

# Town of Hudson



July 2024

Prepared by:  
DEPARTMENT OF PUBLIC WORKS  
2 Constitution Drive  
Hudson NH, 03051  
(603) 886-6018

## **BID NUMBER #DPW 25-1**

### **LINE STRIPING**

### **INVITATION TO BID**

The Town of Hudson, NH is inviting bid proposals for line striping for various streets in Hudson.

Sealed bid proposals, plainly marked, **“Town of Hudson Bid # DPW 25-1 Road Line Striping”** on the outside of the mailing envelope as well as the sealed bid envelope, will be addressed to the **Town Clerk, Town of Hudson, 12 School St, Hudson NH, 03051.**

Bids will be accepted until 10:30am, Wednesday, August 7, 2024 when all bids will be publicly opened and read aloud in the Buxton conference room, Town Hall, 12 School Street Hudson NH 03051. Award will be by the Board of Selectmen at a regular board meeting.

#### **Competition**

It is the Town’s intent that this proposal shall permit competition. It shall be the respondent’s responsibility to advise the Town Administrator in writing if any language, requirement, specification etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this Proposal to a single source. Such notifications must be received not later than seven (7) days prior to the proposal acceptance date.

#### **Introduction**

The Town of Hudson, Public Works Department, is seeking proposals from qualified vendors to perform line striping services for an estimated 800,000 LF of Town roads.

### **Scope of Work**

The Town of Hudson is seeking proposals to provide a per foot price for the line striping of approximately 211,800 LF of 4" double yellow centerline, approximately 4800 LF of 4" Single Yellow Center Line and approximately 308,000 LF of single white fog lines. Paint and application must meet provisions of NHDOT Specifications Section 708. All proposals must be submitted with the attached bid form. Awarded contractor will need to provide a cone crew and trail vehicle to retrieve cones once paint is dried. Contractor will perform work within town operating hours, Monday-Friday, 6am-4pm. The town **WILL** provide escort vehicle.

### **Submission Requirements**

Items Addressed:

The proposal should address all points outlined in the request for proposals. While additional data may be presented, the following subjects and questions must be addressed:

- a. Name, address, telephone number, fax number and e-mail address of the company
- b. Name of contact person and telephone number for purposes of the following up on the proposal.
- c. Narrative including the qualifications of the company and municipal experience.
- f. Three (3) copies of the proposal must be submitted.
- g. All tabulations and pricing must be submitted on the Line Striping Bid Form

### **Insurance**

The awarded vendor at their cost will be required to provide certificate of liability insurance before work can commence naming the Town of Hudson as additional insured. The following standard insurance shall be required:

General Liability:	\$1,000,000 per occurrence \$2,000,000 Aggregate
Automobile Liability	\$ 100,000 Bodily Injury per person \$ 300,000 per Occurrence
Workers Compensation	\$1,000,000 Per Occurrence (Coverage B-Employer's Liability) \$1,000,000 per Employee (Coverage A-Statutory)

### **Reservation of Rights**

The Town of Hudson reserves the right to reject all or any part of any or all proposals, to waive technical or legal deficiencies, and to accept any proposal that it deems to be in the best interest of the Town.

### **Submission**

Be sure the proposal envelope is completely and properly identified. The face of the envelope shall indicate the title of the RFP **“Town of Hudson Bid # DPW 25-1 Road Line Striping”** and the acceptance date and time. Prospective bidders must monitor the Town’s website for any addendums. Proposals must be received by the Town of Hudson ON or BEFORE the hour specified on the acceptance date. Proposals may be either mailed or hand delivered to the Town of Hudson, Town Hall, 12 School St, Hudson, NH 03051 Attn: Town Clerk.

**LATE BIDS WILL NOT BE ACCEPTED**

## **Contractors Proposal**

To: Town of Hudson, NH:

The undersigned, as a lawfully authorized agent for the below named Bidder/Contractor, has carefully examined the Proposal form of this Bid, to be known as Bid Number DPW 25-1, Line Striping with the General Provisions, Specifications and other bid documents and binds himself/herself and his/her company on award to them by the Board of Selectmen to execute a contract agreement under this Proposal in accordance with such award, on such form and in such manner as is prescribed by the Town, and to provide all necessary equipment, labor, materials and other items or services needed to perform all the requirements for road painting, in Hudson, NH for the following Unit Prices.

Estimated length of 4" double yellow lined @ 211,800 linear feet. **PRICE PER LINEAR FOOT IN-PLACE:** \_\_\_\_\_

Estimated length of 4" single white fog line @ 308,000' linear feet. **PRICE PER LINEAR FOOT IN-PLACE:** \_\_\_\_\_

Per yellow linear foot: \_\_\_\_\_  
(Written out)

Per white linear foot: \_\_\_\_\_  
(Written out)

\_\_\_\_\_  
Print Bidder/Contractor's Name

\_\_\_\_\_  
Print Representative's Name and Title

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Street

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

\_\_\_\_\_  
Telephone and FAX Number

\_\_\_\_\_  
Date

**Person signing proposal must be a person in your company authorized to sign a Contract with the Town of Hudson, NH.**

Name (as shown on your income tax return)		
Business name/disregard entity name, if different from above		
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Exempt payee		
<input type="checkbox"/> Limited Liability Company – Enter the tax classification (C= Corporation, S-S Corporation, P= Partnership) _ _ _ _ _		
<input type="checkbox"/> Other (see instructions)		
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code	Town of Hudson 12 School Street Hudson, NH 03051	
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3. **Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social Security number –	Employer identification number –
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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	<b>Signature of U.S. Person</b>	<b>Date:</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. **Note.** If a requester give you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Pursuant to IRS Regulations, you must furnish your Taxpayer IRS Identification Number (TIN) to the City whether or not you are required to file tax returns. If this number is not provided, you may be subject to required withholding on each payment made to you. To avoid this withholding & to ensure that accurate tax information is reported to the IRS, **A RESPONSE IS REQUIRED.**

**“Line Striping”  
TOWN OF HUDSON, NEW HAMPSHIRE**

**THE FOLLOWING INDEMNIFICATION AGREEMENT SHALL BE, AND IS  
HEREBY A PROVISION OF ANY CONTRACT**

The successful contractor agrees to indemnify, defend and save harmless the Town, its officials, officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers and any other person, firm, or corporation furnishing or supplying work, services, materials or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by the contractor in the performance of this contract. In any case, the foregoing provisions concerning indemnification shall not be construed to indemnify the Town for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the Town or its employees. This indemnification shall survive the expiration or early termination of this contract.

**Company** \_\_\_\_\_

**Taxpayer identification number** \_\_\_\_\_

**Authorized signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Toll-free number** \_\_\_\_\_

**Fax number** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**“Line Striping”  
Town of Hudson  
Insurance Requirements for All Contractors**

**Additional Coverage is required if checked** **Minimum Limits Required**

**Commercial General Liability**

General Aggregate	\$2,000,000
Products-Completed Operations Agg.	\$2,000,000
Personal and Advertising	\$1,000,000
Each Occurrence Injury	\$1,000,000
Fire Damage (Any One Fire)	\$ 50,000
Medical Expense (Any One Person)	\$ 5,000

- Occurrence
- Claims Made

**Additional Coverage to Include**

- |   |    |
|---|----|
| <input type="checkbox"/> Owners & Contractors’ Protective – Limit | NA |
| <input type="checkbox"/> Underground/Explosion and Collapse       | NA |

**Commercial Automobile Liability**

Combined Single Limit	\$1,000,000
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- Any Auto, Symbol 1
- Include Employees as Insured

**Additional Coverage to include:**

- |   |    |
|---|----|
| <input type="checkbox"/> Garage Liability               | NA |
| <input type="checkbox"/> Garage Keepers Legal Liability | NA |

**Workers Compensation**

NH Statutory including Employers Liability - Each Accident/Disease-Policy Limit/Disease-Each Employee	\$100,000/\$500,000/\$100,000
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**Commercial Umbrella**

May be substituted for higher limits required above	\$ <u>1,000,000</u>
<input checked="" type="checkbox"/> Follow Form Umbrella on ALL requested Coverage	

**Other**

- |   |    |
|---|----|
| <input type="checkbox"/> 1. Professional/Errors & Omissions     | NA |
| <input type="checkbox"/> 2. Builders Risk – Renovation Form     |    |
| All Risk completed value form including Collapse                | NA |
| Sublimit for Soft Cost Coverage                                 | NA |
| <input type="checkbox"/> 3. Installation Floater (Equipment)    | NA |
| <input type="checkbox"/> 4. Riggers Liability                   | NA |
| <input type="checkbox"/> 5. Environmental – Pollution Liability | NA |
| <input type="checkbox"/> 6. Aviation Liability                  | NA |
| <input type="checkbox"/> 7. Watercraft – Protection & Indemnity | NA |

**The Town of Hudson must be named as Additional Insured with respect to general, automobile and umbrella liability**