

Grace Health, Inc.

**REQUEST FOR PROPOSAL FOR
Landscaping and Mowing SERVICES
RFP#2021-2**

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Request for Proposal

Landscaping and Mowing Services

Grace Health, Inc. invites you to submit a proposal to provide Landscaping and Mowing Services as detailed in the attached Scope of Work.

Agency Description

Grace Health is a non-profit Federally Qualified Health Center that includes outpatient health centers and school-based health locations in Southeastern Kentucky. Grace Health employs more than 225 staff, including physicians and mid-level providers, behavioral health providers and dental providers, all of whom support GCHCs commitment to providing high quality care to our rural Kentucky community. GCHC treats more than 30,000 patient visits annually through a comprehensive range of services, including medical and dental care, behavior health, specialty care, case management and walk-in services.

Mission Statement

The mission of Grace Health is to show the love and share the truth of Jesus Christ to southeastern Kentucky, through access to compassionate, high quality, primary health care for the whole person.

Invitation for Bid Instructions

Grace Health reserves the right to reject non-responsive proposals and to conduct negotiations with the successful bidder to the extent deemed necessary and appropriate, prior to final contract execution. A successful bidder must elect to submit a proposal for all six (6) sites.

Facility tours are available by appointment only. Please contact Sharon Bush at (606) 526-9005 ext. 6000 to schedule a tour.

SELECTION PROCESS AND CRITERIA

I. General Bidder Requirements

- A. The successful bidder will comply with all Federal and State requirements concerning fair employment practices regarding the treatment of all employees without regard to race, religion, age, sex, national origin, or physical handicap.
- B. Contractor must sign Grace Health's Arbitration of Dispute Agreement, and the Confidentiality of Patient Information Statement.
- C. The successful bidder will show evidence of insurance coverage commonly known as or similar in kind to:
 - 1. Worker's Compensation – Statutory limits in accordance with the State of Kentucky
 - 2. Comprehensive General Liability.
 - 3. Combined Single Limits (each occurrence) - \$500,000 Aggregate, 1,500,000.00

Grace Health may require greater coverage in any given circumstance. We may require any or all of the following endorsements to the policy:

(1) Fire Legal Liability; (2) Product and Completed Operations Liability; (3) Manufacture's and Contractors Liability; Other Endorsements including, but not limited to, Errors and Omissions, Professional Liability and Malpractice Liability.
- D. Comprehensive Automobile Liability
 - 1. Automobile Liability – Minimum limits – 500,000 Bodily Injury; and \$500,000 Property Damage per occurrence.
 - 2. Collision – covered for actual cash value of each vehicle used in the delivery of contract services.
 - 3. Comprehensive Physical Damage coverage for actual cash value of the vehicle used in the delivery of contract.
 - 4. Grace Health will be named as co-insured under the successful bidder's insurance policies.
- E. The successful bidder(s) will indemnify Grace Health against all liabilities, losses or damages caused by its omissions and/or negligent acts. It will also agree to defend any lawsuit against Grace Community, its officers, employees, and agents which arise from the negligence, willful acts and/or omissions of the successful bidder.

II. Scope of Work – Specific Requirements

The successful bidder will demonstrate understanding of, and compliance with, all specifications set forth in this section in the proposal. The unit price submerged within the proposal of the successful bidder will be all inclusive with regard to the requirements of the specifications. Successful bidder must supply required equipment, agents, and solutions; and must maintain equipment in safe and efficient working conditions.

III. Contract Award Period

The contract to be awarded will be for the period beginning approximately April 10, 2021 and ending March 31, 2022. It is the intent of Grace Health to award contract(s) for six months, with an option of two additional years, awarded one year at a time, which will be subject to favorable evaluation of vendor performance.

Proposals must be submitted on or before 5 pm Friday, April 2, 2021 in a sealed envelope with one original and (2) two copies enclosed to:

Jerrell Cloud, DOO
Grace Health, Inc.
1019 Cumberland Falls Hwy, Suite B201 Corbin, KY 40701
Note: Sealed envelopes should note "**Landscaping and Mowing Services Proposal(s) on the front.**"

Please note Bidder must quote all sites

NO PROPOSALS WILL BE ACCEPTED AFTER THE STATED SUBMISSION DEADLINE

The contact person for interested vendors is Jerrell Cloud, Director of Operations. Mr. Cloud may be contacted at (606) 526-9005, or via email at jerrell.cloud@gracehealthky.org

IV. Time Table for Evaluation Process

Grace Health will adhere to the following timetable for vendor selection:

- **March 19, 2021** – Request for Proposals will be available for pick up at 1019 Cumberland Falls Hwy, Suite B201(front desk) by prospective bidders.
- **April 2, 2021** – Proposals due to Grace Health
- **April 7, 2021** – Projected date of Contract Award

V. Evaluation of Proposals

Proposals will be rated on the following criteria:

1. Bidder Qualifications
2. Personnel Qualifications
3. Prior Related Experience
4. Rate/Cost

VI. Additional Guidelines

The bidder's proposal must arrive at Grace Health, Inc. office on or before 5:00 pm April 2, 2021, in a sealed envelope. The sealed envelope must contain one (1) original and two (2) copies of the bidder's proposal. Each copy must include:

- A. A cover letter on the bidder's letterhead stating the bidder's hourly/monthly rate, the proposed price for the services. One (1) cover letter must have an original signature of a person legally authorized to sign for the bidder, giving his or her title.
- B. Name and qualifications of the person who is or will be responsible for general administrative oversight and also direct onsite supervision, and the name of the person that is responsible for working with Grace Health to address and solve problems, etc.
- C. A description of the bidder's past experience in related services for business must be indicated Give at least two current or recent customer references (include the name, address, contact, fax number(s) and email address).

ATTACHMENT A
SCOPE OF WORK –
SPECIFIC REQUIREMENTS
Grace Health Landscaping and Mowing

1019 Cumberland Falls Hwy
Corbin, KY 40701
(606) 526-9005

Project Definition- Landscaping/Mowing/Pressure Washing Services			Scope of Work	
			Page 1 of 2	
1.1 Client and Project Information				
Name of Client/Organization Grace Health			Name of Project Landscaping/Mowing Services	
Name of Contact Person Jerrell Cloud			Project Location Bishop Street, Falls Highway, Gray	Project No. 2021-2
Contact's Mailing Address 1019 Cumberland Falls Hwy Suite B201			City Corbin	County Whitley
City Corbin	County Whitley	Postal Code 40701	E-mail Address of Contact Person Jerrell.cloud@gracehealthky.org	
Office Telephone Number 606 526-9005	Ext. 6026	Fax Number 606 528-3871		
1.2 Project Description: <i>The scope of the project includes six sites. (Bishop Street Clinic, Falls Highway Clinic, Gray Clinic Mt. View Clinic, Manchester Clinic and KMart Building.) Addresses of each site will be provided later in the document. Grace Health is requesting Landscaping Services, Mowing Services and Pressure Washing services as needed.</i>				
1.3 Architect Selection Process: N/A				
1.4 Pre-design work completed to date (or) required: N/A				
1.5 Timeline of Project:				
<u>Start Work:</u> Seasonal May-September Each Year		<u>Start Construction:</u> N/A		<u>Planned Occupancy Date:</u> N/A
1.6 Approval Requirements: <i>Bids will be reviewed based upon the requirements set forth in the Request for Proposal</i>				

Objective

The scope of the project includes four sites. includes six sites. (Bishop Street Clinic, Falls Highway Clinic, Gray Clinic Mt. View Clinic, Manchester Clinic and KMart Building.) Grace Health is requesting Landscaping Services, Mowing Services. The addresses are as follows:

*Bishop Street Clinic- 121 Bishop St., Corbin, KY 40701
 Falls Highway Clinic- 1419 Cumberland Falls Hwy., Corbin, KY 40701
 Gray Clinic- 39 Cumberland Gap Plaza, Gray, KY 40734
 Kmart Building-14662 N Us Highway 25 E Corbin, KY 40701
 Manchester Clinic-85 Hwy 80, Manchester KY, 40962
 Mountain View Clinic- 272 London Mountain View Drive, London KY 40741*

Project Definition

Landscaping Services, Mowing Services, Pressure Washing as needed

Description of Project:

Requesting landscaping services and maintenance for the named sites. All sites currently have landscaping that needs to be maintained. This maintenance would include 9at a minimum) monthly weeding, pruning/trimming of shrubs and mulch gravel as required. (cost of mulch or gravel is not included in the scope of this project and would be paid for by Grace Health). Additionally, we are requesting mowing services as needed each year with each site to be mowed every 1-2 weeks depending on the need.

Timeline

*Services to be provided march-October each year
 Bids will be taken thru 5:00 pm April 2, 2021
 Work is planned to competition of bid process*

Approval Requirements

*Bids will be reviewed and approved by the Director of Operations
 Completed bids can be returned to: Sharon Bush
 1019 Cumberland Falls Hwy, Suite B201
 Corbin, KY 40701
 Completed bids may also be submitted via email to sharon.bush@gracehealthky.org
 Bids must be submitted by 5:00 pm April 2, 2021.
 Notice of Award will be made by April 7, 2021*

Additional Requirements and/or Conditions:

Contractor must meet or exceed all Federal, State, and Local requirements to be eligible to provide services. Contractor must provide general liability insurance proof and workers compensation proof if applicable.

Attachment B

Checklist – Please complete and include the requested items below to ensure a complete proposal package.

Item	Completed
Review Entire Packet	
Verify company meets requirements	
Complete and return Contact Information form	
Complete return Proposal for Services including pricing and signature. Return in completed submission packet	
Complete Reference Information. Return in completed submission packet	
Obtain copies of required insurance and W9 and return in completed submission packet	

Attachment C

Contact Information Form

To: Jerrell Cloud, Director of Operations. (606) 526-9006, ext. 6026, Fax: (606) 528-3871, e-mail: Jerrell.cloud@gracehealthky.org . This fax is to acknowledge that we are in receipt of your RFP for Landscaping and Mowing Services and have noted our intention to bid.

Vendor Name: _____

Address: _____

Contact/Title: _____

Phone: _____

Fax: _____

Email: _____

PLAN TO SUBMIT A BID.

- Yes, I will be submitting a bid.
- Maybe, I need to research and get more information (contact HACSB-information listed above)
- No, I will not be submitting a bid.

Attachment D
BIDDER'S RESPONSE SHEET

Proposal: Landscaping and Mowing Services

Vendor Name: _____

To: Grace Health, 1019 Cumberland Falls Hwy, Suite B201, Corbin KY 40701

- The undersigned, having familiarized themselves with the required services and Specifications, hereby propose to furnish Landscaping/Mowing Services as described in the Scope of Work for the cost listed below.

A. Bishop Street Clinic- 121 Bishop St., Corbin, KY 40701

Landscaping = \$ _____ per _____
 Mowing = \$ _____ per occurrence
 Power washing = \$ _____ per _____

B. Falls Highway Clinic- 1419 Cumberland Falls Hwy., Corbin, KY 40701

Landscaping = \$ _____ per _____
 Mowing = \$ _____ per occurrence
 Power washing = \$ _____ per _____

C. Gray Clinic- 39 Cumberland Gap Plaza, Gray, KY 40734

Landscaping = \$ _____ per _____
 Mowing = \$ _____ per occurrence
 Power washing = \$ _____ per _____

D. Kmart Building-14662 N Us Highway 25 E Corbin, KY 40701

Landscaping = \$ _____ per _____
 Mowing = \$ _____ per occurrence
 Power washing = \$ _____ per _____

E, Mt. View Clinic- 272 London Mountain View Drive, London, KY 40741

Landscaping = \$ _____ per _____
 Mowing = \$ _____ per occurrence
 Power washing = \$ _____ per _____

F, Manchester Clinic- 85 HWY 80, Manchester, KY 40962

Landscaping = \$ _____ per _____
 Mowing = \$ _____ per occurrence
 Power washing = \$ _____ per _____

It is understood that the right is reserved by Grace Health to reject any and all proposals. If written notice of the acceptance of this proposal is mailed, telegraphed, faxed, or delivered to the undersigned within thirty (30) days after the opening thereof, or at any time thereafter before this proposal is withdrawn, the undersigned agrees to a contract/agreement in the prescribed form and furnish any required insurance requirements when the contract is presented to him for signature.

Date

(Company Name)

(Official Address)

(By)

(Title)

Attachment E

CURRENT CLIENT REFERENCES (REQUIRED)

Submit this form with the BID, failure to do so is grounds for disqualification.

Company: _____

Address: _____

City, ST, Zip: _____

Phone: _____ Fax: _____

Email: _____

Company: _____

Address: _____

City, ST, Zip: _____

Phone: _____ Fax: _____

Email: _____

Company: _____

Address: _____

City, ST, Zip: _____

Phone: _____ Fax: _____

Email: _____