



## Request for Proposal

UCFS is requesting bids for elevator services for the following locations:

Norwich Health Center-47 Town Street, Norwich  
Griswold Health Center-226 East Main Street, Griswold  
Sheltering Arms-165 McKinley Avenue, Norwich

Release date: Friday, August 1, 2019

Submittal date: Monday, August 22, 2019

## **Introduction**

UCFS Healthcare invites you to submit a proposal to maintain our elevator equipment in our Griswold, Norwich and Ross/Sheltering Arms sites. The proposal should provide a comprehensive maintenance program designed to protect our elevators, maximize the performance, safety and life span of the elevator equipment to be maintained.

## **About UCFS**

UCFS Healthcare (UCFS) is a nonprofit 501(c)(3) that has served Eastern CT since 1877. Designated as a Federally Qualified Health Center in 2014, UCFS' current scope of project includes Primary Medical Care, including Pediatrics, Adult and Geriatrics; Women's Health/Gynecology; Dentistry and Dental Hygiene; and, Behavioral Health including Counseling, Psychiatry, Substance Abuse treatment and Addiction Services including the state's largest Gambling Addiction program.

## **Confidentiality**

This RFP is the property of UCFS and must be held in strict confidence. The RFP contains information regarding UCFS operations and is provided solely for the purpose of submitting a proposal. The Bidder shall not disclose to anyone, other than those who need to know in order to respond to this RFP, any information concerning this RFP. In some cases the selected vendor will need to demonstrate HIPAA compliance and where applicable will be required to enter into a Business Associates Agreement (BAA). If this is required it will be outlined below.

## **Contact Information**

All questions pertaining to this RFP shall be in written form and sent via email to:  
Pamela Allen Kinder, VP Business Development-pkinder@ucfs.org

## **Submission of Questions**

Proposers are responsible for familiarizing themselves with the conditions and objectives of this RFP. The deadline for submitting questions is August 12, 2019. Questions received will be responded to in writing and sent to all Bidders via email no later than August 14, 2019.

## **Optional Walk Thru**

Friday, August 8, 2019 at 8:00 am- Tour will start at Norwich Health Center, 47 Town Street, Norwich and proceed to other locations. Please email Pam Kinder if you plan on attending the optional walk thru at pkinder@ucfs.org.

## **Bid Delivery Instructions**

Submit (1) copy of the complete proposal either by hand or mailed overnight to the name and address listed below. All envelopes must be sealed and all responses to the RFP must be received by 2:00 pm on August 22, 2019. Faxed or emailed proposals will not be accepted at any time.

Attn: Pamela Allen Kinder, VP Business Development, UCFS, 47 Town Street, Norwich, CT 06360

### **Disqualification of Proposals**

UCFS reserves the right to consider as acceptable only those proposals submitted in accordance with the requirements set forth in this RFP and which demonstrate an understanding of the scope of the work. A contractor shall be disqualified and the proposal automatically rejected for any one or more of the following reasons:

- The proposal shows any noncompliance with applicable law.
- The proposal is conditional, incomplete, or irregular in such a way as to make the proposal indefinite or ambiguous as to its meaning.
- The Contractor is debarred or suspended.

### **Rights Reserved**

Contractors are advised that UCFS reserves the right not to make award of this contract.

### **Advertising**

In submitting a proposal, the Contractor agrees, unless specifically authorized in writing by an authorized representative of UCFS on a case by case basis, that it shall have no right to use, and shall not use, the name of UCFS, its officials or employees in any advertising, publicity, promotion nor to express or imply any endorsement of agency's services.

### **Immunity from Liability**

Every person who is a party to this agreement is hereby notified and agrees that UCFS is immune from liability and suit for or from vendor's activities involving third parties and arising from any contract resulting from this Request for Proposal.

### **Nondiscrimination Statement**

UCFS is an affirmative action equal opportunity institution. UCFS will not knowingly do business with any bidder, contractor, subcontractor or supplier of materials found to be in violation of any state or federal antidiscrimination law.

### **Tobacco Free Campus**

UCFS is a tobacco free campus. All individuals including contractors are prohibited from smoking (including electric cigarettes) anywhere on UCFS property including buildings, vehicles and premises. All contractors are expected to acknowledge the tobacco free policy and provide full compliance.

### **RFP Terms and Schedule**

Schedule Milestones	Date	Time (where applicable)
Issue RFP	August 1, 2019	
Walk Through (where applicable)- OPTIONAL	August 8, 2019	8:00 am- Start at 47 Town Street, Norwich
Pre-Bid Conference (where applicable)	N/A	
Last Day to Submit Questions	August 12, 2019	12:00 pm
Response to Final Questions	August 14, 2019	By end of day
Bids Due	August 22, 2019	2:00 pm
Bid Opening (where applicable)	N/A	
Estimated Bid Award	Estimated –August 31, 2019	
Delivery and Installation	Established date once RFP awarded	

## **Scope of RFP**

UCFS Healthcare invites you to submit a proposal to maintain our elevator equipment in our Griswold, Norwich and Ross/Sheltering Arms sites. The proposal should provide a comprehensive maintenance program designed to protect our elevators, maximize the performance, safety and life span of the elevator equipment to be maintained.

47 Town Street, Norwich- Oil Hydraulic Passenger- State ID #104-0249

226 East Main Street, Griswold-Electric Passenger- State ID #058-0031

165 McKinley Avenue, Norwich-Oil Hydraulic Passenger- State ID #104-0221

## **Scope of Work-Full Service**

- Regularly and systematically examine, adjust, lubricate and whenever required by the wear and tear of normal elevator usage, repair and/or replace the equipment using trained personnel to maintain the equipment in proper operating condition.
- Furnish all parts, tools, equipment, lubricants, cleaning compounds and cleaning apparatus.
- Re-lamp all signals as required during regular examinations. Periodically examine and test the hydraulic system and/or the governor, safeties, and buffers on the equipment, at vendor's expense as outlined in the American National Safety Code for Elevators and Escalators, ASME A17.1 current edition as of the date of this RFP.
- Bid must include the cost of the 5 year test which will be required in 2023 for our Griswold Health Center (this amount must be a separate line item in the bid)
- Bid must include annual safety test and full load state testing (this amount must be a separate line item in the bid) as well as any other required tests per State of Connecticut
- Bid must include what is NOT covered
- Bid must include frequency of service (how many monthly visits)
- Bid must include billing rates for billable calls for both single mechanic and for a team
- Bidder MUST be able to service all three elevators to be qualified to bid

### Hours of Service

Work will be performed during normal working hours and during normal working days (Monday-Friday)

## **Proposal Format and Content**

The proposal shall respond to the following items within the format described.

### **Proposal Format, Information, and Bid Form:**

- **General Letter of Interest**  
Maximum one page including the name of the firm, address, telephone number, email address, website address, facsimile number and contact person.
- **History and Credentials**  
Provide no more than a one page summary that describes your firm's history, years in practice, stability and strength of being able to perform the RFP requirements, health care experience, general qualifications, and scope of services provided.
- **Firm Resources**
  1. Indicate location of corporate headquarters and other divisional offices (if any). Specify which office or offices will be involved in this project.
  2. List specific personnel proposed for the project team. Indicate the role or area of responsibility of each individual.
  3. Include federal tax identification number and if incorporated, state in which incorporated.
- **References**  
Submit a list of all health care-related projects your firm currently has in progress and the status of each.

For your last 3 health care projects, please provide the following:

1. Name and/or location of the project
2. Client contact – Name, phone number, mailing address, email address

### **Proof of Insurance**

Vendor shall purchase and maintain in full force insurance policies with the limits of insurance provided below.

- Commercial General Liability with limits not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, \$1,000,000 and \$2,000,000 products-completed operations aggregate. Such insurance shall cover liability arising from premises, operations, independent contractors, product-completed operations, personal and advertising injury and liability assumed under an insured contract.
- Business Automobile Liability with a limit of not less than \$1,000,000 each accident, including owned, non-owned, leased and hired vehicles.
- Statutory Workers Compensation & employers liability coverage for all employees, including corporate officers and sole proprietors.
- Umbrella/Excess Liability with a limit of not less than \$1,000,000 per occurrence/aggregate.

UCFS is to be included as an additional insured on a primary, non-contributory basis for the first bullet in this section.

Contractor agrees to require any and all subcontractors hired to perform work on the project to obtain insurance coverage as provided above.

All policies required by this paragraph shall include a waiver of subrogation in favor of UCFS.

All policies and certificates of insurance shall expressly provide that UCFS must receive 30 days written notice in the event of material alteration, cancellation or nonrenewal of coverage.

➤ **Legal Concerns**

- A. Explain the circumstances and outcome of any litigation, arbitration, or claims filed against your company.
- B. Explain your General Liability Insurance Coverage.
- C. Explain your Professional Liability Insurance Coverage.

Business Associate Agreement (BAA) – A BAA may be required.

Various checks will be performed to determine if each vendor and listed subcontractor has any restrictions, suspensions or debarment imposed by the federal government or regulatory body. Should any of these searches indicate a restriction it may result in the Bidder being eliminated from being considered further in the RFP process.

**Selection Process**

This RFP will be awarded to the lowest qualified bidder.

Proposals will be evaluated to determine the proposal that offers the (best value) to UCFS. The evaluation will be based upon the following criteria:

1. Cost Analysis
  - Product valuation, competitive pricing, overall cost
2. Experience in similar projects
3. Credentials of staff to be assigned to the project
4. Ability to meet timing requirements to complete the project
5. Are there any regulatory or legal restrictions that might disqualify the submitted vendor or subcontractors from the bidding process?
6. Does the vendor and subcontractors have the necessary insurances to be considered a valid responder?
7. Were there any concerns raised during the reference checking process?

**UCFS has discretion to:**

- Choose not to accept any and all proposals submitted in response to this RFP.
- Use additional selection criteria not identified in this document.

END of RFP



Bid Form

UCFS is requesting bids for elevator services for the following locations:

- Norwich Health Center-47 Town Street, Norwich
- Griswold Health Center-226 East Main Street, Griswold
- Sheltering Arms-165 McKinley Avenue, Norwich

The undersigned, who is legally authorized to sign bid documents on behalf of the firm is familiar with the conditions surrounding this Request for Proposal is aware that UCFS reserves the right to reject any and all proposals and is making submission without collusion with any other person, individual or corporate.

Witness Signature \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Signature & Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Federal ID # \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

Location	Frequency	Cost per month	Cost of Annual State Testing & Full Load State Testing	Other notes
Norwich				
Griswold				
Sheltering Arms				

Note: costs must include all items listed and noted in RFP.