

## Appendix A: Proposal Package Checklist

1. Electronic Submission of Proposal to:
  - a. [ebids\\_proposals@dpp.vi.gov](mailto:ebids_proposals@dpp.vi.gov)
  - b. Subject line contains- **Company's Name- Solicitation Number and Due Date.**
  - c. File format: PDF- in a single PDF file that include each of the following:
    - i. Introductory Cover Letter;
    - ii. Enclosure Document A: Commitment Statement Letter
    - iii. Executive Summary with Key Staff
    - iv. Title Page
    - v. Table of Contents
    - vi. Firm Background and Experience
    - vii. Current Business License
    - viii. Current Tradename Registration Certificate if applicable
    - ix. Certificate of Good Standing
    - x. Certificate of Resolution/Memorandum Authorizing Signatory on Company letterhead
    - xi. Copy of SAM.GOV registration
    - xii. Proof of DUNs number registration
    - xiii. Articles of Incorporation/Articles of Organization/Limited Partnership Agreement
    - xiv. Technical Proposal;
    - xv. Acknowledgement of Addenda, if any;
    - xvi. Confidential/Proprietary Information (if applicable);
    - xvii. Appendix A: Proposal Package Checklist;
    - xviii. Appendix B: Authorization for Background Check and Financial Information
    - xix. Appendix C: Fee Schedule
    - xx. Appendix D: Conflict of Interest
    - xxi. Appendix E: Respondent's Qualification Statement & Minimum Qualifications Questionnaire
    - xxii. Appendix F: Certification of Information
    - xxiii. Appendix G: Women and Minority Owned Business Enterprises Participation Plan
    - xxiv. Appendix H: GVI Non-Collusive Affidavit
    - xxv. Appendix I: Debarment Certification Form

- xxvi.** Appendix J: Prior Performance Certification
- xxvii.** Appendix K: Acknowledgment of any Addenda
- xxviii.** Appendix L: Confirmation of Attendance at Mandatory Site Visit

## **Appendix B: Authorization for Background Check & Financial Information**

By signing this Authorization, the Proposer authorizes the Virgin Islands Department of Health (DOH) to seek any background and/or financial information it deems' necessary to evaluate the Respondent's financial capacity in connection to the Request for Proposal (RFP) referenced above.

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Name of Company

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Print Name and Title of Authorized Representative

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Signature of Authorized Representative

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Date

## Appendix C: Fee Structure by Phase and Services

SERVICE	FEES BY PHASE				
	CONCEPT/ DESIGN/ CONTRACT DOCUMENTS	PERMITTING	PROCUREMENT	CONSTRUCTION ADMINISTRATION	TOTAL
For the following categories, please provide an itemized breakdown of the hourly/monthly rates and number of personnel assigned to the project.					
Architectural					
Civil Engineering					
Structural Engineering					
MEP Engineering					
Landscape Consultant					
Other Consultant(s) (Include description)					
<b>TOTAL</b>					
<b>ESTIMATED EXPENSES</b>	Please itemize any costs in the following categories	Printing: Travel: Presentation Materials: Other (describe):			

Respondents may create a spreadsheet of the above using the exact same format and titling for ease of fee tabulation.

## Appendix D: Conflict of Interest

**By signing this form, the Respondent certifies that, to the best of its knowledge and belief, there are no relevant facts or circumstances that could give rise to an organizational or personal conflict of interest, for the organization or any of its staff, and that the Respondent, subcontractor, employee, or consultant has disclosed all such relevant information if such a conflict of interest appears to exist to a reasonable person with knowledge of the relevant facts (or if such a person would question the impartiality of the Respondent, subcontractor, employee, or consultant).**

Conflicts may arise in but not limited to the following situations:

- a) Unequal access to information. A potential respondent, subcontractor, employee, or consultant has access to non-public information through its performance on a government contract for disaster recovery services in the Virgin Islands.
  - b) Biased ground rules. A potential respondent, subcontractor, employee, or consultant has worked, in one government contract, or program, on the basic structure or ground rules of another government contract for disaster recovery services in the Virgin Islands.
  - c) Impaired objectivity. A potential respondent, subcontractor, employee, or consultant, or member of their immediate family (spouse, parent, or child) has financial or other interests that would impair, or give the appearance of impairing, impartial judgment in the evaluation of government programs, in offering advice or recommendations to the government, or in providing technical assistance or other services to recipients of Federal funds as part of its contractual responsibility.
- 1) Proposer must provide the disclosure described above on any actual or potential conflict of interest (or apparent conflict of interest) regardless of their opinion that such a conflict or potential conflict (or apparent conflict of interest) would not impair their objectivity.
  - 2) In a case in which an actual or potential conflict (or apparent conflict of interest) is disclosed, DOH will take appropriate actions to eliminate or address the actual or potential conflict, including but not limited to mitigating or neutralizing the conflict, when appropriate, through such means as ensuring a balance of views, disclosure with the appropriate disclaimers, or by restricting or modifying the work to be performed to avoid or reduce the conflict. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest.
  - 3) The Respondent, subcontractor, employee, or consultant agrees that if “impaired objectivity”, or an actual or potential conflict of interest (or apparent conflict of interest) is discovered after the award is made, it will make a full disclosure in writing to the contracting officer. This disclosure shall include a description of actions that the Proponent has taken or proposes to take to avoid, mitigate, or neutralize the actual or potential conflict (or apparent conflict of interest).

The Respondent, \_\_\_\_\_, hereby certifies that, to the best of its knowledge and belief, there are no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the contract or task order resulting from RFP No. **RFP-001-C-2021 (P)** that would create any actual or potential conflict of interest (or apparent conflicts of interest) (including conflicts of interest for immediate family members: spouses, parents, children) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice or result in it being given an unfair competitive advantage. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest. The Respondent further certifies that it has and will continue to exercise due diligence in identifying and removing or mitigating, to DOH’s satisfaction, such conflict of interest (or apparent conflict of interest).

\_\_\_\_\_  
Print Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Appendix E: Respondent's Qualification Statement & Minimum Qualifications Questionnaire**

**Respondent's Qualification Statement**

Name of License Holder: \_\_\_\_\_  
Name of Company/DBA (if any): \_\_\_\_\_  
Legal Status: (check one) Corporation LLC Sole Proprietorship Partnership  
Business Location (office): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Website address (if any): \_\_\_\_\_

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Type of License(s) \_\_\_\_\_  
Number of Architectural & Engineering Services completed in the last 5 Years \_\_\_\_\_, Average  
value of these Contracts \$ \_\_\_\_\_  
Do you have plan to use Subcontractors? Yes No If yes, company \_\_\_\_\_

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Have you ever failed to complete a project, been fired, sued by one of your clients and/or found in default  
of contract terms? Yes No  
If yes, explain on another sheet, if a Performance Bond or other means were used to resolve the issue and the  
circumstances and the outcome.  
Are there or have there been any; Claims, Arbitration, Judgments or Liens against you? Yes No  
If yes, explain on another sheet, the circumstances and outcome.

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List three non-GVI references that can be contacted for their input concerning your abilities:

- 1) Client Name \_\_\_\_\_ Contact Number \_\_\_\_\_
- 2) Client Name \_\_\_\_\_ Contact Number \_\_\_\_\_
- 3) Client Name \_\_\_\_\_ Contact Number \_\_\_\_\_

List your current Projects under Contract (Project Title or Clients Name), Value (Contract Value) and  
Percentage of Completion:

- 1) Client Name \_\_\_\_\_ Value: \_\_\_\_\_ % \_\_\_\_\_
- 2) Client Name \_\_\_\_\_ Value: \_\_\_\_\_ % \_\_\_\_\_
- 3) Client Name \_\_\_\_\_ Value: \_\_\_\_\_ % \_\_\_\_\_

*(If you have more contracts, please list on separate sheet)*

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Respondent shall certify that the above information is true and shall grant permission to the GVI to contact  
the above-named person or otherwise verify the information provided.

Name and Title of Authorized Representative: \_\_\_\_\_

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Signature

Date

## Minimum Qualifications Questionnaire

<b>MINIMUM QUALIFICATIONS QUESTIONNAIRE</b>	
<b>Criteria</b>	<b>Description / Location in Proposal</b>
<p>The ability and resources to perform the scope of services, including at least ten (10) years' experience in providing design services similar to those called for in the scope of services; provide references of specific projects as part of the proposal.</p>	
<p>Consultant shall have served as lead design contractor overseeing consultants of various disciplines and have experience managing multidisciplinary teams on large scale healthcare facilities projects completed within the ten (10) years immediately preceding this RFP.</p>	
<p>Experience with programs that utilize FEMA or Federal funding and the ability and resources to ensure compliance with all applicable funding requirements.</p>	
<p>While experience working within the Virgin Islands is preferred it is not required; however, comparable experience working with hospital design in excess of Fifty million dollars is required.</p>	

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

## **Appendix F: Certification of Information**

The undersigned, on behalf of the company named below, hereby represents and certifies to the best of their knowledge that:

1. The information contained in the enclosed response is accurate and truthful as it relates to this Request for Proposal for Design Professional Services.
2. Compliance to all applicable laws, regulation, or ordinances of applicable Federal, State, and other governmental or regulatory agencies, which have jurisdiction, will continually be maintained.
3. Unless fully disclosed in the response, the information submitted was not prepared in conjunction or cooperation with any other company and or individual.
4. The firm named below unconditionally accepts all terms and conditions listed in this request for proposal, unless fully disclosed in the response.
5. They have examined the Request for Proposal, drawings, and related documents, and hereby submit the following Proposal for Design Professional Services and doing all things necessary for the satisfactory completion of the work in accordance with said documents required for the analysis and design of renovations and expansions at the project premises.
6. The individual signing this form is an officer of the firm and is authorized to sign agreements on behalf of the company.
7. They agree to commence work under this contract within five (5) days of receipt of written "Notice to Proceed" from GVI and to substantially complete the entire work of the contract as specified.
8. This proposal shall hold for and may not be withdrawn for a period of thirty (30) calendar days from the Proposal due date.
9. They have received of all addenda to the Request for Proposal, all of the provisions and requirements of which addenda have been taken into consideration in preparation of this Proposal.
10. No claim will be made on account of any increased wage, scale, material prices, taxes, insurance, or cost indexes.
11. GVI reserves the right to reject any or all bids and to waive any formality in the bidding.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Organized as a (mark one):

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation Under

the Law of the State of: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Web: \_\_\_\_\_

If a corporation, indicate the state of incorporation, if a partnership, enumerate all partners. Current, valid Insurance Certificates and Union Cards for all trades are required for this project, and must be forwarded to the Vice President, Territorial Capital Projects for file record following award.

## Appendix G: Women & Minority Owned Business Enterprise Participation Plan

### G.1 Subcontractor Participation Plan

**Check one:** Initial Plan Amended Plan

*The purpose of this form is to ensure that appropriate planning and consideration go into the subcontractor utilization process, and to serve as documentation of your commitment to comply with MWBE requirements for this project. Please complete and sign this form and submit with the proposal package.*

I affirm the following statements are true and accurate:

1. I have read and understand the MWBE requirements of the project.
2. I will make and thoroughly document good faith efforts to meet MWBE requirements.
3. This Subcontractor Participation Plan lists all subcontractors I intend to use, including non-MWBE firms. I understand the Intent to Perform as Subcontractor form, which verifies subcontractors have been contacted and intend to participate in this project, must be submitted for each contractor with this form.
4. I understand that I must submit an amended Subcontractor Participation Plan if there are any changes to the information provided herein.
5. Upon request, I will provide Virgin Islands State Division of Homeland Security and Emergency Services (DHSES) with proof of payments made to subcontractors.
6. **FOR CONSTRUCTION CONTRACTS ONLY.** I must submit a separate Subcontractor Participation Plan for each direct subcontractor listed below who will retain second-tier subcontractors. Each direct subcontractor plan should be received prior to the date that subcontractor commences work on the project. If a direct subcontractor on this form is not subcontracting out part of its work, it must submit a Self-Perform Statement in lieu of a plan.

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Authorized Person

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Date

## Subcontractor Information

Business Name	MWBE Certified (Y/N)	Award Amount	Services to be Provided	Anticipated Start Date

## G.2 Intent to Perform as Subcontractor

Respondent/ Prime Contractor		Subcontractor	
Name		Name	
Address		Address	
Phone		Phone	
Federal Id Number		Federal Id Number	
Contract/RFP Number			
Projected Start Date			
Projected Completion Date			
Work to be Performed			
Price of Work to be Performed			

### Certification

The Contractor hereby commits to hiring the Subcontractor, and the Subcontractor hereby affirms its intent to participate on the project. The Contractor must notify the Department of Health authorized individual of any changes to the information provided herein. By signing below, each party certifies that the above information is true and accurate. Providing false or misleading information shall be grounds for the application of any applicable criminal and/or civil penalties for perjury.

\_\_\_\_\_  
 Contractor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Contractor Title

\_\_\_\_\_  
 Subcontractor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Subcontractor Title

### G.3 Self-Perform Statement

This project has Minority and Women Owned Business Enterprise (MWBE) goals. Any subcontracting must be reported by filling out the Subcontractor Participation Plan and submitting to your Prime Contractor. If your business will be self-performing all of the work assigned under this contract, an authorized representative must sign below and submit to your Prime Contractor. Signing below is an acknowledgment that if circumstances change and subcontracting does occur, a Subcontractor Participation Plan must be submitted immediately else payment may be withheld.

I have read and understand the above state, and I affirm that business (name of business) \_\_\_\_\_ will be executing 100 percent of the work assigned to it by (Prime Contractor) \_\_\_\_\_ under the \_\_\_\_\_ (Project Location name) Redevelopment Project, and thus will not be subcontracting any work.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## Appendix H:

### GOVERNMENT OF THE VIRGIN ISLANDS DEPARTMENT OF PROPERTY AND PROCUREMENT

## NON-COLLUSION AFFIDAVIT

— 0 —

..... being duly sworn, deposes and says that –

(1) He is [owner, partner, officer, representative, or agent] of.....

..... the bidder that has submitted that attached bid;

(2) He is duly informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;

(3) Such bid is genuine and is not a collusive or sham bid;

(4) Neither the said bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder, or to fix any overhead, profit or cost element of the price or the bid price of any other bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against The Government of the Virgin Islands or any person interested in the proposed contract; and

(5) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

\_\_\_\_\_  
Signature of Affidavit

SUBSCRIBED AND SWORN to before me this....., day of .....

\_\_\_\_\_  
Notary Public

## Appendix I:

### GOVERNMENT OF THE VIRGIN ISLANDS DEPARTMENT OF PROPERTY AND PROCUREMENT

#### *DEBARMENT CERTIFICATION FORM*

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#### *Certification Regarding Debarment, Suspension and Ineligibility*

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- (1) The Respondent certifies, by submission of this solicitation, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or local programs in the Territory or any Federal department or agency.
- (2) Signing this Certification without disclosing all pertinent information about a debarment or suspension shall result in rejection of the offer or cancellation of a contract. The GVI may also exercise any other remedy available by law.
- (3) Where the Respondent is unable to certify to any of the statements in this certification, such Respondent shall attach an explanation to this solicitation.

Name and Title of Authorized Representative:

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Signature

Date

Subscribed and sworn to before me on the Island of \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_ of legal age,

\_\_\_\_\_  
(Trade or Corporation)

and personally, known to me.

(SEAL)

\_\_\_\_\_  
Notary Public

## Appendix J- Prior Performance Certification

1. Has the Proposer or any of its Team Members been notified with a “Letter of Concern”, which refers to any written communication from a Government entity notifying the Proposer or any of its Team Members, wariness or caution about the performance under a contract to provide services.

Yes       No       Other (Specify): \_\_\_\_\_

If yes, provide a copy of every “Letter of Concern” received from and as a contractor of a Government entity.

2. Has the Proposer or any of its Team Members been found in default of contract terms with any contracting entity?

Yes       No

If yes, indicate below if a Performance Bond or other means was used to resolve the default issue:

—  Yes       No       Other (Specify): \_\_\_\_\_

Name of Surety Company: \_\_\_\_\_

Telephone Number of Surety Company: \_\_\_\_\_

Contact Person of Surety Company: \_\_\_\_\_

Provide an explanation regarding the circumstances that created the need for the contracting entity to invoke the terms of the Performance Bond, or other means, to include the current status of the matter (Include additional sheets if necessary).

\_\_\_\_\_  
Respondent Company Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

## Appendix K- Acknowledgment of any Addenda

### RESPONDENT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax Identification #: \_\_\_\_\_

### RESPONDENT 'S CONTACT PERSON

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### SCHEDULE OF ADDENDA

(I) or (We) acknowledge receipt of the Addenda to the RFP Package hereinafter named, for the project(s) included in this RFP and declare that (I) or (We) accept these Addenda and that every change is included in this proposal.

Addendum Number \_\_\_\_\_ Date \_\_\_\_\_

### RESPONDENT 'S AUTHORIZED REPRESENTATIVE

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix L: Confirmation of Attendance at Mandatory Site Visit

This will confirm my attendance at the RFP Site Visit to be held on Monday, October 26, 2020 at 9:00 am or Thursday, November 5, 2020 at 9:00 am. Please note that attendance is mandatory at either site visit.

Name of Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Name(s) of Attendees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS FORM SHOULD BE EMAILED TO: [ebids\\_proposals@dpp.vi.gov](mailto:ebids_proposals@dpp.vi.gov)

The subject line of email must include **Company's Name- Solicitation Number, and Appendix subject.**

IF BIDDER(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING: NAME LEGAL  
RESIDENCE

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President  
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Secretary  
-----  
Treasurer

**Identifying Data:**

Potential Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Title: \_\_\_\_\_

**If applicable, Responsible Corporate Officer**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**Joint or combined bids by companies or firms must be certified on behalf of each participant.**

Legal Name of Person or Corporation: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST \_\_\_\_\_

Legal Name of Person or Corporation: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST \_\_\_\_\_

Legal Name of Person or Corporation: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST \_\_\_\_\_