

**CALHOUN LIBERTY HOSPITAL ASSOCIATION
REQUEST FOR PROPOSALS**

Mold, Indoor Environmental Assessment, and Remediation Services

Notice is hereby given that the Calhoun Liberty Hospital Association (CLH) is calling for and requesting proposals from qualified **Mold, Indoor Environmental Assessment, and Remediation Firms** as outlined in the request for proposals.

All proposals must be in writing and delivered by hand, Fed Ex, or mail to the Calhoun Liberty Hospital Association, 20370 Burns Ave, Blountstown, FL 32424 and must be received by **1 p.m., central time, Friday, June 7th, 2019.** Only submittals received by the stated time and date will be considered. Submittals received after that time will be rejected and returned unopened to the submitter. All submittals shall be submitted in a sealed envelope and clearly labeled, “RFP – **Mold, Indoor Environmental Assessment, and Remediation Services.**” Please provide one (1) original, five (5) copies of the proposal, and one (1) CD with all the above information included (each document must be in an individual PDF format file).

Applications can be found on the CLH website: <http://www.CalhounLibertyHospital.com>

Questions concerning this request should be directed to Bruce Davis, Chief Administrative Officer of Calhoun Liberty Hospital, via phone at: 850-674-5411 X-224 or via email at: BruceDavis@CalhounLibertyHospital.com

The Hospital encourages all segments of the business community to participate in its procurement opportunities, including small businesses, minority/women owned businesses, and disadvantaged business enterprises. The Hospital does not discriminate based on race, color, religion, national origin, disability, sex, or age in the administration of contracts.

The Hospital reserves the right to waive informalities in bids, to reject any or all bids with or without cause, and to accept the bid that in its judgment is in the best interest of the Hospital.

**CALHOUN LIBERTY HOSPITAL ASSOCIATION
REQUEST FOR PROPOSALS**

Mold, Indoor Environmental Assessment, and Remediation Services

PURPOSE

CLH is soliciting sealed proposals to provide **Mold, Indoor Environmental Assessment, and Remediation Services** required to restore the Hospitals' EMS Training Facility to the original pre-disaster condition prior to Hurricane Michael. The mold report and indoor environmental assessment report will be used as support documentation for submission to FEMA for reimbursement funding.

INSTRUCTIONS TO PROPOSERS

Firms or companies desiring to provide services, as described in the Scope of Work, shall submit sealed proposals with an original, five (5) complete copies, and one (1) CD with all the above information included (each document must be in an individual PDF format file) no later than 1 p.m., **Friday, June 7th, 2019** to the Calhoun Liberty Hospital Association, 20370 Burns Ave, Blountstown, FL 32424. Offers by telephone or email shall not be accepted. Also, submitters are instructed NOT to fax their proposal. Faxed proposals shall be rejected as non-responsive regardless of where the fax is received.

Respondents are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid, proposal or quotation is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

It is the sole responsibility of the bidder to ensure that his or her Proposal reaches the Hospital on time. CLH shall not be responsible for late deliveries or mail delays.

TERMS AND CONDITIONS

1. CLH reserves the right to accept or reject any or all proposals, with or without cause, to waive technicalities, or to accept the proposal which, in its sole judgment, best serves the interest of CLH, or to award a contract to the next most qualified submitter if a successful submitter does not execute a contract within thirty (30) days after approval of the selection by CLH.
2. CLH reserves the right, and has absolute and sole discretion, to cancel a solicitation at any time prior to approval of the award by CLH.
3. CLH reserves the right to request clarification of information submitted and to request additional information of one or more applicants.
4. Any proposal may be withdrawn until the date and time set above for the submission of the proposals. Any proposals not so withdrawn shall constitute an irrevocable offer, for a period

of sixty (60) days, to provide to CLH the services set forth in this Request for Proposals, or until one or more of the proposals have been awarded.

5. Proposals shall be sealed, and submitter should indicate on their proposal the following:

- **Date of Closing – 1 p.m. Friday, June 7th, 2019**

- Name and Address of submitter

6. Costs of preparation of a response to this request for proposals are solely those of the submitter. CLH assumes no responsibility for any such costs incurred by the submitter. The submitter also agrees that CLH bears no responsibility for any costs associated with any administrative or judicial proceedings resulting from the solicitation process.

7. The submitter receiving the award will obtain or possess the following insurance coverages and will provide Certificates of Insurance to CLH to verify such coverage.

A. Workers' Compensation - The vendor shall provide coverage for its employees with statutory workers' compensation limits, and no less than \$1,000,000.00 for Employers' Liability. Said coverage shall include a waiver of subrogation in favor of CLH and its agents, employees and officials.

B. Commercial General Liability - The vendor shall provide coverage for all operations including, but not limited to Contractual, Products and Completed Operations, and Personal Injury. The limits shall be no less than \$1,000,000.00, per occurrence, with a \$2,000,000.00 aggregate.

C. Business Automobile Liability - The vendor shall provide coverage for all owned, non-owned and hired vehicles with limits of not less than \$1,000,000.00, per occurrence, Combined Single Limits (CSL) or its equivalent.

D. Professional Liability (Errors & Omissions) - The vendor shall provide coverage for all claims arising out of the services performed with limits not less than \$1,000,000.00 per claim. The aggregate limit shall either apply separately to this contract or shall be at least twice the required per claim limit.

E. The submitter awarded this contract shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least three (3) years after completion of the later of final grant closeout or final audit by OMB of any project work performed under contract resulting from this RFP. CLH shall have access to all records, documents and information collected and/or maintained by others in the course of the administration of the agreement. This information shall be made accessible at the awardees place of business to CLH, including the Comptroller's Office and/or its designees, for purposes of inspection, reproduction and audit without restriction.

F. It is the intent of CLH to enter into a contract to provide architectural and consulting services as described herein.

PROPOSAL FORMAT

Submitters must respond in the format delineated below.

The following information shall be tabbed to identify the required information. Failure to submit this information will render your proposal non-responsive.

1. QUALIFICATIONS OF THE FIRM

The Respondent shall provide a narrative of the firm's qualities and capabilities that demonstrates how the firm will work with the Hospital to fulfill the requirements of this Project. Describe the firm's methods of providing the Mold, Indoor Environmental Assessment, and Remediation services outlined within the Scope of Work. Only experience as the prime contractor will be considered.

Firm qualifications must include, at minimum, the following:

- A. Relevant Experience – Recent experience demonstrating current capabilities and current expertise in assisting private nonprofits hospitals with **Mold, Indoor Environmental Assessment, and Remediation Services.**
- B. Past Performance on Similar Projects - Provide at least three references for which the firm has performed as prime contractor that are similar to the requirements in the Scope of Services. Provide the reference contact name, address, e-mail address, telephone numbers and date of the contract.
- C. Project Approach – Describe the approach and methodology that will be used to accomplish the work herein. **The project approach shall include information on schedule and availability to expediate this project.**

2. QUALIFICATIONS OF STAFF

Describe the composition and structure of the firm and include the names of persons with an interest in the firm. Key project staff must be full time employees of the proposing firm and have experience, working for the Proposer, in the requirements described within the Scope of Work.

Key Staff – The Respondent shall include a list of the proposed staff that will perform the work required if awarded this contract and a summary of staff qualifications. Provide resume representative of staff likely to be assigned to this project. An organizational chart and management plan should be included in this section. The Respondent shall also include minimum qualifications for each class of employee of the project team and identify his/her role on the team. Include in this section the location of the main office and the location of the office proposed to work on this project.

3. TECHNICAL APPROACH

Provide a description of the submitter's approach to the project, to include **procedures and requirements.**

4. COST PROPOSAL

Each submitter must complete and submit the Cost Proposal Form/Fee Schedule included herein. The Cost Proposal will be evaluated on the hourly rates submitted on the cost

proposal form for the labor positions listed. All non-labor costs will be billed to CLH at cost without markup.

SELECTION CRITERIA

The following weighted criteria will be utilized to select the consultant awarded this contract.

Criterion	Points
Firm Scope and Capabilities	20
Firm Qualifications on Similar Projects including references	20
Staff Qualifications and Experience including demonstration of knowledge of architectural reports involving hurricane damages, repair scope of works and cost estimating	20
Project Understanding and Approach	20
Knowledge of/ Past Work Experience for the project	10
Cost Proposal	10
TOTAL	100

SCOPE OF SERVICES

Mold, Indoor Environmental Assessment, and Remediation Services

1. Calhoun Liberty Hospital will require the services of a vendor to perform the following activities, on an as needed basis, at various sites and properties including, but not limited to:

- Visual inspection of interior and exterior building components such as classrooms, offices, attics, roofs, crawl spaces, vapor barrier, windows, doors, HVAC, and plumbing systems to determine cause of moisture / water intrusion issues.
- Indoor air quality evaluation and testing, mold testing, bacteria testing, carbon dioxide testing, VOC testing, temperature and relative humidity testing, particulate and unknown substance testing, building science studies, and personnel audits / interviews as it relates to indoor environmental quality concerns.
- Preparation of mold management plans, mold remediation and clean-up protocols, and indoor environmental improvement plans.

CONSULTING SERVICES – FEE SCHEDULE

A. Building Inspection

- 1. Project Designer / Project Manager _____per hour
- 2. Accredited Indoor Environmental Professional _____per hour
- 3. Environmental Engineer _____per hour
- 4. Environmental Technician _____per hour
- 5. Clerical _____per hour
- 6. Travel _____per hour

B. Project Monitoring

- 1. Project Manager _____per hour
- 2. Accredited Indoor Environmental Professional _____per hour
- 3. Environmental Technician _____per hour
- 4. Clerical _____per hour

C. Instrumentation

- 1. Direct Reading Moisture Meters _____per hour
- 2. Direct Infrared Camera _____per hour
- 3. Calibrated Sample Pump _____per hour
- 4. VOC Meter _____per hour
- 5. Indoor Environmental Quality Meters _____per hour

- D. Analytical Services by 1) AIHA Accredited Microbiology EMPAT Laboratory; or 2) IHLAP Accredited Industrial Hygiene laboratory; or 3) CDC Elite Proficiency Program Member Laboratory, as appropriate _____per hour

The hourly labor rates shall include all applicable overhead and profit. All non-labor related project costs (including travel, lodging, and per diem) will be billed to CLH at cost without mark-up

CONSULTING SERVICES – FEE SCHEDULE

Mold – Non Viable Analysis	Turnaround Time	Fee
Spore Trap	1-2 days	\$ _____
Tape Lift (full abundant organism ID – Semi – Qual / Quant)	1-2 days	\$ _____
Swab (full abundant organism ID)	1-2 days	\$ _____
Rush Service	24 hours	\$ _____
Same Day Rush Service	Same Day	\$ _____
Mold and Bacteria – Viable Analysis		
Mold and Bacteria – Viable Analysis	Turnaround Time	Fee
Air Sample (fungi to genus only)	7 days	\$ _____
Swab (fungi to genus only)	7 days	\$ _____
Bulk Material (fungi to genus only)	7 days	\$ _____
Upgrade “Add-on Fee” for Premium Fungal Analysis – Full Species ID for the Air, Swab, or Bulk Analysis	N/A	
Air sample (fungi and bacteria to genus only)	7 days	\$ _____
Swab (fungi and bacteria to genus only)	7 days	\$ _____
Bulk Material (fungi and bacteria to genus only)	7 days	\$ _____
Upgrade “Add-on Fee” for Premium Fungal and Bacterial Analysis – Full Species ID for the Air, Swab, or Bulk Analysis	N/A	
Air sample (bacteria only to genus level, with MRSA screen)	4 days	\$ _____
Swab – (bacteria only to genus level, with MRSA screen)	4 days	\$ _____
Bulk Material (bacteria to genus level, with MRSA screen)	4 days	\$ _____
Upgrade “Add-on Fee” for Premium Bacterial Analysis – Full Species ID for the Air, Swab, or Bulk Analysis	N/A	
Legionella Analysis		
Legionella Analysis	Turnaround Time	Fee
Traditional Culture Combined with PCR Sequencing Technology	10-14 days	\$ _____
Dust Analysis		
Dust Analysis	Turnaround Time	Fee
Semi- Qualitative Analysis (Bulk Dust Sample) for Dust Mite Allergen	2 days	\$ _____

Indoor Allergen Group – Cat, Dog, Cockroach, Dust Mite by ELISA Method	7-10 Days	\$ _____
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