

Department of Family & Community 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: Fairbanks Public Health Center – Roof Replacement Design		Contracting Agency: Dept. of Family and Community Services, FMS Facilities 3601 C Street, Suite 290 Anchorage, AK 99503 mark.moon@alaska.gov	
Project Number(s): ANC 24-45P RFP #: 26241003			
Project Site (City, Village, etc.) Fairbanks			
Agency Contact: Mark Moon, Project Manager		Phone: 907-269-7812	Fax: 907-334-2689
Estimated Amount of Proposed Contract:			
<input type="checkbox"/> less than \$50,000		<input checked="" type="checkbox"/> \$50,000 to \$100,000	
<input type="checkbox"/> \$100,000 to \$150,000		<input type="checkbox"/> \$150,000 to \$200,000	
Funding Source (check all that apply): <input checked="" type="checkbox"/> State <input type="checkbox"/> FHWA <input type="checkbox"/> FAA <input type="checkbox"/> FTA <input type="checkbox"/> Other:			
REQUIRED SERVICES: <input type="checkbox"/> are described in the enclosure consisting of _____ pages, dated _____ OR: <input checked="" type="checkbox"/> are described as follows:			
<p align="center">Make all inquiries with Mark Moon, Facilities Manager at 907-269-7812 or email: Mark.moon@alaska.gov . <u>Do Not Call the facility.</u></p>			
The Alaska Department of Family and Community Services (DFCS) is seeking professional design services to provide bid ready documents for the installation of a new roofing system at the Fairbanks Regional Public Health Center in Fairbanks Alaska. Constructed in 1994, the 29-year-old approximately 13,000 square foot EPDM roof has reached the end of its useful life and needs replacement. Design services includes 65%, 95% and CD plans, and cost estimate development for all scoped services.			
Design services may include but not be limited to:			
1. Project Plans to 65%, 95% and CD's. 2. Professional Construction Cost Estimate. 3. Bidding and Construction Administration negotiated on a Time & Expense basis.			
The Period of performance for items 1 & 2 will be 90 days after NTP has been issued.			
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: NTP Date	End: 90 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 "irresponsible-charge"):

<u>Job Classification</u>	<u>Name</u>	<u>Total Hours</u>	<u>Rate (\$/hr) *</u>	<u>Estimated Cost (\$)</u>	<u>Total DCDL \$</u> _____
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 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:

<u>Item</u>	<u>Quantity</u>	<u>Cost (\$/Unit)</u>	<u>Estimated Cost (\$)</u>	<u>Total Expenses \$</u> _____
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 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:
03/28/2024

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:

DFCS/FMS Facilities 3601 C Street, Suite 290 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:	Fairbanks Public Health Center – Roof Replacement Design, Project No.: ANC 24-45P
RFP No.:	26241003

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