**A.01 RESPONDENT INFORMATION & CERTIFICATION**

**RFP #20-008 LONG-TERM FACILITY MASTER PLANNING**

 **FOR THE RACINE UNIFIED SCHOOL DISTRICT**

COMPANY Representative ­

E-mail address

Address

Zip +4

Local Phone

Toll Free Phone

Payment Address

Check all that apply:

□ Women owned business □ Minority owned business □ Veteran owned business

□ Disabled owned business □ Locally owned business

 I have read the RFP and I understand the content and my firm's obligations with regard to providing the specified services and products. I hereby submit the attached proposal. The prices being submitted shall be binding on our firm until 90 days from the date proposals are due, or until I am notified that I am not a successful Respondent, whichever comes first. If my firm is awarded a contract as a result of the quoted prices, or subsequently negotiated prices, I guarantee that the prices shall be the maximum amount that my firm may charge for the products identified.

 I certify that I have the authority to sign this proposal and bind my firm to the terms and prices specified and the obligations associated with the award of all or any part of the items so specified.

 I acknowledge receipt of addendum(s).

We will accept payment in the form of a purchasing card with no additional fees. Yes\_\_\_\_\_ No\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_Signed:

 Title:

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**A.02 Proposal Response Form**

**RFP #20-008 LONG-TERM FACILITY MASTER PLANNING**

 **FOR THE RACINE UNIFIED SCHOOL DISTRICT**

**Name of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To aid in the evaluation, it is desired that all proposals follow the same general format.** The “answer” areas below are expandable as your response is typed in.

**Do not include any cost information within this response document.**

|  |
| --- |
| **Transmittal Letter:** Briefly state your understanding of the services to be provided and offer a positive commitment to perform the services as defined in the request for proposal. Indicate who will be the Respondent’s authorized representative; give name, title, address, e-mail address, phone and fax. The person identified shall be empowered to make binding commitments for the Respondent. |

**ANSWER:**

**Eligibility Requirements:** Listed below are the eligibility requirements. Confirm your eligibility by line item providing a brief description on how you meet the requirement.

* Respondent must be responsible, regularly and practically engaged in providing the services requested, and possess ample resources for providing the services identified.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Have a record of performance with reasonable financial support, personnel, equipment and organization to ensure that they can satisfactorily execute the services required and specified herein if awarded. Respondents who have failed to perform in the past may not be considered for award.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Respondent must possess a minimum of five (5) years of verifiable experience doing business similar to that which is required in this RFP. Experience should include accounts equal or larger in size and scope.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Be registered to do business in the State of Wisconsin.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Must not be on the Federal list of debarred contractors.

**Complies\_\_\_ Does Not Comply\_\_\_**

**Company Overview and Qualification**

1. Provide a description of the organization submitting the proposal, including its location, size, services offered, number of employees, number of years in business (minimum of 5 required) and legal status (corporation or partnership, etc.). Include your major project types, technical and professional capabilities and areas of expertise. If you have multiple offices, provide specific information on the office that will be providing services to Racine Unified School District.

**ANSWER:**

2. Through narrative means, show reason why your firm believes it is qualified to provide the service level as outlined in the scope of work. Beyond the requirements in this RFP, what other services are you able to provide that would set you above the rest?

**ANSWER:**

3. Provide the names and titles of the principles and officers of the firm. Identify the individual(s) in your firm responsible for managing/overseeing the services to assure that due diligence has been exercised and compliance with the requirements are met.

**ANSWER:**

4. Provide a description of your firm’s experience in sustainable design to reduce non-renewable resource consumption, minimize waste, and create healthy, productive environments.

**ANSWER:**

5. Provide a minimum of three (3) references of similar projects undertaken and completed within a 250-mile radius of Racine County providing for each such project the information requested below. The District has preference for references and samples for work performed for Municipal or other governmental entities. NOTE: Discovered references not listed may be contacted.

**ANSWER:**

Reference #1

1. Name of Client Primary Contact:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:
8. A description of the project, the services performed, and the project’s duration.
9. Was the project completed on time and within budget?

Reference #2

1. Name of Client Primary Contact:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:
8. A description of the project, the services performed, and the project’s duration.
9. Was the project completed on time and within budget?

Reference #3

1. Name of Client Primary Contact:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:
8. A description of the project, the services performed, and the project’s duration.
9. Was the project completed on time and within budget?

6. Provide a description of other services offered as part of the overall project not otherwise described including, but not limited to, structural engineering, architectural design, security consultation, technology consultation, interior design, etc.

**ANSWER:**

7. Provide the name of any officer, director or agent who is also an officer or employee of the District. Also provide the name of any the District officer or employee who owns, directly or indirectly, any interest in your company or any of its branches.

**ANSWER:**

1. Is/has your company been barred from doing business with either the State of Wisconsin or the Federal Government, or is any such action pending? If yes, please indicate the reason(s) for the debarment and the date(s) your company was debarred.

**ANSWER:**

**Firm and Staff experience, qualifications and ability in providing services of a similar nature**

1. Provide information on the personnel who will be handling the project, listing pertinent experience and professional qualifications. The format of individual resumes for key personnel should be as follows:

**ANSWER:**

a. Name, position, title and what role will this person serves on the project

b. Total years of experience with the current firm and others

c. Current office location

d. Education and professional designations

e. Summary of relevant experience and qualification with respect to providing consulting services for long range facility master planning.

f. What role staff have had in similar projects

g. Any other information that would assist the District in determining the qualifications of the individuals and their abilities to complete the services as required.

1. The Prime Consultant must specify in its proposal whether it would utilize the services of any Sub-Consultant and, if so, provide the name of each Sub-Consultant; the task or work which each Sub-Consultant would be expected to perform; the experience and credentials of each Sub-consultant; and each sub-consultant’s legal identity, physical address, telephone number, website, and e-mail address; and the licensures and/or certifications, if any, of each sub-Consultant’s employee who would be expected to provide work on the project.

**ANSWER:**

1. Name, position, title and what role will this person serves on the project
2. Task to be performed
3. Total years of experience with the current firm and others
4. Education and Credentials

c. licensures and/or certifications

d. Name of Legal identity

e. Physical address of office location

g. Telephone

h. E-mail Address

i. Summary of relevant experience and qualification with respect to providing consulting services for long range facility master planning.

j. What role staff have had in similar projects

k. Any other information that would assist the District in determining the qualifications of the individuals and their abilities to complete the services as required.

1. Explain your firm’s level of staffing, readiness to undertake the required services, ability to execute an acceptable written contract, and capabilities to complete the scope of work.

**ANSWER:**

**Approach to Project Scope & Marketing Plan**

|  |
| --- |
| 1. Provide a description of approach to the services, which includes an understanding of the project, risks, challenges, strategy, and proposed methodology that will be employed to complete the project.
 |

**ANSWER:**

1. Provide a work plan. Indicate the length of time in hours required to complete each component of service, along with the title of the person performing the work, the number of hours by individual, as well as the total hours to complete the entire project. Consultant to provide their best-projected timetable, including anticipated starting dates, critical milestone projections and completion dates.

**ANSWER:**

1. It is not the District’s intent for the desired schedule to have a negative impact on either the Consultant or the District’s ability to successfully complete this project. Explain your ability to meet our timeline, along with any recommended changes or adjustments.

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**A.03 RFP Cost Proposal**

**RFP #20-008**

**LONG-TERM FACILITY MASTER PLANNING**

 **FOR THE RACINE UNIFIED SCHOOL DISTRICT**

**Name of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Respondents are to provide a cost for each phase of the project.

|  |  |
| --- | --- |
| **Phase** | **Total Not to Exceed Cost** |
| Phase 1 |  |
| Phase 2 |  |
| Phase 3 |  |