JOHN COOPER, MAYOR



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

August 3, 2020

Rachelle Reigard Grade A Construction, LLC 200 A Nonaville Road Mount Juliet, TN 37122

Re: RFQ# 53055, Maplewood Trace Sidewalk Improvements and Metro Water Services Relocations

Dear Mrs. Reigard:

The Metropolitan Government of Nashville and Davidson County (Metro) has completed the evaluation of submitted solicitation offer(s) to the above RFQ# 53055, **Maplewood Trace Sidewalk Improvements and Metro Water Services Relocations**. This letter hereby notifies you of Metro's intent to award to **Grade A Construction**, **LLC** on successful contract negotiations. Please provide a certificate of Insurance indicating all applicable coverages within 15 business days of the receipt of this letter.

If the Equal Business Opportunity (EBO) Program requirements were a part of this solicitation, the awardee must forward a signed copy of the "Letter of Intent to Perform as Subcontractor/Subconsultant/Supplier/Joint Venture" for any minority/women-owned business enterprises included in the response to the Business Assistance Office within two business days from this notification.

Additionally the awardee will be required to submit evidence of participation of and contractor's payment to all Small, Minority, and Women Owned Businesses participation in any resultant contract. This evidence shall be submitted monthly and include copies of subcontracts or purchase orders, the Prime Contractor's Application for Payment, or invoices, and cancelled checks or other supporting payment documents. Should you have any questions concerning this requirement, please contact **Cierra Rowe**, BAO Representative, at <u>Cierra.Rowe@nashville.gov</u>.

Depending on the file sizes, the responses to the procurement solicitation and supporting award documentation can be made available either by email, CD for pickup, or in person for inspection. If you desire to receive or review the documentation or have any questions, please contact Buyer **Marissa Conklin** by email at <u>Marissa.conklin@nashville.gov</u> Monday through Friday between 8:30am and 3:30pm.

Thank you for participating in Metro's competitive procurement process.

Sincerely,

Michelle Jane

Michelle A. Hernandez Lane Purchasing Agent

Cc: Solicitation File, Other Offerors

Pursuant to M.C.L. 4.36.010 Authority to resolve protested solicitations and awards.

A. Right to Protest. Any actual or prospective bidder, offeror or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Purchasing Agent. The protest shall be submitted in writing within ten (10) days after such aggrieved person knows or should have known of the facts giving rise thereto.
Procurement Division

Enter Solicitation Title & Number Below						
Maplewood Trace Sidewalk Improvements and Metro Water Services Relocations RFQ# 53055	Min. SBE/SDV Participation	Incentive Percentage	Incentive Calculator	Lowest Bid	МАСР	Winning Bid
	0.0%	9.40%	90.60%	\$1,339,159	\$1,465,039	\$1,339,159
Offeror's Name	Bids	SBE	Participation Requirement	Participation Incentive	Incentive Evaluation Amount	Status of ITB Award
Grade A Construction, LLC	\$ 1,339,158.51	\$25,000.00	\$0	\$22,650	\$1,316,509	Awarded
Jarrett Builders, Inc.	\$ 1,864,512.72	\$281,500.00	\$0	\$0	\$1,864,513	Exceeds MACP
L & G Construction Co., Inc.	\$ 1,454,991.11	\$94,566.00	\$0	\$85,677	\$1,369,314	Evaluated
Middle Tennessee Infrastructure, Inc.	\$ 1,561,358.50	\$1,561,358.50	\$0	\$0	\$1,561,359	Exceeds MACP
Walker Building Group	\$1,730,389.73	\$480,510.00	\$0	\$0	\$1,730,390	Exceeds MACP

	BAO Sma	II Business	Assessm	nent Shee	et
BAO Specialist: Cierra Rowe					
Contract Specialist: Marissa Conkli	n				
Date: 7/22//2020					
epartment Name: Public Works &	Water Services	1			
RFP/ITB Number: 53055		-			
roject Name: Maplewood Trace Si	dewalk Improvements	and Metro Water Se	rvice Relocatio	าร	
	Prime Bid	Total Proposed	SBE Subs		
Primary Contractor*	Amount	SBE (\$)	approved?	SBE (%)	Comments
Primary Contractor*		•		SBE (%)	Comments
Primary Contractor*		•		SBE (%)	Comments
Primary Contractor*		•		SBE (%)	Comments
Primary Contractor*		•		SBE (%)	
Primary Contractor*		•		SBE (%)	Comments The prime is not an approved SBE and will utilize SBE subcontractor Raven Security and Traffic Control. Inc. \$25.000/1.86%.

Staten	tement of I	ment of M/WBE Utilization	tilization				
Proposer's/Firm's Name: Grade A Construction, LLC (WBE)			Proposer's Phone #: 615-444-8133	615-444-8133			
Solicitation Title: Maplewood Trace Sidewalk Improvements			Proposer's Email Ad	dress: rachelle.reigar	Proposer's Email Address: rachelle.reigard@gradeaservices.com		
Solicitation #: 53055			Amount Self-perfor	Amount Self-performed : 1,307,968.91			
Proposer's/Firm's Ownership: WBE			Total Bid Amount:	1,339,158.51			
Proposed EBO Goal (%): 0 MBE% 100 WBE%			EBO Goal Met? (Y/N) YES) YES			
The following MWBE* subcontractor(s)/supplier(s) will be utilized for the performance of this project:							
MBE/WBE Firm Name MBE/WBE Firm Address Pho	Phone/E-Mail (N	Certificate Type (MBE or WBE)	* MBE/WBE Group Type *	Code # UNSPS/NAICS	Description of Work	MBE/WBE Dollars (\$)	Percent of Total Contract
Professional Traffic Control Services, LLC 9 Industrial Park Drive Hendersonville, TN 37075 615-1	615-991-7200 WI	WBE	5		Traffic Control	6,189.60	46
2 Raven Security & Traffic Control Business Park Drive, Lebanon, TN 37090 615-1	615-920-2569 WBE	BE	5		Police Officers	25,000 1.86	1.86
³ Grade A (Self Performed) 200 Nonaville Road Mt Juliet, TN 37122 615-4	615-444-8133 WI	WBE	5			1,307,968.91 97.68	97.68
4	Š	Select	Select				
	Se	Select	Select				
و	Se	Select	Select				
	Se	Select	Select				
I am the duly authorized representative and certify the facts and representations contained in this form and supporting documents are true and correct.	rm and supporting d	ocuments are true	e and correct.				
Authorized Representative (Printed Name/Title/Signature)						Date	
Rachelle Reigard, President	Rac	helle Reiga	Rachelle Reigard, Iresident	t		U	06/25/2020
*Note: MWBE is defined as business enterprise maintaining a significant business prescience in the Program Area & performing a commercial useful function that is owned by one or more of the following: (1) African Americans, (3) Hispanic Americans, (4) Asian Americans, and (5) Women.	nercial useful function that	t is owned by one or mor	e of the following: (1) Afr	ican Americans (2) Native Amer	'cans, (3) Hispanic Americans, (4) Asian An	nericans, and (5) Wor	nen.
	For Internal Office Use ONLY	Office Use (ANN				
Has Prime Complied with EBO Goal? NO	If N	o, Good Faith	If No, Good Faith Efforts Met? YES	YES			
BAO Representative: Cierra Rowe			1	Date: 07/22/20			
Total MBE Subcontracting0%5Total WBE Subcontracting1.86%5Total WBE VWBE Participation:1.86%5	8 8						

		THIS DOCUMENT MUST				WITTED		
Due			with the Bid Subr	nission, If Applicable)				
Pro	ject Nar	me and # [if applicable]:		Project Description	on:			
-								
Con	npany N	lame:	Date Submittee	d: T	Total Cont	ract Valu	e:	
Add	lress:			Federal Tax ID#				
Contact Person:		Email:		Pl	none #:			
		GOOD FAI	TH EFFORTS SUM	IMARY SHEET CHEC	<mark>CKLIST</mark>			
#			Bidder Action	n(s)				Pass/Fail
1.	Writte	en Notice to available and cert	ified MWBEs: Th	ne written notices c	ontain:	Yes	No	BAO Only
	١.	Sufficient information about	the plans, specifi	cations, and terms	&			
		conditions of the solicitation	;					
	11.	A contact person knowledge	able with the pro	ject documents ava	ailable to			
		answer questions about the	•	•				
	Ш.	Information regarding the Bi						
	IV.	The deadline for submission	-	•				

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/ Address/Contact Person/Phone/Email	Type of Business	Type of Work/ Service(s) Solicited	How Business was contacted (i.e. email, phone, letter, etc.?)	Response to Solicitation (i.e. will submit bid, no response, not interested	Bid/Quote Amount	Company Selected

	THIS DOCUMENT MUST B	BE ACCURATELY CO	<mark>OMPLETED, SIGNE</mark>	O AND SUBN	/ITTED		
	(Due W	ith The Bid Submis	sion, If Applicable				
Pro	ject Name and # [if applicable]:		Project Descrip	tion:			
Con	npany Name:	Date Submitte	d:	Total Cor	tract \	Value:	
۸da	Iress:		Federal Tax ID#	•			
Aut	11 233.		rederal lax ID	r			
Con	tact Person:	Email:	Phone #:				
	GOOD FAITH	I EFFORTS SUMN	IARY SHEET CHE	<mark>CKLIST</mark>			
#		Bidder Action(s	5)				Pass/Fail
2.	Identification of M/WBE Subcontrac	ting Work: Selec	ted portions of t	he work	Yes	No	BAO Only
	to be performed by MBE/WBEs in ord	der to increase th	e likelihood that	the			/
	MBE/WBE goals will be achieved. This	is includes, where	e appropriate, br	eaking			
	out contract work items into econom	-		•			
	participation.			22,002			
	participation.						

	THIS DOCUMENT MUST				MITTED		
		With The Bid Subm		•			
Pro	ject Name and # [if applicable]:		Project Descript	lion:			
0				Tables			
Cor	npany Name:	Date Submitted	:	Total Con	tract va	alue:	
م اہ ۵			Federal Terrib				
Aad	lress:		Federal Tax ID#				
Cor	tact Person:	Email:		Phone #:			
CO		Ellidii.		Filone #.			
		TH EFFORTS SUM	MARY SHEET CHE				
#		Bidder Action					Pass/Fail
" 3.	Solicitations, Written Notices, etc.:			d	Yes	No	BAO Only
5.	available means to include, but not li			u	163	NU	BAO Olly
			wing examples.				
	attendance at pre-offer meetings, accessed						
	https://www.nashville.gov/Finance/Procurement/Business-Assistance-						
	Office/SMWBE-Lists-and-Forms.aspx	or					
	https://nashville.diversitycompliance		d and/or provided	written			
	notices to MBE/WBEs who have the o	capability to perfo	rm the work of th	e			
	contract.						

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/ Contact Person/ Phone/Email	Type of Business	Type of Work/ Service(s) Solicited	How Business was contacted (i.e. email, phone, letter, etc.?)	Response to Solicitation (i.e. will submit bid, no response, not interested	Bid/Quote Amount	Company Selected (Write Yes or NO)

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature: ______ Title: ______ Title: ______

			· · · · · · · · · · · · · · · · · · ·		MITTED)		
	(D	ue With The Bid Sul	bmission, If Applica	ble)				
Pro	ject Name and # [if applicable]:		Project Descript	tion:				
Со	mpany Name:	Date Submitted	l:	Total Contr	act Val	ue:		
Ad	dress:		Federal Tax ID#					
Со	ntact Person:	Email:	Phone #:					
	GOOD F	AITH EFFORTS SU	MMARY SHEET C	HECKLIST				
#		Bidder Actio	on(s)				Pass/Fail	
4.	Evidence of Justifiable Bid Rejecti	on: If participatio	on of specific MBE	/WBEs was	Yes	No	BAO Only	
	considered, the bidder did not reje	ect MBE/WBEs as	being unqualified	without				
	sound reasons based on a thoroug	h investigation of	their capabilities.					
		-	-					

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact		Provide detailed
Person/Phone Number/Email	If Bid(s) Rejectedwhy?	information.

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature:	Print Name:	Title:	

	THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED						
	(Due With The Bid Submission, If Applicable)						
Project Name and # [if applicable]:			Project Descript	ion:			
Co	mpany Name:	Date Submitted	•	Total Contra	act Valu	le:	
Ad	dress:		Federal Tax ID#	I			
Contact Person: Email:		Email:	•	Phone #:			
	GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST						
#		Bidder Actio	on(s)				Pass/Fail
5.	Non-discrimination: Providing a r	on-discriminator	y work site. Maint	aining a	Yes	No	BAO Only
	work environment free of harassment, intimidation and coercion at all						
	construction sites, offices and other facilities at which the Bidder's employees						
	are assigned to work. The Bidder shall specifically ensure that all labor						
	supervisors, superintendents, and other on-site supervisory personnel are aware						
	of and carry out the Bidder's oblig	ation to maintain	a non-discriminat	ory work			
	environment.						

Training Provided	Dates of Training

Signature:	Print Name:	Title:	

	THIS DOCUMENT MU		· · · · · ·		<mark>/ITTED</mark>		
	(Du	e With The Bid Sub	mission, If Applicat	<mark>ole)</mark>			
Pro	ject Name and # [if applicable]:		Project Descript	tion:			
				•			
Company Name: Date Submitted:		ed: Total Contract Value:					
Address:			Federal Tax ID#				
				•			
Contact Person: Email:		Email:	Phone #:				
	GOOD FA	ITH EFFORTS SUN	MMARY SHEET CH	HECKLIST			
#		Bidder Actio	on(s)				Pass/Fail
6.	6. Assistance: Bonding/Lines of Credit/Insurance Made efforts to assist			Yes	No	BAO Only	
interested MBE/WBE/SDVEs in obtaining bonding, lines of credit, or insurance						-	
	as required by METROPOLITIAN GOVERNMENT OF NASHVILLE AND DAVIDSON						
	COUNTY or the contractor.						

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	Type of Assistance Provided

Signature:	Print Name:	Title:	
0.0			

	THIS DOCUMENT MU	IST BE ACCURATELY	COMPLETED, SIGN	IED AND SUBN	<mark>/ITTED</mark>		
	(Du	e With The Bid Sub	mission, If Applicab	<mark>ole)</mark>			
Pro	ject Name and # [if applicable]:		Project Descript	tion:			
Со	npany Name:	Date Submitted	:	Total Contr	ract Val	lue:	
Address:			Federal Tax ID#				
Contact Person: Email:		Email:	Phone #:				
	GOOD FA	ITH EFFORTS SUN	MMARY SHEET CH	HECKLIST			
#		Bidder Actio	on(s)				Pass/Fail
7.	Meeting Invitations: Evidence ME	BE/WBE firms wer	e invited to inforr	mational	Yes	No	BAO Only
	meetings.						

For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	Description of Meeting Notices for M/WBEs	Date M/WBEs Attended, as applicable

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature:	Print Name:	Title	:

			mission, If Applical				
Pro	ject Name and # [if applicable]:	Project Descrip	•				
Company Name: Date Submitte			l:	Total Conti	act Val	ue:	
Address:		1	Federal Tax ID#				
Contact Person: Email		Email:		Phone #:			
	GOOD FA	AITH EFFORTS SU	MMARY SHEET C	HECKLIST			
#		Bidder Actio	n(s)				Pass/Fail
8.	Community and Other Organization services of community organization federal business assistance offices case-by-case basis to provide assist MBE/WBE advertisements.	ns, contractors' g , and other organ	roups, local, state izations as allowe	e and ed on a	Yes	No	BAO Only

Signature: Print Name:	Title:
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