A red and yellow emblem with a castle and lions

AI-generated content may be incorrect.**TOWN OF WINCHESTER – CITY OF WINSTED**

Town Hall – 338 Main Street

WINSTED, CONNECTICUT 06098

**Rubber Roof Replacement – Fire Station Headquarters Station 1**

Date Issued: July 30, 2025

Submission Deadline: **10:00 AM EST, Thursday August 14, 2025**

Primary Contact: Don Murelli, Purchasing Agent

dmurelli@townofwinchester.org

860-738-6960

Send Proposals To: Winchester Town Hall, 338 Main St. Winsted Ct.06098

(Sealed and marked ***“ Fire Station Roof Replacement”***

as RFP submission)

**BID SPECIFICATIONS**

1. GENERAL INFORMATION

The Town of Winchester is soliciting sealed bids from qualified contractors for the removal and replacement of the rubber roof on the Winsted Fire Department’s Station 1 located at 27 Elm Street Winsted CT 06098. All work must comply with current building codes, OSHA safety regulations, and industry best practices.

1. SCOPE OF WORK

This project shall include, but is not limited to the following:

1. Complete removal of the existing roof
   * Complete removal and disposal of existing rubber roofing membrane, insulation, flashing, and debris.
   * Inspect decking and report any damage.
2. Roof Deck Preparation
   * Inspect roof substrate for damage or deterioration.
   * Replace any rotted or damaged decking with material of equal or greater quality (unit price required for replacement sq. ft. rate).
3. New Roofing System Installation
   * Install new insulation as required (minimum ½”).
   * Install a fully adhered or mechanically fastened EPDM (Ethylene Propylene Diene Monomer) rubber membrane, minimum thickness 60 mils.
   * All seams shall be heat-welded or bonded per manufacturer instructions.
   * All flashing, penetrations, edges, and parapets must be sealed with compatible flashing materials.
4. Drainage
   * Ensure all roof drains, scuppers, and downspouts are fully functional.
   * Replace or repair any damaged drains and ensure proper slope for drainage.
5. Warranty
   * Provide a minimum 20-year manufacturer warranty and 5-year workmanship warranty.
6. BIDDER QUALIFICATIONS

Must be a licensed and insured roofing contractor with a minimum of 5 years’ experience with commercial flat roof replacement.

Provide three (3) references of similar projects within the last three (3) years.

1. SITE VISIT

*A mandatory pre-bid site visit is required. Please call 860-379-5155 for an appointment.*

1. BID SUBMISSION REQUIREMENTS

Each bid must include:

1. Completed bid form with lump sum and unit prices.
2. Proposed start and finish date.
3. Manufacturer specifications of proposed materials
4. Copy of contractor license and insurance certificates.
5. References and project experience.
6. Warranty Information

**Submit sealed bids by 10 AM EST, Thursday August 14 to:**

Winchester Town Hall

Purchasing Department

338 Main Street

4th Floor

Winsted Ct 06098

***Envelope must be labeled: “Fire Station Roof Replacement”***

1. SELECTION CRITERIA

Bids will be evaluated based on:

* Cost
* Contractor experience and references
* Timeline for completion
* Warranty terms

***The Town of Winchester and Winsted Fire Department reserve the right to reject any or all bids, to waive informalities, and to select the bid deemed in the best interest of the Town and Fire Department.***

**Winsted Fire Department Headquarters – Main Building Roof Replacement**

**Bid Form**

**Project Title:** Winsted Fire Department Headquarters Roof Replacement

**Project Location:** 27 Elm Street Winsted, CT 06098**):** Click or tap here to enter text.

**Bid Due Date:** 8/14/2025

**Bidder Information**

* **Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Authorized Representative Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scope of Work (Summary)**

Bidder agrees to furnish all labor, equipment, tools, permits, materials, and supervision necessary to remove and replace the roof at the Winsted Fire Department Headquarters per the provided specifications and applicable codes.

**Bid Proposal**

| **Description** | **Unit/Qty** | **Unit Price** | **Extended Price** |
| --- | --- | --- | --- |
| Remove existing roofing material | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Repair/replace sheathing (as needed) | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Install new rubber roofing system | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Flashing and sealing | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ensure proper drainage on both sides | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cleanup and debris removal | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **Total Bid Amount** |  |  | **$\_\_\_\_\_\_\_\_\_\_\_** |

**Timeline**

* **Anticipated Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Anticipated Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bid Form – Continued**

**Insurance & Licensure**

(Attach proof of the following with this form)

* Proof of General Liability Insurance
* Workers’ Compensation Insurance
* Roofing Contractor License (if required)

**Acknowledgment and Signature**

I certify that I am authorized to submit this bid, and that the prices and information provided are accurate and complete. I have reviewed the full specifications and agree to the terms outlined in the bid documents.

**Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_