



PHILADELPHIA CORPORATION FOR AGING

Enriching lives, preserving dignity.™

REQUEST FOR PROPOSAL

For

MECHANICAL EQUIPMENT

FY 2018

(JULY 1, 2017 – JUNE 30, 2020)

RETURN TO:

Dorian Harris
Housing Services Manager
PCA-Housing Department
642 North Broad Street
Philadelphia, PA 19130-3409
Tele: (215) 282-6585
Fax : (215) 282-6616
dharris@pcaphl.org

Proposals are due by 12:00 PM (noon) on Friday, June 2, 2017 and must be submitted in two (2) complete legible copies. Any proposals arriving after 12:00 PM (noon) or in less than two complete copies will be rejected without consideration. Faxed proposals will not be accepted.

PHILADELPHIA CORPORATION FOR AGING
REQUEST FOR PROPOSALS FOR MECHANICAL EQUIPMENT

1. GENERAL INFORMATION

This Request for Proposals (RFP) provides potential applicants with information to prepare and submit proposals for consideration by the Philadelphia Corporation for Aging's Housing Department (PCA) to provide mechanical equipment (stairway elevators, platform lifts, and residential elevators) to physically disabled residents of Philadelphia.

Response Date

In order to be considered, quotations must be received by Dorian Harris, Philadelphia Corporation for Aging, 642 North Broad Street, 5th floor, Philadelphia, PA 19130-3409, on or before **12:00 Noon on Friday, June 2, 2017. Any proposals arriving later than 12:00 noon on the above date will be rejected. No responsibility will be taken by PCA for failure of a delivery service to deliver proposals on time, regardless of the reason.**

Pre-Response Question & Answer Session

A **mandatory** question and answer session, to allow for clarification of the specifications will be held on **Friday, May 19, 2017 at 10:00 A.M. in the 2nd Fl. Classroom** at the address listed above. Applicants are requested to submit questions by mail, fax at 215-282-6616 or email dharris@pcaphl.org by noon on **May 15th**, to ensure a complete response. Five (5) points will be deducted from any applicant submitting a proposal who did not attend the mandatory Q&A session.

Proposals

Two complete copies of the proposal, including the following forms, must be submitted:

1. Cover Sheet/Applicant Profile
2. Assurances
3. References
4. Insurance Checklist
5. Current Insurance Certificate (COI)
6. Mechanical Equipment Specification Price List
7. Required documents listed on the Coversheet (pg. 11)
8. Housing Subcontractor's Agreement (**if applicable**)

For convenience, the pages to be returned are numbered 11-30. These pages can be edited, printed and returned to PCA. Responses with missing pages will be rejected as incomplete. Applicants should not vellum or spiral bind proposals. The proposals submitted become the property of PCA.

PCA reserves the right to verify any item that appears inconsistent, unclear or erroneous. Any applicant willingly providing false information, as verified by PCA, will be immediately disqualified from consideration.

Applicants must enter a unit price for every specification in the price list.

An official authorized to bind the applicant to its provisions must sign the proposals. PCA does not accept any responsibility for accuracy in pricing. Since subcontractor selection is on the Score (price), no changes in pricing can be accepted after the proposal is submitted to PCA.

Rejection of Proposals

The Philadelphia Corporation for Aging reserves the right to reject any and all proposals received as a result of this RFP, or to negotiate separately with some or all competing applicants for all or any part of the services described herein.

Conditional proposals will not be accepted. However, PCA reserves the right to waive minor errors or irregularities in the proposals that are submitted.

Type and Quantity of Equipment

PCA will purchase mechanical equipment and related construction services described in the Mechanical Equipment Specifications Price List. Complete specifications are available upon request at PCA's offices. Services will be purchased from selected applicants based on price and availability. Applicants are advised to read the specifications carefully, noting special requirements.

The Mechanical Equipment Specifications Price List is presented in two sections:

List A (Stairway Elevators)

List B (Wheelchair Lifts and Elevators)

Applicants submitting proposals must fully complete the construction specifications in list A and B with the related construction specifications. Proposals for wheelchair lifts and/or elevators without accompanying proposals for construction will be rejected as incomplete. Occasionally, work items other than those listed will be ordered by PCA at prices agreed upon at the current time.

For the current contract year to date, the most common pieces of equipment provided are as follows:

Straight Stairway Elevators

Vertical Platform Lifts

PCA does not guarantee any minimum or maximum volume of service to be provided during the contract period.

As to those applicants who will be installing stairway elevators, lifts, chairlifts, or similar mobility equipment ("lifts"), PCA will be evaluating potential consumers for lifts only in terms of clinical and fiscal matters. Once PCA refers a consumer for a lift, applicants who have become providers or contractors pursuant to this RFP ("applicants") shall evaluate the particular home of the consumer to determine if the home is suitable for a lift of the kind proposed to be installed. Applicants may make recommendations for additional work or modifications to make the home suitable as stated below. Applicants may refuse installation where their evaluation reveals that installation would not be appropriate.

Without limiting applicant's requirements to comply with all applicable law under provisions of the standard PCA contracts with applicants, by installing any lifts applicants will be certifying that all installations meet all standards for construction, manufacture, design, installation, safety and use, whether promulgated by governing authorities or independent bodies, such as but not limited to model

building code developers and standards-developing organizations, including but not limited to electrical, mechanical, engineering, manufacturing, consumer and other industry standards, requirements of insurance companies and underwriters, and other reasonable standards. You will not recommend or install a lift if it does not meet such standards. Further, all work is to be performed in a good and workmanlike manner, exercising your professional expertise, being fully informed by legal requirements, such standards, warranty and manufacturers' certification requirements.

An occupational therapist (OT), as well as possibly others, will do assessments prior to asking applicants to evaluate a particular property. As noted above, such evaluation relates only to clinical and fiscal matters. Notwithstanding any such evaluation, assessment or approval, or issuance of a purchase order, during the evaluation, installation, promptly after the installation is completed, and at any time thereafter when applicant visits the consumer's home or becomes aware of a problem with the lift or the consumer's use of it, applicant shall have the responsibility to determine not only whether a particular home is suitable, but whether a particular consumer or other user is able to operate the lift safely and that the lift is appropriate for the consumer. PCA may withdraw any prior referral for a lift, or fail to issue a final order for installation, following such evaluation and recommendation by the applicant for any or no reason.

Selection of Providers

PCA will select providers from among qualified applicants by determining a score (price) based on the unit prices for a certain number of specifications to be determined in advance by PCA. It is the sole responsibility of the provider to research and comply with all applicable city building codes and streets department requirements. Providers must also meet a threshold criteria score of 75 points. Criteria for threshold scores are delineated below:

- References – up to 25 points each
Note: Any applicant that has contracted with PCA at any time must list PCA as one of its references. References will address timeliness of estimates and job completions, quality of work, communication, cleanliness and the manner in which consumers were treated. Any unfavorable reference from PCA will automatically disqualify applicants from further consideration.
- Years in business – up to 15 points
- Prior year's sales volume – up to 10 points

PCA reserves the right to select additional providers from qualified applicants as workload warrants throughout the year.

Contract Due Date

Successful applicants must have signed contracts and proof of insurance meeting PCA requirements delivered to PCA before any work can be awarded.

Delivery of Services

Applicants must have the capacity to evaluate homes of PCA consumers citywide for installation of mechanical equipment within **ten (10) calendar days** of a request for evaluation. If an applicant is unable to provide evaluation during this time frame, the PCA staff person ordering the evaluation must be notified within 24 hours of receipt of request for evaluation.

PCA may reject any applicant who does not complete evaluations **within ten calendar days** and may assign job to another applicant.

The applicant must have the capacity to deliver and install mechanical equipment to the homes of PCA consumers citywide within the following timeframe following receipt of an order from PCA. If an applicant is unable to provide equipment within this time frame to a particular consumer, the PCA staff person ordering the services must be notified within 24 hours of receipt of order.

PCA reserves the right to cancel any job at no cost to PCA or to consumer when applicant does not complete within the time frames below. PCA further reserves the right to assign any job to another applicant if notified that the initial applicant would not be able to complete the installation within the time frames below.

Straight Stairway Elevators: 15 calendar days

Wheelchair lifts, elevators and special stairway elevators: 90 calendar days

Ordering

All orders will be placed by PCA personnel and will include special instructions if appropriate. The applicant will visit the property and submit an evaluation to PCA for approval within the time frame stated above. The report will include a detailed specification list and a total price for the job based on the applicant's submission in response to this RFP. Prices in this report will not be "rounded." This report will also include any modifications to the property or electrical system that PCA will need to make. Applicant will be responsible for making any modifications or providing any electrical work not listed on the evaluation at no cost to PCA or the consumer. PCA may request that the applicant schedule this initial inspection with PCA's Construction Manager.

PCA will issue purchase orders for individual jobs when approved. Because the modifications ordered are determined, in part, by an occupational therapist for maximum therapeutic value, no changes in the modifications shall be made without prior approval by PCA.

Invoicing

Original invoices for modifications ordered by PCA are to be submitted **within three calendar days** of completion of work and are to include the Program (SHARP, WAIVER, CSP, Option's), job number, purchase order number, completion date, and any required permits. Invoices must detail quantities used for each specification and include consumer's signature as proof of completion and acceptance of work. Invoices may be submitted by U.S. mail, hand delivered, e-mailed or faxed.

Each invoice must have a unique "invoice number" and must be accompanied by a completed "Consumer Acceptance Form" (Appendix A).

Inspection and Payment

Applicant will inform staff person ordering work at PCA **within two days** of completion to arrange for post-inspection of work.

PCA's Construction Manager will inspect all jobs ordered for compliance with accessibility guidelines and occupational therapists recommendations. No payment will be made for work until any and all required inspections and resulting punch lists are completed.

Pennsylvania Contractor Registration; U.S. EPA's Lead Repair, Renovation and Painting Rule

Applicants will have the training, certifications and licenses required to perform the services described in this RFP and will provide proof of same to PCA with the Response to this RFP. Without limiting the requirement in PCA's contract that mandates that all contractors comply with all applicable law, and without limiting PCA's right to determine for any reason that a potential contractor is not qualified or otherwise permitted to be a contractor for PCA, the following is required:

1. All applicants will be registered with the Bureau of Consumer Protection in the Office of Attorney General of Pennsylvania under the Pennsylvania Home Improvement Consumer Protection Act ("Act") before performing any home improvement work in Pennsylvania and will maintain the registration throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Act and any regulations promulgated under the Act. Applicant is required to immediately report to PCA in writing if (a) its certificate issued under the Act is suspended or revoked, (b) any disciplinary action is taken against it under the Act, or (c) any disciplinary action is taken against it under a similar law in another state, which is required to be reported under the Act.

2. All applicants that perform services regulated under 40 CFR 745, commonly known as the Lead Repair, Renovation and Painting Rule (the "Rule"), and any of applicants' subcontractors, shall be EPA certified per the Rule, and will maintain any such certification throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Rule. Applicant is required to immediately report to PCA in writing if its certificate issued under the Rule is suspended or revoked or if any disciplinary action is taken against it under the Rule. To the extent applicable, applicants must also maintain any other certifications required by the U.S. Department of Housing and Urban Development, the Commonwealth of Pennsylvania and local laws such as those issued by the City of Philadelphia related to lead-based paint, or under any similar law in any other jurisdiction, and will immediately report to PCA in writing if its certificate issued under any of those laws is suspended or revoked or if any disciplinary action is taken against it under any of those laws.

Warranty

Contractors will warrant that all materials, work, services and modifications, including, but not limited to, labor and installation, shall be free from defects in material and workmanship for a period of at least one year from the date of completion. All products installed by contractors shall be warranted by contractor to be free from defects in material and workmanship for a period of one year, except that mechanical equipment (stairway elevators, wheelchair lifts and telecabs) shall be warranted by contractor for a period of three years (the longer period being the "Warranty Period"). For all mechanical equipment and products that are major appliances, the contractor will obtain a copy of the manufacturer's and/or seller's warranty that the mechanical equipment and/or product(s) will be free from defects in material and workmanship for a period of at least one year. The written warranty from the manufacturer and/or seller shall be provided to the end user/consumer by the contractor.

The work is to be done in and to premises that are not owned by PCA, but by an owner, and there may be a tenant in the premises. Therefore, all obligations under an agreement with PCA, including but not limited to warranty obligations, shall also run in favor of the owner and, if any, the tenant, (who are agreed to be third-party beneficiaries of the agreement), and may be enforced by PCA, the owner, or the tenant. All violations hereof shall be repaired without cost to PCA, the owner or tenant, and if the violation cannot be repaired to the reasonable satisfaction of PCA, the owner and tenant, then the work, material or equipment shall be replaced to the reasonable satisfaction of PCA, the owner and tenant. Contractor shall make service calls within twenty-four (24) hours of every notification (orally including by telephone, "Notification") of any problem with an elevator, stairway elevator or wheelchair lift by the owner, tenant or PCA to begin repairs. Contractor must finish repairs within seventy-two (72) hours of such Notification. If repairs are not finished within seventy-two (72) hours of such Notification, PCA reserves the right to have a unit inspected by another vendor. If PCA deems it appropriate, in its discretion, PCA reserves the right, without reducing the liability of Contractor to fulfill all of its warranty obligations hereunder, to have repairs done by someone other than Contractor immediately and to invoice Contractor for the cost. Any incident which renders a unit inoperable for more than seven (7) consecutive calendar days (whether due to failure to service timely or inability to complete repairs timely) will be classified as a "major malfunction incident" ("MMI"). Any incident which renders a unit inoperable for more than fourteen (14) consecutive days will be counted as two MMIs. An MMI also shall be deemed to have occurred when the unit is inoperable for any five days or portion of days (whether or not consecutive but not part of any consecutive-day MMI) in a thirty-day period. PCA reserves the right to require replacement of the entire unit at no cost to PCA, the owner or tenant, if three (3) MMIs occur during the Warranty Period.

The rights and remedies of PCA set forth above are not exclusive or mandatory and do not reduce or eliminate the obligation of Contractor to fulfill the warranty, including where appropriate the replacement of the entire unit if it is not reasonably repairable regardless of the MMIs.

Insurance

1. PCA's insurance requirements for fiscal year 2017-2018 will be substantially as stated below. (A Sample Certificate of Insurance ("COI") is included in this RFP.)
2. Before submitting a response to this RFP, an applicant should verify through its insurance carriers that it would be able to obtain the necessary insurance coverage.
3. A successful applicant must provide PCA with a current COI evidencing compliance with PCA's insurance requirements within fourteen (14) days of receipt of the award letter from PCA or its award status will be in jeopardy.
4. An applicant selected to be a provider will be required to provide a current COI evidencing compliance with PCA's insurance requirements at the time the contract is signed.

5. Insurance Requirements:

Contractor shall, at its sole cost and expense, procure and maintain in full force and effect, throughout the term of the Agreement, the following insurance from companies licensed or approved to do business in the Commonwealth of Pennsylvania, or through a qualified self-insurance program approved or registered by or with the Commonwealth and acceptable to PCA, in the forms and on the terms and conditions specified herein. All insurance companies must maintain a Best's Insurance Guide rating of

at least “A-” and a financial size of at least Class VII for companies licensed in the Commonwealth or Class X for companies approved but unlicensed in the Commonwealth. Except as specifically provided herein, all such insurance shall be written on an occurrence basis.

A. General liability insurance with no self-insured retention, and with no endorsements excluding or limiting coverage, including, but not limited to, contractual liability coverage, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available. Such coverage shall have limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 combined bodily injury and property damage per occurrence and \$2,000,000 per annual aggregate. All such policies shall expressly include coverage for products-completed operations hazard with limits of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The coverage for products-completed operations hazard shall remain in effect for four (4) years following completion of all work contemplated in the Agreement or the period of the warranty for the work, whichever is longer. Applicants shall evidence coverage for contractor’s pollution and/ or lead paint based risk consistent with the scope of work contemplated, in such amounts as PCA may reasonably require, whether by endorsement to the required general liability policy or other means acceptable to PCA.

B. Automobile liability insurance written on the current Insurance Services Office’s commercial auto form or its equivalent, with no self-insured retention, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage, covering owned, non-owned and hired vehicles;

C. Workers compensation insurance (with statutory limits of coverage and no deductible) and employers liability insurance (with limits of coverage of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease and no deductible) endorsed for all states in which work is to be performed under the Agreement (including, without limitation, Pennsylvania);

D. Professional liability insurance naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds (except with respect to Health Care Providers under the Medical Care Availability and Reduction of Error (MCARE) Act), with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with no endorsements excluding or limiting coverage, as follows:

(1) “Participating Health Care Providers” under the MCARE Act must have statutory limits and must participate in the MCARE Fund;

(2) “Non-participating Health Care Providers” under the MCARE Act and other providers of professional services (including, but not limited to, social and legal services providers and those health care providers who are not “Health Care Providers” under the MCARE Act) must have limits of coverage of not less than \$1,000,000 per occurrence and \$2,000,000 per annual aggregate and no-self insured retention.

(3) Professional liability insurance may be written on a claims-made basis, provided, however, that the policy permits Contractor to purchase extended reporting period coverage (“Tail Coverage”) upon termination of the policy.

(a) In the event that insurance is written on a claims-made basis, Contractor hereby agrees to maintain, following termination of such coverage or of the Agreement (whichever is earlier), professional liability insurance, covering claims arising out of occurrences during the term of the Agreement, whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing appropriate Tail Coverage, or (ii) purchasing the appropriate Tail Coverage. Tail Coverage for medical professional liability coverage shall be of unlimited duration. All other Tail Coverage shall be maintained for a period of not less than the greater of six (6) years or as required by law, following termination of the Agreement or of such claims-made coverage (whichever is earlier). In no event shall any such Tail Coverage provide limits of coverage lower than the limits of coverage required herein for professional liability.

(b) In the event that Contractor elects to maintain insurance written on a claims-made basis, these undertakings (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement.

E. All-risk or special form property damage insurance, naming PCA and the Commonwealth of Pennsylvania as additional insureds and loss payees, insuring as they may appear the interests of Contractor, PCA and the Commonwealth of Pennsylvania in all personal property, fixtures and improvements to real estate funded or supplied by PCA, whether titled to Contractor or to PCA. Such coverage shall be written for the full replacement value of the property in question without penalty or deduction for coinsurance or deductible greater than \$500.00, and shall be amended as necessary to reflect changes in inventory.

If Contractor has contracted with PCA for any prior period(s) and has in force general liability or, if applicable, excess insurance, written on a claims-made basis, covering claims arising in connection with its performance under contract with PCA during such period(s), Contractor shall maintain said insurance during and for a period of not less than the greater of six (6) years or as required by law, following the term of the Agreement (whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing Tail Coverage, or (ii) purchasing the appropriate Tail Coverage); provided, however, that all other terms and conditions are otherwise met. In the event that Contractor elects to maintain insurance written on a claims-made basis, as provided in this paragraph, this undertaking (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement. Whenever Contractor has insurance written on a claims-made basis, Contractor shall provide PCA with a copy of the policy’s declaration page indicating the retroactive date of the coverage.

Contractor shall provide PCA with certificates of insurance evidencing compliance with PCA’s insurance requirements prior to performance under the Agreement. All certificates shall evidence the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy. Any language on the certificate which states that the insurer will “endeavor to” mail such notice and any language stating “but failure to do so shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate” shall be deleted.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER XYZ Company 123 Main Street Anytown, USA	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED ABC Provider, Inc. 1234 Centre Street Everytown, PA	INSURER(S) AFFORDING COVERAGE INSURER A: CBA12345 INSURER B: RST12345 INSURER C: XYZ12345 INSURER D: INSURER E: INSURER F:	
		NAIC #

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	X	CBA12345	7/1/17	6/30/18	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
	MED EXP (Any one person) \$ 5,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	CBA12345	7/1/17	6/30/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$					
	BODILY INJURY (Per accident) \$					
	PROPERTY DAMAGE (Per accident) \$					
						\$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$
	OCCUR					AGGREGATE \$
	CLAIMS-MADE					\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under SPECIAL PROVISIONS below	N/A	RST12345	7/1/17	6/30/18	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 100,000					
	E.L. DISEASE - EA EMPLOYEE \$ 100,000					
	E.L. DISEASE - POLICY LIMIT \$ 500,000					
C	Professional Liability		XYZ12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000
A	Property-All Risk/Special Form		CBA12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PCA and the Commonwealth of PA and their directors, officers, employees & agents are hereby added as Additional Insureds with an endorsement stating that the coverage afforded the Additional Insureds shall be primary and non-contributory to any other coverage available. Certificate evidences the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy.

CERTIFICATE HOLDER

Philadelphia Corporation for Aging
642 N. Broad Street
Philadelphia, PA 19130-3409
Attn:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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**REQUEST FOR PROPOSALS
COVER SHEET/ APPLICANT PROFILE**

FIRM NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

FEDERAL EIN / TAX IDENTIFICATION NUMBER _____

DATE OF INCORPORATION/INITIATION: _____

TOTAL STAFF (this business only):

Administrative / Supervisory _____; Construction _____; Clerical _____

TOTAL GROSS SALES for FY 2016 (from IRS documents): \$ _____

Required documents: All previous awardees and new applicants must provide updated items listed with the proposal or they will not be considered as a potential candidate.

- _____ Trade license(s) (plumbing, electric, roofing)
- _____ Contractor license (general contractor)
- _____ Business privilege license (required for all applicants)
- _____ MBEC certification (minority, women and disabled businesses) if applicable
- _____ Pennsylvania Home Improvement Contractor Registration
- _____ EPA Lead Repair, Renovation and Painting (RRP) Certification

Equipment that you are able to supply & install (check all that apply):

- | | |
|-------------------------------|--|
| _____ vertical platform lifts | _____ stairway elevators, straight, sale |
| _____ inclined platform lifts | _____ stairway elevators, curved, sale |

of units installed in FY 16:

- | | |
|-------------------------------|--|
| _____ vertical platform lifts | _____ stairway elevators, straight, sale |
| _____ inclined platform lifts | _____ stairway elevators, curved, sale |
| _____ van-type platform lifts | |

Has your firm ever contracted with PCA, PHDC or OHCD? If yes, give agency and dates.

SIGNED: _____ DATE: _____

PRINTED NAME & TITLE:

ASSURANCES

By the initials of applicant's Authorized Representative next to each statement that follows and their signature below, applicants certify that:

_____ Applicant is familiar with the contents of this request for proposal and will commit the resources at applicant's disposal to assure provision of the services described in the PCA Request for Proposals for Mechanical Equipment. Applicant is willing to provide, occasionally as needed, items in addition to those listed on the Mechanical Equipment Specifications List.

_____ Applicant recognizes the need for sensitivity in serving the elderly and people with disabilities and is committed to providing honest, thorough and responsive staff service in order to minimize consumer disruption and upset.

_____ Applicant recognizes that they must have the capacity to complete installation and any necessary construction at the homes of consumers city-wide by the due dates provided by the Construction Manager.

_____ Applicant understands that contracts will be awarded for a maximum dollar amount, but that the total amount of actual reimbursement will be based on the jobs awarded by PCA and completed by applicant.

_____ Applicant recognizes that invoicing is to be done according to the specifications set forth in the Request for Proposals and that different invoicing and payment schedules are used by PCA.

_____ Applicant will carry insurance of the type and in the amounts required by PCA (and otherwise comply with PCA's insurance requirements) and will provide evidence of such insurance. Applicant will carry such insurance throughout the term of the contract.

_____ Applicant agrees to comply with all the requirements of the EPA Lead Repair, Renovation, and Painting Rule [40 CFR 745] and will submit the EPA Lead RRP certification and training certificates at the time of proposal.

_____ Applicant agrees to provide all services under this RFP in a first class workmanlike manner.

_____ Applicant will warrant all equipment, services and work to be free from defects in material and workmanship for a period of at least three years from the date of completion.

_____ Applicant understands that all products installed by applicant shall, where available and offered by the manufacture and/or seller and/or distributor, be accompanied by warranties that such products shall be free of defects in material and workmanship for the period of time and in accordance with the conditions and limitations specified in the warranty.

_____ Applicant agrees to maintain and make available, for purposes of PCA monitoring and audit, documentation to verify service provision as invoiced and reimbursed.

_____ Applicant agrees to submit an annual affirmative action plan and monthly progress reports to PCA as required.

Applicant Company

Signature of Authorized Representative

REFERENCES

Please list five references for **residential** work completed within the last year in the City of Philadelphia, indicating property address, description of work, monetary value of work, contact person and telephone number for each job. PCA will contact three by telephone. Please notify each reference of the possibility of PCA calling. **Points will be deducted if reference is not notified of use as a reference. Individual properties may be listed. If applicant has provided services for PCA, PCA must be listed as the first reference.**

1. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

2. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

3. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

4. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

5. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

INSURANCE CHECKLIST
to be completed by insurance agent or broker

		Is Able to Comply	Can Not Comply
Carrier			
	PA Licensed or approved company		
	Best's rating of at least A-		
	Financial size of at least Class VII (if licensed) or Class XI (if unlicensed)		
General Liability			
	\$1 million combined minimum bodily injury and property damage per occurrence and \$3 million annual aggregate (umbrella coverage acceptable)		
	No deductible		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Automobile			
	\$1 million per occurrence combined single limit (umbrella coverage acceptable)		
	No self-insured retention		
	No deductible		
	Coverage for owned, non-owned and hired vehicles, except for vehicles titled to PCA.		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Workers Compensation			
	Statutory limits of coverage		
	No deductible		
	Employers liability coverage with limits of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease		
	Endorsed for work to be performed in all states in which work is to be performed, including, without limit, Pennsylvania		
Professional Liability			
Certificate of Insurance			
	Insurer shall provide PCA with 30 days written notice prior to any non-renewal, cancellation or modification of coverage or of any impairment of the aggregate insurance available as a result of loss		
	No language on certificate stating that insurer will "endeavor to" mail such notice or language stating "but failure to do so shall impose no obligation of liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate."		
General Requirements			
	Insurance written on an occurrence basis		

Please explain areas where applicant is unable to comply on reverse side.

Please refer to the "Insurance Requirements" set forth in the RFP for the precise insurance procurement obligations. Nothing contained herein on the "Insurance Checklist" obviates or negates any insurance procurement obligation, nor relieves the contractor from any insurance procurement obligation set forth in the "Insurance Requirements".

Insurance Company: _____

Agent/Broker Signature: _____ Phone: _____

Print Name: _____ Date: _____

MECHANICAL EQUIPMENT SPECIFICATION PRICE LIST

SPEC#	TITLE	DESCRIPTION	UNIT	MODEL AND PRICE
LIST A -- STAIRWAY ELEVATORS				
VM 0005	<p>Interior Residential Stairway Lift – Straight (maximum length 16 In ft)</p> <p><i>Indicate minimum clear width needed for installation:</i></p> <p>_____ inches</p>	<p>Provide and install a new interior residential stairway lift (straight-run track) as per manufacturer's specifications. New unit to include:</p> <ul style="list-style-type: none"> ■ side riding vinyl chair ■ folding split seat and folding armrests ■ seat belt ■ 90 degree swivel at top landing ■ call/send directional rocker switches mounted on wall at top and bottom of stairway to call or send lift to desired location. <p>Unit to have weight capacity of not less than 250#.</p> <p>Units with primary or back up battery operation are not acceptable unless there is a visual signal that unit is in charging position.</p>	each	
VM0006	Chest Harness for Stairway Lift	Provide and install full torso harness for residential stairway lift	each	
VM0010	Atypical Mounting	Provide atypical mounting (ramp) for uneven stair tread	each	
VM0020	Hinged Track (manual)	Provide manual hinged track at bottom of stairway	each	

VM 0105	<p>Install Residential Stairway Lift – Curved</p> <p><i>Indicate minimum clear width needed for installation:</i></p> <p>_____ inches</p> <p><i>with intermediate landing dimensions of</i></p> <p>_____</p>	<p>Provide and install a new interior residential stairway lift as per manufacturer's specifications. New unit to include:</p> <ul style="list-style-type: none"> ■ side riding vinyl chair ■ folding split seat and folding armrests ■ seatbelt ■ 90 degree swivel at top landing ■ call/send directional rocker switches mounted on wall at top and bottom of stairway to call or send lift to desired location. <p>Track to include one 90-degree flat turn. Unit to have weight capacity of not less than 250#.</p> <p>Units with primary or back up battery operation are not acceptable unless there is a visual signal that unit is in charging position.</p>	each	
VM 0205	<p>Install Residential Stairway Lift -- Sit/Stand</p> <p><i>Indicate minimum clear width needed for installation:</i></p> <p>_____ inches</p>	<p>Provide and install a new interior residential stairway lift as per manufacturer's specifications. New unit to include:</p> <ul style="list-style-type: none"> ■ side riding vinyl chair ■ folding split seat ■ extra heavy duty folding footrest ■ fold away arm support ■ seat belt ■ call/send directional rocker switches mounted on wall at top and bottom of stairway to call or send lift to desired location. <p>Unit to have weight capacity of not less than 250#.</p> <p>Units with primary or back up battery operation are not acceptable unless there is a visual signal that unit is in charging position.</p>	each	

VM 0305	<p>Install Residential Stairway Lift – Heavy Weight Capacity</p> <p><i>Indicate minimum clear width needed for installation:</i></p> <p>_____ inches</p>	<p>Provide and install a new interior residential stairway lift as per manufacturer's specifications. New unit to include:</p> <ul style="list-style-type: none"> ■ side riding vinyl chair ■ enlarged seat ■ heavy duty track brackets and main unit frame ■ seatbelt ■ 90 degree swivel at top landing ■ call/send directional rocker switches mounted on wall at top and bottom of stairway to call or send lift to desired location. <p>Unit to have weight capacity of not less than 350 lbs. Units with primary or back up battery operation are not acceptable unless there is a visual signal that unit is in charging position.</p>	each	
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LIST B -- ELEVATORS, PLATFORM AND VAN LIFTS & RELATED CONSTRUCTION				
VM 0405	Exterior Vertical Platform Lift (24")	<p>Provide and install one new exterior residential vertical platform wheelchair lift (up to 24" height) as per manufacturer's specifications. New unit to be secured to upper railings on both sides with angle iron or other galvanized bracket and to include:</p> <ul style="list-style-type: none"> ■ upper and lower limit switches ■ final limit switch ■ grounded electrical system ■ non-skid platform and access ramp ■ key lock controls ■ 36" residential side guards ■ emergency stop / alarm ■ top and bottom landing gates or doors with combination mechanical lock and electrical contact ■ call / send switches at top and bottom of lift ■ 3/4" pressure treated lumber fascia board, adaptable to exterior weather conditions. ■ all required electrical from property electrical panel to unit on separate breaker as per city electrical code ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	

VM 0410	Exterior Vertical Platform Lift (42")	<p>Provide and install one new exterior residential vertical platform wheelchair lift (up to 42" height) as per manufacturer's specifications. New unit to be secured to upper railings on both sides with angle iron or other galvanized bracket and to include:</p> <ul style="list-style-type: none"> ■ upper and lower limit switches ■ final limit switch ■ grounded electrical system ■ non-skid platform and access ramp ■ key lock controls ■ 36" residential side guards ■ emergency stop / alarm ■ top and bottom landing gates or doors with combination mechanical lock and electrical contact ■ call / send switches at top and bottom of lift ■ 3/4" pressure treated lumber fascia board, adaptable to exterior weather conditions. ■ all required electrical from property electrical panel to unit on separate breaker as per city code ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	
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VM 0415	Exterior Vertical Platform Lift (60")	<p>Provide and install one new exterior residential vertical platform wheelchair lift (up to 60" height) as per manufacturer's specifications. New unit to be secured to upper railings on both sides with angle iron or other galvanized bracket and to include:</p> <ul style="list-style-type: none"> ■ upper and lower limit switches ■ final limit switch ■ grounded electrical system ■ non-skid platform and access ramp ■ key lock controls ■ 36" residential side guards ■ emergency stop / alarm ■ top and bottom landing gates or doors with combination mechanical lock and electrical contact ■ call / send switches at top and bottom of lift ■ 3/4" pressure treated lumber fascia board adaptable to exterior weather conditions. ■ all required electrical from property electrical panel to unit on separate breaker as per city code ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	
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VM 0420	Exterior Vertical Platform Lift (72")	<p>Provide and install one new exterior residential vertical platform wheelchair lift (up to 72" height) as per manufacturer's specifications. New unit to be secured to upper railings on both sides with angle iron or other galvanized bracket and to include:</p> <ul style="list-style-type: none"> ■ upper and lower limit switches ■ final limit switch ■ grounded electrical system ■ non-skid platform and access ramp ■ key lock controls ■ 36" residential side guards ■ emergency stop / alarm ■ top and bottom landing gates or doors with combination mechanical lock and electrical contact ■ call / send switches at top and bottom of lift ■ 3/4" pressure treated lumber fascia board adaptable to exterior weather conditions. ■ all required electrical from property electrical panel to unit on separate breaker as per city electrical code ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	
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VM 0425	Exterior Vertical Platform Lift (96")	<p>Provide and install one new exterior residential vertical platform wheelchair lift (up to 96" height) as per manufacturer's specifications. New unit to be secured to upper railings on both sides with angle iron or other galvanized bracket and to include:</p> <ul style="list-style-type: none"> ■ upper and lower limit switches ■ final limit switch ■ grounded electrical system ■ non-skid platform and access ramp ■ key lock controls ■ 36" residential side guards ■ emergency stop / alarm ■ top and bottom landing gates or doors with combination mechanical lock and electrical contact ■ call / send switches at top and bottom of lift ■ 3/4" pressure treated lumber fascia board adaptable to exterior weather conditions. ■ all required electrical from property electrical panel to unit on separate breaker as per city code ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	
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VM 0430	Exterior Vertical Platform Lift (108")	<p>Provide and install one new exterior residential vertical platform wheelchair lift (up to 108" height) as per manufacturer's specifications. New unit to be secured to upper railings on both sides with angle iron or other galvanized bracket and to include:</p> <ul style="list-style-type: none"> ■ upper and lower limit switches ■ final limit switch ■ grounded electrical system ■ non-skid platform and access ramp ■ key lock controls ■ 36" residential side guards ■ emergency stop / alarm ■ top and bottom landing gates or doors with combination mechanical lock and electrical contact ■ call / send switches at top and bottom of lift ■ 3/4" pressure treated lumber fascia board adaptable to exterior weather conditions. ■ all required electrical from property electrical panel to unit on separate breaker as per city code ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	
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VM 0505	Exterior Inclined Platform Lift	<p>Provide and install a new exterior residential inclined platform lift as per manufacturer's specifications. New unit to include:</p> <ul style="list-style-type: none"> ■ 500 pound capacity ■ safety under-panel obstruction switches ■ power anti-skid folding platform ■ limit switches at top and bottom ■ final limit switch at top ■ call / send stations at top and bottom ■ fully automatic access ramp(s) ■ all required electrical from property electrical panel to unit on separate breaker as per city electrical code. ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	
VM 0605	Exterior Van Lift (This item Bid Optional)	<p>Provide and install a new exterior residential wheelchair van lift on exterior porch of property as per manufacturer's specifications. Unit to include:</p> <ul style="list-style-type: none"> ■ fully automatic fold up platform ■ battery operation with charging system ■ wireless remote controls ■ solid state circuit board ■ manual lowering device ■ flip up safety ramps ■ safety arms ■ all required electrical from property electrical panel to unit on separate breaker as per city electrical code. ■ Wiring for lift to be drilled through joists to panel or attached to bottom of joist with BX cable. 	each	

SC 0060	Install White Aluminum Storm Door, 36"	Install a new white aluminum 36" storm door. Doors installed on exterior front of home to include mail slot, removable clear tempered safety glass panel and insect screen insert, latch and inside locking lever, pneumatic closer and adjustable chain.	each	
SC 0071	Install 36" door & frame	Install a new 1 3/4" x 36" x 68" insulated steel door and frame with prehung unit. To include two keyed locks, hardware, weather-stripping, paint, one light or peephole at height accessible for consumer. New door to be Stanley or equal.	each	
SC 0071B	Remove existing window & frame AND Replace with 36" steel door & frame	Remove existing window and frame completely and enlarge opening to accept a new 36" steel door and frame and steel lintel if necessary. New opening to match exterior masonry as closely as possible and all work and materials to conform to city building code. To include permit fee. Install a new 1 3/4" x 36" x 68" insulated steel door and frame with prehung unit. To include two keyed locks, hardware, weather-stripping, paint, one light or peephole. New door to be Stanley or equal.	each	

SC 0071C	Remove existing door & frame AND Install 36" door & frame	Remove existing entrance door. Doorway opening to be enlarged to accept a 36" door and frame and steel lintel if necessary. New opening to match exterior masonry as closely as possible and all work and materials to conform to city building code. Install a new 1 3/4" x 36" x 68" insulated steel door and frame with prehung unit. To include two keyed locks, hardware, weather-stripping, paint, one light or peephole. New door to be Stanley or equal.	each	
SC 0090	Install Wrought Iron Porch Railing	Remove existing porch railing completely. Provide and install a new wrought iron porch railing of bar stock wrought steel, ornamental design with solid twist balusters. Properly secure to deck and posts. Prime and paint with exterior metal paint by MAB or equal.	ln ft	
SC 0105	Install Raised Platform on Existing Porch (maximum additional height 9")	Install raised platform on existing porch with pressure treated lumber. New platform to be the same height as the existing exterior door entrance threshold. New platform to include all required pressure treated lumber, supports and trim, and to comply with city building code. All lumber and supports to be fastened with proper sized galvanized screws and nails. Existing railings and gates to be adjusted or replaced as needed for installation of new porch.	Sq. ft	
SC 0106	Build Exterior Wood Deck for Platform Lift	Build a new wood deck with pressure treated lumber for platform lift. New deck to be installed at same height as existing entrance being used for way of egress by client. To include all necessary pressure treated lumber,	Sq. ft	

		posts, railings, footings and all necessary galvanized joist hangers, screws and nails. Posts must be lag bolted. All bolts minimum ½". NOTE: All decks to comply with accessibility guidelines and city building code.		
SC 0107	Build Exterior Wood Steps	New exterior wood steps to include all treads, stringers, posts and handrails. All lumber to be pressure treated and properly fastened with proper sized galvanized screws, nails and joist hangers. NOTE: New steps to comply with accessibility guidelines and city building code	each step	
SC 0141	Install Vinyl Window, Double Hung, Storm/Screen	Install double hung vinyl window with attached storm/screen unit. Thermal barrier included. To include all new stops. Up to 100 UI	each	
SM 0500	Concrete Sidewalks	Remove existing concrete, if any. Subgrade to be well drained, uniformly graded and compacted. Concrete to be 4" thick with scored joints 1/2" bituminous expansion joint to be provided at 15 ft intervals and at intersections with walks, curbs, garage or carport slabs, and dwellings. Width of new concrete to match existing.	sq. ft	
SM 0509	Remove Retaining Wall	Remove existing retaining wall. Leave footing in place. Remove excessive fill and regrade.	sq. ft	
SM 0511	Remove Masonry Wall	Remove masonry wall in its entirety. Make all necessary preparation to clear and disconnect all utilities. Secure required permit from Department of Licenses and Inspection. Remove all debris and clean area.	sq. ft	
SM 0512	Stucco Exterior Wall	Chip all loose material from wall. Fill all voids and cracks with mortar. Apply approved metal lath and two coats of plaster minimum	sq. ft	

		thickness 5/8". Include corner bead where applicable.		
SM 0514	Install 12" Block Foundation	Excavate as necessary and build a 12" block foundation as per city building code. To include necessary weep holes	sq. ft	
SM 0519	Install Concrete Footings	Excavate and pour certified concrete footing to support masonry wall. See specs for masonry according to city code. Permit required.	sq. ft	
SM 0534	Concrete Landing Pad for Wheelchair Lift	Remove existing concrete, if any. Install new concrete pad as per city building code.	sq. ft	
SM 0556	Masonry Block Wall	New wall shall be built in accordance with city building code and zoning regulations. Permit required. Dimensions herein are approximate. A concrete footing shall be installed. All openings shall have a steel or masonry lintel of required size.	sq. ft	
SM 0580	Excavation - Manual	Obtain required clearances from PA One Call Program prior to submission of write up to PCA. Hand excavate to include all removal of concrete, dirt and all necessary materials required. Backfill and properly tamp surface after completion.	cu yd	
SM 0581	Excavation - Power	Obtain required clearances from PA One Call Program prior to submission of write up to PCA. Power excavate to include all removal of concrete, dirt and all necessary materials and tools required. Backfill and tamp surface after completion.	cu yd	

SE 0952	Exterior Light Fixture	Provide and install a new exterior light fixture near exterior entrance. Fixture to be wall or ceiling mounted to provide the most coverage. To include all new wiring, fittings, interior switch and bulb.	Each	
VM 0310	Replace Wood Banister with Wrought Iron	Fabricate and install wrought iron banister, newell posts and hallway railing. All wrought iron shall be of standard shaped parts with standard rolled formed top and bottom. Rail 1" x 3/8" minimum, 1/2" x 1/2" balusters or spindles, 1"x1" starting post and newell posts, 1/4" base plates where required with two holes for anchorage at running supports and four holes for anchorage at starting posts and columns. Provide lamb's tongue, rounded corners at free ends for safety. Balusters shall be vertical and spaced at 5" minimum spacing. To include all finish carpentry to restore steps and floor to acceptable condition.		
LS 9999	EPA Lead Regulations	Additional costs incurred, on a per area basis, to perform and comply with the requirements of the EPA Lead Safety for Renovation, Repair and Painting Final Rule [40 CFR 745] guidelines. Costs of the Certified Renovator include: posting of warning signs, maintaining containment, waste handling, setting up plastic containment barriers to avoid spread of contaminated dust to adjacent areas and post-renovation cleaning. Include all costs of sheet plastic, HEPA vacuuming, tools, plastic bags, disposable coveralls and gloves, protective eyewear, respirator and shoe covers and recordkeeping forms required to comply.	Each	

APPENDIX A

CONSUMER ACCEPTANCE FORM

NOTE: This form is to be submitted with subcontractor's invoice. It indicates that equipment has been installed and demonstrated to Consumer's satisfaction, that Consumer has been instructed in use of equipment, and that Consumer has been provided with a local or toll-free telephone number where problems can be reported twenty-four hours a day.

PCA will conduct a final post inspection of the equipment and installation before any payment will be made. The warranty period begins with PCA's post inspection.

Consumer: _____

Address: _____

Telephone: _____

Equipment Provided: _____

CONSUMER: INITIAL THE ITEMS BELOW ONLY IF THEY ARE TRUE AND INSTALLATION IS COMPLETELY FINISHED.

- | | | |
|---|--|-------|
| X | The equipment listed above has been installed completely and to my satisfaction | _____ |
| X | The workmen have cleaned up the property to my satisfaction | _____ |
| X | I have been instructed in the use of the equipment and written instructions have been left with me | _____ |
| X | The subcontractor has given me a local or toll free telephone number which I can call twenty-four hours a day to report problems | _____ |

Consumer's Signature

Date (**must be dated**)

Vendor's Signature

Date (**must be dated**)