

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 January 2018 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: Juneau Public Health Center HVAC Condition report Project Number(s): ANC 24-32P RFP #: 26243001 Project Site (City, Village, etc.) Juneau, AK	Contracting Agency: Dept. of Family and Community Services, FMS Facilities 3601 C Street, Suite 290 Anchorage, AK 99503 chris.capps@alaska.gov
Agency Contact: Chris Capps, Project Manager	Phone: 907-269-7816 Fax: N/A
Estimated Amount of Proposed Contract:	<input checked="" type="checkbox"/> less than \$50,000 <input 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>All inquiries/questions need to be made to Chris Capps, Project Manager at 907-269-7816 or email: chris.capps@alaska.gov .</p> <p><u>Do Not Call the facility.</u></p>	
The Alaska Department of Family and Community Services (DFCS) is seeking professional design services to provide a building audit including a baseline HVAC condition audit for HVAC upgrades to the Juneau Public Health Clinic located in Juneau, Alaska.	
Scope of design services may include, but not necessarily be limited to: <ol style="list-style-type: none"> 1) Building audit to include inspection, operation, and summary of all existing HVAC equipment and devices and compliance with applicable code. 2) Baseline measurement report of existing HVAC equipment/system. Required to be performed by a NEBB certified firm. 3) Functionality report of existing HVAC equipment/system and HVAC controls. <p align="center">The Period of performance for items 1, 2 and 3 will be 120 days after NTP has been issued.</p>	
<p>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.</p>	

PERIOD OF PERFORMANCE: Begin: 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. *	<u>Direct Costs of Direct Labor</u> (DCDL). Provide a table with the following columns (Names required only for key staff and persons "in-responsible-charge"):					
	<u>Job Classification</u>	<u>Name</u>	<u>Total Hours</u>	<u>Rate (\$/hr) *</u>	<u>Estimated Cost (\$)</u>	Total DCDL \$ _____
2. *	<u>Indirect Costs</u> (IDC).				IDC Rate: ____%	Total IDC \$ _____
3.	<u>Subcontracts</u> . List each, the amount for each and attach an estimate in this format for each.					Total Subcontracts \$ _____
4.	<u>Expenses</u> . (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>	Total Expenses \$ _____	
5. *	<u>Total Estimated Cost</u> . Sum of DCDL + IDC + Subcontracts + Expenses.					Total Cost \$ _____
6. *	<u>Proposed Fee</u> . List a proposed amount (not a percentage) for profit.					Fee \$ _____
7.	<u>Total Estimated Price</u> . 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: 09/05/2024	PREVAILING TIME: 2:00 PM	Email: fcs.facilites@alaska.gov OR Fax: N/A
Hand deliver proposal directly to following location, person, if named; or via Email fcs.facilites@alaska.gov		
DFCS/FMS Facilities 3601 C Street, Suite 290 Anchorage, AK 99503 ATTN: Chris Capps		
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. | 3) Reasonableness of proposed schedule for performance. |
| 2) Relevant experience and credentials of proposed personnel including any subcontractors. | 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: Juneau Public Health HVAC Condition report
RFP No.: 26253001

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.

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.

ALASKA STATUTORY PREFERENCES [X] 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.

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.

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:
[X] As available.
[] Minimum of \$300,000.
[] Certification for Federal-Aid Contracts Exceeding \$100,000 (DOT&PF Form 25A262 Appendix A, General Conditions)

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

Department of Family & Community Services, FMS Facilities

	<p>SMALL PROCUREMENT DOCUMENT'S PART C - CONTRACT AWARD, NOTICE TO PROCEED & INVOICE SUMMARY</p>	Agreement Number: 25-N1065P AKSAS Project Number.....: n/a Federal Project Number: n/a
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Contractor:
 Project Title: Juneau Public Health HVAC Condition Report. Project No.: 25-N1065P

CONTRACT AWARD & NOTICE TO PROCEED

You have been awarded this Agreement in accordance with Parts A, B & C of these documents and the following correspondence:

From: Date: XXXXX/2024
 To: Chris Capps, DFCS/FMS/Facilities Number of Pages: 2
 Subject.....: Fee Proposal

This Agreement incorporates by reference the Small Procurement Standard Provisions Booklet dated March 2014. If you do not have a copy of the Standard Provisions Booklet, obtain one from the Contracting Agency.
 The Agency Manager for this Contract is: Chris Capps. Telephone-(Voice): 907-269-7816 Fax: 907-334-2689 Email: chris.capps@alaska.gov
 Compensation for this Contract shall be by the method(s) and not exceed the authorized amount(s) shown in the Invoice Summary (below).

Issued for the Contracting Agency per ADOT&PF Policy #01.01.050 by: Signature _____ Date _____ Name: Michael Fleming, DFCS Contracting Officer	Accepted for the Contractor by: Signature _____ Date _____ Name:
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INVOICE SUMMARY

This Invoice is for [] Progress OR [] Final Payment. **Sequential Invoice Number for this Contract is: []**.

* Each firm may be compensated for this Contract by only one of the following Methods of Payment (as explained in the Standard Provisions Booklet):
 Fixed Price (FP) Amounts entered in Columns "c" and "g" only Cost Plus Fixed Fee (CPFF)..... Columns "c", "d", "e", "f" and "g"
 FP + Expenses (FPPE) Columns "c", "e" and "g" only Time and Expenses (T&E)..... Columns "c", "e" and "g" only

	a	b	c	d	e	f	g
	Meth of Pay	Labor (or FP)	Indirect Cost	Expenses	Fixed Fee	Total Price	
Inspect, operate, and analyze existing heat pumps, 4 each, for operation, function and remaining economic life remaining. Determine access point locations in existing HVAC ducting and louvres for cleaning and overall condition report. Complete building HVAC "air flow balancing" baseline report is required and to be performed by a NEBB certified firm. A final balancing testing/report is required.	FP						\$
Total Contract Amounts Authorized for All Firms							\$
Sum of Prior APPROVED Payments							
Sum for THIS INVOICE							
Sum of Prior Payments plus this Invoice							
Balance of Authorized Amounts							

PAYMENT

Fund: Dept.: Unit: AR Unit: Amount: Object:	CONTRACTOR'S PAYMENT REQUEST: Signature _____ Date _____ Name: (Contractor's Project Manager)
PAYMENT RECOMMENDED: I certify this Invoice to be valid and accurate and that services were performed substantially in conformance with the contract requirements and schedule. Signature _____ Date _____ Name: Chris Capps, Project Manager	PAYMENT APPROVED: Based upon the payment recommendation and certification, I hereby approve payment. Signature _____ Date _____ Name: Mark Moon, Facilities Manager

Department of Family & Community Services, FMS Facilities

SEE INSTRUCTIONS ON NEXT PAGE

Department of Family & Community Services, FMS Facilities
INSTRUCTIONS FOR AGENCY ISSUE AND CONTRACTOR BILLING

1. Agency Contract Manager - The Small Procurement Documents are organized for **only one Notice-to-Proceed (NTP) to be issued with the Contract Award for all services to be provided so that accounting procedures do not become unnecessarily burdensome and costly** (i.e., the Contractor is required to establish only one cost account for this contract). Also, this document (Pact C - Contract Award, Notice to Proceed & Invoice Summary) must be issued and signed by the Contracting Officer (or a written designee per DOT&PF Policy #01.01.050). All items with a text form field must be complete at the time this document is issued. Other items are completed by the Contractor with each billing.
 2. Contractor - If this Contract Award & NTP is unacceptable, notify the Contracting Agency immediately. If acceptable, acknowledge by signature where indicated on page 1 **on a copy** of this document and return the signed copy within ten days after your receipt. **Retain the unmarked, as issued, document to be used for reproduction and billing.**
 3. Contractor - Submit Invoices to the Agency Contract Manager named on page one of this document. Contractor may use the firm's invoice forms; however the Contractor must also **provide a copy of page one of this form as the FACE PAGE of each invoice submitted and with the following entries under "Invoice Summary" and "Contractor's Payment Request" accurately completed:**
 - a) Indicate if the Invoice is for Progress or Final Payment and enter the Sequential Invoice Number for this Contract.
 - b) In each column (c, d, e, f & g) where there is an Authorized Amount, show amounts for: Prior APPROVED Payments; THIS INVOICE; Prior Payments plus this Invoice; and Balance of Authorized Amounts.
- Note* **"Prior APPROVED Payments" amounts might not equal the total of all prior invoices if some items were disallowed or adjustments were made. If a prior billing has not been acknowledged with any payment, or a different amount from the billing was paid without any notification of the reason(s), Contractor may attach a request for an explanation and remedial action.**
4. Contractor - Sign and date under "CONTRACTOR'S PAYMENT REQUEST" thereby attesting to the following:

"By signature hereunder, the Contractor certifies entries to be true and correct for the services performed to date under or by virtue of said Contract and in accordance with AS 36.30.400. The Contractor further certifies that all applicable Federal, State and Local taxes incurred by the Contractor in the performance of the services have been paid and that all Subcontractors engaged by the Contractor for the services included in any invoice shall be fully compensated by the Contractor for such services."
 5. Contractor - Substantiate all charges on each invoice, other than for Fixed Prices or Fixed Fees, by attaching a summary of hours expended and hourly labor rate per employee; summary of units completed; subcontractor invoices; expense receipts, etc.; or other proof of expenditures.
 6. Contractor - **Prime Contractor's Labor and Indirect Cost shall be billed to the Contracting Agency within 45 days of performance. Subcontractors' Labor and Indirect Cost shall be billed to the Contracting Agency within 60 days of performance. All of the Contractor's and Subcontractors' Other Direct Costs (Expenses) shall be billed to the Contracting Agency within 90 days of being incurred. Charges submitted after the above stated times will, at the Contracting Agency's discretion, not be paid.**
 7. Contractor - When this Contract is approximately 75% complete, the Contractor shall determine if the Authorized Amount(s) might be exceeded; and, if so, shall provide an estimate of cost to complete. The Contracting Agency will determine after discussion with the Contractor if additional cost is reasonable and does not include costs that should be absorbed by the Contractor. If additional cost is validated, a negotiated Amendment will be executed which either (1) reduces the scope of services/work products required commensurate with the Authorized Amount(s), or (2) increases the Authorized Amount(s) to that required for completion of the original contract.
 8. Amendments - if required - will be issued per Article A8 of Appendix A, General Conditions, as contained in the Standard Provisions Booklet.

END OF PART C