

**SECTION 00410**

**BID FORM**

**To: Bill Trufant, Facilities Director**  
**Cumberland County**  
**142 Federal Street**  
**Portland, Maine 04101**

From: Krishna Construction, Inc.

1. The undersigned, having examined the proposed Contract Documents consisting of Drawings, The Form of Agreement, General Conditions, Supplementary Conditions, Specifications and have examined the site for the proposed work titled:

**Cumberland County Parking Garage**  
**Vehicle Impact Repairs**  
**192 Newbury Street**  
**Portland, Maine**

Hereby propose and agrees to furnish all permits, labor, materials, equipment, tools, and appliances, and perform operations necessary to complete the Work as required by the Contract Documents for the stipulated sum as follows:

- A. General Conditions and for all Work other than Unit Price Work listed in sections B (including but not limited to general conditions, temporary shoring, temporary enclosures, vehicle and pedestrian protection, staging, temporary traffic control, signage, heat, and utilities, etc.), a Lump Sum of:

Fifteen Thousand dollars

(words)

\$ 15,000.00

(numerals)

B. For all Unit Price Work, based on quantities shown:

**UNIT PRICE WORK**

<u>Item No.</u>	<u>Description</u>	<u>Unit</u>	<u>Estimated Quantity</u>	<u>Unit Price</u>	<u>Estimated</u>
1	Concrete topping repair	sf	18	\$1,500.00	\$27,000.00
2	Steel beam replacement	ea	1	\$20,000.00	\$20,000.00
3	Steel HSS vehicular barrier installation	ea	2	\$15,000.00	\$30,000.00
4	Steel Railing	lot	1	\$10,000.00	\$10,000.00
5	Precast Panels 1 - 2	ea	2	\$15,000.00	\$30,000.00
6	Precast Panel 3	ea	1	\$10,000.00	\$10,000.00
7	Supplemental steel plates for precast installation	ea	13	\$2,000.00	\$26,000.00

Total of All Estimated Prices

One hundred fifty three thousand dollars	<u>\$153,000.00</u>
(words)	(numerals)

D. For a total estimated (Items A+B) Bid amount of:

One hundred sixty eight thousand dollars	<u>\$ 168,000.00</u>
(words)	(numerals)

E. Unit Pricing

1. The following unit prices are required for the Owner to evaluate additions to or deductions from the work:

**UNIT PRICING**

<u>Item No.</u>	<u>Description</u>	<u>Unit</u>	<u>Addition Unit Price</u>	<u>Deductions Unit Price</u>
1	Concrete topping repair	sf	\$1,500.00	\$1,500.00
2	Steel beam replacement	ea	\$20,000.00	\$20,000.00
3	Steel HSS vehicular barrier installation	ea	\$15,000.00	\$15,000.00
4	Steel Railing	lot	\$10,000.00	\$10,000.00
5	Precast Panels 1 - 2	ea	\$15,000.00	\$15,000.00
6	Precast Panel 3	ea	\$10,000.00	\$10,000.00
7	Supplemental steel plates for precast installation	ea	\$2,000.00	\$2,000.00

2. The undersigned acknowledges the receipt of addenda numbers (if applicable):

3. The Contractor shall provide along with this Bid Form, copies of the following documentation:
- A. List of all subcontractors, including:
    - 1. Company Name. Red Quill Creators
    - 2. Address. Gorham, ME
    - 3. Type of Construction/Supplies. Precast panels, steel
    - 4. Percent of contract price. 49.2%
  - B. List of all proposed materials substitutions, including: N/A
    - 1. Manufacturer.
    - 2. Proposed use.
    - 3. Cut sheets for all proposed Materials.
  - C. Proof of Insurance: General Liability, Vehicle and Worker's Compensation Insurance as Required by Maine State Law. - See Attached.
5. The undersigned agrees that if he/she is selected as Contractor, he/she will within five days, Saturdays, Sundays, and legal holidays excluded, after presentation thereof by the Awarding Authority, execute the Contract in accordance with the terms of this bid and furnish proof of the capacity of the contractor to furnish a performance bond and also a labor and materials bond, each of a surety company qualified to do business under the laws of the State and satisfactory to the Awarding Authority, and each in the sum of one hundred percent of the Contract Price, the premiums for which are (if bond are required by the Owner) to be paid by the Contractor and are included in the Contract Price.
6. The undersigned agrees that if selected as general contractor, they will promptly confer with Owner on the question of subcontractors; and that the Owner may request a substitute for any subcontractor listed, as noted above.
7. Commencement and Completion of Work: The undersigned agrees to commence work on the Contract within seven (7) calendar days from **March 31, 2025** and to thereafter diligently and continuously carry on with the work.
8. The undersigned agrees that the Work will be substantially complete by **May 30, 2025** and completed and ready for final payment by **June 6, 2025**.
9. The undersigned understands that the Owner reserves the right to reject any and all bids.

10. The undersigned certifies under the penalties of perjury that this bid is in all respects bona fide, fair and made without collusion or fraud with any other person. As used in this subsection the word person shall mean any natural person, joint venture, partnership, corporation or other business or legal entity.
11. The undersigned agrees that this Bid shall be good and may not be withdrawn for a period of 30 business days after the scheduled bid due date.

Date: February 6, 2025

Name of Bidder: Krishna Construction, Inc.

Signed: 

By: Fenil Kusumgar, President  
(Name and title of person signing bid)

Business Address: 87 Henry B Riordan Way

City and State: North Attleboro, MA 02760

Phone Number: 215-669-7564



**ALL CONTRACTORS SHALL FILL IN THE FOLLOWING INFORMATION  
BEFORE SUBMITTING BID**

	Name and Address of Supplier	Products to be Supplied
1	R & D Tech Solutions, Mississauga, Canada	Kelmar (membrane)
2	White Cap, LLC. Plainville, MA	Concrete repair products
3		
4		
5		
6		

	Name and Address of Contractor	Service or Trades to be Supplied	Anticipated \$ Amount
1	Red Quill Creators, Gorham ME	Precast panels, steel	\$82,645.00
2			
3			
4			
5			
6			

Bidder's Qualifications Information and Selection Criteria for:

Cumberland County Parking Garage Vehicle Impact Repairs

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED

A. PROCESS

The intent of this process is to ensure that the firms who submit bid proposals have the proven capability to complete a project of this complexity, within the given schedule and operation limitations.

To provide us a similar level of information for all firms, it is a requirement of the bidder selection process that all information requested in the following Evaluation Criteria be supplied on the Project Data Form enclosed. All forms must be fully completed. Respondent's Qualification Information and other information are also to be submitted, as outlined in this section.

B. EVALUATION CRITERIA

1. Experience:

Requirement: Bidders must have demonstrated experience working on Parking Garage properties. Provide the information as described on the attached form on three (3) previous contracts involving Parking Garages restoration and steel/concrete restoration work.

2. Intent: To show that the candidate has experience on projects of comparable scope.

C. RESULTS

1. Contractors which fail to demonstrate sufficient experience as submitted in the qualification form and as judged by the owner may have their bids rejected. The Owner will then proceed with review of the next low bid.

## RESPONDENT'S QUALIFICATION INFORMATION Current Projects Informational Form

Provide the following information on all current projects in progress: (Use additional sheets as necessary)

1. Project Name: Spring Street Garage Traffic Membrane Recoat and Overhead Spall Repair

Location: Portland, ME

Owner: City Of Portland, ME Phone: 207-874-8654

Architect: Thornton Tomasetti Phone: 207-245-6082

Contract Amount: \$374,940.00 Scheduled Completion Date: September, 2025

2. Project Name: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

3. Project Name: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

### Garage Experience Informational Form

As described in the evaluation criteria bidders must have demonstrated experience working on parking garages. Provide the following information on three (3) previous contracts involving the above: (Use additional sheets as necessary)

1. Project Name: Repair & Preventive Maintenance of Various Garages  
Scope of Work: Concrete, waterproofing, joint sealant, structural steel, carbon fiber repairs  
Owner: Wilmington Parking Authority, Wilmington, DE Phone: 302-655-4442  
Architect: Desman Inc. New York NY Phone: 212-686-686-5360  
Contract Amount: #1,341,585.00 Completion Date: June 2024
2. Project Name: Repair & Preventive Maintenance, Albany, NY  
Scope of Work: Concrete, waterproofing, crack repairs, guardrail repairs, expansion joints, joint sealant repairs  
Owner: Albany Parking Authority Phone: 518-434-8886  
Architect: O & S Associates Phone: 908-295-8422  
Contract Amount: \$450,000.00 Completion Date: July 2024
3. Project Name: Cumberland County Parking Garage Repairs  
Scope of Work: Concrete repairs, waterproofing, Steel  
Owner: Cumberland County, ME Phone: 207-699-1982  
Architect: Thornton Tomasetti Phone: 207-245-6082  
Contract Amount: \$496,775.00 Completion Date: December 2024

The undersigned represents that all information provided by the bidder on the Respondent's Qualification Information is true and complete. The bidder understands that Cumberland County may at their discretion, disqualify any bidder who has presented information that is not in conformance with selection criteria, inaccurate, untrue, or which conflicts with information received from independent sources.

SUBMITTED BY: Fenil Kusumgar

(Officer of Firm)

SIGNATURE: \_\_\_\_\_

TITLE: President

DATE: February 6, 2025

**Krishna Construction**  
87 Henry Riordan Way  
North Attleboro, MA 02760





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER World Insurance Associates, LLC 1350 Division Rd., Suite 101 West Warwick, RI 02893	CONTACT NAME:		FAX (A/C, No):	(401) 398-8017
	PHONE (A/C, No, Ext):	(401) 398-8020		
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A:	Mesa Underwriters Specialty Insurance Co.		36838
	INSURER B:	Arbella Protection Insurance Company		41360
	INSURER C:	Travelers Indemnity Company of CT		25682
	INSURER D:			
	INSURER E:			
	INSURER F:			

INSURED

**KRISHA CONSTRUCTION, INC**  
87 HENRY B RIORDAN WAY  
NORTH ATTLEBORO, MA 02760-6286

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: <b>GL BI &amp; PD Ded. \$5,000</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MP017060110001100	11/21/2024	11/21/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 2,000,000
								\$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> ANY OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1020132446	9/5/2024	9/5/2025	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 1,000,000
							BODILY INJURY (Per accident)	\$ 1,000,000
							PROPERTY DAMAGE (Per accident)	\$ 1,000,000
								\$
	<b>UMBRELLA LIAB</b> OCCUR						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b> CLAIMS-MADE						AGGREGATE	\$
	DED                  RETENTION \$							\$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A	<input checked="" type="checkbox"/>	UB1H638762	5/1/2024	5/1/2025	<input checked="" type="checkbox"/> PER STATUTE                  OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SPRING STREET PARKING GARAGE TRAFFIC MEMBRANE RECOAT AND OVERHEAD SPALL REPAIR, BID #25036**  
LOCATION: 45 SPRING STREET, PORTLAND, MAINE. CITY OF PORTLAND, MAINE IS ADDITIONALLY INSURED ON A PRIMARY NON-CONTRIBUTORY BASIS, ONGOING AND COMPLETED OPERATIONS WITH RESPECT TO GENERAL LIABILITY AND AUTO LIABILITY PER WRITTEN CONTRACT. WAIVER OF SUBROGATION IN IN FAVOR OF ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY, AUTO LIABILITY AND WORKMANS COMPENSATION AS REQUIRED BY WRITTEN CONTRACT.

<b>CERTIFICATE HOLDER</b>  <b>CITY OF PORTLAND, MAINE</b> 389 Congress Street Portland, ME 04101	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  