Department of Health & Social Services, FMS/Facilities

SMALL PROCUREMENT DOCUMENTS

for Construction Related Professional Services - RFP, Proposal & Award per AS 36.30.320 and 2 AAC 12.400

PART A - REQUEST FOR PROPOSALS

NOTE: State Small Procurement Limit is $200,000; FHWA Small Procurement Limit is $150,000; FAA / FTA Small Procurement Limit is $100,000

GENERAL INFORMATION

These documents consist of three parts (Part A - Request for Proposals; Part B - Proposal Form; Part C - Contract Award, Notice to Proceed & Invoice Summary), -- ***plus the current edition dated March 2014 of the Standard Provisions Booklet*** (DOT&PF Standard Provisions for Small Procurements of Construction Related Professional Services) that is hereby incorporated by reference. The Booklet will not be distributed with any of the three parts; however a copy may be obtained on our website at the following link: http://www.dot.state.ak.us/procurement. The Booklet contains copies of the Small Procurements Procedure (Chapter 2 of the PSA Manual), Appendix A (General Conditions), Appendix C (Compensation), Exhibit C-1 (Methods of Payment), Appendix D (Indemnification and Insurance), and Appendix E (Certification for Licenses and Insurance).

Project Title: Alaska Psychiatric Institute – Patient Safety Enhancements Project Number(s): AJF 20-01P **RFP #:** 06202001 Project Site (City, Village, etc.) Anchorage	Contracting Agency: Dept. of Health & Social Services, FMS Facilities 333 Willoughby Suite 760 Juneau, AK 99801 Mark.moon@alaska.gov
Agency Contact: Mark Moon, Building Management Specialist	Phone: 907-269-7812 Fax: 907-334-2689
Estimated Amount of Proposed Contract: ☒ less than $50,000 ☐ $50,000 to $100,000 ☐ $100,000 to $150,000 ☐ $150,000 to $200,000	
Funding Source (check all that apply): ☒ State ☐ FHWA ☐ FAA ☐ FTA ☐ Other:	

REQUIRED SERVICES: ☐ are described in the enclosure consisting of pages, dated
OR: ☒ are described as follows:

All inquiries/questions need to be made to Mark Moon, Project Manager at 907-269-7812 or email: mark.moon@alaska.gov .
Please Do Not Call the facility.

The Alaska Department of Health and Social Services/FMS/Facilities section is requesting Professional Services to provide a design solution for areas of the facility that are deemed a ligature risk to the patients at the Alaska Psychiatric Institute.
Due to a recent revision by the Center for Medicare & Medicaid Services (CMS) to their State Operations Manual (SOM), the facility is required to make permanent corrections, based on CMS observations, to the door handle mechanisms and handrails in patient units as well as the handrails in the common accessible areas. These systems have been identified as ligature points that might be used to attempt patient self-harm.

Specifically from the CMS Manual System
Pub. 100-07 State Operations:
Subject: Revisions to State Operations Manual (SOM)
Appendix A/Tag A-0144/482.13
A 115 Patient's Rights CFR(s) 482.13.
The hospital must protect and promote each patient's rights.
A 144 PATIENT RIGHTS: Care in a Safe Setting.

A specialized Consultant with recent experience in risk assessment and safety plan development will need to be part of the design team. This specialized consultant should be qualified in developing safety plans that meet Joint Commission, CMS, and Life Safety Code (NFPA 101) ligature compliance and general safety standards.

A design solution is needed to generate bid ready Plans, Specifications and a Cost Estimate(PS&E) to implement the necessary corrections identified in the ligature risk assessment.

Deliverables will include:
1. Design services with 35%, 65% and 95% review. .
2. Construction Cost Estimate at 65% and 95% milestones.
3. 100% Construction Documents.

Bid Phase services and Construction Administration will be negotiated on a Time and Expense basis. The deadline for period of performance will be: **60 Days after Notice to Proceed** .

Note: Offerors shall carefully review this solicitation for defects and questionable or objectionable material. Comments concerning defects and objectionable material must be made in writing and received by the purchasing authority before proposal due date. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective solicitation and exposure of Offeror's proposals upon which award could not be made. Protests based upon any omission, error, or the content of the solicitation will be disallowed if not made in writing before the proposal due date.

PERIOD OF PERFORMANCE:	Begin: Notice to Proceed	End: 60 days after NTP

PROPOSAL FORMAT

Written proposals to provide the required services shall consist of the enclosed "Part B - Proposal Form", completed as indicated, plus a ***letter not to exceed five (8.5" x 11") pages.*** If a Price Estimate is required, the page limit does not include the Price Estimate. Proposals that exceed the page limit may be disqualified. Proposals may be faxed or hand delivered to the Contracting Agency.

PRICE AND METHOD OF PAYMENT

☒ ***A Price Estimate is NOT required with your proposal.*** The selected Offeror shall submit a Price Estimate within ***one*** business day following a request from the Contracting Agency.

☐ ***A Price Estimate is required with your proposal.*** A Price Estimate shall include all tasks to perform the contract and be prepared in the format shown below. Note that a Price Estimate is not a bid. It is a negotiable offer. A Fixed Price contract is desirable; however, a Cost Reimbursement contract may result if a Fixed Price cannot be negotiated.

PRICE ESTIMATE FORMAT (if required per above)

1. * Direct Costs of Direct Labor (DCDL). Provide a table with the following columns (Names required only for key staff and persons "in-responsible-charge"):
   Job Classification | Name | Total Hours | Rate ($/hr) * | Estimated Cost ($) — **Total DCDL $_____**
2. * Indirect Costs (IDC). **IDC Rate: ____%** **Total IDC $_____**
3. Subcontracts. List each, the amount for each and ***attach an estimate in this format for each.*** **Total Subcontracts $_____**
4. Expenses. (Equipment, transportation, food and lodging, reproduction, etc. - if not included in Indirect Costs.) Amounts shall be based on actual cost to the Offeror, without any profit or other markup. Provide a table with the following columns:
   Item | Quantity | Cost ($/Unit) | Estimated Cost ($) — **Total Expenses $_____**
5. * Total Estimated Cost. Sum of DCDL + IDC + Subcontracts + Expenses. **Total Cost $_____**
6. * Proposed Fee. List a proposed ***amount*** (not a percentage) for profit. **Fee $_____**
7. Total Estimated Price. Sum of Total Estimated Cost plus Proposed Fee. **Total Price $_____**

* Sole proprietorships and small firms that do not maintain an accounting system that separately identifies costs for "payroll" benefits and overhead, for routine allocation of such costs to jobs, may omit items 2, 5, & 6 if the Rates ($/hr) in Item 1 are proposed as Billing Rates (DCDL + IDC + FEE). **Firms that routinely allocate Indirect Costs to projects may not use Billing Rates for this estimate.**

SUBMITTAL DEADLINE AND LOCATION

DATE: 8/01/19 PREVAILING TIME: 2:00 PM Email: mark.moon@alaska.gov
OR Fax: **907-334-2689**

Hand deliver proposal directly to following location, and person, if named; or via Email or Fax above:

DHSS/FMS Facilities 3601 C St., Suite 578 Anchorage, AK 99503 ATTN: Mark Moon

Late proposals will not be considered. ***Offerors*** are responsible to assure timely delivery and receipt and ***are encouraged to respond at least four business hours prior to the above deadline.*** Any addendum issued less than 24 hours prior to a Deadline will extend that Deadline by a minimum of an additional 24 hours. The Contracting Agency shall not be responsible for any communication equipment failures or congestion and will not extend the deadline for any proposals not received in their entirety prior to the deadline. Except for hand delivered proposals, confirmation of receipt by telephone or other means four hours or less prior to deadline will ***not*** be provided. (An out-of-town/state Offeror may electronically transmit their proposal to a local personal representative who may reproduce a copy of it and deliver it "in person" to the submittal location prior to the deadline.)

BASIS OF SELECTION

This solicitation does not guarantee that a contract will be awarded. All proposals may be summarily rejected. Our intent, however, is to select a Contractor based on the following criteria:

1) Demonstrated comprehension of required services and proposed strategy for performance.
2) Relevant experience and credentials of proposed personnel including any subcontractors.
3) Reasonableness of proposed schedule for performance.
4) Price Estimate (***if*** required with proposal).
5) Other (specify):

Proposals will be evaluated per Chapter 2 of the DOT&PF PSA Manual.

END OF PART A

SMALL PROCUREMENT DOCUMENTS
PART B - PROPOSAL FORM

THIS COMPLETED FORM MUST BE THE FIRST PAGE. NO OTHER COVER SHALL BE USED.

Project Title: Alaska Psychiatric Institute – Patient Safety Enhancements AJF 20-01P
RFP No.: 06202001

PROPOSAL REQUIREMENTS

Proposals shall demonstrate comprehension of the objectives and services for the proposed contract; include a brief overview of what will be done; and show a sequence and schedule for each important task. Assumptions made in formulation of the proposal and the support expected from the Contracting Agency shall be defined. The key individuals who will perform services shall be named (including all who would be "in responsible charge" (Ref: AS 08.48) for Architecture, Engineering and/or Land Surveying with their Alaska registration number). Include a brief -- about one paragraph -- statement for each person named which describes ***experience directly related*** to the service(s) they will perform. Proposed subcontracts, if any, shall be explained. Resources -- support personnel, facilities, equipment, etc. -- current and projected workload could be summarized. Any ***unique*** qualifications or knowledge of the project, project area, or services to be provided, should be identified.

ALASKA STATUTORY PREFERENCES ☒ **are** ☐ **are not** applicable to this contract.
If applicable, check those preferences that you (Offeror) claim.

☐ Alaska Bidder (Offeror) **AND>>** ☐ Veterans **AND >>** ☐ Employment Program ***OR*** ☐ Disabled Persons

2 AAC 12.260(d) AS 36.30.175 **if applicable** AS 36.30.170(c) AS 36.30.170 (e & f)

Invalid claim(s) will result in the Offeror's disqualification for contract award.

PROPOSAL

The undersigned has reviewed Part A - RFP of these documents, understands the instructions, terms, conditions, and requirements contained therein and in the Standard Provisions Booklet, and proposes to provide the required services described in Part A in accordance with the attached letter which constitutes our proposal to complete the project.

By my initials below, I certify that the Offeror and all Subcontractors identified in the Proposal shall comply with all requirements for the following items as explained in the Standard Provisions Booklet:

[X] Alaska Licenses and Registrations.
[X] Insurance, including Workers' Compensation, Comprehensive or Commercial General Liability, and Comprehensive Automobile Liability.
[X] Professional Liability Insurance as follows:
☒ As available.
☐ Minimum of $300,000.
[ ] Certification for Federal-Aid Contracts Exceeding $100,000 (DOT&PF Form 25A262 Appendix A, General Conditions)

For Small Procurements over $50,000, by signature on this form, the Offeror certifies that all services provided under this contract by the Contractor and all Subcontractors shall be performed in the United States. If the offeror cannot certify that all work is being performed in the United States, the Offeror must contact the Contracts Officer to request a waiver at least 24 hours prior to proposal deadline. The Offeror must provide with their submission a detailed description of the portion of work being performed outside the United States, where, by whom, and the reason the waiver is necessary. Failure to comply with this requirement may cause the state to reject the proposal as non-responsive, or cancel the contract.

I further certify that I am a duly authorized representative of the Offeror; that this Proposal accurately represents capabilities of the Offeror and Subcontractors identified for providing the services indicated. I understand that these Certifications are material representations of fact upon which reliance will be placed if this contract is awarded and that failure to comply with these Certifications is a fraudulent act. The Contracting Agency is hereby authorized to request any entity identified in this proposal to furnish information deemed necessary to verify the reputation and capabilities of the Offeror and Subcontractors. This proposal is valid for at least ninety days.

X _____
Signature ***and Date***

Name.....:
Title .....:
Offeror (Firm) .....:
Street or PO Box .....:
City, State, Zip.....:
Telephone - Voice .....:
Telephone - Fax .....:
Email Address……:

Federal Tax Identification No. ..... :
Type of Firm (Check one of the following):
☐ Individual ☐ Partnership
☐ Corporation in state of.....:
☐ Other (specify) .....:

Alaska Business License # _____
Alaska Professional License # _____

END OF PART B