

**REQUEST FOR VEHICLE MAINTENANCE SERVICE PROVIDER  
GULF COAST CENTER**

**THE GULF COAST CENTER IS SEEKING QUALIFIED VEHICLE MAINTENANCE SERVICE PROVIDERS TO PROVIDE VEHICLE MAINTENANCE SERVICES TO CENTER VEHICLES FOR THE PERIOD OF TIME BEGINNING SEPTEMBER 1, 2024, AND ENDING AUGUST 31, 2026, UNLESS TERMINATED EARLIER IN ACCORDANCE WITH AGREEMENT. THE GULF COAST CENTER (“CENTER”) IS THE TAX-EXEMPT COMMUNITY MENTAL HEALTH, INTELLECTUAL & DEVELOPMENTAL DISABILITIES AUTHORITY FOR GALVESTON AND BRAZORIA COUNTIES, TEXAS. INTERESTED SERVICE PROVIDERS MUST DEMONSTRATE AN ABILITY TO COMPLETE THE JOB (EXPERIENCE, REFERENCES) AND PROVIDE APPROPRIATE DOCUMENTATION OF LIABILITY INSURANCE, VEHICLE INSURANCE AND WORKER’S COMPENSATION COVERAGE. INSURANCE COVERAGE MUST REMAIN IN EFFECT THROUGHOUT THE PERIOD IDENTIFIED ABOVE.**

**A. SUBMITTAL PROCEDURE**

Price quotes for one or both counties may be submitted. Sealed price quotes clearly marked VEHICLE MAINTENANCE BID must be submitted no later than 10:00 A.M. on JULY 29, 2024, to The Gulf Coast Center at 4352 E.F. Lowry Expressway, Texas City for consideration. No bids will be accepted after the stated deadline. The bid opening will be conducted at that time. The Gulf Coast Center may select one or more contractors based upon the price, best value, and service in the interest of The Gulf Coast Center or reject all proposals if deemed in its best interest.

The bid is to be submitted on the attached “Bid Form” with the original, signed in ink in a sealed envelope marked “BID-DO NOT OPEN UNTIL – 10:00 A.M. ON JULY 29, 2024. Respondents may mail or personally deliver their bids to the designated location at the above address. The Gulf Coast Center will not be responsible for any bid(s) that is lost in the mail or not delivered to the designated location by the stated deadline.

The Bid must be signed by the person or officer of the company submitting the bid that is authorized to enter into contractual agreements on behalf of the company. Bids shall include a reference list and insurance certificates or other evidence of insurance satisfactory to The Gulf Coast Center (minimum insurance requirements listed below).

**B. NON-DISCRIMINATION**

The Center does not discriminate against any individual or contractor with respect to his/her compensation, terms, conditions, or award of contract because of race, color, religion, sex, national origin, age or disability; or limit, segregate, or classify candidates for award of contract in any way which would deprive or tend to deprive any individual or company of business opportunities or otherwise adversely affect status as a contractor because of race, color, religion, sex, national origin, age or disability.

### **C. PERMITS**

All permits as required by authorities having jurisdiction; local, state, county and/or federal, are the total responsibility of bidder/contractor.

### **D. VEHICLE MAINTENANCE SCOPE OF SERVICES**

The contractor will perform vehicle maintenance, preventive maintenance, and general repairs using parts and materials approved by the Center and the maintenance vendor.

- a. 5000-mile oil change and multi point inspection
- b. 15000-mile tire rotation
- c. 36000-mile brake servicing
- d. 100000-mile servicing and inspection
- e. Annual preventive maintenance check
- f. General vehicle maintenance and repairs as needed

### **E. PURCHASES**

The vendor will provide all parts, materials and products required to complete each task.

### **F. SAFETY**

Safety in the workplace is to be maintained through appropriate operating procedures, proper training and utilization of chemicals and equipment, signage (i.e., Caution-Wet Floors), etc.

### **G. PAYMENTS**

Payments shall be made for services using ACH meeting specifications within thirty (30) days of receipt and approval of an invoice. Itemized invoices must be received prior to the 10<sup>th</sup> of each month via e-mail to [GCCFleet@GulfCoastCenter.org](mailto:GCCFleet@GulfCoastCenter.org)

### **H. TERM OF AGREEMENT**

The contract term will be for twenty-four months from September 1, 2024 – August 31, 2026. Extension of the contract for an additional (2) 1-year terms may be negotiated with the successful bidder when services have been conducted to mutual satisfaction, and prices and conditions remain unchanged. During the contract period, the Center maintains the right to terminate the Service Agreement with a thirty-day written notice if the services provided do not conform to the standards and requirements detailed herein.

**I. INSURANCE MINIMUM REQUIREMENTS**

- a. Workers Compensation Insurance-such insurance shall be in an amount equal to the limit of liability and in the form prescribed by the laws of the State of Texas.
- b. General Liability Insurance-\$100,000 each occurrence limit subject to a General Aggregate limit of \$100,000 or \$100,000 combined Single Limit for Bodily Injury Liability and Property Damage Liability.
- c. Automobile Liability Insurance-\$100,000 Bodily Injury Each Person, subject to a \$300,000 Bodily Injury each Accident and \$100,000 Property Damage Liability each Accident, or \$300,000 Combined Single Limit for Bodily Injury Liability and Property Damage Liability.

**J. SCHEDULE OF SERVICE**

Services will generally be provided on demand from the Center during normal business hours Monday through Friday.

**BID FORM**

Vehicle Maintenance Service for the Gulf Coast Center. Submit to: Attn: Sam Tingle, Gulf Coast Center, 4352 E.F. Lowry Expressway, Texas City, TX. 77591.

**1. Vehicle Maintenance Services**

<b>SERVICES</b>	<b>COST PER SERVICE</b>	<b>LABOR RATE/HR</b>
5000 MILE OIL CHANGE	_____	_____
15000 MILE TIRE ROTATION	_____	_____
36000 MILE BRAKE SERVICE	_____	_____
100000 MILE SERVICING	_____	_____
ANNUAL PREVENTIVE MAINT	_____	_____
GENERAL VEHICLE MAINT.	_____	_____
MATERIAL MARKUP COSTS. (%)	_____	_____

**BIDDER INFORMATION:** CONTACT REPRESENTATIVE: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
**NUMBER OF EMPLOYEES:** \_\_\_\_\_ **CONTRACT WORKERS:** \_\_\_\_\_ **EXPERIENCE AND YEARS IN BUSINESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES OF CUSTOMERS SERVED IN THE LAST THREE YEARS:**

	COMPANY	CONTACT PERSON	TELEPHONE #	YEARS SERVED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**INSURANCE COVERAGE:** YES/NO INSURANCE COMPANY

WORKERS COMPENSATION \_\_\_\_\_

COMPREHENSIVE GENERAL LIABILITY \_\_\_\_\_

BUSINESS AUTOMOBILE LIABILITY \_\_\_\_\_

(INCLUDE CERTIFICATE OF INSURANCE)

JANITORIAL CHEMICAL BRAND PRIMARILY UTILIZED \_\_\_\_\_

AUTHORIZED BIDDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

POSITION \_\_\_\_\_

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