



CLAY COUNTY

PUBLIC HEALTH CENTER



800 Haines Drive
Liberty, Missouri 64068
p. 816-595-4200
clayhealth.com

DATE: March 12, 2019
TO: Lawncare Vendors
RE: Request for Proposal for Lawncare Services for 2019-2021

Clay County Public Health Center is releasing a request for proposals (RFP) to solicit sealed proposals from vendors who specialize in lawncare, to furnish all professional services, equipment, labor and materials necessary to provide lawncare services. The successful Vendor shall have been in business for a minimum of two (2) years. A copy of the Request for Proposal (RFP) is located at clayhealth.com.

A site tour/optional Q&A session will be held at Clay County Public Health Center on March 25.

Sealed proposals are to be addressed to Jami Lewis, Section Chief of Operations, Clay County Public Health Center, 800 Haines Dr., Liberty, Missouri 64068, and **received on or before Monday, April 1, 2019 at 4:30 p.m.** Proposals received after this date/time will be returned to sender unopened. Proposals must be sealed and marked "Lawncare Proposal." Questions regarding the proposal should be directed in writing to rfp@clayhealth.com.

The Health Center reserves the right to reject any or all proposals and to waive any irregularity in the proposals. A private bid opening will be held by Clay County Public Health Center. Proposals are scheduled to be reviewed at the Board of Trustees meeting on April 18, 2019. Respondents will be notified following the approval of the award.

The schedule of the proposal process is as follows:

| | |
|---------------------------------|---|
| Release of RFP | March 12, 2019 |
| Site Tour/ Optional Q&A Session | March 25, 2019 - 9:00 a.m. 800 Haines Dr., Liberty, MO Conference Room #2 |
| Submittal Deadline | Monday, April 1, 2019 - 4:30 p.m. |
| Intended Award Date | April 18, 2019 |

Sincerely,

Gary E. Zaborac
Director of Public Health

The mission of Clay County Public Health Center is to deliver the essential public health services of prevention, promotion, and protection to the communities of Clay County.

Table of Contents

1. Background & Purpose
2. Contract Period
3. Instructions & Qualifications
4. Scope of Work
5. Other Terms & Conditions

Required Forms:

- Vendor Questionnaire form
- Vendor References form
- Vendor Fee Details
- Execution of Proposal form

1. BACKGROUND & PURPOSE

Since 1953 Clay County Public Health Center has developed and administered effective programs and services for our citizens, as well as encouraged and collaborated with community partners to maintain a healthy community. Today we continue to ensure that our efforts address Clay County's most important health problems and concerns, as well as ensure we engage our citizens in assessing and planning to address our specific public health needs.

The Clay County Public Health Center (herein referenced as the "Health Center") is issuing this Request for Proposal (RFP) to solicit sealed proposals from vendors (herein referenced as the "Vendor") who specialize in Lawncare Services for Health Center's facility located at 800 Haines Dr, Liberty, Missouri. Detailed specifications are detailed within the Scope of Work sections outlined within this RFP.

The Health Center reserves the right to request additional information, reject any or all proposals, to waive any irregularity in the proposals, and to not guarantee a minimum value for the contract to be awarded. The cost for developing the submittal is the sole responsibility of the Vendor.

2. CONTRACT PERIOD

The initial term of a contract awarded as a result of this RFP shall be **for a period of three years, with an intended contract from April 22, 2019 to October 31, 2021.**

The Health Center may, at its sole discretion, renew the contract or not more than one (1) additional year upon written notice to the Vendor, with any renewal beginning upon the anniversary date of the lease. Exercise of the renewal option shall be made, if at all by the Health Center, not less than thirty (30) days prior to the end of the contract term. The renewal period will be under the same terms and conditions as the original contract.

The pricing for the 2019 calendar year shall remain as bid for the entire year. Any price increases for subsequent years must be submitted to the Health Center Finance Office no later than ninety (90) days prior to a change.

If, at any time, the Health Center determines it is in its best interest to discontinue use of these services the Health Center reserves the right to cancel the contract to be awarded by giving thirty (30) days advance written notice.

3. INSTRUCTIONS & QUALIFICATIONS

Please refer to the cover sheet of this RFP for the schedule of the proposal process.

Respondents are to provide **three (3) proposal copies**, including complete, concise, organized and detailed responses. Any costs incurred by Vendors in preparing or submitting proposals are the Vendor's sole responsibility.

It is the responsibility of each Vendor submitting a proposal to familiarize themselves with the grounds to fully understand the nature of the work required.

Submit with Proposal:

- 1) Vendor Qualification Form
- 2) Vendor Reference Form
- 3) Fee List Form
- 4) Execution of Proposal Form
- 5) A copy of all agreements and service terms that will be required to initiate any proposed services.

To be provided in event of awarded contract, prior to execution of contract:

The following documents are not required to be included in the Vendor's proposal. However, the Vendor must be able to provide the following prior to execution of a contract.

Current Business License. A copy of the current business license will be required and will serve as documentation that the business has been in operation a minimum of two (2) years.

Professional Liability Insurance. The Vendor to whom a contract is awarded shall provide to the Health Center with documentation for the following: General Professional Liability Insurance Certificate with the following minimum limits: \$1,000,000 each incident/occurrence, automobile insurance should be at least five hundred thousand dollars (\$500,000) combined single limit per accident for bodily injury or property damage.

Workers Compensation Insurance. The safety of the successful bidder's employees or representatives and others in or around the area of repairs or maintenance is the responsibility of the successful bidder. Proof of worker's compensation insurance will be required.

Completed W-9 or 1099 Tax Form. Completed forms will be required.

4. SCOPE OF WORK

- 1) Services are to be conducted per general lawncare standards for our region, to preserve healthy lawn.
- 2) The Vendor is to supply equipment, chemicals/materials and personnel.
- 3) Mowing is not allowed during regular business hours. Business hours are from 7:00 am- 4:30 pm, Monday-Friday.
- 4) It will be the Vendor's responsibility to perform the following work:

Clay County Public Health Center
Lawncare Service RFP

- a. The lawn is to generally be mowed weekly (weed-eating & edged as needed) from April to October. Any deviations to this may be made if requested by the Health Center. Grass clippings are to be swept/blown off the drive lanes, curbs and sidewalks and clumps are to be raked and removed as needed with each service to leave the lawn in a well-manicured condition;
- b. Chemical treatment including at minimum, applying pre-emergent and fertilizer in the spring and fertilizer in the fall per manufacturer instructions, as well as over seeding in the fall;
- c. Conduct spring start up and winterization of irrigation system;
- d. Monitor lawn during growing season, notifying the Health Center of noted insects, diseases, repairs, replacements or any other needs to ensure the health of the lawn;
- e. Follow safety standards and conduct themselves in a professional manner, including not smoking, while on the property (smoke-free campus);
- f. Care must be taken not to damage any plants, trees and shrubs, sprinkler heads or other Health Center property. If any damage does occur, Vendor will be responsible for repair or replacement at the Vendor's sole expense. Any damage must be reported to the Health Center.

) . OTHER TERMS & CONDITIONS

- The Vendor shall provide the Health Center with a report/invoice with details for each service.
- The Vendor must obtain prior authorization and provide a quote for work outside the scope of work outlined above.
- Should the Vendor fail to perform the above-mentioned scope of work within a reasonable amount of time, a contract may be voided immediately upon notification to the Vendor.
- The Health Center reserves the right at any time to alter the specifications to meet increased or decreased needs.
- The Health Center reserves the right to obtain additional work quotes and service from companies other than the successful Vendor.
- The Vendor shall perform work in accordance with all state and federal regulations.
- The Vendor shall not subcontract any of the work to any other company without written approval from the Health Center.
- The Health Center is not responsible for accidents or injuries incurred by the Vendor employees. The vendor is required to maintain adequate insurance coverage. The Vendor shall save and hold harmless, pay on behalf of, protect, defend, indemnify the Health Center, assume entire responsibility and liability for losses, expenses, demands and claims in connection with or arising out of any injury, or alleged injury (including death) to any person, or damage, or alleged damage, to property of the Health Center or others sustained or alleged to have been sustained in connection with or to have arisen out of or resulting from the performance or the intended performance of any work/service, outlined or resulting from this agreement, by the Vendor their employees, including losses, expenses or damages sustained by the Health Center, as well as the Health Center officers, agents, and employees from any and all such losses, expenses, damages, demands and claims.
- The Health Center reserves the right to reject any and all proposals.

Clay County Public Health Center
Lawncare Service RFP

- All respondents to this RFP shall indemnify and hold harmless the Health Center and any of their officers and employees from all suits and claims alleged to be a result of this RFP. The issuance of this RFP constitutes only an invitation to present a proposal. The Health Center reserves the right to determine, at its sole discretion, whether any aspect of a respondent's submittal meets the criteria in this RFP. The Health Center also reserves the right to seek clarifications, to negotiate with any vendor submitting a response, to reject any or all responses with or without cause, and to modify the procurement process and schedule. In the event that this RFP is withdrawn, or the project canceled for any reason, the Health Center shall have no liability to any respondent for any costs or expenses incurred in connection with this RFP or otherwise.
- Failure to submit all the mandatory forms from this RFP package may be just cause for the rejection of the qualification package. However, the Health Center reserves the right to decide, on a case by case basis, at its sole discretion, whether to reject such a proposal as non-responsive.
- The Health Center reserves the right to award any contract to the next most qualified Vendor, if the successful Vendor(s) does not execute a contract within 30 days of being notified of the selection.

VENDOR QUESTIONNAIRE - 1 OF 2

Responses are to include responses to the following information. Proposals are to be prepared in a way to provide a clear, concise description of abilities to satisfy the scope of work set forth in this RFP.

Full Legal Business Name

Address

Contact Name, Title, Phone & Email

Type of Business

Corporation

Individual

Partnership

Other, explain:

How many years has your business operated without interruption?

How long has your business performed commercial mowing services?

Is your business full-time or part-time? Full-time Part-time

How many full-time staff do you employ?

Do you maintain an office staffed during regular business hours? ~~AA~~ Yes No

Has your business been in bankruptcy, reorganization or receivership in the last five (5) years? If yes, explain:

Describe the services offered by your business.

VENDOR QUESTIONNAIRE - 2 OF 2

List or detail all pertinent information that would indicate the ability of your business to satisfactorily fulfill the Scope of Work outlined in this RFP.

List any of the requirements in the Scope of Work you are not able to accommodate. Discuss any exceptions, special conditions, other fees, other services or deviations from the requested scope or other information defined in this Proposal.

How will your supervisor your employees and provide quality control during the performance of the work?

VENDOR REFERENCES

A minimum of three references are required. All references must be from customers for whom your business has completed work like the specifications of this proposal. Additional pages may be attached if necessary.

References for:

(Business Name)

1. Business Name

Address

Contact Person Name & Title

Phone, Fax & Email

Describe Scope of Work and approx. dates of service

2. Business Name

Address

Contact Person Name & Title

Phone, Fax & Email

Describe Scope of Work and approx. dates of service

3. Business Name

Address

Contact Person Name & Title

Phone, Fax & Email

Describe Scope of Work and approx. dates of service

VENDOR FEE DETAILS

All fees for service must be listed clearly and in detail.

- 1) Weekly lawn mowing (including weed-eating and edging as needed)

- 2) Spring and fall chemical applications

- 3) Spring start-up and winterization of the irrigation system

- 4) List any details for, or exceptions/ assumptions of enclosed pricing

- 5) List pricing for any additional services offered/recommended (if applicable)

EXECUTION OF PROPOSAL

The responding Vendor certifies the following by checking the following items:

That this proposal was signed by an authorized representative of the business.

That the potential Vendor has determined the cost and availability of all services and/or materials associated with performing the services outlined herein.

That all fees associated within the proposal submitted have been determined and included in the Vendor's response.

Therefore, in compliance with the foregoing Request for Proposals, and subject to all terms and conditions thereof, the undersigned offers and agrees to the conditions as set forth in this Request for Proposal with no exceptions. In the event of exceptions, exceptions must be clearly noted and detailed within the Vendor's response.

Business Name

Authorized Signature

Date

Printed Name & Title