



REQUEST FOR PROPOSAL

NORTH HUDSON SEWERAGE AUTHORITY

2012 Edition NFPA 70E

Respond by: Friday, January 12, 2012 - 10:00 a.m.

Respond to: Belissa Vega
North Hudson Sewerage Authority
1600 Adams. St., 2nd Fl.
Hoboken, NJ 07030

This proposal is being solicited through a fair and open process in accordance with N.J.S.A 19:44A-20.5 et seq.

I. Introduction

The North Hudson Sewerage Authority is soliciting proposals to comply with the National Fire Protection Association (NFPA) 70E. The services that the Authority is seeking are described in the tasks below. Additional services may be provided as directed by the Authority above and beyond the scope of services and cost outlined herein. Such additional services would require an amendment to this AGREEMENT.

The scope of NFPA 70E defines the purpose of the standard, NFPA 70E does not contain installation requirements, which are the scope of NFPA 70, National Electrical Code (NEC). The requirements of NFPA 70E are intended to apply to work practices as employees perform an installation, operate equipment, or maintain a facility.

Requirements contained in the standard consider exposure to electrical hazards regardless of the residential, industrial, commercial, or institutional location in which an exposure might occur. These requirements are predicated on an installation performed in accordance with the NEC. Previous editions of this standard extracted a number of safety-related installation requirements from the NEC to assist the user of this document.

However, since compliance with applicable provisions in the NEC is required, providing select installation requirements in NFPA 70E is redundant. References to NFPA 70E to the NEC provide the necessary correlation. The safety principles of NFPA 70E require the use of the installation rules that follow fundamental installation safety principles.

NFPA 70E contains no design requirements. However, equipment installation and system design have a significant bearing on when and how employees are exposed to electrical hazards. The design of an installation could provide equipment to enable NFPA 70E requirements to be easily met. For instance, circuit design might include only equipment that accepts lockout devices or enables selective lockouts. Although not intended as a design specification, consideration of NFPA 70E requirements during the design phase might provide significant cost savings over the life of a facility. Annex O illustrates design concepts that can reduce exposure to electrical hazards. The Technical Committee on Electrical Safety in the Workplace reports to the Association (NFPA) through the Technical Correlating Committee of the National Electrical Code. This report structure provides consistency between installation rules and safety-related work practice requirements for employees. The content of NFPA 70E was the basis for requirements contained in OSHA 29 CFR 1910, Subpart S. Requirements in NFPA 70E are consistent with OSHA 29 CFR 1926, Subpart K.”

II. Scope of Work

1. **Perform a Shock Hazard Analysis.** A shock hazard analysis shall determine the voltage to which personnel will be exposed, the boundary requirements, and the personal protective equipment necessary in order to minimize the possibility of electric shock to personnel. Perform in accordance with 2012 Edition NFPA 70E STANDARD For Electrical Safety in the Workplace.
 - The shock protection boundaries identified as limited approach, restricted approach and prohibited approach boundaries shall be identified using Table 130.4(C)(a) for various ac system voltages (greater than 50 volts) and Table 130.4(C)(b) for various dc system voltages from the 2012 Edition of NFPA 70E STANDARD for Electrical Safety in the Workplace.

- Generate and affix labels on all equipment that include the equipment voltage, limited, restricted and prohibited approach boundaries. Label format must be approved prior to affixing.
- Perform on all electrical equipment 50 volts and greater including but not limited to; switchboards, panel boards, industrial control panels, meter socket enclosures and motor control centers.
- Perform on electrical equipment at the locations identified in Table 1 below.
- Provide list of equipment and shock hazard analysis results in editable Microsoft Excel format including all label information from above.

2. Perform an Arc Flash Hazard Analysis. An arc flash hazard analysis shall determine the arc flash boundary, the incident energy at the working distance, and the personal protective equipment that people within the arc flash boundary shall use. The arc flash hazard analysis shall take into consideration the design of the overcurrent protective device and its opening time, including its condition of maintenance. Perform in accordance with 2012 Edition NFPA 70E STANDARD For Electrical Safety in the Workplace.

- The arc flash boundary shall be determined by performing an Incident Energy Analysis which shall determine the incident energy exposure of the worker (in calories per square centimeter). The incident energy exposure level shall be based on the working distance of the employee's face and chest areas from a prospective arc source for the task to be performed.
- Generate and affix labels on all equipment that include the available incident energy and the corresponding working distance, minimum arc rating of clothing, nominal system voltage and the arc flash boundary. These labels are separate from Item 1. Shock Hazard Analysis. Label format must be approved prior to affixing.
- Perform on all electrical equipment 50 volts and greater including but not limited to; switchboards, panel boards, industrial control panels, meter socket enclosures and motor control centers.
- Perform on electrical equipment at the locations identified in Table 1 below.
- Provide list of equipment and arc flash hazard analysis results in editable Microsoft Excel format including all label information from above. Clearly identify methods and calculations used to determine incident energy, working distances and arc flash boundaries.

3. Update Applicable One-Line Drawings. Use any applicable existing drawings and update to as-built condition in editable AutoCAD format. If any drawings are not found, as-built shall be created in AutoCAD format.

III. Work Sites

Primary Location	Secondary Location
WWTP 1600 Adams St Hoboken NJ	Administration Building, Primary Facilities Building (PFB), Trickling Filter Pump Station (TFPS), Purac Building, Ultraviolet Building (UV), Sludge Blending, Solids Building
WWTP 6400 A. Defino Way West New York NJ	Administration Building, Operations Deck, Solids Thickening, Garage Area, Generator Building, Disinfection Facilities, Sludge Blending, West New York 1
18 th Street Pump Station Weehawken NJ	Electrical facilities
11 th Street Pump Station Hoboken NJ	Electrical facilities
5 th Street Pump Station Hoboken NJ	Electrical facilities
Baldwin Ave Pump Station Weehawken NJ	Electrical facilities
Liberty Place Pump Station Weehawken NJ	Electrical facilities
4900 Kennedy Blvd West New York NJ	Electrical facilities
H1 Pump Station Hoboken NJ	Electrical facilities
Vehicle – Vacuum Trucks (2)	Emergency generator affixed to Vacuum trucks

IV. Contents of Proposal

All professional service contractors are required to comply with the requirements of N.J.S.A. 52:32-44 (Business Registration of Public Contractors), N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. (Contract compliance and Equal Employment Opportunities in Public Contracts).

Submissions by Corporations and Partnerships shall include a completed Disclosure of Ownership form (N.J.S.A. 52:25-24.2) and shall include a completed Non-Collusion Affidavit.

V. Fees and Cost

Complete description and itemization of rates should be provided. Indicate all consulting titles and classifications and associated hourly billing rate.

VI. Response and Inquiries

All submittals should be forwarded to:

Belissa Vega
North Hudson Sewerage Authority
1600 Adams Street, 2nd Floor
Hoboken, NJ 07030

Submittals must be received no later than 10:00 a.m. on Friday, January 12, 2012.

All inquiries should be directed to Belissa Vega at (201)963-6043 ext. 210.

It is understood by the professional services entity that this submission is provided on the basis of standardized submission requirements prepared by The North Hudson Sewerage Authority and the fact that any professional services entity is not familiar with these standardized submission requirement or conditions will not be accepted as an excuse.

NO MINIMUM PAYMENT IS IMPLIED OR GUARANTEED.

THE NORTH HUDSON SEWERAGE AUTHORITY reserves the right to cancel any contract entered into upon thirty (30) days written notice.

Contract Term: Pursuant to N.J.S.A. 40A:11-3(b), ..."contracts for professional services pursuant to subparagraph (i) of paragraph (a) subsection (1) of section 5 of P.L. 1971, c.198 (N.J.S.A. 40A:11-5) may be awarded for a period not exceeding twelve (12) consecutive months."

THE NORTH HUDSON SEWERAGE AUTHORITY

STANDARDIZED SUBMISSION REQUIREMENTS & SELECTION CRITERIA
(FAIR & OPEN PUBLIC SOLICITATION PROCESS
FOR PROFESSIONAL SERVICES)

The North Hudson Sewerage Authority is seeking sealed submission in response to a Public Notice for the Solicitation of a Professional Service Contracts.

The standard submission requirements shall include:

1. Names and roles of the individuals who will perform the services/tasks and descriptions of their experience with projects similar to the services contained herein including their education, degrees and certifications.
2. References and record of success of same or similar service.
3. Description of ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff).
4. Cost details, including the hourly rates of each of the individuals who will perform services and time estimates for each individual, all expenses and total cost of "not to exceed" amount.

The selection criteria to be used in awarding contracts shall include:

1. Qualifications of the individuals who will perform the services/tasks and the amounts of their respective participation.
2. Experience and references.
3. Ability to perform the services/tasks in a timely fashion, including staffing and familiarity with the subject matter.
4. Cost consideration - including, but not limited to, historical costs for similar professional services, expertise involved and comparable costs for comparable public entities.

Please Note this Additional Requirement:

Professional services entities shall submit **one (1) original and two (2) additional sets** of their sealed submission, on January 9, 2012.

THE NORTH HUDSON SEWERAGE AUTHORITY

CHECKLIST

PROFESSIONAL SERVICE TITLE: ON - CALL ENGINEERING SERVICES

SUBMISSION DATE: JANUARY 9, 2012 - MONDAY

The following items, as indicated below (X), shall be provided with the receipt of sealed submissions:

- | | | |
|----|--|-------|
| 1. | Non-Collusion Affidavit..... | X |
| 2. | Disclosure of Ownership Form..... | X |
| 3. | Insurance Requirement Acknowledgment Form..... | X |
| 4. | Mandatory Equal Employment Opportunity
Notice Acknowledgment..... | X |
| 5. | Copy of your Business Registration Certificate as issued by the
State of New Jersey, Department of Treasury,
Division of Revenue..... | — X — |
| 6. | Professional Service Entity Information Form..... | X |
| 7. | Qualifications Submission..... | X |
| 8. | Acknowledgment of Corrections, Additions or Deletions Form..... | — X — |

Reminder

Please submit one (1) original and two (2) additional sets of the sealed submission.

THE NORTH HUDSON SEWERAGE AUTHORITY

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY :
 : SS.
COUNTY OF :

I, _____ of the _____
of _____, in the County of _____ and
the State of New Jersey, of full age, being duly sworn according to law on my oath
depose and say that:

I am _____
of the firm of _____

the Professional Service Entity making the submission for the above named Service, and
that I executed the said submission with full authority to do so; that the Professional
Service Entity has not, directly or indirectly, entered into any agreements, participated in
any collusion, or otherwise taken any action in restraint of fair and open competition in
connection with the above named Service; and that all statements contained in said
submission and in this affidavit are true and correct, and made with full knowledge that
the Town of Secaucus relies upon the truth of the statements contained in said
submission and in the statements contained in this affidavit in awarding the contract for
said Service.

I further warrant that no person or selling agency has been employed or retained to solicit
or secure such contract upon an agreement or understanding for a commission,
percentage, brokerage or contingent fee.

Subscribed and sworn to before me
this _____ day of _____, 201__

Notary Public
State of _____
My Commission Expires _____

(Signature of Professional)

(Type or print name of Affiant and Title
under signature)

THE NORTH HUDSON SEWERAGE AUTHORITY

DISCLOSURE OF OWNERSHIP FORM

N.J.S.A. 52:25-24.2 reads in part that "no corporation or partnership shall be awarded any contract by the State, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, there is provided to the public contracting unit a statement setting forth the names and addresses of all individual who own 10% or more of the stock or interest in the corporation or partnership".

1. If the professional service entity is a *partnership*, then the statement shall set forth the names and addresses of all partners who own a 10% or greater interest in the partnership.
2. If the professional service entity is a *corporation*, then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.
3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.
4. If the professional service entity is other than a corporation or partnership, the contractor shall indicate the form of corporate ownership as listed below.

COMPLETE ONE OF THE FOLLOWING STATEMENTS:

- I. Stockholders or Partners owning 10% or more of the company providing the submission:

Name: ADDRESS:

SIGNATURE: _____ DATE: _____

- II. No Stockholder or Partner owns 10% of more of the company providing this submission:

SIGNATURE: _____ DATE: _____

- III. Submission is being provided by an individual who operates as a sole proprietorship:

SIGNATURE: _____ DATE: _____

- IV. Submission is being provided by a corporation or partnership that operates as a (check one of the following):

_____ Limited Partnership _____ Limited Liability Corporation

_____ Limited Liability Partnership _____ Subchapter S Corporation

SIGNATURE: _____ DATE: _____

THE NORTH HUDSON SEWERAGE AUTHORITY

INSURANCE REQUIREMENTS AND ACKNOWLEDGMENT FORM

Certificate(s) of Insurance shall be filed with the Executive Director's Office upon award of contract by The North Hudson Sewerage Authority.

The minimum amount of insurance to be carried by the Professional Service Entity shall be as follows:

PROFESSIONAL LIABILITY INSURANCE

Limits shall be a minimum of \$1,000,000.00 for each claim and \$1,000,000.00 aggregate each policy period.

Acknowledgment of Insurance Requirement.

(Signature)

(Date)

(Printed Name and Title)

THE NORTH HUDSON SEWERAGE AUTHORITY

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE
(N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.)

GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS

This form is a summary of the successful professional service entity's requirement to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.

The successful professional service entity shall submit to The North Hudson Sewerage Authority, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter):

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-1.1 et seq.;

OR

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division of Contract Compliance and distributed to The North Hudson Sewerage Authority to be completed by the vendor in accordance with N.J.A.C. 17:27-1.1 et seq.

The successful professional service entity may obtain the Employee Information Report (AA302) from the during normal business hours.

The undersigned professional service entity certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. and agrees to furnish the required forms of evidence.

The undersigned professional service entity further understands that his/her submission shall be rejected as non-responsive if said professional service entity fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.

COMPANY: _____

SIGNATURE: _____ PRINT NAME: _____

TITLE: _____ DATE: _____

THE NORTH HUDSON SEWERAGE AUTHORITY
PROFESSIONAL SERVICE ENTITY INFORMATION FORM

If the Professional Service Entity is an **INDIVIDUAL**, sign name and give the following information:

Name: _____

Address: _____

Telephone No.: _____ Social Security No.: _____

Fax No.: _____ E-Mail: _____

If individual has a **TRADE NAME**, give such trade name:

Trading As: _____ Telephone No.: _____

If the Professional Service Entity is a **PARTNERSHIP**, give the following information:

Name of Partners: _____

Firm Name: _____

Address: _____

Telephone No.: _____ Federal I.D. No.: _____

Fax No.: _____ E-Mail: _____

Social Security No.: _____

Signature of authorized agent: _____

If the Professional Service Entity is **INCORPORATED**, give the following information:

State under whose laws incorporated: _____

Location of principal office: _____

Telephone No.: _____ Federal I.D. No.: _____

Fax No.: _____ E-Mail: _____

Name of agent in charge of said office upon whom notice may be legally served:

Telephone No.: _____ Name of Corporation: _____

Signature: _____ By: _____

Title: _____ Address: _____

3. Description of ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff):

4. Cost details, including the hourly rates of each of the individuals who will perform services and all expenses:

Note: Attach additional sheets as necessary.

Firm _____ Date: _____

Authorized Representative (Print): _____

Signature: _____ Title: _____

Telephone No.: _____ Fax No.: _____

THE NORTH HUDSON SEWERAGE AUTHORITY

ACKNOWLEDGMENT OF CORRECTIONS, ADDITIONS AND DELETIONS FORM

I, _____

of the firm _____

hereby acknowledge that any corrections, additions and/or deletions have been initialed and dated in this Submission Package.

(Signature)

(Type or print name of Affined and Title,
under signature)

(Date)

END OF SUBMISSION PACKAGE