



Fire and Police Facility Space Needs Assessment Sealed Bid 2018-023

Town of Salem

July 2018

SALEM PURCHASING

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Prepared for and in coordination with the
Fire and Police Departments

REQUEST FOR PROPOSAL-

Town Of Salem, N.H. Fire and Police Department

Facility Space Needs Study/Review

Section 1: Purpose

The Town of Salem, New Hampshire (hereinafter “Town”) is seeking an ARCHITECTURAL SPACE CONSULTANT experienced in the operations of municipal full-time Fire Departments and Police Departments to undertake an overall efficiency study on facility and space needs for all Fire and Police Department administration, operations, equipment and training.

Initial award of work will include evaluating five municipally owned buildings, one storage facility room, and one work area used by the Fire and Police Departments which are located at 152 Main Street, 279 North Main Street, 170 Lawrence Road, 115 East Broadway, 24 School Street, 33 Geremonty Drive (Inspectional services Department only) and 9 Veterans Memorial Parkway.

Section 2: Intent

The primary intent and goal of this request for proposals (hereinafter “RFP”) is to retain a consultant that can conduct a space needs study to assess whether existing facilities and funding are adequate to provide a level of service within the Town that is in line with generally accepted standards and benchmarks for safety used by comparable Fire and Police Departments in comparable communities and based on standards and “best practices” for modern day Fire and Police services currently in practice in the United States.

The facility space needs assessment/audit will help eliminate any unknowns and provide a clear picture on vitality space needs of the buildings and define a schedule of upgrades and/or replacements that can be budgeted for accordingly.

Firms will be expected to bring a deep understanding of and experience with space need assessments/audits within the public sector. Recent or current work for municipalities will be considered strongly along with robust experience and professional staff. Each applicant must be licensed and registered by the State of New Hampshire as an architect or professional engineer with a minimum of five years of experience. The Town seeks a firm with local ready availability to perform on-site, fast-track, existing conditions analysis and assessment for funding schedules starting in calendar year 2018.

Section 3: Background

Salem is a Town in Rockingham County, New Hampshire, in the United States. It is located on the New Hampshire/Massachusetts border between Boston Massachusetts and Manchester, New Hampshire on the Interstate 93 Corridor. The population of Salem was 28,888 as of the 2016 U.S. census. Salem is one of the fastest growing Town’s in the area in terms of population and

building construction. The Town of Salem consists of many retail, office, commercial and medical facilities which causes the day-time population to regularly increase upwards of 80,000 depending of the time of day, time of year and particular events that are occurring. The Town has a total area of 25.9 square miles of which, 24.7 square miles of it is land and 1.2 square miles is water.

Fire and EMS protection/services are provided to the Town from three Fire Stations. Police protection/services are provided from one Police Station. In addition the Fire and Police Departments use two separate facilities for storage of support units and records; and the Fire Department's Inspectional Services Division is housed at the Town Hall facility.

Section 4: Scope of Services

The requested facility space needs assessment/audit is part of the Town's efforts to evaluate its existing facilities and space needs, using generally accepted standards and benchmarks for a community of like size and character, to determine if they are adequate in order to provide the level of services necessary for the administration, operation, equipment and training of the Fire and Police Departments and to make facility recommendations for short-term and long term success, viability, stability, improved efficiency and safety for both firefighters, police officers, civilian staff and citizens looking 2, 5, 10 and 20 years out.

The deliverables shall include a comprehensive report including:

1. A capital plan with opinion of facility location(s)
2. Facility size/space needs
3. Estimated costs
4. Sequencing plan for budgeting and construction

The selected individual/firm should take the following information and topics under consideration (and include these topics in the final narrative) when conducting the review:

Note: Some information has already been completed/complied by the Fire and Police Departments.

1. A review of background information that impacts the Fire and Police Department including
 - a. Community population and demographics
 - b. Residential, commercial, industrial and municipal features of the community
 - c. Current Fire and Police operations, standards, regulations and practices
2. At a minimum, input should be solicited from the following individuals either through conference calls or personal interviews:
 - a. Fire and Police Department Command Staff, Officers/Members
 - b. Elected/appointed officials

3. Preliminary report to be reviewed and critiqued with Fire and Police Department Command Staff and appropriate individuals from the Town before the final report is completed.
4. Final report:
 - a. Six (6) bound and organized final report & electronic copies should be delivered in person to the Town in conjunction with an on-site power point presentation (approx. 30-45 minutes in duration) that reviews the key findings of the report that will be presented to elected officials and the Fire and Police Department Command Staff.
 - b. All data, photographs and related information gathered during the review shall be surrendered to and be deemed property of the Town upon payment of final invoice.

Confidentiality during the project shall be expected by the Town and no comments to the media or individuals not directly connected to or involved in the study shall be made without express permission of the Town.

Section 5: Submission Format & Content of Proposal

To enable the Town to perform a fair comparative analysis and evaluation of proposals, the ARCHITECTURAL SPACE CONSULTANT shall structure and compose their proposals in the format outlined below.

The Town requests to receive 4 (four) sealed printed proposals for the Fire and Police Facility Space Needs Assessment at the Town of Salem, NH ATTN: Christine Wholley, Town Hall, 33 Geremonty Drive, Salem, NH 03079 by 10:00am August 8, 2018. All qualification proposal components should be included in a separate sealed envelope labeled “Fire and Police Facility Space Needs Assessment RFP”. Pricing details should be included in a separate sealed envelope and labeled “Fire and Police Facility Space Needs Assessment Pricing”. Failure to comply will result in disqualification.

The Town reserves the right to amend this RFP at any time prior to the date the responses are due. Any such amendments will sent via email to participating bidders and posted on the Town of Salem’s website under the “Current Bids, Proposals, and Awards” page. All documents, including bids, submitted to the Town become the property of the Town. They will be received and are subject to the provisions of RSA 91a “Right to Know”.

This RFP does not commit the Town to any specific course of action. The Town of Salem reserves the right to not select any firms or purchase any goods and services resulting from this RRP.

*Promotional materials shall not be included in the body of the proposal, but if deemed necessary and appropriate by the ARCHITECTURAL SPACE CONSULTANT, shall be included as an Appendix (references to appendix information **will not** be considered satisfactory response to the items identified below).*

The proposal shall be brief, precise, and not include unnecessary promotional material. Items A – J below should be part of the Fire and Police Facility Space Needs Assessment RFP envelope. Item K should be included in the Fire and Police Facility Space Needs Assessment Pricing envelope. The proposal shall include the following items and organized as follows:

A. Cover Letter:

Describe your company's interest and commitment in being selected as the ARCHITECTURAL SPACE CONSULTANT for the Town's Fire and Police Departments. An officer of the company who is authorized to contractually bind the firm and to negotiate a contract with the Town shall sign the letter. Provide name, title, address, email, and telephone number of this officer.

B. Knowledge and Experience:

Includes a summary of experience that pertains to the disciplines described in the Scope of Services (**Section 4 above**). Provide summaries of the location and scope of similar recent projects that show experience in a project this size. Evidence of current license and registration by the State of New Hampshire as an architect or professional engineer is required.

C. Work Plan and Approach:

Discuss your company's understanding of the Scope of Services (**Section 4 above**) to be performed. Describe the method for management of overall project costs, schedule, quality assurance/quality control, and other issues critical to this request.

D. Key Personnel Background:

Name, position, summary of qualifications, resumes, training, licenses, certifications, and related experience and responsibilities of key personnel assigned to this work. The work must be completed under the direction of a licensed Professional Engineer or Architect and as such must be a member of the team. They can have subordinates working under them, but they will need to be in charge of the work and seal (stamp) work products.

E. References:

Provide at least three (3) references including: Project Name/Description, Company/Agency Name, Key Contact Name, Address, Email, and Telephone Number). **Note:** References from public agencies preferred and will be scored higher.

F. Statement of Subcontractors:

Provide a list of subcontractors, including company name and address, you may use.

G. Financial and Insurance Resources:

The bidder shall submit information that would clearly document the financial ability to execute this contract and/or indicate that they have the ability to obtain such resources. Proper insurance for employees, sub consultants, and subcontractors shall be required of the selected ARCHITECTURAL SPACE CONSULTANT, as will the ability to provide Professional Liability Insurance to the Town in the amount of two times the ARCHITECTURAL SPACE CONSULTANT fee or \$250,000 (whichever is greater).

H. Conflict of Interest:

The bidder shall describe any and all current or potential conflicts of interest related to performance on this request. Relationships with property owners, developers, and other consultants, whether in recent past (past three years), present, or potentially in the future by interest in a pending project, which may serve to provide financial benefit to the ARCHITECTURAL SPACE CONSULTANT, must be identified. If there is potential or present conflict of interest, the ARCHITECTURAL SPACE CONSULTANT must identify methods they will employ to address said conflicts.

I. Completed Forms from Pages 9-11:

Bidder must complete the Specification Exception Form, Non-Collusion Statement, Bid/Proposal award, and Indemnification Form located on pages 9-11 of this RFP.

J. Appendix:

If deemed necessary and appropriate by the Bidder, promotional materials may be presented in this section.

K. Proposal Rate Sheet (to be submitted in a separate sealed envelope):

Provide a comprehensive **Rate Sheet** with Unit Rates which shall include: labor, equipment, and any related costs to complete work in strict compliance with the specifications, terms, and conditions set forth in the Scope of Services (**Section 4 above**).

Section 6: Evaluation Process

Proposals will be evaluated based on the following criteria:

A. Qualifications and Experience 70%

1. Appropriateness and qualifications of the personnel, experience, licensing, training, and certifications.
2. Ability to perform services described in the required manner and time frame.
3. Prior experience with similar sized Fire and Police departments.

B. References 25%

Comments from references regarding proposer's responsiveness to customer requirements, compliance with the contract terms, conditions, and work quality.

C. General Quality of Response 5%

Proposals is submitted as directed in Section 5.

Note: In the event that two or more firms have the same top score, the firm with the lowest cost proposal will be awarded.

Section 7: Selection Process

The RFP process will establish a ranking based on how each proposal meets the qualifications of the Scope of Services and the requirements of the RFP. The proposal shall conform to the **Submission Format & Content of Proposal (Section 5)**. It is important that ALL listed items be included in the proposal. Proposals, which do not comply with all the requirements per or the proposal deadline, will not be considered. The TOWN reserves the right to reject any or all proposals without qualifications, and to negotiate specific requirements and costs using the selected proposal as a basis.

Section 8: Qualifications

Minimum Qualification:

Experience and expertise in regard to the operations, structure, staffing and other issues critical to the effective operation of a modern full-time Fire and Police Department.

Evidence of current license and registration by the State of New Hampshire as an architect or professional engineer must be provided in the proposal.

Comparative Qualification:

Eligible bidders will be those individual consultants, companies and institutions that have the following qualifications:

1. Bidder must be actively and/or previously engaged in facility space study and architecture of a similar sized full-time municipal Fire and Police Department.
2. Bidder must possess a proven track record of reviewing Fire and Police Department facilities and operations and making “attainable” recommendations that are legal, ethical, take into consideration existing budgets/fiscal resources and that can actually result in improving operations.
3. Knowledge of federal, state and local laws and regulations and generally accepted standards for similarly sized communities, Fire and Police Departments.
4. No bids will be considered from any bidder for any contract unless the Bidder is known to be skilled and has been regularly engaged in work of a character similar to that covered by the specifications for at least three (3) years prior to the date of the work subject to this RFP. In order to assist the Town in determining the responsibility of the Bidder. Bidder shall provide the Town, in writing, with evidence of their experience and familiarity with the work specified and the financial ability to undertake the proposed work.

The evidence requested, without being limited, should include the following:

- a. Bidder’s performance record with listing of work of a similar character;
- b. Evidence, in the case of a corporation organized under the laws of any other State, that the bidder is licensed to do business in the State of New Hampshire; and
- c. Such additional information as will satisfy the Town that the Bidder is adequately prepared to perform the work subject to this RFP.

Section 9: Project Time Frame

The Town is seeking to have a draft report and recommendation within six (6) weeks following the execution of the contract for these services. The final report with presentation will be due within four (4) weeks following the draft report.



**Town of Salem, New Hampshire
Finance Department
33 Geremonty Drive
Salem, New Hampshire 03079**

Specifications Exception Form

In the interest of fairness and sound business practice, it is mandatory that you state any exceptions taken by you to our specifications.

If your bid/proposal does not meet all our specifications you must state it in the space provided below.

Bids/proposals on equipment, vehicles, computers, supplies, services and materials not meeting specifications may be considered by the Town, however, all deviations must be listed above.

If your bid does not meet our specifications, and your exceptions are not listed above or in space provided, the Town of Salem may claim forfeiture on your bid, if submitted.

Signed_____

I DO meet specifications

Signed_____

I DO NOT meet specifications as listed in this bid, exceptions are in space provided.

Failure to submit this form with your Bid/Proposal response may result in your Bid/Proposal being rejected as unresponsive.

Insurance Requirements

A current insurance certificate must be provided prior to commencing any work on this project, in the following amounts:

Comprehensive General Liability	
Combined single limit	\$ 1,000,000
Workmen's Compensation	
& Employers Legal Liability	\$ 500,000 per accident

The bidder shall procure and maintain for the duration of this project Workmen's Compensation Insurance as required by state law for all of his employees that are engaging in any work at the site of the project whether direct employees or subcontracting associates.

Non-Collusion Statement

The Undersigned certifies under penalties of perjury that this bid in all respects is bona fide, fair and made without collusion or fraud with any other person. As used in this paragraph, the "PERSON" shall mean any natural person, joint venture, partnership, corporation or other business or legal entity.

Title _____

Signature_____

Company_____

Bid/Proposal Award

If during the contract period the successful vendor fails to supply the Town of Salem, New Hampshire with the products/service(s). The Town of Salem, will purchase this product/service(s) on the open market and the vendor will compensate the Town of Salem, New Hampshire with the difference between the bid price and the price incurred on the open market. If at any time the vendor fails to provide proper services /materials(s) during the contract period, the Town of Salem, NH will have the option to terminate the contract at any time with or without notice.

Title _____

Signature_____

Company_____

Indemnification Agreement

The successful vendor agrees to indemnify, investigate, protect, defend and save harmless the Town of Salem, NH, it's officials, officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers and any other person, firm or corporation furnishing or supplying work, services, materials, equipment or supplies in connection with the performance of this contract and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by the vendor in the performance of this contract. In any case, the forgoing provisions concerning indemnification shall not be construed to indemnify the Town for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the Town or its employees. This indemnification shall survive the expiration or early termination of this contract.

- Company _____
- Taxpayer Identification Number _____
- Authorized Signature _____
- Contact Phone _____
- Address _____
- Date _____

W-9

Form
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ► _____					4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): <small>Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>Applies to accounts maintained outside the U.S.</small></small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional) Town of Salem, NH 33 Geremonty Drive Salem, NH 03079				
	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number			

or

Employer identification number			

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions on page 3.

Sign Here	Signature of U.S. person ►
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Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.