

REQUEST FOR PROPOSAL FOR

**MDCC PROJECT #041224
CHILLER REPLACEMENTS**

**FOR:
MISSISSIPPI DELTA
COMMUNITY COLLEGE
MOORHEAD, MS**



Via www.centrauctionhouse.com

Tuesday, May 14, 2024

Business Services
Mississippi Delta Community College
289 Cherry Street
Moorhead, MS 38761

RE: MDCC Project #041224 Chiller Replacements

Good Afternoon,

My name is Reese Pate, Owner of RP Mechanical. We are interested in the referenced project. We are a Service Disabled Veteran Owned Small Business that has previously completed several federal projects. Please see attached for some of those projects.

We are primarily a mechanical contractor since inception; however, we also offer general, electrical, and civil construction services as well. RP Mechanical has a proven history of performing technical and environmentally significant projects, and has the capacity to perform this project along with our current workload. Our team has vast experience working for the federal government and more specifically the Department of Defense. We have read and understand the requirements of this project for Safety, Quality, and Environmental controls. We commit that the plans we submit for our management of these items will be comprehensive and completed prior to starting any work. Our superintendents, site safety officers, and myself possess OSHA 30 certifications related to the safety requirements required for construction projects. The following is our qualification information as requested. Please do not hesitate to contact me with any questions you may have.

Thank you for your consideration.

Reese B. Pate

Reese B. Pate, Owner
RP Mechanical HVACR, LLC
reese@rpmechanical.net

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Offeror: RP Mechanical HVACR, LLC
Address: 22 Greenfield Drive
Natchez, MS 39120
Phone: 601-850-8177
Contact: Reese B. Pate, Owner
Email: reese@rpmechanical.net

Designation: SDVOSB, SBE **CAGE:** 8LE38 **DUNS:** 036347199
UEI: GUM4W2MVW3U4 **COR#:** 25606-MC

Representations and Certifications: A list of complete, current, and accurate representations and certifications are in the System for Award Management (SAM).

Past Performance:

| | | |
|------------------------------------------------------------------------------|------------------------------------|----------------------------|
| Keesler Air Force Base | Vectrus Systems Corporation | Biloxi, Mississippi |
| MAHG 18-1085; Install Sanitary Water Contact/Detention Tanks | | |
| MAHG 19-1033; Repair Azalea Dining Hall Refrigeration | | |
| MAHG 19-1059; Bryan and Jones Hall Duct Cleaning | | |
| MAHG 20-1002; Replace Chiller at Vosler Center, B2602 | | |
| MAHG 20-1090; Clean Ducts 2901 NCO Academy and 2902 Airmen Leadership School | | |
| MAHG 20-1097; NDI Lab HVAC Repair, Mold Remediation, and Duct Cleaning | | |
| MAHG 21-1039; Replace Chiller B4225 | | |
| MAHG 22-1009; Replace Boilers Basewide Phase 3 | | |

| | | |
|--------------------------------------------------------------------------------------------------|----------------------------------|----------------------------|
| Keesler Air Force Base | 81st Contracting Squadron | Biloxi, Mississippi |
| FA301021C0023; MAHG 21-1154; Repair Ploesti Drive Sinkholes | | |
| FA301022C0008; MAHG 20-109; Dolan Hall Fire Alarm Replacement | | |
| FA301023C0030; MAHG 23-1013; Repair NPS Dorm Chillers 3 & 4, and Inspect Dorm Chiller 2 at B7405 | | |
| FA301023P0085; MAHG 12-1108; Repair Convault Tanks | | |

Company References:

Michael Wittmer, Contracts Administrator
Vectrus Systems Corporation, a subsidiary of V2X
7901 Jones Branch Drive
Suite 700
McLean, Virginia 22102
Office: 719-637-5758
Email: michael.wittmer@GoV2X.com

Katie Nelson, Contracting Officer
81st Contracting Squadron
310 M Street
Building 4605
Keesler AFB, MS 39434-2701
Office: 228-377-1839
Email: katie.nelson.7@us.af.mil

ADDENDA ACKNOWLEDGMENT:

No. 1 No. 2 No. _____
No. _____ No. _____ No. _____

ACCEPTANCE:

I certify that I am authorized to enter into a binding contract, if this Proposal is accepted.

Signature _____ Date 05/14/2024
Name and Title Reese B. Pate, Owner
Name of Business R.P. Mechanical HVACR, LLC
Address 1051 Cato Road Mendenhall, MS 39114 (mailing)
Address 22 Greenfield Drive (physical)
City/State/Zip Code Natchez, MS 39120 County Adams
Phone 601-850-8177 Fax N/A Email reese@rpmechanical.net

- **BIDDER'S CERTIFICATE OF RESPONSIBILITY NUMBER:** 25606-MC
- **MINORITY BUSINESS ENTERPRISE? (MBE/WBE)** Yes X SDVOSB No _____ (to assist with Code 57-1-57)

-
- **Attach copy of Non-Resident Bidder's Preference Law**

- **Mechanical / Plumbing / Electrical Contractors:**

Regarding said Divisions of the Specifications of the Owner's Standard Form of Agreement Between The Owner and The Contractor:

List any Mechanical/Plumbing and/or Electrical Sub-Contractors that will perform work of this contract, regardless of cost even for under \$50,000.00. COR must be included where sub-contract exceeds \$50,000.00. If no sub-contractor is listed, and such work is within scope of contract and over \$50,000.00, bidder's own COR classification(s) must be sufficient to self-perform any such work. If no sub-contractor is listed, then use of sub-contractor to perform such scope will not be permitted.

| | | | |
|------------------------|-----------------------------------------|-----------------------------------|-----------------|
| Mechanical Contractor: | <u>R.P. Mechanical HVACR, LLC</u> | Certificate of Responsibility No. | <u>25606-MC</u> |
| Plumbing Contractor: | <u>R.P. Mechanical HVACR, LLC</u> | Certificate of Responsibility No. | <u>25606-MC</u> |
| Electrical Contractor: | <u>Indianola Electric Company, Inc.</u> | Certificate of Responsibility No. | <u>20884-MC</u> |

Division 0

01/22/2024

Bid Bond

CONTRACTOR:

(Name, legal status and address)

R.P. Mechanical HVACR, LLC
22 Greenfield Drive
Natchez, MS 39120

SURETY:

(Name, legal status and principal place of business)

United States Fire Insurance Company
305 Madison Avenue
Morristown, NJ 07960

OWNER:

(Name, legal status and address)

Mississippi Delta Community College
289 Cherry Street
Moorhead, MS 38761

BOND AMOUNT:

5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any) Chiller Replacements, Mississippi Delta Community College, Moorhead, MS, MDCC Project No. 041224

Project Number, if any:

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification. Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 10th day of May, 2024

R.P. Mechanical HVACR, LLC

(Principal)

(Seal)

By:

(Title)

United States Fire Insurance Company

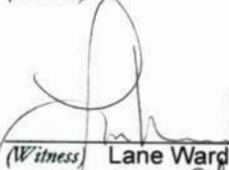
(Surety)

(Seal)

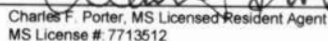
By:

(Title) Jeffrey M. Wilson, Attorney-in-Fact & MS Licensed Agent
MS License #9303585

(Witness)


(Witness) Lane Ward

Countersigned by:


Charles F. Porter, MS Licensed Resident Agent
MS License #: 7713512



By arrangement with the American Institute of Architects, the National Association of Surety Bond Producers (NASBP) (www.nasbp.org) makes this form document available to its members, affiliates, and associates in Microsoft Word format for use in the regular course of surety business. NASBP vouches that the original text of this document conforms exactly to the text in AIA Document A310-2010, Bid Bond. Subsequent modifications may be made to the original text of this document by users, so careful review of its wording and consultation with an attorney are encouraged before its completion, execution or acceptance.

**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

50915

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Jeffrey M. Wilson, Richard H. Mitchell, William M. Smith, Robert R. Freel, Anna K. Childress, Mark W. Edwards, II, Alisa B. Ferris,
Robert Read Davis, R.E. Daniels, Shelby E. Daniels

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

- (a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
- (b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY



Matthew E. Lubin, President

State of New Jersey }
County of Morris }

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.



Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 10-day of May 20 24

UNITED STATES FIRE INSURANCE COMPANY



Michael C. Fay, Senior Vice President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/13/2024

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 have **ADDITIONAL INSURED** provisions or 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 Alfa Agency Inc PO BOX 11000 Montgomery AL 36191 | CONTACT NAME: Angela Cole PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: The Ohio Casualty Insurance Company INSURER B: Technology Insurance Company, Inc INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # |
| INSURED Reese Pate, DBA: RP Mechanical HV/ACR LLC 1051 Cato Road Mendenhall AL 39114 | | |

COVERAGES**CERTIFICATE NUMBER:** CL209310529**REVISION NUMBER:**

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|---------------|-------------------------|-------------------------------------|---------------------------------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | BWG61820484 | 09/01/2023 | 09/01/2024 | EACH OCCURRENCE \$ 1,000,000 |
| | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 | | | | |
| | | | MED EXP (Any one person) \$ 15,000 | | | | |
| | | | PERSONAL & ADV INJURY \$ 2,000,000 | | | | |
| | | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | USO61820484 | 09/01/2023 | 09/01/2024 | EACH OCCURRENCE \$ 3,000,000 |
| | | | AGGREGATE \$ 3,000,000 | | | | |
| | | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N <input type="checkbox"/> | N / A | TWC4240288 | 03/06/2023 | 03/06/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | | | E.L. EACH ACCIDENT \$ 500,000 | | | | |
| | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 | | | | |
| | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)MDCC# 041224
Chiller Replacements
Mississippi Delta Community College**CERTIFICATE HOLDER****CANCELLATION**

| | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mississippi Delta Community College 289 Cherry St Moorhead MS 38671 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Jorey Elmore |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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