

REQUEST FOR PROPOSALS

City of Portage, WI
Dewitt Street Double Chip Seal

Due: Thursday, July 31, 2025, 2:00PM

Submit Proposals to:
Phil Livingston
City of Portage
115 W. Pleasant Street
Portage, WI 53901

OR

Philip.livingston@portagewi.gov

Phone: 608-742-2176

NOTICE TO CONTRACTORS

Request for Proposals City of Portage, WI Dewitt Street Double Chip Seal

OWNER: The City of Portage, Wisconsin will receive separate sealed unit price PROPOSALS for the following items as they relate to furnishing of all labor, materials, and equipment required for the Dewitt Street Double Chip Seal project. The pavement surface of Dewitt Street, located in the City Limits of Portage, Wisconsin, is in disrepair and is now requiring corrective work.

CONTRACT: Dewitt Street Double Chip Seal, shall include, but not be limited to:

- 1. At the direction of the Director of Public Works and/or City Staff, the contractor shall install chip seal over existing wheel ruts in +/- 5 EA locations. Following the initial wheel rut chip seal, the contractor shall chip seal the entire driving lane.
- 2. The intended surface area of the project is estimated at 13,320 Square Feet, and consists of individual locations on Dewitt Street between W. Pleasant Street and E. Marion Street. Individual locations are estimated minimum of 100' lengths and approximately 18' wide. Quantities may increase or decrease based on direction by City Staff. Staff will meet with contractor in the field to identify sealing areas prior to work being performed.
- 3. Initial chip seal over wheel ruts is not included in the estimated square footage and shall be considered incidental to the project. Payment will be made based on unit price measurements of final chip seal along entire driving lane.
- 4. Traffic control, erosion control/inlet protection, water box/man-hole covering, and pavement markings shall be incidental to the project.
- 5. Contractor shall perform initial sweeping of chip sealed surfaced 24-48 hours after application, and a second sweeping 14 days after initial application. City shall provide dump location for sweeping materials.
- 6. The binder used for seal coat shall be polymer modified binder type **CRS-2P** (Cationic Rapid Set, Polymer Modified), or type **HFRS-2P** (High Float Rapid Set, Polymer Modified) conforming to Section 455 of the State Specifications.
- 7. Aggregate shall meet the general requirements of State Specifications, Section 475 except as modified below;

The aggregate for seal coat shall meet the following gradation, or FA2 (1/4").

SIEVE SIZE	JMF LIMITS % PASSING
1/2" (12.5mm)	100%
3/8" (9.5 mm)	100%
No. 4 (4.75 mm)	0 - 100%

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No. 8 (2.36 mm) 0 – 40% No. 16 (1.18 mm) 0 - 10% No. 200 (75 μm) 0.0 – 1.0%

### (1)– Washed gradation value Shall contain 100% fractured rock

- 1. Clean-Up Contractor will leave the site neat, clean and looking very well kept. Owner and Contractor will inspect the site prior to project completion.
- 2. Warranty Contractor warrants all workmanship, parts and painting for a period of one year. A one-year anniversary inspection will be made and any deficiencies noted at that time will be the sole financial responsibility of the Contractor to repair. Repairs are to be made within 90 days of Notice of Warranty Deficiency and photos of repairs are to be added to the project documentation.

Contractor will complete the work in accordance with the above section for the following price(s):

### **PRICE SCHEDULE –** Dewitt Street Double Chip Seal

| Item<br>#                     | Description                                    | Unit | Estimated Quantity | Bid Price<br>Unit | Bid Price |
|-------------------------------|------------------------------------------------|------|--------------------|-------------------|-----------|
|                               |                                                |      |                    |                   |           |
| 1                             | Chip Seal – Dewitt Street (Pleasant to Marion) | SF   | 13,320             | \$                | \$        |
|                               |                                                |      |                    | \$                | \$        |
|                               |                                                |      |                    | \$                | \$        |
|                               |                                                |      |                    | \$                | \$        |
|                               |                                                |      |                    | \$                | \$        |
| TOTAL = Sum of Line Items 1 = |                                                |      | \$                 |                   |           |
|                               |                                                | -    |                    |                   |           |

| Sub-contractor information, name of company, trade, contact person and phone number | oers: |
|-------------------------------------------------------------------------------------|-------|
|                                                                                     |       |
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QUOTES: The OWNER will receive QUOTES at the office of the Portage Public Works Department, 115 W. Pleasant Street, Portage, WI 53901, as well as electronically until 2:00PM, July 31, 2025. Electronic quotes may be submitted to the City of Portage Director of Public Works, Phil Livingston, at philip.livingston@portagewi.gov.

PROPOSAL DOCUMENTS: This document constitutes the entirety of the proposal documents.

PROPOSAL FORMALITIES: OWNER reserves the right to waive formalities in proposals and to reject any and all quotes.

WAGE RATES: No State or Federal Wage Rates Determinations have been established for this project.

INSURANCE: CONTRACTOR shall carry General Liability Insurance, Auto and Worker's Compensation Insurance that is satisfactory to the Owner. Certificates must be received by the owner within 10 days of contract award.

# Dewitt Street Double Chip Seal \$ \_\_\_\_\_\_ Company Name: \_\_\_\_\_\_ Address: Authorized Agent of Contractor: Print Name: Title: Office Phone: \_\_\_\_\_\_ Mobile Phone: Email Address:

TOTAL VALUE OF CONTRACT

Certificates of Insurance General Liability Auto Workers Compensation Included: Yes / No

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