

# **CITY OF WALTHAM, MASSACHUSETTS**

**REQUEST FOR QUOTATIONS  
for  
Wii™ BOWLING  
at  
Waltham Community and Cultural Center  
510 Moody Street  
Waltham, MA**

**QUOTATION DUE: 2 PM Thursday September 5, 2013**

**City of Waltham  
Purchasing Agent  
Joseph Pedulla  
City Hall  
610 Main Street  
Waltham, MA 02452**

## I.

### BACKGROUND

The City of Waltham has converted the former South Junior High School into a Community and Cultural Center located at 510 Moody Street, Waltham, MA.

On the first (basement) floor, the City is seeking to create a bowling area with both candlepin bowling and Wii-bowling™. The candlepin area will be subject to a separate bid proposal.

The areas are described as follows: on the right side there is an open area measuring approximately 60' long by 25' wide, a petition in the middle, a hallway and three petitioned rooms on the left. ("Premises").

The Wii-bowling™ area will be in the middle partitioned room, on the left side, measuring approximately 22' long by 19' wide.

## II.

### REQUEST FOR QUOTATIONS

The City of Waltham is seeking quotations for Wii-bowling™ in the middle rooms on the left side of the premises.

The City will be responsible for preparing the room, installing a new ceiling and for providing all the necessary electrical work and painting work including any electrical work associated with the Wii-bowling™ installation. The City will also install carpeting in both areas (Wii-bowling™ and candlepin) once the installations are complete.

The successful proposer will be responsible for delivering and installing a system capable of accompanying a Nintendo Wii™ simulated bowling game, including:

- 8' High x 10' big screen with high contrast professional quality viewing
- 3500 Lumens commercial quality HD overhead projector
- Regulation ball return with 8 full sized plastic bowling balls
- 4 sections of bowler's sofas
- 10' wide x 16' long bowling lane surface with realistic maple wood lanes including foul lines and lane arrows
- 8' high x 16' wide wall graphics
- Bowling pin table

Quotes should clearly state price and warranties provided. If any license fees are involved, they must be clearly enumerated and reflected separately in the total price proposal.

The successful proposer will be required to provide one training session upon completion of installation for the Director of Recreation and one recreation supervisor for as long as needed.

### III. QUOTE SUBMISSION REQUIREMENTS

#### A. Price Quote

Proposer is to submit price quote on the attached price quote form and include price for items referenced in Section II above.

#### B. Insurance

Proposers will be responsible for supplying liability Insurance in amount \$1,000,000 and worker's compensation insurance covering any and all employees or contactors. Insurance certificates are to be provided to the Purchasing Agent at the time of the proposal. The City will be named as an additional insured on all insurance certificates/binders.

WORKMAN'S COMPENSATION: The Contractor shall provide insurance for the payment of compensation and furnishing of other benefits under Chapter 152 of the General Laws of the Commonwealth of Massachusetts to all persons to be employed under this contract, the premiums for which shall be paid by the Contractor. Contractors shall provide insurance on a primary basis and the contractor's policy shall be exhausted before resorting to other policies. The contractor's policy is the primary one not the contributory.

- A. COMPREHENSIVE GENERAL LIABILITY
  - Bodily Injury: \$1,000,000 Each Occurrence  
\$2,000,000 Aggregate
  - Property Damage: \$1,000,000 Each Occurrence  
\$2,000,000 Aggregate
- C. AUTOMOBILE (VEHICLE) LIABILITY
  - Bodily Injury \$2,000,000 Each Occurrence
  - Property Damage \$1,000,000 Aggregate
- D. UMBRELLA POLICY
  - General liability \$1,000,000

Your bid response must include a Certificate of Insurance with the above limits as a minimum. In addition, the Certificate of Insurance must have the following text contained in the bottom left box of the Certificate: "*The City of Waltham is a named additional insured for all insurances under the contract, excluding Automobile and Workers Compensation coverage*". The Certificate of Insurance must be mailed directly to:

Office of the Purchasing Agent  
Purchasing Department  
City of Waltham  
610 Main Street  
Waltham, MA 02452

## **C. References**

A list with the name, address, telephone number, date of service and contact person's name for a minimum of three (3) accounts to which the proposer is providing or has provided similar Wii-bowling™ services.

The number of consecutive years the proposer has been engaged in the field of providing such items for community recreational use.

If municipal work has been done in the past by the proposer, please state what communities and state and the year performed.

## **D. Manner of Submission and Questions**

Sealed quotes are to be delivered in writing to Purchasing Agent: Joseph Pedulla at City Hall located at 610 Main Street, Waltham, MA no later than **2 PM Thursday September 5, 2013.**

Any questions pertaining to this Request for Quotations are to be directed in writing only to Joseph Pedulla, Purchasing Agent, 610 Main Street, Waltham, Massachusetts 02452, telephone (781) 314-3240, email [jpedulla@city.waltham.ma.us](mailto:jpedulla@city.waltham.ma.us).

Award of a contract is subject to approval of the Mayor of the City of Waltham.

The City reserves the right to accept or reject any or all proposals submitted and waive informalities and technicalities.

### **PREVAILING WAGES**

The Contractor is required to pay the prevailing wages as determined under the provisions of Chapter 149, Sections 26 and 27D of the Massachusetts General Laws, including the submission of weekly payrolls to the awarding authority.

City of Waltham, Massachusetts  
Purchasing Office  
610 Main Street  
Waltham, MA 02452

**PRICE SHEET**

My company offers the following price inclusive of all the expenses, installation, delivery, training etc. as described in the specifications for the

PRICE: \$ \_\_\_\_\_

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Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_, Email \_\_\_\_\_

## COMPLIANCE

The compliance documents in this section must be completed, signed and returned **with your bid package**.

### Purchasing Department

City of Waltham  
610 Main Street  
Waltham, MA 02452

Failure to submit the completed documents will cause the disqualification of the proposal.

### Section Index

	Check when Complete
• Non-collusion form and Tax Compliance form	_____
• Corporation Identification Form	_____
• Certificate of Vote Authorization	_____
• CORI background Check	_____
• Certificate of Insurance (showing all limits of WC &GL)	_____
• Three (3) References	_____
• Debarment Certificate	_____
• Right-to-know Law	_____
• OSHA 10 Certificate for all Assigned Employees (MGL ch30, §39M and Ch 149)	_____

Your Company's Name: \_\_\_\_\_

Service or Product Bid \_\_\_\_\_

**NOTE:** Failure to submit any of the required documents, in this or in other sections, with your bid response package may cause the disqualification of your proposal.

**NON-COLLUSION FORM AND TAX COMPLIANCE FORM**

**CERTIFICATE OF NON-COLLUSION**

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals. The undersigned certifies that no representations made by any City officials, employees, entity, or group of individuals other than the Purchasing Agent of the City of Waltham was relied upon in the making of this bid

\_\_\_\_\_, \_\_\_\_\_  
(Signature of person signing bid or proposal)      Date

\_\_\_\_\_  
(Name of business)

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**TAX COMPLIANCE CERTIFICATION**

Pursuant to M.G.L. c. 62C, & 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

\_\_\_\_\_, \_\_\_\_\_  
Signature of person submitting bid or proposal      Date

\_\_\_\_\_  
Name of business

**NOTE**

Failure to submit any of the required documents, in this or in other sections, with your bid response package may cause the disqualification of your proposal.

**CERTIFICATE OF VOTE OF AUTHORIZATION**

Date:

I \_\_\_\_\_,

Clerk of \_\_\_\_\_ hereby certify that at a meeting of the Board of Directors of said Corporation duly held on the \_\_\_\_\_ day of \_\_\_\_\_ at which time a quorum was present and voting throughout, the following vote was duly passed and is now in full force and effect:

VOTED: That \_\_\_\_\_ (*name*) is hereby authorized, directed and empowered for the name and on behalf of this Corporation to sign, seal with the corporate seal, execute, acknowledge and deliver all contracts and other obligations of this Corporation; the execution of any such contract to be valid and binding upon this Corporation for all purposes, and that this vote shall remain in full force and effect unless and until the same has been altered, amended or revoked by a subsequent vote of such directors and a certificate of such later vote attested by the Clerk of this Corporation.

I further certify that \_\_\_\_\_ is duly elected/appointed \_\_\_\_\_ of said corporation

SIGNED:

(Corporate Seal)

\_\_\_\_\_  
Clerk of the Corporation:

Print

Name:

\_\_\_\_\_

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COMMONWEALTH OF MASSACHUSETTS

County of \_\_\_\_\_

Date  
:

Then personally appeared the above named and acknowledged the foregoing instrument to be their free act and deed before me, \_\_\_\_\_

Notary Public;

My Commission expires:

\_\_\_\_\_



**CORPORATION IDENTIFICATION**

The bidder for the information of the Awarding Authority furnishes the following information.

If a Corporation:

Incorporated in what state \_\_\_\_\_

President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If a foreign (out of State) Corporation – Are you registered to do business in Massachusetts?

Yes \_\_\_\_\_, No \_\_\_\_\_

If you are selected for this work you are required under M.G.L.ch. 30S, 39L to obtain from the Secretary of State, Foreign Corp. Section, State House, Boston, a certificate stating that you Corporation is registered, and furnish said certificate to the Awarding Authority prior to the award.

If a Partnership: (Name all partners)

Name of partner \_\_\_\_\_

Residence \_\_\_\_\_

Name of partner \_\_\_\_\_

Residence \_\_\_\_\_

If an Individual:

Name \_\_\_\_\_

Residence \_\_\_\_\_

If an Individual doing business under a firm's name:

Name of Firm \_\_\_\_\_

Name of Individual \_\_\_\_\_

Business Address \_\_\_\_\_

Residence \_\_\_\_\_

Date \_\_\_\_\_

Name of Bidder \_\_\_\_\_

By \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Business Address (POST OFFICE BOX NUMBER NOT ACCEPTABLE)

\_\_\_\_\_  
City State Telephone Number Today's Date

**WEEKLY PAYROLL RECORDS REPORT &  
STATEMENT OF COMPLIANCE**

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided, A Payroll Form has been printed on the reverse of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract. In addition, every contractor and subcontractor is required to submit, on a weekly basis, a copy of his or her weekly payroll records to the awarding authority. For every week in which an apprentice is employed, a photocopy of the apprentice's identification card must be attached to the payroll report. Once collected, the awarding authority is also required to preserve those reports for three years. In addition, each such contractor, subcontractor, or public body shall furnish to the awarding authority directly, within fifteen days after completion of its portion of the work, a statement, executed by the contractor, subcontractor or public body who supervises the payment of wages, in the following form:

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**STATEMENT OF COMPLIANCE**

\_\_\_\_\_, 201\_\_

I \_\_\_\_\_,  
(Name of signatory party) \_\_\_\_\_ (Title)

I do hereby state that I pay or supervise the payment of the persons employed by  
\_\_\_\_\_ On the \_\_\_\_\_  
(Contractor, subcontractor or public body) (Building or project)

and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature \_\_\_\_\_, Title \_\_\_\_\_

Print \_\_\_\_\_, Date \_\_\_\_\_

WEEKLY PAYROLL REPORT FORM

Company Name: \_\_\_\_\_  Prime Contractor

Project Name: \_\_\_\_\_  Subcontractor

Awarding Auth.: \_\_\_\_\_ List Prime Contractor: \_\_\_\_\_

Work Week Ending: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Final Report \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

Employee Name & Address	Work Classification	(A) Hours Worked							(B) Hourly Base Wage	(C) Employer Contributions			(F) [B+C+D+E] Hourly Total Wage (prev. wage)	(G) [A*F] Weekly Total Amount		
		S	M	T	T	W	T	F		S	(D) Health & Welfare	(E) Pension			(E) Supp. Unemp.	
		(A) Tot. Hrs.														

NOTE: Every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority.

**RIGHT TO KNOW LAW**

Any vendor who receives an order or orders resulting from this invitation agrees to submit a Material Safety Data Sheet (MSDS) for each toxic or hazardous substance or mixture containing such substance, pursuant to M.G.L. c. 111F, §§8,9 and 10 and the regulations contained in 441 CMR 21.06 when deliveries are made. The vendor agrees to deliver all containers properly labeled pursuant to M.G.L. c. 111F §7 and regulations contained in 441 CMR 21.05. Failure to furnish MSDS and/or labels on each container may result in civil or criminal penalties, including bid debarment and action to prevent the vendor from selling said substances, or mixtures containing said substances within the Commonwealth. All vendors furnishing substances or mixtures subject to Chapter 111F or M.G.L. are cautioned to obtain and read the laws, rules and regulations referenced above. Copies may be obtained from the State House Bookstore, Secretary of State, State House, Room 117, Boston, MA (617) 727-2834.

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Authorized Signature Indicating Compliance with the Right-to-know laws:

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Signature

Date

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Print Name

**NOTE**

Failure to submit any of the required documents, in this or in other sections, with your bid response package may cause the disqualification of your proposal.

**DEBARMENT CERTIFICATION**

In connection with this bid and all procurement transactions, by signature thereon, the respondent certifies that neither the company nor its principals are suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from the award of contracts, procurement or non procurement programs from the Commonwealth of Massachusetts, the US Federal Government and /or the City of Waltham. "Principals" means officers, directors, owners, partners and persons having primary interest, management or supervisory responsibilities with the business entity. Vendors shall provide immediate written notification to the Purchasing Agent of the City of Waltham at any time during the period of the contract of prior to the contract award if the vendor learns of any changed condition with regards to the debarment of the company or its officers. This certification is a material representation of fact upon which reliance will be placed when making the business award. If at any time it is determined that the vendor knowingly misrepresented this certification, in addition to other legal remedies available to the City of Waltham, the contract will be cancelled and the award revoked.

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Signed by Authorized Company Representative: \_\_\_\_\_

Print Name \_\_\_\_\_, Date \_\_\_\_\_

**10 HOURS OSHA TRAINING CONFIRMATION**

**Chapter 306 of the Acts of 2004  
CONSTRUCTION PROJECTS  
AN ACT RELATIVE TO THE HEALTH AND SAFETY ON PUBLIC**

The undersigned hereby certifies that all employees to be employed at a worksite for construction, reconstruction, alteration, remodeling, repair, installation, demolition, maintenance or repair of any public work or any public building estimated to cost more than \$10,000.00 have successfully completed a course in construction safety and health approved by the United States Occupational Safety and Health Administration that is at least 10 hours in duration at the time the employee begins work and who shall furnish documentation of successful completion of said course with the first payroll report for each employee and will comply with all laws and regulations applicable to awards of subcontracts subject to section 44F.

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

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

Signature: \_\_\_\_\_

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

Print Name \_\_\_\_\_

Date \_\_\_\_\_

*See following Chapter 306 of the Acts of 2004*

**NOTE**

Failure to submit any of the required documents, in this or in other sections, with your bid response package will be cause for the disqualification of your company.

**City of Waltham, Massachusetts  
Purchasing Office  
610 Main Street  
Waltham, MA 02452**

**SIGNATURE FORM**

The undersigned, hereafter called the proposer, having fully familiarized him/herself with all the request for quotation documents, hereby agrees and declares:

1. That prices inserted in the Price Proposal cover all necessary expenses to fulfill the conditions of the contract within the time stated.
2. Pursuant to M. G. L. c. 62C, § 49A, the proposer hereby certifies that the proposer has filed all state tax returns and paid all state taxes required under law.
3. The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals.

The following items are to be completed by the Proposer:

Our Company is:            Corporation            \_\_\_\_\_  
   Partnership            \_\_\_\_\_  
   Individually Owned    \_\_\_\_\_

Signed: (Company Name) \_\_\_\_\_

Social Security or Federal Identification Number \_\_\_\_\_

By: (Company Official) \_\_\_\_\_

Company Address \_\_\_\_\_

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