

REQUEST FOR PROPOSALS
FOR
CITY OF YORK DEPARTMENT OF
FIRE/RESCUE SERVICES
REX/LAUREL FIRE STATION #1 REMODEL



CITY OF YORK

RESPONSES DUE BY:

MARCH 02, 2020

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OVERVIEW

The City of York, Pennsylvania (the “City” or “York”), with this Request for Proposals (“RFP”), invites proposals (“Proposals”) from qualified firms (“Contractor(s)” or “Firm”) for the Rex/Laurel Fire Station (“station 1”) remodel. Station 1 houses apparatus and personnel to provide fire protection and emergency medical services to the residents and visitors of the City. The City will entertain Proposals for complete restoration of the property that shall meet the specifications of the Historic Architectural Review Board (HARB). All submitted proposals shall be ready for submittal to HARB for final approval.

FACILITY

The Rex/Laurel Fire Station (Station 1), located at 49-51 South Duke Street, York, Pennsylvania 17401, is owned by the City of York (population 43,900), a beautiful historic city in south-central Pennsylvania and the county seat of York County, Pennsylvania (population 446,000). York is home to two universities: York College of Pennsylvania (enrollment 4,317) and Penn State York (a campus since 1939 of The Pennsylvania State University, with enrollment of 1,000), and four business and technical schools.¹

The Rex/Laurel fire station is a historic, two-story Italianate style firehouse in downtown York. The oldest building, the Laurel engine house was constructed in 1877-1878 as a hand-drawn fire engine house. The building was constructed of brick and was painted in the traditional cream and brown Victorian scheme. The original engine house was expanded in 1887 when a horse stable was added to the rear of the building, and in 1891-1892 when the Rex Hook & Ladder Company’s truck house was built adjoining the Laurels engine house.²

The building was added to the National Register of Historic Places in 1976.³

PROPOSALS

Proposals shall include a **Service Proposal**, **Cost Proposal**, and a **Sample Contract** submitted in electronic form and with five (5) paper copies. Lengthy additions, such as registration or regulatory information may be submitted in electronic form.

¹York Technical Institute, York County School of Technology, Consolidated School of Business–York, and Yorktowne Business Institute

²<http://www.rexlaurel.com/>

³<https://nationalregisterofhistoricplaces.com/pa/york/state.html>

REX/LARUEL FIRE STATION #1 REMODEL RFP

Each Contractor, by submitting their proposal, agrees that they have read and understand the parameters set forth in this RFP and the Project documents and is willing and capable of substantially completing the work within the specified time frame.

The proposal and all supporting documentation shall become the property of the City of York and shall constitute public records. If a Contractor considers any portion of its proposal to constitute confidential, proprietary information, the Contractor must clearly mark such portion(s) as confidential, and separate it from the rest of the proposal in such a manner that the City can withhold from any production of the proposal in accordance with applicable law. We appreciate your interest in this Project.

Final submitted proposals shall be enclosed in an opaque sealed envelope marked on the outside: **FIRE STATION #1 REMODEL – DO NOT OPEN.**

Proposals need not follow the outlined format but should address all information requested. Additional information may be submitted. Responses and questions shall be submitted to:

Thomas Allen Ray
Business Administrator
City of York
101 S. George St.,
P.O. Box 509
York, PA 17405
Email: tray@yorkcity.org and cdeardor@yorkcity.org

The City reserves its right to amend the RFP requirements and Timetable, to waive non-conformities, and to reject Proposals. Responders are responsible for expenses incurred.

TIMETABLE

RFP ISSUE DATE	February 01, 2020
FIRE STATION TOUR(s) (by appointment)	February 03, 2020 to February 16, 2020
QUESTIONS RE RFP DUE	February 17, 2020
RESPONSES TO QUESTIONS POSTED	February 21, 2020
PROPOSALS DUE	March 02, 2020
INTERVIEWEES NOTIFIED	March 16, 2020
INTERVIEWS	March 30, 2020 to April 03, 2020
NOTIFY SELECTED CONTRACTOR	April 17, 2020
SIGN AGREEMENT	May 15, 2020

BEGIN MANDATE

August 01, 2020

SELECTION AND AWARD OF CONTRACT

A. Proposals will be evaluated based on information requested and submitted, references, reasonable due diligence investigation, and the following:

B. To comply with City Ordinances and meet the goals of City Ordinance Article 136⁴ Small and Disadvantaged Business Enterprise Program, which is designed to encourage and support Local and Small business enterprises, Proposals may be awarded preferences as follows (Article 136.04(b)):

- i. Eight points of a possible 100, eight percent (8%), for Local business enterprises;
- ii. Two points of a possible 100, two percent (2%), for businesses located in enterprise zones;
- iii. Four points of a possible 100, four percent (4%), for a Small business enterprise;
- iv. However, in no event shall any bidder receive greater than twelve points of a possible 100, twelve percent (12%), preference.

Local business enterprises and Small businesses enterprise are defined in Article 136.02(d) and (e), and are generally defined as follows: a Local Business Enterprise has its principal office in the City of York, or is majority-owned by and has a majority of employees of City residents (Article 136.02(d)), and a Small business enterprise generally has its principal office and/or a significant percentage of its assets, employees, owners, or sales revenues in the City of York metropolitan area (Article 136.02(e)).

C. The City of York encourages participation by Small Diverse Businesses as prime contractors and encourages all prime contractors to make a significant commitment to use Small Diverse Businesses as subcontractors and suppliers.

A Small Diverse Businesses are certified minority-owned, woman-owned, veteran-owned, or service-disabled veteran-owned businesses.

A Small Business is a business in the United States which is independently owned, not dominant in its field of operation, employs no more than 100 full-time or full-time equivalent employees, and earns less than \$7 million in gross annual revenues for building design, \$20 million in gross annual revenues for sales and services, and \$25 million in gross annual revenues for information technology sales or service.

⁴yorkcity.org/wp-content/uploads/2017/04/Article-136-Small-Disadvantaged-Business-Enterprise-Program.pdf

I. SERVICE PROPOSAL

Service Proposal shall include Firm Information, Service information, Non-Discrimination Statement, Anti-Collusion Affidavit, Business Relationship Affidavit, proposed draft Agreement(s), and signature of Authorized Firm Representative. Additional information may be provided.

A. FIRM INFORMATION

Organizational Information

- Firm, related and affiliated entities, Firm ownership and history, including ownership changes in last 5 years, and Firm classification and regulatory bodies, if any
- Contact information and organizational function chart
- Individual completing the Response: name and contact information of Authorized Firm Representative and confirmation Representative is authorized to represent and bind the Firm and sign Agreement
- Fidelity bond and fiduciary liability insurance
- Evidence of financial strength of Firm
- Information, if any, distinguishing Firm from competitors

Service History and Performance

- History of Firm's offering of proposed service
- Representative client list for proposed service
- Changes in last 5 years: Describe and explain Services, Contracts, or Facilities no longer serviced in last 5 years, and percentage of type lost and gained
- Benchmarks, if any: Describe benchmarks used and how Firm tracks, monitors, and controls performance and deviation from benchmarks, if any

Facilities under Management

- Facilities under Management: Describe facilities, service provided, and performance history
- Changes in last 5 years: Describe and explain Services, Contracts, or Facilities no longer serviced in last 5 years, and percentage of type lost and gained

Firm Personnel

- Firm size and personnel information, e.g., number of employees, managers, client service personnel, and other relevant functions, qualifications, average years of experience, average years tenure, and other relevant information
- Describe and explain Turnover in key personnel in last 3 years

Management and Operating Philosophy

- Describe management and operating philosophy, process, methods, and style, including any information unique to Firm

Governance

- Firm's internal control and governance structure
- Potential conflicts of interest Firm, affiliates, related parties, and personnel may have or be perceived to have with this mandate and how such conflicts will be addressed
- Firm's Code of Ethics and Standards of Conduct, if any
- Process: how Firm manages, measures, monitors, and controls risk

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- Succession, Crisis, Disaster Recovery and Business Continuity Plans

Compliance

- Proof that Firm and assigned personnel are licensed and registered to practice in Pennsylvania
- Identity, title, and biography of chief compliance officer, if any, and to whom she/he reports, and personnel responsible for risk and quality management
- Firm's registration and proof of compliant corporate standing
- Most recent regulatory inspection report and follow-ups, if any
- Compliance process including methods, frequency, and other relevant information
- Last compliance assessment report, if any
- 5-year history of orders, sanctions, formal investigations, litigation, threatened litigation and administrative proceedings involving Firm, affiliates, or principals

Firm Reputation

- Describe client satisfaction measurement process and information, and recent client satisfaction report, if any

Technology

- Technology, software, back-up, and redundancy services used by Firm

Third Party Relations and Fee Arrangements

- Firm's approach to and use of fee or cost sharing arrangements, including direct or indirect recapture, rebate, referral, selection, retention, discount, performance, or other fee or cost sharing arrangements with affiliated parties, vendors, suppliers, service providers, brokers, or third parties. Provide details including information re entities, arrangements, revenue significance, conflict and disclosure policy, and impact on proposed service costs

References

- 3 references, preferably from representative client list, with contact information and length of relationship

Independence & Conflicts of Interest

Firm must certify that it and any person affiliated with the Firm who is or may be involved with the Proposal, contract execution, and proposed services, have no actual, potential or reasonably perceivable conflict of interest with the City of York or any of its component units, affiliates, elected officials, officers, employees, contractors or sub-contractors, and that any person so affiliated with the Firm has not had an affiliation with the City of York or been a City officer, elected or appointed City official or family member thereof, for a period of two (2) years prior to the RFP Issue Date. Exceptions should be noted. Responders may consult the City Conflict of Interest Policy

B. NON-DISCRIMINATION STATEMENT

- Signed attached Non-Discrimination Statement, Appendix I

C. AMERICANS WITH DISABILITIES ACT COMPLIANCE STATEMENT

- Signed attached Americans with Disabilities Act Compliance Statement, Appendix II

D. ANTI-COLLUSION AFFIDAVIT

- Signed and notarized attached Anti-Collusion Affidavit, Appendix III

E. BUSINESS RELATIONSHIP AFFIDAVIT

- Signed and notarized attached Business Relationship Affidavit, Appendix IV

F. PROPOSED ADMINISTRATION AGREEMENT

- Proposed draft Agreement. Final agreement to be agreed by City and selected Firm

G. SIGNATURE OF AUTHORIZED REPRESENTATIVE

- Service Proposal signed by Authorized Firm Representative certifying information in Service and Sealed Cost Proposals is complete, accurate, and binds Firm.

II. SEALED COST PROPOSAL

A separate Sealed Cost Proposal shall be signed by Authorized Firm Representative and contain the following:

PROPOSED FEES AND FEE STRUCTURE

- If Proposal to Manage and Operate, provide complete fee structure and schedule for proposed service, billing frequency, and payment method. If Proposal to Rent, provide proposed rent or rent calculation
- Include all fees and other forms of compensation accruing to or benefitting Firm, related entities, or employees, including direct or indirect recapture, rebate, referral, selection, retention, discount, performance, or other fee or cost sharing arrangements with affiliated parties, vendors, suppliers, service providers, brokers, or third parties, related to proposed services
- All other fees or costs that may be charged to City.

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APPENDIX I: NON-DISCRIMINATION STATEMENT

This Statement is submitted by an Authorized Firm Representative of Responding Firm, as part of this Proposal.

Responding Firm agrees, in connection with the performance of work under this Proposal, as follows:

- a. Firm will not discriminate against any employee or applicant for employment because of race, creed, color, sex, age, national origin, ancestry or disability, and shall undertake affirmative action to ensure employees and applicants are treated without regard to such discriminating factors, including actions related to, *inter alia*, employment, promotion, demotion or transfer, recruitment, advertising, lay-off, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Firm agrees to post, in a conspicuous place available to employees and applicants for employment, notices to be provided by the City Clerk/Secretary setting forth the provisions hereof,
- b. Firm will include this non-discrimination clause in any subcontracts connected with the performance of work under this Proposal; and
- c. In the event of Firm's non-compliance herewith, the awarded contract may be canceled or terminated by the City and the City may declare the responding Firm and affiliated entities ineligible for further contracts with the City, until satisfactory proof of compliance is provided to the City.

THIS FORM MUST BE SIGNED BY AN AUTHORIZED FIRM REPRESENTATIVE:

Signature of Authorized Representative	Title
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Note: The owner or an officer of the business or corporation may sign this document. A Corporate Seal or a letter of authorization is needed for any other signer. For instance, if a Salesperson or Manager signs this form, a letter of authorization or Corporate Seal is to be attached.

Printed Name of Individual	Title
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Company Name and Address	Zip Code
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Telephone Number, Email, and Fax

APPENDIX II: AMERICANS WITH DISABILITIES ACT COMPLIANCE STATEMENT

This Statement is submitted by an Authorized Firm Representative of Responding Firm, as a part of this Proposal.

Responding Firm agrees, in connection with the performance of work under this Proposal, as follows:

a. Pursuant to federal regulations promulgated under the authority of the Americans with Disabilities Act, 28 C.F.R. Section 35.101 et seq., the Firm understands and agrees that no individual with a disability shall, based on the disability, be excluded from participation in this contract or from activities provided for under this 10 contract. As a condition of accepting and executing this contract, the Firm agrees to comply with the "General Prohibitions Against Discrimination", 28 C.F.R. Section 35.130, and all other regulations promulgated under Title II of the Americans with Disabilities Act which are applicable to the benefits, services, programs and activities provided by the City of York through contracts with outside contractors.

b. The Firm shall be responsible for and agrees to indemnify and hold harmless the City of York from all losses, damages, expenses, claims, demands, suits and actions brought by any party against the City of York because of the Firm's failure, or that of its employees and affiliates, to comply with the provisions of paragraph a., above.

c. The Firm will include this Statement in any subcontracts connected with the performance of work under this Proposal; and

d. In the event of Firm's non-compliance herewith, the awarded contract may be canceled or terminated by the City and the City may declare the responding Firm and affiliated entities ineligible for further contracts with the City, until satisfactory proof of compliance is provided to the City.

THIS FORM MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF RESPONDER:

Signature of Authorized Representative

Title

Note: The owner or an officer of the business or corporation may sign this document. A Corporate Seal or a letter of authorization is needed for any other signer. For instance, if a Salesperson or Manager signs this form, a letter of authorization or Corporate Seal is to be attached.

Printed Name of Individual

Title

Company Name and Address

Zip Code

Telephone Number, Email, and Fax

APPENDIX III: ANTI-COLLUSION AFFIDAVIT

This Affidavit is submitted by an Authorized Representative of Responder, as a part of this Proposal.

The undersigned, of lawful age and duly sworn, affirms and states that the undersigned has lawful authority to execute the Proposal for and on behalf of the Responder, _____, and that the Responder has not, directly or indirectly, entered into any agreement, express or implied, with any other proposer or proposers, having for its object the controlling of the price or amount of such proposal or proposals, the limiting of proposals or proposers, the parceling or farming out to any proposer or proposers or other persons of any part of the proposal or proposals or of the profits thereof, and that the Responder has not and will not divulge the sealed Proposal to any person whomsoever, except those having a partnership or other financial interest with the Responder in the said Proposal, until after the said sealed proposals are opened.

The undersigned further states that the Responder has not been a party to any collusion among proposers in restraint of freedom of competition by any agreement to propose at a fixed price or to refrain from proposing, or with any City official, employee, or agent as to the quantity, quality, price, or other terms in the Proposal, or concerning the exchange of money or other thing of value for special consideration in the award of a contract, and that it has not paid, given, or donated, or agreed to pay, give, or donate to any City official, employee, agent, or awarding agency, any money or other thing of value, either directly or indirectly, in the procuring of the award of contract pursuant to this Proposal.

THIS FORM MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF RESPONDER:

Signature of Authorized Representative	Title
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Note: The owner or an officer of the business or corporation may sign this document. A Corporate Seal or a letter of authorization is needed for any other signer. For instance, if a Salesperson or Manager signs this form, a letter of authorization or Corporate Seal is to be attached.

Printed Name of Individual	Title
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Company Name and Address	Zip Code
--------------------------	----------

Telephone Number, Email, and Fax

TO BE COMPLETED BY NOTARY:

State of _____

County of _____

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This Affidavit signed and sworn to (or affirmed) before me _____ (name)
on _____ (date)
by _____, Authorized Representative
of _____, Responder.

Signature of notarial officer: _____

Title of office: _____

Commission Number: _____

Commission expires: _____

Stamp:

APPENDIX IV: BUSINESS RELATIONSHIP AFFIDAVIT

This Affidavit is submitted by an Authorized Representative of Responder, as a part of this Proposal.

The undersigned, of lawful age and duly sworn, affirms and states that the Responder is fully knowledgeable of Responder's business relationships and associations, and further states that the nature of any corporation, company, partnership, joint venture, or other business relationship presently in effect or which existed within one (1) year prior to the date of this statement between Responder and the Mayor, Members of City Council, any Trustee, Trust, or Authority of or benefiting the City, entities or parties affiliated with such individuals, significant known City contractors, or other parties, consultants, or employees engaged to further this project, is as follows:

(If none of the above Business Relationships exists, Responder shall state 'NONE' or otherwise indicate the absence of such Business Relationships. IF ABOVE IS BLANK, PROPOSAL WILL BE REJECTED.)

Responder further states that any such Business Relationship presently in effect or which existed within one (1) year prior to the date of this statement between any officer, agent, employee, partner or director of the Responder and any officer or director, agent, employee, or partner of the above entities or individuals is as follows:

(If none of the above Business Relationships exists, Responder shall state 'NONE' or otherwise indicate the absence of such Business Relationships. IF ABOVE IS BLANK, PROPOSAL WILL BE REJECTED.)

The names and positions of all persons having any such Business Relationships are as follows:

(If none of the above Business Relationships exists, Responder shall state 'NONE' or otherwise indicate the absence of such Business Relationships. IF ABOVE IS BLANK, PROPOSAL WILL BE REJECTED.)

(Proposal will not be considered unless this Affidavit has been fully completed and signed by an Authorized Representative of the Responder and duly notarized and dated by a Notary Public.)

THIS FORM MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF RESPONDER:

Signature of Authorized Representative

Title

Note: The owner or an officer of the business or corporation may sign this document. A Corporate Seal or a letter of authorization is needed for any other signer. For instance, if a Salesperson or Manager signs this form, a letter of authorization or Corporate Seal is to be attached.

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Printed Name of Individual

Title

Company Name and Address

Zip Code

Telephone Number, Email, and Fax

TO BE COMPLETED BY NOTARY:

State of _____

County of _____

This Affidavit signed and sworn to (or affirmed) before me _____ (name)

on _____ (date)

by _____, Authorized Representative

of _____, Responder.

Signature of notarial officer: _____

Title of office: _____

Commission Number: _____

Commission expires: _____

Stamp: