

**West Michigan Community Mental Health System**

**920 Diana Street**

**Ludington, MI 49431**

**REQUEST FOR PROPOSAL**

**Introduction:** West Michigan Community Mental Health is currently seeking bids to provide scheduled and as needed irrigation services at the following location.

1. 920 Diana Street, Ludington MI 49431

PROPOSAL DEADLINE: Completed proposals must be received no later than 5pm, Monday, October 9th, 2023. West Michigan Community Mental Health will accept proposals via fax, mail or email (in PDF format). All proposals must be submitted to Nicole Kusebuski at: fax (231)845-7095; mail 920 Diana Street, Ludington, Michigan 49431; or email at providercontracts@wmcmhs.org. **NO LATE PROPOSALS WILL BE ACCEPTED**

**Request For Proposal Timelines**

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| --- | --- |
| September 11, 2023 | RFP posted |
| September 22, 2023 | Final Date Written Questions Accepted |
| September 29, 2023 | Responses to Written Questions Provided |
| October 9, 2023 | Proposals are due |
| October 15, 2023 | Notify all Providers of the status of award/Award contract to selected bidder/provider |

## PROPOSAL SPECIFICATIONS

If there are any questions regarding the following specifications, please contact: Nicole Kusebuski at [**providercontracts@wmcmhs.org**](mailto:providercontracts@wmcmhs.org)**.**

**Irrigation Service Specifications**

Defined Schedule and Duration:

Provider agrees to provide Irrigation services at the designated site listed below and according to the schedule noted below. Services must be completed at times that do not interfere with West Michigan Community Mental Health business hours, such as evenings, weekends, early morning, etc.

Coordination of the Irrigation service schedule will be done in cooperation with West Michigan Community Mental Health Facilities Specialist or designee.

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| --- | --- | --- | --- |
| **LOCATION** | **SERVICE** | **SQUARE FEET** | **TIMES PER YEAR** |
| 920 Diana Street, Ludington | Sprinkler system start up in Spring -by April 30th |  | 1 |
| Sprinkler system shut down in fall- by October 31st |  | 1 |
| Sprinkler system repairs, leaks and maintenance when needed (sprinkler head replaced, timer and any other parts that might fail) |  | As Needed |
| Assure system is meeting current need for water in all areas. Add lines as needed.  (Hourly Labor Rate) |  | As needed |
| General Specifications:   * Provider will provide all materials and/or equipment necessary to do the work specified above. * Provider will maintain all necessary licensing and insurance requirements to do the work specified above. * Materials purchased for repairs/enhancements would be determined separately and reimbursed as needed. * Invoicing should be done within 30 days following completion of the work. | | | |

The following documents are provided for review as part of the proposal specifications:

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| --- | --- |
| Attachment 1 | Bidder Response Scoring Sheet |
| Attachment 2 | Draft Service Agreement |

**PROPOSAL CONDITIONS**

These conditions are an integral part of the request for proposals and the bidder must comply with them.

### Clarification Request

### If WMCMH determines, after the deadline to submit proposals, that a bidder’s proposal is not clear, WMCMH reserves the right to issue a request to a bidder to clarify its proposal. Failure to respond may be cause for disqualification.

### Reservations

### WMCMH reserves the right, in its sole discretion, to:

* + Reject any and all Proposals.
  + Withdraw this RFP at any point in time following its release.
  + Consider late proposals: (i) if no other proposals are received; (ii) if there are no complete proposals received; (iii) if the process fails to result in award.
  + Consider an otherwise disqualified proposal, if no other proposals are received.

### Award

### The award of a WMCMHS contract will be made to the responsive and responsible bidder who offers: a) ability to perform the service required; b) conformance to specifications; c) quality of the performance in previous contracts; d) financial ability to perform the contract; and f) references. The contract term for this RFP will be negotiated between WMCMHS and selected provider.

### The issuance of an RFP, your preparation and submission of a proposal and WMCMHS’ subsequent receipt and evaluation of your proposal does not commit WMCMHS to award a Contract, even if all requirements in the RFP are met. WMCMHS is not liable for costs incurred by respondents to this RFP prior to the issuance of a contract.

### All proposals received will be reviewed using the attached West Michigan Community Mental Health Bidder Scoring Sheet

### Freedom of Information Act

### All information included in a bidder’s proposal is subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442) once the proposal is open for WMCMHS review. Proposals will be available for public inspection after the award announcement, except to the extent that a bidder designates trade secrets or other proprietary data to be confidential. Material designated as confidential must be readily separable from the remainder of the proposal to facilitate public inspection of the non-confidential portion of the proposal. A bidder’s designation of material as confidential will not necessarily be conclusive and the bidder may be required to provide justification why such material should not be disclosed, on request, under the Michigan Freedom of Information Act.

### Legal Requirements

### Federal, State, County and local ordinances, rules and regulations, and policies shall govern development, submittal and evaluation of proposals and disputes about proposals. Lack of knowledge by a bidder about applicable law is not a defense.

**INSTRUCTIONS FOR PROPOSAL SUBMISSION**

Interested providers/bidders must submit a complete response to this RFP by 5 PM on October 9, 2023. A complete response includes:

* A written response is required for each item unless otherwise indicated. Failure to answer any of the items will negatively impact the bidder/provider’s score.
* Provider Response Form, Reference Form and Certification of Provider Proposal/Release of Information with necessary signatures.
* Late submissions will not be accepted. There will be no exceptions to this requirement.
* Providers must submit proposal on the provided forms.

WMCMHS will accept proposals via mail, fax or email in a PDF format:

WMCMHS – Attention Nicole Kusebuski

920 Diana Street

Ludington, MI 49431

Fax: 231-845-7095

[providercontracts@wmcmhs.org](mailto:providercontracts@wmcmhs.org)

**WEST MICHIGAN COMMUNITY MENTAL HEALTH**

**BIDDER RESPONSE**

|  |  |
| --- | --- |
| Organization  Name: |  |

Please answer the questions below. Feel free to attach additional sheets (and note in the section below) if further space is needed for your response.

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| 1. | Please detail your experience including years in business, approximate number of customers, qualifications and any applicable certifications or licenses. -**5 points** |
| 2. | Please detail your communication plan for all work (selected vendor is expected to stay in close communication of work status, providing in advance start and completion dates). **-5 points** |
| 3. | Please detail your plan for timeliness and responding to issues **-5 points** |
| 4. | Please detail your plan to ensure the quality of your work. **-5 points** |
| 5. | Please detail your plan to ensure 30-day invoicing. **-5 points** |
| 6. | I have read and understand the requirements outlined in the RFP? |
| 7. | Include a proposed budget for this project/service **-5 points** |

**REFERENCES/WORK EXPERIENCE**

The bidder must furnish at least three (3) references from persons who can attest to the quality of similar prior work performed:

Scoring: **Up to 5 points for each reference. If a reference does not respond, a score of 0 will be entered.**

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| --- | --- |
| Company Name: |  |
| Street Address: |  |
| City/State/Zip Code: |  |
| Contact Person: |  |
| Telephone No.: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Company Name: |  |
| Street Address: |  |
| City/State/Zip Code: |  |
| Contact Person: |  |
| Telephone No.: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Company Name: |  |
| Street Address: |  |
| City/State/Zip Code: |  |
| Contact Person: |  |
| Telephone No.: |  |
| Email Address: |  |

**CERTIFICATION OF PROVIDER PROPOSAL**

**RELEASE OF INFORMATION**

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| --- | --- |
| I hereby certify that all information contained herein is complete and accurate to the best of my knowledge. I understand that any misleading statement or omission in this Proposal may constitute cause for immediate termination from the provider panel. I authorize WMCMH and its agents and representatives to consult with and receive documents from individuals and organizations possessing information bearing on this proposal. I release from any liability to the fullest extent permitted by law, all individuals and organizations who provide information regarding this proposal, including otherwise confidential information to the extent that such entities providing information to WMCMH in good faith and pursuant to this release should not be liable for any act or omission related to the evaluation or verification of information contained herein. I understand that this proposal does not guarantee participation on the WMCMH provider panel. I further understand that, if selected to the provider panel, I have a continuing duty to update the information reported in this Proposal, as necessary. Such updates will be made within ten (10) days of their occurrence. | |
| Please Print Name of Person Authorized to Sign Release:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |