

CHFA HVAC SERVICE AND MAINTENANCE REQUEST FOR QUOTES (July 2021)

The Connecticut Housing Finance Authority (“CHFA”) is seeking quotes from firms with offices in the State of Connecticut for a licensed HVAC contractor to provide a full service maintenance contract on all equipment at 999 West Street, Rocky Hill, Connecticut listed on the attached equipment inventory list, **Exhibit A**.

Included are 1) **Exhibit A** - Equipment Inventory List; 2) **Exhibit B** – Quote Form 3) **Exhibit C** - CHFA’s insurance requirements; and 4) **Exhibit D** - Frequently Asked Questions.

The term of the contract is for up to 3 years and should include the following service items*:

- **Annual Maintenance Schedule**
 - Describe equipment and scope of annual maintenance
- **Quarterly Maintenance Schedule**
 - Describe equipment and scope of quarterly maintenance
- **Seasonal Start-Up Schedule**
 - Describe equipment and scope of seasonal start-up
- **Preventative Maintenance Schedule**
 - Describe equipment and scope of scheduled preventative maintenance

*The regular maintenance should include regular inspection and cleaning of all equipment and all material such as filters (MERV 13 for HVAC units), belts and lubrication/oil.

Please also describe any work that is not covered under preventative maintenance services such as hourly fee, emergency service fees, etc. for any services outside of the annual, quarterly, seasonal, and preventative maintenance schedules.

SUBMISSION REQUIREMENTS

- A. Provide completed **Exhibit B** - Quote Form to **RFP.RFQ@chfa.org** no later than **Monday, August 16, 2021** along with detailed annual, quarterly, seasonal and preventative maintenance schedules and services.
- B. Supply, if applicable, Small Business Set-Aside Certificate.
- C. Supply copy of completed W-9 form.
- D. Provide copy of current Connecticut Heating, Piping and Cooling license.

OTHER REQUIREMENTS:

- A. Selected vendor will be required to execute a contract satisfactory to CHFA and will agree that it will comply with the provisions of Connecticut General Statutes applicable to contracts with CHFA including, but not limited to, nondiscrimination and affirmative action provisions.
- B. Selected vendor will be required to provide documentation regarding general liability, auto, workers’ compensation and umbrella insurance in limits identified in **Exhibit C** - CHFA Insurance Requirements.

If you would like to make an appointment to see the equipment, please send an email to RFP.RFQ@chfa.org no later than **Monday, August 2, 2021**.

Please submit any additional questions to RFP.RFQ@chfa.org by **Monday, August 2, 2021**. Additional questions and answers will be posted on CHFA's Website.

CHFA is an Affirmative Action/Equal Opportunity Employer.

Exhibit A

CONNECTICUT HOUSING FINANCE AUTHORITY
HVAC EQUIPMENT INVENTORY

QTY	SYSTEM COMPONENTS	MANUFACTURER	MODEL	RATING	LOCATION
2	PACKAGE ROOFTOP HVAC UNITS	TRANE	SXHC-750	75 TONS	ROOF
1	HOT WATER BOILER	H.B.SMITH	28 MILLS		PENTHOUSE
5	EXHAUST FANS	LOREN COOK			ROOF/ELE.MACHINE ROOM
1	AIR COMPRESSOR	QUINCY	QR03008D00 026		PENTHOUSE
1	AIR DRYER	SPEEDO			PENTHOUSE
2	HUMIDIFIERS	DRI STREAM	VPC-8-8		RTU'S
1	WATER HEATER	A.O. SMITH	CYCLONE100		PENTHOUSE
2	HOT WATER PUMPS	B&G	1510		PENTHOUSE
2	HOT WATER UNIT HEATERS	TRANE			1 ST FLOOR
91	VAV BOXES	TRANE			ALL FLOORS
3	DUCTLESS SPLIT A/C SYSTEM	SANYO		1.5 TONS	1 ST & 3 RD FLOOR
1	DDC CONTROL SYSTEM	JOHNSON	COMPANION		3 RD FLOOR, ELEC. CLOSET
3	CHANENGER 3000 CONTROL SYSTEM	LIEBERT	BU067A-CAEI	5 TONS	3 RD FLOOR COMP. ROOM
3	95 F AMBIENT FAN SPEED CONTROL CONDENSER	LIEBERT	DCSF083-9	208/230 VOLTAGE 1 PHASE 60HZ	ROOF
1	ICE MACHINE	MANITOWAC	UY0140A	115V	2 ND FLOOR LOUNGE

Exhibit B

Quote Form-HVAC Maintenance 2021	
Company Name:	
Contact Name:	
Title:	
Phone:	
Email:	
HVAC Maintenance:	
Annual Price:	\$
Please list any other fees not part of the annual, quarterly, seasonal start-up and preventative maintenance schedule.	Costs:
1. Hourly fees for maintenance not included in preventative maintenance schedule.	\$
2. Emergency hourly fees for maintenance not included in preventative maintenance schedule.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
Reference 1:	Reference 2:
Company Name:	Company Name:
Contact Name:	Contact Name:
Title:	Title:
Email:	Email:
Phone:	Phone:
Reference 3:	Any Experience with any CT state agency must be listed here:
Company Name:	
Contact Name:	
Title:	
Email:	
Please complete form along with detailed annual, quarterly seasonal and preventative maintenance schedules and services to RFP.RFQ@chfa.org no later than August 16, 2021	

CHFA is an Affirmative Action/Equal Opportunity Employer.

Instructions: CHFA Insurance Requirements

All contractors and vendors are required to provide proof of the required insurance coverage before entering the premises or commencing any work at any CHFA facility. Contractors and vendors must obtain, at their own expense, all the insurance required here, and acceptable evidence of such insurance must be properly furnished to, and approved by, CHFA.

All subcontractors are subject to the same requirements. It is the responsibility of the primary contractor or vendor to obtain acceptable evidence of insurance from subcontractors.

CHFA also requires that CHFA be named as an additional insured on your general liability policy(ies). Your general liability policy must be endorsed with ISO Endorsement CG 20 10 (or equivalent) *or* ISO Endorsement CG 20 26 (or equivalent), *and* ISO Endorsement CG 20 37 (or equivalent) if so required. These form numbers must be specifically referenced on the certificate of insurance. If your insurance company uses a different form to provide CHFA with additional insured status on your policies, copies of those forms must be provided in advance with the insurance certificate for review and approval by CHFA. All coverage must be primary as to CHFA.

The proper name for the entity to be named as additional insured is: “Connecticut Housing Finance Authority, and/or related or affiliated entities.”

Evidence of compliance with these requirements is with the ACCORD form 25, “Certificate of Liability Insurance”, with 30 day notice of cancellation, plus copies of any required additional insured endorsements. Certificates should be sent to: Connecticut Housing Finance Authority, Attention: Legal Dept., 999 West St., Rocky Hill, CT 06067. Tel.: (860) 721-9501, Fax: (860) 721-0527.

Current insurance certificates must be furnished to CHFA at all times. Replacement certificates must be furnished *prior to the expiration or replacement* of referenced policies.

Required (if checked)	Type of Insurance	Standard Requirement
√	Commercial General Liability	<p>\$1,000,000 per occurrence/ \$2,000,000 aggregate bodily injury/property damage.</p> <p>The CGL policy must include coverage for:</p> <ul style="list-style-type: none"> • liability from premises and operations. • liability from products or completed operations. • liability from actions of independent contractors. • liability assumed by contract. <p>All coverage provided to CHFA under this section must be primary.</p> <p>CHFA must be named as “additional insured” on your CGL policy with ISO form CG 20 10 or CG 20 26 or equivalent</p>
√	Contractors or service vendors:	<p>CHFA must <i>also</i> be named as “additional insured” on your CGL policy with form CG 20 37 or equivalent</p> <p>The Aggregate limit must apply per job/project.</p> <p>Products/completed operations must be carried for 2 years after completion of job/acceptance by owner.</p>
√	Automobile Liability	\$1,000,000 per accident for bodily injury/property damage, including hired & non-owned vehicles
√	Workers' Compensation Employers Liability	<p>Statutory</p> <p>\$1,000,000 each accident</p>
√	Umbrella Liability	\$1,000,000 Excess over underlying limits described above.
	Professional Liability	\$1,000,000 per occurrence/ \$1,000,000 aggregate

Insurance Requirements

Contractors or vendors working for and/or doing business with the Connecticut Housing Finance Authority (CHFA), or using CHFA facilities, shall agree as a condition of acceptance to furnish and perpetually maintain, at their own expense, for the duration of any project, work, contract or use of CHFA facilities the following policies of insurance covering the following items. Insurance must be primary and endorsed to be noncontributory by CHFA, must be written in an insurance company A.M. Best rated as “A-VII” or better, and CHFA must be endorsed to the policy as an additional insured (except Worker’s Compensation) unless this requirement is specifically waived in writing by CHFA. Contractors further agree that any subcontractor they intend to use on CHFA assigned work will be required to submit to the same indemnity and insurance requirements contained in this schedule. Contractor shall obtain insurance certificates stating that both Contractor and CHFA shall be endorsed to the subcontractor’s insurance policies as additional insured.

Indemnification

The contractor/vendor shall save harmless, indemnify, and in the event of claim, notification or suit will immediately defend CHFA and any related or subsidiary entities, their officers, employees and volunteers, from and against all loss, costs, damage, expense, claims or demands arising out of or caused or alleged to have been caused in any manner by the performance of work or use of facilities herein provided, including all suits, claims or actions of every kind or description brought against the CHFA either individually or jointly with the entity or organization for or on the account of any damage or injury to any person or persons or property, including the entity or organization’s employees or their property, caused or occasioned, or alleged to have been caused or occasioned in whole or in part by the entity or organization, including any subcontractor, their employees or agents.

Certificates of Insurance

Before starting any work, or commencing any use or occupancy of CHFA premises, the contractor or vendor shall furnish to CHFA a certificate of insurance indicating, specifically, the existence of those coverages and limits set forth as follows. CHFA must be named on the insurance certificate as “additional insured” for the coverage’s afforded, and a copy of the actual policy endorsement that adds CHFA as an additional insured must be attached to the certificate (Blanket additional insured endorsements are deemed acceptable). It is also the duty of contractor or vendor to provide renewal or replacement certificates and endorsements to CHFA upon renewal or new placement of any insurance policy which may expire or renew during the term of any project or engagement, and to give CHFA thirty (30) days notice of any cancellation or change in the terms of such policy or policies during the periods of coverage. Upon request of CHFA, the contractor or vendor shall furnish to CHFA for its examination and approval such policies of insurance with all endorsements, or copies thereof, certified by the agent of the insurance company.

The contractor or vendor agrees to forward a signed original of this Insurance Requirement signed by an authorized Officer or Agent for the contractor or vendor, to the care of: Connecticut Housing Finance Authority, **Theresa Calderone**, General Counsel, 999 West St., Rocky Hill, CT 06067. Tel.: (860) 571-4389, Fax: (860) 721-0527, Email: Theresa.Caldarone@CHFA.org, as an acknowledgement and acceptance to the terms and conditions stated herein and prior to the commencement of any work being performed.

Signed by (contractor or vendor)

(type/print name of contractor or vendor)

Date

Exhibit D

Frequently asked Questions-HVAC

Question: Is the only location of service at CHFA's office building?

Answer: *Yes, the services are for 999 West Street, Rocky Hill, Connecticut.*

Question: What are the times the vendor is allowed to perform services? Is Saturday acceptable?

Answer: *Vendors are allowed to perform services between 8:00 a.m. and 4:00 p.m. Monday through Friday and on Saturdays with prior approval from CHFA.*

Question: Is there a noise ordinance that requires no noise before or after a set time?

Answer: *Vendor should refer to local town ordinances.*