone:  HAS FIRM EVER WORKED FOR THIS OWNER ON OTHER PROJECTS?  Yes No  TYPE OF FIRM:  Corporation Partnership Individual Other (provide explanation)  Closed Shop Open Shop Minority Business Enterprise  Type of MBE/WBE certification:  If your organization is a corporation, answer the following: Date of incorporation:  President's name:  Vice-president's name:  If your organization is a partnership, answer the following: Date of organization:  Type of partnership (if applicable): Name(s) of general partner(s):  If your organization is individually owned, answer the following: Date of organization:  Name of Owner:  Years in business as Contractor under present firm name: Under what other or former names has your organization operated?		Firm:	
State:   PROJECT:   Zip:   Phone:		Address:	
PROJECT: Zip: Phone:  HAS FIRM EVER WORKED FOR THIS OWNER ON OTHER PROJECTS? Yes No TYPE OF FIRM: Corporation Partnership Individual Other (provide explanation) Closed Shop Open Shop Minority Business Enterprise Type of MBE/WBE certification: If your organization is a corporation, answer the following: Date of incorporation: President's name: Vice-president's name: Vice-president's name: If your organization is a partnership, answer the following: Date of organization: Type of partnership (if applicable): Name(s) of general partner(s): If your organization is individually owned, answer the following: Date of organization: Name of Owner: Years in business as Contractor under present firm name: Under what other or former names has your organization operated?		City:	
Phone:		State:	
HAS FIRM EVER WORKED FOR THIS OWNER ON OTHER PROJECTS?  TYPE OF FIRM: Corporation Partnership Individual Other (provide explanation) Minority Business Enterprise Woman Owned Business Enterprise Type of MBE/WBE certification:  If your organization is a corporation, answer the following: Date of incorporation: State of incorporation: President's name: Vice-president's name(s): Secretary's name: If your organization is a partnership, answer the following: Date of organization: Type of partnership (if applicable): Name(s) of general partner(s):  If your organization is individually owned, answer the following: Date of organization: Name of Owner: Years in business as Contractor under present firm name: Under what other or former names has your organization operated?	PROJECT:	Zip:	
TYPE OF FIRM:    Corporation   Partnership   Individual   Other (provide explanation)     Closed Shop   Open Shop   Minority Business Enterprise     Woman Owned Business Enterprise		Phone:	
Corporation Partnership Minority Business Enterprise Woman Owned Business Enterprise  Type of MBE/WBE certification: Woman Owned Business Enterprise  If your organization is a corporation, answer the following:  Date of incorporation:  President's name:  Vice-president's name(s):  Secretary's name:  Treasurer's name:  If your organization is a partnership, answer the following:  Date of organization:  Type of partnership (if applicable):  Name(s) of general partner(s):  If your organization is individually owned, answer the following:  Date of organization:  Name of Owner:  Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	HAS FIRM EVER WORKED FOR THIS OWNER ON OTHER PRO	OJECTS?	Yes 🔲 No 🔲
If your organization is a corporation, answer the following:  Date of incorporation:  State of incorporation:  President's name:  Vice-president's name(s):  Secretary's name:  Treasurer's name:  If your organization is a partnership, answer the following:  Date of organization:  Type of partnership (if applicable):  Name(s) of general partner(s):  If your organization is individually owned, answer the following:  Date of organization:  Name of Owner:  Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	□ Corporation       □ Partnership       □ Individual       □ O         □ Closed Shop       □ Open Shop       □ Minority Business	Enterprise	
Date of incorporation:  State of incorporation:  President's name:  Vice-president's name(s):  Secretary's name:  Treasurer's name:  If your organization is a partnership, answer the following:  Date of organization:  Type of partnership (if applicable):  Name(s) of general partner(s):  If your organization is individually owned, answer the following:  Date of organization:  Name of Owner:  Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	Type of MBE/WBE certification:		
Treasurer's name:  If your organization is a partnership, answer the following:  Date of organization:  Type of partnership (if applicable):  Name(s) of general partner(s):  If your organization is individually owned, answer the following:  Date of organization:  Name of Owner:  Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	Date of incorporation:  State of incorporation:  President's name:  Vice-president's name(s):		
If your organization is a partnership, answer the following:  Date of organization:  Type of partnership (if applicable):  Name(s) of general partner(s):  If your organization is individually owned, answer the following:  Date of organization:  Name of Owner:  Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	· -		
Date of organization:  Type of partnership (if applicable):  Name(s) of general partner(s):  If your organization is individually owned, answer the following:  Date of organization:  Name of Owner:  Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	Treasurer's name:		
If your organization is individually owned, answer the following:  Date of organization:  Name of Owner:  Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	Date of organization:  Type of partnership (if applicable):		
Date of organization: Name of Owner:  Years in business as Contractor under present firm name: Under what other or former names has your organization operated?	Name(s) of general partner(s):		_
Years in business as Contractor under present firm name:  Under what other or former names has your organization operated?	Date of organization:		
Under what other or former names has your organization operated?	<del></del>		
	•		
Number of Employees: Office: Field:	Under what other or former names has your organization operated?		
	Number of Employees:	Office:	Field:

TYPE OF WORK:  HVAC Maintenance Other	HVAC Installation (Please specify)		
PROJECT MANAGERS,	FIELD SUPERINTENDENTS AND HVAC EXPE	ERIENCE:	
Name:	Title	Yrs w/ Firm	Yrs Experience
	(use explanations section for additional spa	use if needed)	
OFFICERS BARTHERS		ice ii needed)	
	OR OWNERS AND HVAC EXPERIENCE:		
Name:	Title	Yrs w/ Firm	Yrs Experience
FIVE LARGEST PROJEC	TS COMPLETED IN LAST FIVE YEARS:		
Project	Owner's Representative & Phone Numb	per	Contract Amount
			\$
			\$
			\$
			\$
			\$
Average annual billing for	last five years:	\$	
Last year's billing:		\$	
MAJOR PROJECTS UND	DER CONTRACT:	·	
		A 1.75	G
Project	% Complete & Completion Date	Arch/Engr	Contract Amount
			\$ \$
			\$
			\$
			\$ \$
			\$ \$

Total projects under contract: (including those not listed above)	\$
CURRENT PROJECTS ON WHICH FIRM IS A CANDIDATE FOR CONTRACT AWARD:	
HAS FIRM EVER FAILED TO COMPLETE A CONTRACT?	Yes No No
HAS ANY OFFICER, PARTNER OR OWNER OF FIRM EVER BEEN AN OFFICER, PARTNER OR OWNER OF ANOTHER FIRM WHEN IT FAILED TO COMPLETE A	
CONTRACT?	Yes No No
HAS FIRM HAD ANY SUB-CONTRACTOR FAIL TO COMPLETE A CONTRACT IN LAST FIVE YEARS?	Γ Yes
ARE THERE ANY JUDGMENTS, CLAIMS, ARBITRATION PROCEEDING OR SUITS PENDING OR OUTSTANDING AGAINST FIRM OR ITS OFFICERS?	Yes ☐ No ☐
HAS FIRM BEEN A PARTY TO ANY LAWSUITS IN LAST FIVE YEARS?	Yes No
(if answer to any of above questions is yes, provide explanation)	
REFERENCES:	
Banks: Account Nun	nhers:
Panks.	iocis.
Agent	Phone Number
Insurance Company:	
Bonding Company:	_
Suppliers:	
Other:	

FINANCIAL STATEMENT:	
C.P.A. Firm:  Attach a financial statement, preferably audited, including your or showing the following items: assets, debts, and unencumbered n	
Is the attached financial statement for the identical organization r	named on page one? Yes No No
If not, explain the relationship and financial responsibility of the parent-subsidiary).	organization whose financial statement is provided (e.g.,
THE ANSWERS TO THE FOREGOING QUESTIONS AND A AND CORRECT	LL STATEMENTS HEREIN CONTAINED ARE TRUE
Firm:	
By:	Signature:
Title:	Date:
(corporate seal)	Attest:

EXPLANATIONS:
The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the Owner in verification of the recitals comprising this Statement of Bidder's Qualifications.
State ofCounty of
Being duly sworn deposes and says that he is
of and that the answers to the foregoing questions and all statements therein are
true and correct.
Subscribed and sworn to before me this day of, 20
(Notary Public)
My commission expires:

# Section Five: Scope of Services for HVAC Preventive Maintenance at the Battery Parking Garage – (5) Split Units & (2) AC Units

All maintenance will be carried out in accordance with the specifications set forth by the manufacturer.

The following is a list of items that need inspection and to be serviced during a routine scheduled maintenance visit every three (3) months. Provide an Inspection and Maintenance report with recommended repairs and upgrades, proposed work schedule, and cost breakdown to the garage manager within 24 hours of inspection. Provide labor, cleaning supplies, and filters for preventative maintenance service that entail the following:

- Provide a yearly schedule of activities to client at the execution of the contract
- Generate an Inspections and Maintenance Checklist for each scheduled visit
- Annual pressure cleaning of the condenser coils
- Check, adjust, and replace any worn-out belts on all drives and belts.
- Lubricate the damper links, fan shaft, motors, and bearings.
- Replace the filters quarterly and all filters must be pleated and at minimum, MERV 13.
- All washable filters ought to be cleaned and changed as necessary.
- Calibrating and adjusting digital temperature controls, refrigeration controls, pressure controls, operating controls, and safety controls.
- Equipment Belt, flywheel and Pulley Inspection & adjustment
- Condensate drain piping, pans, pumps, and float switches need to be checked and cleaned.
- Checking the thermostats' functionality & adjustment
- Checking the pressures and levels of the refrigerant
- Examine the wiring, controllers, contactors, and relays; tighten the controls as necessary.

# **Section Six: Equipment List**

## **EQUIPMENT LIST**

LAZ Parking Garage 56-80 Greenwich Street

Unit	Model #	Serial #	Ton
1-United Cool Aire Evaporator	E6G1ATA15	1905128	6
1-United Cool Aire Condenser	B6G1ATA	1905128	6
1-Mitsubishi Evaporator	PLAA24EA7	82A04206B	2
1-Mitsubishi Evaporator	PLAA24EA7	82A04183B	2
1-Mitsubishi Condenser	PUZA24NHA7	83U11337B	2
1-Mitsubishi Condenser	PUZA24NHA7	83U11245B	2
I-United Cool Aire A/C Unit	C3G1SSTA10	1905129	3
1-United Cool Aire A/C Unit	C6G1ASTA15	N/A	6
1-Mitsubishi Evaporator	PKFYP24NMKUE2	2ZM00604	2
1-Mitsubishi Evaporator	PKFYP24NMKUE2	2ZM00644	2
1-Mitsubishi Condenser	PUMYP48NMHU	31U01841B	4
1-Mitsubishi Evaporator	PKFYP18NHMUE2	3XA01760A	1.5
1-Mitsubishi Evaporator	PKFYP18NHMUE2	3YA01849A	1.5
1-Mitsubishi Condenser	PUMYP36NMU	32U01247B	3

# **Section Seven: Payment**

Lump Sum payment shall be made after quarterly maintenance is finished, and an invoice is received.

The maintenance invoice should be sent to:

NewYorkAP@LazParking.com

LAZ Parking Attention: Accounts Payable 1 financial Plaza 14<sup>th</sup> Floor Hartford, CT 06103