

LINCOLN UNIVERSITY PURCHASING DEPARTMENT REQUEST FOR PROPOSAL

AMENDMENT NO: 001

RFP NO. B24-1228 TITLE: FACILITIES MANAGEMENT SERVICES ISSUE DATE: AUGUST 5, 2024 BUYER: DAMON C. NUNN PHONE NO: (573) 681-5415 E-MAIL: nunnd@lincolnu.edu

**MANDATORY SITE INSPECTION AND WALK-THROUGH: **

RETURN PROPOSAL NO LATER THAN: AT 2 P.M. CENTRAL TIME SEPTEMBER 5, 2024

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left-hand corner of the envelope or package. Delivered sealed proposals must be in the Lincoln University Purchasing Department (1002 Chestnut St, Room 101) by the return date and time. (courier service)
RETURN BID TO: LINCOLN UNIVERSITY 1002 CHESTNUT ST SHIPPING & RECEIVING BLDG JEFFERSON CITY MO 65101
CONTRACT PERIOD: It is intended that the successful Proposer will be awarded a contract for a term of

CONTRACT PERIOD: It is intended that the successful Proposer will be awarded a contract for a term of five years, with the option to renew the contract for two additional three-year periods, under the same terms, if it is advisable and advantageous to Lincoln University.

The bidder hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Invitation Request for Proposal (Revised 9/18/95). The bidder further agrees that the language of this RFP shall govern in the event of a conflict with his/her bid. The bidder further agrees that upon receipt of an authorized purchase order from Lincoln University or when this RFP is countersigned by an authorized official of Lincoln University, a binding contract shall exist between the bidder and Lincoln University.

SIGNATURE REQUIRED

| AUTHORIZED SIGNATURE | DATE | | | | | |
|-----------------------|---------|-------------------------|--|--|--|--|
| PRINTED NAME | TITLE | | | | | |
| COMPANY NAME | | | | | | |
| MAILING ADDRESS | | | | | | |
| CITY, STATE, ZIP | | | | | | |
| VENDOR NO. (IF KNOWN) | | FEDERAL EMPLOYER ID NO. | | | | |
| PHONE NO. | FAX NO. | E-MAIL ADDRESS | | | | |

NOTICE OF AWARD (LINCOLN UNIVERSITY ONLY)

| ACCEPTED BY LINCOLN UNIVERSITY AS FOLLOWS: | | | | | |
|--|------|-----------------|----------|--|--|
| CONTRACT NO. | | CONTRACT PERIOD | | | |
| BUYER | DATE | | DIRECTOR | | |

AMENDMENT #001 TO RFP# B24-1228 FACILITIES MANAGEMENT SERVICES TITLE: (BAFO) Pricing Page

<u>RFP #B24-1228 FACILITIES MANAGEMENT SERVICES IS HEREBY AMENDED</u> WITH THE FOLLOWING REVISIONS AND ADDITIONS:

Page 19-20, Part 8, PRICING PAGE: CHANGE as follows:

CAP SPEND PRICING FOR BUILDINGS, CUSTODIAL, GROUNDS, MATERIALS AND SPECIAL PROJECTS TO SHOW PRICING AT APPA LEVELS 2 AND 3, WITH CLARIFICATION OF CAP SPEND.

Page 19-20, Part 8, PRICING PAGE: ADD as follows:

SEE ATTACHED AMENDED PRICING PAGE WITH ABOVE CHANGES SPECIFIED IN THIS AMENDMENT.

(BEST and Final Offer)

Lincoln University is requesting Best and Final Offer submissions from all Proposers. In conjunction with the Best and Final Offer submission request, Lincoln is requesting clarification of pricing information so that it can accurately compare Best and Final Offer Pricing Pages.

1) PRICING PAGE

Please complete all elements on this page.

The percentages requested are informational only & will not be used to determine a specific price per service.

Clarification: Do not include materials and supplies. See CAP SPEND discussion below.

| SERVICE FEE: APPA LEVEL TWO (2) SERVICES: \$ per month | | | | | |
|--|------------------|---------------|-------------|-----------------------|--|
| Approximate percentage o | f cost allocate | d to: | | | |
| Management and Overs | ight: | 0 | % | | |
| Buildings: | | 0 | % | | |
| Custodial: | | 0 | % | | |
| Grounds: | | 0 | % | | |
| APPA LEVEL THREE (3) SERVICES | : \$ | _per month | | | |
| Approximate percentage o | f cost allocate | d to: | | | |
| Management and Overs | ight: | 0 | % | | |
| Buildings: | 0 | | % | | |
| Custodial: | | | % | | |
| Grounds: | | | % | | |
| | | | | | |
| Thompkins Health Center | APPA Level C | One (1) | \$ | per month | |
| (Clarification – Only this bu | | | | | |
| | - | | | | |
| WELLNESS CENTER (The Linc) | APPA Level 1 | wo (2) | \$ | per month | |
| | APPA Level T | hree (3) | \$ | per month | |
| Clarification: Wellness Center s | hould be bid fo | or both APPA | Level Two | and Level Three. | |
| | | | | | |
| MONTHLY CAP SPEND (as clarif | ied below): | | | | |
| | APPA Leve | el 2 | APPA | Level 3 | |
| Buildings: | \$ | | \$ | | |
| Custodial: | \$ | | \$ | | |
| Grounds: | \$ | | \$ | | |
| Materials: | \$ | | \$ | | |
| | | | | | |
| Clarification: CAP SPEND is defi | ned as the cos | sts passed th | nrough from | n Proposer to Lincoln | |
| University for materials and supp | lies required fo | or the ongoir | g operatior | ns of the campus. CAP | |
| SPEND must also be broken into | - | - | | | |

SPEND must also be broken into APPA levels to ensure accurate costs. Lincoln is requesting clarification on these amounts for purposes of completing its comparison of proposals and its overall process. This amount does not include staffing or service amounts and is not included in the monthly Service Fee provided above. Typical elements are as categorized above, with the following additional details . For example, Lincoln University anticipates that for custodial, typical

costs could include the monthly expenses such as mop heads, paper products, trash bags, soap, dispensers, wax, and other assorted chemicals. For grounds, costs could include items such as mulch, flowers, motor fuel, herbicides, pesticides, grass seed, salt for winter, etc. For buildings, the costs could include items such as paint, drywall, baseboard trim, door hardware, plumbing fixtures and parts, light bulbs, pumps, motors, fans, compressor and freon, etc. Special projects that individually cost over \$1,500 would be billed separately from this contract and have been eliminated from this Pricing Page. For purposes of comparing proposals, scoring of this portion of each proposal will be based upon the total costs for services by APPA level plus CAP SPEND per month.

VOLUNTARY ALTERNATES/OTHER (short name, please attach/reference detailed description):

| \$per month |
|------------------|
| \$ per month |
| \$ per month |
| \$per month |
| \$per month |

CONT. - VOLUNTARY ALTERNATES/OTHER (short name, please attach/reference detailed description):

