

PROPOSAL FORM 1
CORPORATE PROFILE AND PROPOSED SOLUTION

COMPANY NAME:

PART 1: ALL PROPOSERS MUST COMPLETE THE TABLE ON THIS PAGE

Step 1: Identify the Trade(s) your firm is bidding.

Step 2: For each trade being bid, provide a response in each column for that trade.

Step 3: If selecting yes to bidding Adjustment Factors for work in Patient Areas, complete the questions on Page 5.

Step 4: If selecting yes to providing Immediate Response Services, complete the questions on Page 6.

<u>Contract Trade</u>	<u>Select Trade(s) Being Bid</u>	<u>Identify Services that are to Be Provided</u> <u>Select Each Category</u>	<u># of Years Experience</u> <u>in Trade</u>	<u># of Years Experience in Patient Care Areas</u> <u>in Trade</u>	<u># of Years Experience Providing Immediate Response Services</u> <u>in Trade</u>
General Construction	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Electrical	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Low Voltage - Data	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Mechanical	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Mechanical – Sheet Metal	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Plumbing - General	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Plumbing – Med Gas	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Med Gas – Preventive Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Roofing	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Painting	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Flooring	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Millwork	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Ceiling	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____

PROPOSAL FORM 1
CORPORATE PROFILE AND PROPOSED SOLUTION

COMPANY NAME:

PART 1 - CONTINUED: ALL PROPOSERS MUST COMPLETE THE TABLE ON THIS PAGE

Step 1: Continue to Identify the Trade(s) your firm is bidding.

Step 2: For each trade being bid, provide a response in each column for that trade.

Step 3: If selecting yes to bidding Adjustment Factors for work in Patient Areas, complete the questions on Page 5.

Step 4: If selecting yes to providing Immediate Response Services, complete the questions on Page 6.

<u>Contract Trade</u>	Select Trade(s) Being Bid	Identify Services that are to Be Provided <u>Select Each Category</u>	<u># of Years Experience</u> in Trade	<u># of Years Experience in Patient Care Areas</u> in Trade	<u># of Years Experience Providing Immediate Response Services</u> in Trade
Moving Services	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Scrap Metal	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Junk Removal	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____
Temporary Cooling	<input type="checkbox"/>	<input type="checkbox"/> Non-Patient Care Areas <input type="checkbox"/> Patient Care Areas <input type="checkbox"/> Immediate Response	_____	_____	_____

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Part 2
CORPORATE PROFILE

ALL PROPOSERS MUST COMPLETE THIS PART 2

1. a. Number of Continuous Years in Business Under Current Name: _____

b. Number of Employees: _____

c. Location of Principal Office (Headquarters): [] Broward County [] Palm Beach County
[] Miami-Dade County [] Other: _____

d. Location of Office Administering Contract: [] Broward County [] Palm Beach County
[] Miami-Dade County [] Other: _____

e. Company Office: Enter Number of Years the Company Office Administering the Contract Been Staffed and Operational: _____

f. Safety: Provide your firm's Experience Modification Ratio (EMR) for the past three (3) calendar years: 2023, 2022, and 2021.

2023: _____ 2022: _____ 2021: _____

If your firm's EMR is above a 1.0 for any calendar year, provide an explanation.

g. Provide a Brief Summary Detailing Experience in the Specific Services Requested in this RFP: Experience summary should be consistent with all trades selected in Part 1.

h. Name and Title of Authorized Representative to Sign Confidentiality & Other Agreements:

Name: _____ Title: _____

2. Does your Firm Have Experience Working in Hospital and Healthcare Facilities: Yes No

a. List Florida Hospitals and Healthcare Facilities Worked in within the last five (5) years:

b. If no Healthcare Experience, Provide a List of Non-Hospitals and Non-Healthcare Facilities Worked in within the last five (5) years:

3. Provide a Description of the Type of Work your Firm Intends to Self-Perform and the Type of Work to be Subcontracted:

4. Judgements, Complaints, Civil Actions, and/or Terminations

If the answer to any of the questions below is 'yes', please provide details in the applicable space

a. Has your Firm had any judgement against the company or bonding agency resulting from poor performance within the last five (5) years?

No Yes

(If yes, Describe the circumstances, status, and outcome of all litigation from actions brought as a result of performance under prior or current contracts. Include subject matter, status, and resolution.)

- b. Has your Firm had any complaints filed against with the State Department of Consumer Affairs, Better Business Bureau, or any other public or private agency created for oversight and consumer protection, within the last three (3) years?**

No Yes

(If yes, provide details and the disposition of each complaint below.)

- c. Have any of the principal owners been the subject of any criminal or civil legal action?**

No Yes

(If yes, provide a list of the owners, the circumstance, and how each matter was resolved.)

- d. Has your Firm been terminated from a client or contract in the last five (5) years?**

No Yes

(If yes, provide details below.)

5. Background Checks: Contractor shall detail the hiring and background check process for new staff as well as ongoing competency/training:

6. EXPERIENCE WITH PATIENT CARE AREA WORK

ONLY APPLICABLE TO CONTRACTORS SELECTING PATIENT CARE AREAS IN "PART 1" TABLE.

A) Yes or No, confirm your firm has work experience with Projects requiring AHCA review? Yes No

If yes, Detail your firm's experience with Projects requiring AHCA review.

B) Yes or No, confirm the Contractor has work experience with Projects requiring Class III (or higher) ICRA precautions? Yes No

If yes, Detail your firm's experience with work in a Class III (or higher) ICRA precautions.

7. EXPERIENCE WITH IMMEDIATE RESPONSE SERVICES

ONLY APPLICABLE TO CONTRACTORS SELECTING IN PART 1 TABLE TO PROVIDE IMMEDIATE RESPONSE SERVICES

A) Confirm that when facilities management places a call requiring immediate services, your firm will respond within one hour and have the ability to be on site within four (4) hours. Yes No

B) Detail methodology regarding 24x7x365 availability to provide Immediate Responses Services.

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Part 3

PROPOSED SOLUTION

ALL PROPOSERS MUST COMPLETE THIS SECTION

8. Implementation Plan: Contractor shall provide a narrative describing the processes below:

a. Reviewing the Scope of Work with the Owner:

b. Assisting the Owner in Developing the Scope of Work:

c. Mobilizing to Start Work After a Job Order is Issued

d. Ensuring the Work is Completed in Accordance with the Detailed Scope of Work

e. Completing Any Punch List Items or Outstanding Work in a Timely Manner

9: Escalation Process: Provide Details for the Escalation Process of Any Issues that May Arise:

10: Customer Service: Provide Details on the Contractor's Ability to Provide Outstanding Service