



CITY OF YONKERS/YONKERS PUBLIC SCHOOLS,
1 LARKIN CENTER, 3RD FL, YONKERS, NY 10701 914-377-6030

REQUEST FOR QUOTATION - This Is Not an Order

September 3, 2019

RFQ-2019-HawRR

Estimated Start of Work (To be entered by City)	Quote Not Later Than (To be entered by City)	F. O. B.
ASAP	3:00pm September 9, 2019	DESTINATION.

Insurance: Required coverage: A) The Contractor shall provide Worker's Compensation Insurance and Employer's Liability Insurance as required under the New York State Worker's Compensation Law. B) The Contractor shall maintain Commercial General Liability Insurance, listing CITY OF YONKERS and YONKERS PUBLIC SCHOOLS as an additional insured, with no right of subrogation, in the minimum amount of \$1,000,000 in the aggregate, \$500,000 each incident, with a company or companies licensed in New York State with an A or better Best Rating. The Certificate of Insurance for the above coverage must bear a notation evidencing a **minimum of 30-day cancellation notice.**

NOTICE TO CONTRACTOR: This work involves the employment of laborers, workmen, or mechanics under Article 8 of the NYS Labor Law. The Contractor and its Subcontractors (if any) must pay these employees at least the Prevailing Wage rate and supplements, and these employees may not work more than the number of hours and days as set forth by the NYS Department of Labor per the Labor Law. The current NYS Prevailing Wage Schedule can be found at <http://wpp.labor.state.ny.us/wpp/publicViewPWChanges.do?method=showlt>.

NYS DEPT OF LABOR PREVAILING WAGE CASE NUMBER FOR THE PROJECT: PRC #2019011468
Contractor to submit certified payroll with invoice.

RETURN QUOTATION VIA EMAIL or FAX TO: alex.schenck@YonkersNY.gov or (914) 377-6032

LOCATION OF WORK:
Hawthorne/Pearls School, 350 Hawthorne Ave., Yonkers, NY 10701

SCOPE OF WORK: Hawthorne/Pearls School Emergency Roof Repairs

Roof area "O", Size of area - 950 sf. Approx. - Refer to attached building roof plan

1. Remove existing roof system down to the deck
2. Remove existing roof deck
3. Provide and install new 22 ga. metal decking
4. Provide and install new Tapered Polyiso insulation Minimum R30 Insulation set in foam adhesive over the metal deck
5. Provide and install 1/2" cover board set in foam adhesive over tapered insulation
6. Provide and install .060 EPDM membrane over cover board
7. Install new membrane flashing around all roof perimeters and penetrations as per manufacturers requirements
8. Provide and install 140 LF of gravel stop .050 aluminum kynar finish standard colors
9. Provide and install 2 new roof drains (JR Smith standard roof drain)
10. Provide and install new wood blocking
11. Provide and install 24 LF of new thru-wall flashing (remove 2 course brick as directed by owner)
12. Provide 20-year full system roof warranty

All work to be done when school is not in session. The district will make the building available Saturday - Sunday if needed. Contractor shall remove all waste from the site and properly dispose of same.

QUOTATION: (To be entered by Contractor) The undersigned Vendor, with a complete understanding of the aforementioned requirements, specifications, and the existing conditions at the Work Site (if required), and having inspected the Work Site (if required) and having become familiar with all conditions likely to be encountered affecting the cost and scheduling of the work, and having a complete understanding of the work specifications and insurance requirements hereby offers the amount set forth below as full compensation for all costs and expenses of completing the work in accordance with the terms, conditions and specifications presented herein and at the site inspection (if required), including, but not limited to all labor, materials, tools, equipment, overhead, fees and profit.

Total Price in figures: \$ 46,750.00

Total Price in words: Forty six thousand seven hundred fifty

Availability To Start Work 2-4 weeks No. of business days to complete: 2 weeks

CONTRACTOR Date: 9/9/19 Telephone No: (914) 237-0683 Fax No: 914-237-0937

Name of Company J-Salvatore & Sons inc Federal ID # _____

Address 1187 Yonkers Ave Yonkers NY 10704

Name of person quoting (please print) Joseph Granitto Title Pres

Signature _____ E-Mail Joe@NYRoofers.com