



**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>	<b>Total DCDL \$ _____</b>
2. *	<u>Indirect Costs</u> (IDC).				<b>IDC Rate: ____%</b>	<b>Total IDC \$ _____</b>
3.	<u>Subcontracts</u> . List each, the amount for each and <b>attach an estimate in this format for each.</b>					<b>Total Subcontracts \$ _____</b>
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>	<b>Total Expenses \$ _____</b>	
5. *	<u>Total Estimated Cost</u> . Sum of DCDL + IDC + Subcontracts + Expenses.					<b>Total Cost \$ _____</b>
6. *	<u>Proposed Fee</u> . List a proposed <b>amount</b> (not a percentage) for profit.					<b>Fee \$ _____</b>
7.	<u>Total Estimated Price</u> . Sum of Total Estimated Cost Plus Proposed Fee.					<b>Total Price \$ _____</b>
* 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). <b>Firms that routinely allocate Indirect Costs to projects may not use Billing Rates for this estimate.</b>						

SUBMITTAL DEADLINE AND LOCATION		
DATE: 1/14/2024	PREVAILING TIME: 2:00 PM	Email: <a href="mailto:fcs.facilities@alaska.gov">fcs.facilities@alaska.gov</a>
Hand deliver proposal directly to following location, and person, if named, or via email.		
<u>DFCS/FMS Facilities 3601 C Street, Suite 290 Anchorage, AK 99503 ATTN: Mark Moon</u>		
Late proposals will not be considered. <b>Offerors</b> are responsible to assure timely delivery and receipt and <b>are encouraged to respond at least four business hours prior to the above deadline.</b> 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 <b>not</b> 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: Fairbanks Pioneer Home – Sidewalk Replacement and Roof Gutter Upgrades.
RFP No.: 26251001

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**



**SMALL PROCUREMENT  
DOCUMENT'S PART C -  
CONTRACT AWARD, NOTICE  
TO PROCEED & INVOICE SUMMARY**

Agreement Number .....: 25-N1055P  
AKSAS Project Number.....: n/a  
Federal Project Number ....: n/a

Contractor:

Project Title: Fairbanks Pioneer Home – Sidewalk Replacement and Roof Gutter Upgrades

**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 .....:  
To .....: Mark Moon, DFCS/FMS/Facilities  
Subject.....:

Date: 12/12/24  
Number of Pages:

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. You are authorized to proceed with performance of this contract immediately and are required to complete it not later than: Valid through Construction.

The Agency Manager for this Contract is: Michael Fleming. Telephone-(Voice): 907-269-7820 Fax: 907-334-2689 Email: [michael.fleming@alaska.gov](mailto:michael.fleming@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:

Accepted for the Contractor by:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: Michael Fleming, DFCS Contracting Officer

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: \_\_\_\_\_

**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	
<b>Bid Documents &amp; Cost Estimate</b>							\$
<b>Bid Phase Services &amp; Construction Administration</b>							
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: 1004  
Dept.: 26  
Unit: 5006  
AR Unit:                      Amount:                      Object: 3053

**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.

**PAYMENT APPROVED:** Based upon the payment recommendation and certification, I hereby approve payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: Project Manager

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: Mark Moon, Project 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