Madison Metropolitan Sewerage District
Advertisement for Bids
2020 Rotor for Progressive Cavity Pump, MPS Sludge Loading

Published Friday, March 27th and Friday, April 3rd, 2020

The Madison Metropolitan Sewerage District requests bids for 2020 Rotor for Progressive Cavity Pump. Specifications are available by visiting the district website at: http://www.madsewer.org/Projects/Non-Engineering-Projects. Sealed bids will be accepted until 1:00 P.M., Friday, April 10, 2020, at the district office, 1610 Moorland Road, Madison, WI 53713. At this time and place all bids will be publicly opened and read aloud. Any questions should be directed Matthew Leitzen at (608)222-1201 EXT 110.

Bids shall be addressed to the Madison Metropolitan Sewerage District, Attn., Matthew Leitzen, and should be clearly marked “2020 Rotor for Progressive Cavity Pump, MPS Sludge Loading”.

Only formal written addenda can materially alter the specifications. No verbal statement made by a district employee or anyone else is binding nor shall such a statement be considered an official part of this public proposal. All bid responses and their contents will be public record.

Unless otherwise specified in the bidding documents, the prospective bidders should check our internet site for any addendum 72 hours before the scheduled bid deadline.

The district is federal and state tax exempt. The district reserves the right to reject any or all proposals or to waive any technicality and accept any proposal which may, in its opinion, be advantageous to the district.

Any questions may be directed to:

Matthew Leitzen
Procurement Agent
Madison Metropolitan Sewerage District
1610 Moorland Rd
Madison, WI  53713
**BID FORM A:**

*2020 Rotor for Progressive Cavity Pump, MPS Sludge Loading*

Return To:  
Madison Metropolitan Sewerage District  
1610 Moorland Rd.  
Madison WI, 53713  
Attn: Matthew Leitzen

Title: 2020 Rotor for Progressive Cavity Pump, MPS Sludge Loading  
Date Issued: March 27th, 2020  
Project manager & Procurement Agent: Matt Leitzen  
Telephone: 608-222-1201 EXT 110  
Email: mattl@madsewer.org

| BIDDER: | Submit Bid by: 4/10/2020 @ 1P.M.  
Date: 03.23.2020 |

<table>
<thead>
<tr>
<th>Specification</th>
<th>Price Per Unit or Number</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 each (NEW) Rotor, Progressive Cavity Pump, Compatible with a Moyno, C72231, Pump Model 2K335G1 CDQ ASX.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lump Sum $ ____________

Company name: __________________________________________

Company address: _________________________________________

Company phone: __________________________________________

Authorization signature: _________________________________

Printed name: __________________________________________

Addendum # ______________

Bids will be received until 1:00 P.M. April 10, 2020.

Date and time received: ____________________________
1.0 PURPOSE AND SCOPE
The Madison Metropolitan Sewerage District invites and will accept bids for the purchase of (1 each) New rotor as specified above. MMSD intends to use the results of this process to award and issue a purchase order for the winning bid as a lump sum.

2.0 CORRESPONDENCE, CLARIFICATIONS AND QUESTIONS
Bidders are expected to raise any questions, exceptions or additions they have concerning the bid document by April 07, 2020. If a bidder discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this request for bid, the bidder must immediately notify the Project Manager named on the cover page of the issue in writing and request modification or clarification of the bid document. All inquiries must be directed to the person indicated on the cover page. E-mail is the preferred method of contact.

3.0 ADDENDUMS
In the event it becomes necessary to clarify any part of this request for bid, or to revise any part of this RFB, the Project manager will send out an official addendum/amendment to all potential bidders. Bidders must acknowledge the receipt/review of any addendum(s) on the Bid Form A.

The Project manager has the sole authority for modifications of this specifications and or bid.

4.0 BIDDER QUALIFICATIONS & REQUIREMENTS
All Bidder qualifications in this section are mandatory. Failure to meet a qualification may disqualify your Bid. However, the Procurement Agent reserves the right to waive any qualification if no Bidder is able to satisfy that qualification.

4.1 Bidder must be in the business of providing Progressive Cavity Pump Rotors for at least the past three (3) years. (See Bidder Response Sheet Attachment C)

4.2 Bidder must provide a written warranty providing assurance that manufactured parts is in brand new condition and free of defects in quality or workmanship.

4.3 Bidder must be able to deliver the rotor within 10 weeks of award.

5.0 METHOD OF BID
Bidder must use the Request for Bid form (Bid Form A) and must submit a Lump Sum, and guaranteed days from order placement to delivery. Bids will be accepted only for fixed costs as requested. All prices must be bid in U.S. Dollars. Bidder’s own quotation sheet will not be accepted.
6.0 INVOICING REQUIREMENTS

Contractor shall invoice after materials are shipped. MMSD will pay or reject invoices within 30 days of receipt by MMSD. Only properly submitted invoices shall be officially received for payment. Thus, your prompt payment requires that your invoices be clear and complete in conformity with the instructions below.

All invoices must be itemized showing

a. Purchase Order number
b. Contractor name
c. Remit to address and telephone number
d. Contract price(s) and detail of what is being billed

7.0 METHOD OF AWARD

Award(s) shall be made on the basis of the lowest lump sum bid from a responsive, responsible bidder who meets all specifications. MMSD will award to one (1) Bidder whichever is judged to be in the best interest of the MMSD. MMSD is the sole determinant of its best interests.

8.0 REQUIRED FORMS

In order for your bid to be considered, the following completed documents must be provided. An “X” preceding the form indicates that it must be completed and returned with the Bid response by the due date and time listed on the bid cover page, in order for your bid to be considered. Include:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Bid Form A, Cover (Signature) /Cost Pages</td>
</tr>
<tr>
<td>X</td>
<td>Bidder Response Sheet</td>
</tr>
<tr>
<td></td>
<td>Attachment C</td>
</tr>
</tbody>
</table>

Failure to provide the required documents/information within your bid submittal may disqualify your bid.
Bidders must submit the following table with a response **in the form of a check** in one box for each criterion indicating “Yes” or “No”. A check indicating “Yes” certifies that the Bidder is fully capable of providing the service or qualification described. **Bids without a response for each requirement or “No” will be rejected.** Awarded vendor must be able to answer “Yes” to all requirements.

### QUALIFICATIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement Description</th>
<th>YES, I can meet this requirement</th>
<th>NO, I cannot meet this requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Bidder must be in the business of providing progressive cavity pump rotors for at least the past three (3) years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Bidder must provide a written warranty providing assurance that manufactured parts is, compatible with our pump, in brand new condition and free of defects in quality or workmanship.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Bidder must be able to deliver the rotor within 10 weeks of award.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify the Product Name and Product # (if applicable for the RFB response)

**Product Name:**

**Product Number**

I certify that the information I have provided in this bid is true, and I understand that any false, misleading, or missing information will disqualify the bid.

**Company Name:**

**Bidder’s Name and Title:**

**Bidder Signature:**

**Date:**

Signature of authorized MMSD Employee:

**Printed Name:**

**Date:**