

# REQUEST FOR PROPOSALS SAGINAW CHIPPEWA INDIAN TRIBE NIMKEE SUPPLY AIR TEMPERING

Owner: Saginaw Chippewa Indian Tribe of Michigan  
7070 East Broadway  
Mt. Pleasant Michigan 48858

Owners Designated: Aaron Ash – Facilities Manager  
Representative 989-775-5134  
[aash@sagchip.org](mailto:aash@sagchip.org)

Project: Nimkee Wellness Center Supply Air Tempering

Location: Nimkee Memorial Wellness Center  
2591 S. Leaton Rd.  
Mt Pleasant, MI 48858

Bid Due Date: October 7th, 2022 at 2pm  
At the office of Walt Kennedy  
2591 S. Leaton Rd.  
Mt. Pleasant, Michigan 48858

## **Project Description**

Nimkee Center is looking to install four intake air auxiliary cooling coils and condensers, and four electric heating coils before their existing Trane supply air units. Also, additional heating for north testing area entrance foyer.

## **Scope of Services**

- Determine location and proper sizing of auxiliary coils in duct work to provide air tempering and efficiency. Heating before unit and cooling after unit.
- Determine location of outside condensers, with the preference of low visibility from front entrances. Foyer heating can be electric.
- All electrical and control wiring, wall penetrations, sheet metal modifications, drains and insulation required to finish the project to be included.
- Control of the air temperature dictated by Trane Ensemble, you will be required to contact them for their pricing. Make-up air temperature set point will be adjustable by owner, using separate heating and cooling set points. Adjustable enabling set points will be required.
- Complete start-up commissioning per manufacturer requirements.
- Provide on-site owner training. One visit will be required.
- Installation shall be in accordance to local mechanical codes.

- Obtain all necessary permits, including mechanical, hot work and etc.
- Provide owner with two (2) sets of hard copies of O/M manuals and a digital file.

**Bid Requirements:**

- Complete this bid proposal form and return on the designated bid due date specified.
- A pre-bid walkthrough is mandatory and will be on 09/27/2022 @ 10am at the project's address.
- Provide schedule describing reimbursable items not included in the base bid document.

**Award of Contract**

The Owner reserves the right to reject any and all bids or parts thereof and waive any irregularities. Final terms of all contracts and agreements will be negotiated by the Saginaw Chippewa Indian Tribe's legal counsel.

The awarded bidder shall furnish, pay for, and maintain insurance, including without limitation: Liability, Comprehensive General Liability, Professional Liability, and Workers' Compensation.

**Proposed Contract Sum:**

The undersigned, having carefully examined the scope of services for this project, and further, having visited the site and become fully familiar with all conditions affecting services required, hereby proposes to complete the project based on a lump sum figure.

Compensation shall be a lump sum figure of \$\_\_\_\_\_ based on the request for proposal specifications.

**Tribal Certification for Exemption for Michigan Sales and Use Tax**

Per an agreement with the State of Michigan all materials that are purchased, used or acquired in the renovation, or improvement of real property owned by the Tribe or federal government in trust for the Tribe are exempt from both the sales and use if the real property is located within the Tribal and Trust Lands.

**Commencement of Work**

The work shall commence immediately upon execution of the Contract.

**Contract Documents:**

The Contractor must sign a formal agreement approved by the Saginaw Chippewa Indian Tribe's legal counsel.

**Acknowledgements**

**Bid Obligation-** It is understood that the Bidder may not withdraw this bid for a period of sixty (60) days after the bid opening date.

**Cost of Responding-** The bidder shall be responsible for all costs incurred in preparation of responses to this RFP.

**Signatures**

**Bidder:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Legal Status**

Sole Proprietor: Yes \_\_\_\_\_  
Partnership: Yes \_\_\_\_\_ state of \_\_\_\_\_  
Corporation: Yes \_\_\_\_\_  
Other: Yes \_\_\_\_\_ Describe: \_\_\_\_\_

**Identification:**

Federal Employer I.D. Number \_\_\_\_\_

State License Number: \_\_\_\_\_

**Authorized Signature**

Name: (Legal Signature) \_\_\_\_\_

Name: (Type or print) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_