



**RFQ 572-18**

**Park Manor Hi-Rise Elevator Assessment**

**Location:  
220 Park Manor Drive Dayton Ohio 45405**



If you would like to submit a bid, you must complete the GDPM Quote Form. It must be signed. If the proposal section does not have enough room for your proposal, please write 'see attached' and attach your quote.

If you are interested in working with GDPM, please contact [housingdevelopment@dmha.org](mailto:housingdevelopment@dmha.org) and request a vendor registration packet. Once submitted you will be notified of all contracting opportunities related to the areas you select when registering.

***PROJECT NAME: Elevator Assessment***

***LOCATION: 220 Park Manor Drive Dayton Ohio 45405***

GDPM is seeking quotes for repairs at the abovementioned property. The work is referenced below and on the attached specifications.

**How to Quote:** Please provide overall quote

Email quotes to [housingdevelopment@dmha.org](mailto:housingdevelopment@dmha.org)

**Questions:** Kevin Arnold at 937-910-7637

**Submission Deadline:** Feb. 01, 2024 by 10:00AM


## **PROJECT OVERVIEW:**

The Dayton Metropolitan Housing Authority dba Greater Dayton Premier Management (GDPM) intends to contract with an Elevator Consultant to conduct an assessment of elevators at OH5-7B Park Manor Hi-Rise, located at 220 Park Manor Drive Dayton, Ohio 45410.

## **BUILDING DESCRIPTION:**

Park Manor Hi-Rise was constructed in 1965 for the Housing Authority. Access to the High Rise apartment units is via common entrance, lobby, elevator, corridor, and individual entry doors. The High Rise building is constructed of masonry unit bearing walls, steel bar joist, and metal deck with concrete flooring. The building foundations are concrete. Perimeter wall construction is masonry units with brick veneer. Floor and roof construction is metal deck with a ballasted EPDM roofing system. At the community building the roof is a folded concrete deck with a TPO roofing system. Parking is provided at several concrete lots located around the building. The building elevators are two (2) Thyssen-Krupp Passenger Traction units.

## **SCOPE OF SERVICES:**

Your firm is requested to provide DMHA/GDPM with a cost for the following services:

- 1) Conduct an assessment of the two (2) passenger traction elevators at Park Manor Hi-Rise. The assessment shall include, at a minimum, the following:
  - a) Review current State Elevator Inspection Records.
  - b) Review the elevator machine room equipment to determine the level of preventive maintenance and operational quality. Observe operation of hoist machine, power unit, controller, power conversion unit, and governor. Overall machine room condition shall be evaluated including quality of housekeeping, level of lubrication and state of repair.
  - c) Review elevator equipment in each hoistway to determine the level of preventive maintenance and operation. Observe operation of equipment including hoistway doors, interlocks, hangers, and door gibbs. Evaluate quality of housekeeping, level of lubrication and state of repair.
  - d) Review pit equipment for condition, level of preventive maintenance, and cleanliness.
  - e) Test elevator emergency communication and signaling devices for accessibility and proper operation.

- f) Measure and/or evaluate elevator performance to determine efficiency and level of adjustment as compared with design capability and Elevator Consultant standards. Measurement and evaluation will include the following:
- Approximate age of equipment.
  - Floor-to-floor time.
  - Car speed.
  - Door open/close times.
  - Short/long door hold open times.
  - Reduction of door hold/open times.
  - Acceleration/deceleration quality.
  - Ride quality.
  - Stopping zone accuracy.
- g) Review elevators for compliance with the ASME, ADA, UFAS, HUD, NEC and other industry standards.
- h) Provide immediate verbal and written notification to DMHA/GDPM project manager when the review reveals major deferred maintenance, critical repairs or safety conditions requiring immediate corrective action.
- 2) Report shall include (at a minimum) all existing conditions as mentioned above and the following:
- a) Overview of the current level of maintenance and repair, including opinion of probable cost to correct all noted deficiencies. Summary of work requiring the immediate attention.
  - b) Maintenance rating for housekeeping, lubrication, repairs, adjustments and performance.
  - c) List of conditions requiring immediate corrective action by DMHA/GDPM.
  - d) ADA report and review forms indicating findings and deficiencies.
  - e) Findings related to compliance with monthly firefighters' operation and standby power tests.
  - f) Photograph of each existing elevator equipment room and any deficiencies or code violations.
  - g) Feasibility recommendation to maintain existing elevator or replace each elevator. Provide an estimated remaining service life with reliable operation based on industry standard values.
  - h) Provide a detailed cost estimate for repairs or replacement/modernization as identified in the report.
  - i) A Performance Review Form for each unit that lists all quantitative data collected and compares the data with design capability and Elevator Consultant standards.
  - j) The Elevator Consultant shall be available for telephone consultation on matters relating to elevator equipment covered by the scope of the assessment.

- k) The final report shall be three (3) bound hard copies and one electronic copy on compact disk, email, flash drive and such like electronic formats.
- l) Questions and site visits shall be arranged by contacting Kevin Arnold, who will superintend this project. He may be contacted at 937-910-7637 or [karnold@dmha.org](mailto:karnold@dmha.org)
- m) Please return your proposal via email to [housingdevelopment@dmha.org](mailto:housingdevelopment@dmha.org) no later than February 01, 2024 by 10:00 AM.



# PLANNING & DEVELOPMENT PROFESSIONAL SERVICES REQUEST FOR QUOTE

(THIS SECTION IS COMPLETED BY GDPM)

Job Name:

Contract #:

Scope:

Anticipated Project Term:  Anticipated Start Date

Prevailing Wage:

**Contractor:** Please indicate if any of the following contract award preference apply: (for more information on whether your company is eligible for any of the following preference categories, please go to <http://www.dmha.org/working-with-gdpm/doing-business-with-dmha/diversity.html>.)

Check at least one of the following ( If checked, please attach documentation):

- Section 3     MBE/WBE     Veteran     None Apply

Name of Business:

Street Address:  Street Address Line 2:

City:  State:  Zip Code:

Contact Number:  E-mail:

Contractor's Proposal & Price:

By signing below, Contractor acknowledges that if selected for the Contract Award, Contractor will perform all work necessary to complete the task as specified above at Contractor's quoted price within the time period provided. Further, Contractor has reviewed and accepts all GDPM Professional Services General Terms and Conditions and, unless otherwise specified in writing by GDPM, no other contract documents will be necessary. A copy of all GDPM Required Contract Documents is available at <http://www.dmha.org/RAD/contract-documents.html> or upon request by e-mailing at [housingdevelopment@gdpm.org](mailto:housingdevelopment@gdpm.org).

\_\_\_\_\_  
Contractor Signature of Acceptance

\_\_\_\_\_  
Date

**Acceptance of Proposal:**

The above price, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

\_\_\_\_\_  
GDPM Signature of Acceptance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Start Date