# Attachments

The following attachments and appendixes shall be considered part of the solicitation:

* Attachment 1 – No Proposal Reply Form
* Attachment 2 – Non-Collusion Statement
* Attachment 3 – Exceptions
* Attachment 4 – Confidentiality and Proprietary Information
* Attachment 5 – Business References
* Attachment 6 – Subcontractor Information Form
* Attachment 7 – Monthly Usage Report
* Attachment 8 – Subcontracting (2nd Tier Spend) Report
* Attachment 9 – Office of Supplier Diversity Application
* Appendix A – Minimum Response Requirements
* Appendix B – Scope of Work / Technical Requirements
* Appendix C – Cost Proposal
* Appendix D – Sample Professional Services Agreement

**IMPORTANT – PLEASE NOTE**

* **Attachments 2, 3, 4, and 5 must be included in your proposal**
* Attachment 6 must be included in your proposalif subcontractors will be involved
* Attachments 7 and 8 represent required reporting on the part of awarded vendors. Those bidders receiving an award will be provided with active spreadsheets for reporting.

**REQUIRED REPORTING**

One of the primary goals in administering this contract is to keep accurate records regarding its actual value/usage. This information is essential in order to update the contents of the contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around our ability to convey accurate and realistic information to all interested parties.

A complete and accurate Usage Report (Attachment 7) shall be furnished in an Excel format and submitted electronically, no later than the 15th (or next business day after the 15th day) of each month, detailing the purchasing of all items and/or services on this contract. The reports shall be completed in Excel format, using the template provided, and submitted as an attachment to vendorusage@delaware.gov, with a copy going to the contract officer identified as your point of contact. Submitted reports shall cover the full month (Report due by January 15th will cover the period of December 1 – 31.), contain accurate descriptions of the products, goods or services procured, purchasing agency information, quantities procured and prices paid. Reports are required monthly, including those with “no spend”. Any exception to this mandatory requirement or failure to submit complete reports, or in the format required, may result in corrective action, up to and including the possible cancellation of the award. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, Vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.

In accordance with Executive Order 44, the State of Delaware is committed to supporting its diverse business industry and population. The successful Vendor will be required to accurately report on the participation by Diversity Suppliers which includes: minority (MBE), woman (WBE), veteran owned business (VOBE), or service disabled veteran owned business (SDVOBE) under this awarded contract. The reported data elements shall include but not be limited to; name of state contract/project, the name of the Diversity Supplier, Diversity Supplier contact information (phone, email), type of product or service provided by the Diversity Supplier and any minority, women, veteran, or service disabled veteran certifications for the subcontractor (State OSD certification, Minority Supplier Development Council, Women’s Business Enterprise Council, VetBiz.gov). The format used for Subcontracting 2nd Tier report is shown as in Attachment 8.

Accurate 2nd tier reports shall be submitted to the contracting Agency’s Office of Supplier Diversity at vendorusage@delaware.gov on the 15th (or next business day) of the month following each quarterly period. For consistency quarters shall be considered to end the last day of March, June, September and December of each calendar year. Contract spend during the covered periods shall result in a report even if the contract has expired by the report due date.

**Attachment 1**

**NO PROPOSAL REPLY FORM**

Contract No. GSS19861-TWR\_MAINT Contract Title: COMMUNICATION TOWER MAINTENANCE

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. |  | We do not wish to participate in the proposal process. |
|  |  |  |  |
|  | 2. |  | We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are: |
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|  | 3. |  | We do not feel we can be competitive. |
|  |  |  |  |
|  | 4. |  | We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company. |
|  |  |  |  |
|  | 5. |  | We do not wish to sell to the State. Our objections are: |
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|  | 6. |  | We do not sell the items/services on which Proposals are requested. |
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|  | 7. |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| FIRM NAME |  | SIGNATURE |

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| --- | --- | --- |
|  |  | We wish to remain on the Vendor's List **for these goods or services**. |
|  |  |  |
|  |  | We wish to be deleted from the Vendor's List **for these goods or services**. |

**PLEASE FORWARD NO PROPOSAL REPLY FORM TO THE CONTRACT OFFICER IDENTIFIED.**

**Attachment 2**

**CONTRACT NO.: GSS19861-TWR\_MAINT**

**CONTRACT TITLE: Communication Tower Maintenance**

**DEADLINE TO RESPOND: June 13, 2019 at 3:00 PM (Local Time)**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal, and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation submitted this date to the State of Delaware, Government Support Services.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 3, the Vendor’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

**NOTE:** Signature of the authorized representative MUST be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Government Support Services.

|  |  |
| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

 COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check one)

NAME OF AUTHORIZED REPRESENTATIVE

(Please type or print)

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  COMPANY CLASSIFICATIONS: CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Certification type(s) | Circle all that apply |
| Minority Business Enterprise (MBE) | Yes No |
| Woman Business Enterprise (WBE) | Yes No |
| Disadvantaged Business Enterprise (DBE) | Yes No |
| Veteran Owned Business Enterprise (VOBE) | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

 (COMPANY NAME)

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL HAVE ORIGINAL SIGNATURE, BE NOTARIZED AND BE RETURNED WITH YOUR PROPOSAL**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**Attachment 3**

Contract No. GSS19861-TWR\_MAINT

Contract Title: Communication Tower Maintenance

EXCEPTION FORM

Proposals must include all exceptions to the specifications, terms or conditions contained in this RFP. If the vendor is submitting the proposal without exceptions, please state so below.

🞏 By checking this box, the Vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this RFP.

|  |  |  |
| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 4**

Contract No. GSS19861-TWR\_MAINT

Contract Title: Communication Tower Maintenance

CONFIDENTIAL INFORMATION FORM

🞏 By checking this box, the Vendor acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

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| **Confidentiality and Proprietary Information** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 5**

Contract No. GSS19861-TWR\_MAINT

Contract Title: Communication Tower Maintenance

BUSINESS REFERENCES

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any Personal References or State Employees as a business reference. If you have held a State contract within the last 5 years, please provide a separate list of the contract(s).

|  |  |  |
| --- | --- | --- |
| 1.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
|  |  |  |
|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Vendor (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |
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|  |  |  |  |  |
| 2.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
|  |  |  |
|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Vendor (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |
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| 3.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
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|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Vendor (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |

**State of Delaware personnel MAY NOT BE USED as references.**

**Attachment 6**

SUBCONTRACTOR INFORMATION FORM

|  |
| --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** |
| 1. CONTRACT NO.GSS19861-TWR\_MAINT | 2. Proposing Vendor Name: | 3. Mailing Address |
| 4. SUBCONTRACTOR |  |
| a. NAME | 4c. Company OSD Classification:Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Mailing Address: | 4d. Women Business Enterprise [ ]  Yes [ ]  No4e. Minority Business Enterprise [ ]  Yes [ ]  No4f. Disadvantaged Business Enterprise [ ]  Yes [ ]  No4g. Veteran Owned Business Enterprise [ ]  Yes [ ]  No4h. Service Disabled Veteran Owned Business Enterprise [ ]  Yes [ ]  No |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | 8. DATE SIGNED |
| 6b. TITLE OF PERSON SIGNING |
|  **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | 11. DATE SIGNED |
| 9b. TITLE OF PERSON SIGNING |

  **\* Use a separate form for each subcontractor**

**Attachment 7**

STATE OF DELAWARE

MONTHLY USAGE REPORT

**SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY**



**Note:** A copy of the Usage Report will be sent by electronic mail to the Awarded Vendor. The report shall be submitted electronically in **EXCEL** and sent as an attachment to vendousage@delaware.gov. It shall contain the six-digit department and organization code for each agency and school district.

**Attachment 8**

**SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY**

|  |
| --- |
| **State of Delaware** |
| **Subcontracting (2nd tier) Quarterly Report** |
| **Prime Name:**  |   |   | **Report Start Date:**  |   |   |   |   |   |
| **Contract Name/Number** |   |   | **Report End Date:**  |   |   |   |   |   |
| **Contact Name:**  |   |   | **Today's Date:**  |   |   |   |   |   |
| **Contact Phone:**  |   |   | \*Minimum Required  | Requested detail |   |   |   |   |   |
| **Vendor Name\*** | **Vendor TaxID\***  | **Contract Name/ Number\*** | **Vendor Contact Name\*** | **Vendor Contact Phone\*** | **Report Start Date\*** | **Report End Date\*** | **Amount Paid to Subcontractor\*** | **Work Performed by Subcontractor UNSPSC** | **M/WBE Certifying Agency** | **Veteran** **/Service Disabled Veteran Certifying Agency**  | **2nd tier Supplier Name** | **2nd tier Supplier Address** | **2nd tier Supplier Phone Number** | **2nd tier Supplier email** | **Description of Work Performed**  | **2nd tier Supplier Tax Id** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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**Note:** A copy of the Subcontracting Quarterly Report will be sent by electronic mail to the Awarded Vendor.

Completed reports shall be saved in an Excel format, and submitted to the following email address: vendorusage@delaware.gov

**Attachment 9**

**State of Delaware**

**Office of Supplier Diversity**

**Certification Application**

The most recent application can be downloaded from the following site:

[**http://gss.omb.delaware.gov/osd/certify.shtml**](http://gss.omb.delaware.gov/osd/certify.shtml)

Submission of a completed Office of Supplier Diversity (OSD) application is optional and does not influence the outcome of any award decision.

The minimum criteria for certification require the entity must be at least 51% owned and actively managed by a person or persons who are eligible: minorities, women, veterans, and/or service disabled veterans. Any one or all of these categories may apply to a 51% owner.



**Complete application and mail, email or fax to:**

Office of Supplier Diversity (OSD)

100 Enterprise Place, Suite 4

Dover, DE 19904-8202

Telephone: (302) 857-4554 Fax: (302) 677-7086

Email: osd@delaware.gov

Web site: <http://gss.omb.delaware.gov/osd/index.shtml>

**THE OSD ADDRESS IS FOR OSD APPLICATIONS ONLY.**

**THE OSD WILL NOT ACCEPT ANY VENDOR BID RESPONSE PACKAGES.**

# Appendix A - MINIMUM MANDATORY SUBMISSION REQUIREMENTS

**COMMUNICATION TOWER MAINTENANCE**

**CONTRACT NUMBER GSS19861-TWR\_MAINT**

Each vendor solicitation response should contain at a minimum the following information:

1. Transmittal Letter as specified on page 1 of the Request for Proposal including an Applicant's experience, if any, providing similar services.
2. The remaining vendor proposal package shall identify how the vendor proposes meeting the contract requirements and shall include pricing. Vendors are encouraged to review the Evaluation criteria identified to see how the proposals will be scored and verify that the response has sufficient documentation to support each criteria listed.
3. Pricing as identified in the solicitation
4. One (1) complete, signed and notarized copy of the non-collusion agreement (See Attachment 2). Bid marked “ORIGINAL”, **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK .** All other copies may have reproduced or copied signatures – Form must be included.
5. One (1) completed RFP Exception form (See Attachment 3) – please check box if no information – Form must be included.
6. One (1) completed Confidentiality Form (See Attachment 4) – please check if no information is deemed confidential – Form must be included.
7. One (1) completed Business Reference form (See Attachment 5) – please provide references other than State of Delaware contacts – Form must be included.
8. One (1) complete and signed copy of the Subcontractor Information Form (See Attachment 6) for each subcontractor – only provide if applicable.
9. One (1) complete OSD application (See link on Attachment 9) – only provide if applicable

The items listed above provide the basis for evaluating each vendor’s proposal. **Failure to provide all appropriate information may deem the submitting vendor as “non-responsive” and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

Vendors shall provide proposal packages in the following formats:

1. Two (2) paper copies of the vendor proposal paperwork. **One (1) paper copy must be an original copy, marked “ORIGINAL” on the cover, and contain original signatures.**
2. One (1) electronic copy of the vendor proposal saved to CD or DVD media disk, or USB memory stick. Copy of electronic price file shall be a separate file from all other files on the electronic copy. (If Agency has requested multiple electronic copies, each electronic copy must be on a separate computer disk or media).

# Appendix B - SCOPE OF WORK AND TECHNICAL REQUIREMENTS

**COMMUNICATION TOWER MAINTENANCE**

**CONTRACT NUMBER GSS19861-TWR\_MAINT**

**General Requirements**

**Overview**

The mission of the Delaware State Division of Communications is to promote public safety through the installation, removal, repair, modification, and alignment of the State's communication systems and electronic equipment, in-shop, and at remote locations throughout the state.

The State is seeking a qualified vendor to perform maintenance, inspection, and repair services for Division of Communications tower assets located throughout the state of Delaware.

**Evaluation Criteria.**

Each Vendor’s proposal response will be evaluated based on criteria identified in section IV.C.2 in this solicitation as described below.

**Experience and Reputation**

Describe your level of experience with this type of work and provide references to verify reputation.

**Qualification and Expertise**

Describe the unique skills that makes your company qualified and the level of expertise your personnel can provide to the state.

**Capacity and Requirements**

Describe how you are able to meet the needs of the State as described in this request for Proposals. Are you able to meet the response requirements? How will you respond to multiple request at the same time?

**Cost**

Evaluation of Appendix C, cost proposal as submitted. The value added section is for offerings you can provide not specified elsewhere in the RFP. The state can consider accepting value added items prior to contract award if selected. Pricing criteria scoring will only be based on the core items identified in Appendix C.

**Specialty of Services**.

Response to this RFP is divided into two sections, (1) Tower Service, and (2) Fire Suppression System Service. It is understood these services may be accomplished by a single vendor or separate vendors for each section. Vendors can submit proposals for both sections or a single section and the responses will be evaluated as received.

**Vendor Relationships**

Attention should be taken with appropriate vendor relationships when submitting proposals. Refer to Section IV.B.13 & 14 (Pages 7-1), Joint Venture, Prime Vendor, and Sub-Contractors. Also refer to section V.4, Collusion, and the prohibition of submitting both a proposal as an independent vendor and subcontractor of another competing vendor for this RFP.

 **Tower Service Requirements**

 **Personnel**

 Provide qualified tower crew for a full day.

**Response Times**

1-hour dispatch and arrival at location within 4-hours to declared Public Safety Emergencies

4-hour dispatch to public safety outages

1-Business Week response to routine requests

**State Policies**

*Tower maintenance and inspections must be coordinated through the Division of Communications Regional Supervisors and/or Communications Systems Manager prior to work being accomplished.*

 **Tower Inspection**

 A comprehensive report on the following items is required from tower inspections:

Structure Condition

Finish

Lighting

Grounding

Appurtenances i.e. mounts, antennas, lines

Insulators

Guys

Concrete Foundations

Guyed Mast Anchors

Structure Alignment

 **Sample Report**

 A sample inspection report will be included with the vendor proposal of this RFP.

 **Troubleshooting**

 Network Analysis

 Transmission Lines

 Tower Lighting

 **Maintenance/Repair**

 Transmission Lines

 Tower Lighting and Associated Cabling

 Microwave Dish Alignments

 CAD Welding

 Structural Modifications

 Miscellaneous Hardware Replacement

 Removal and Disposal of Legacy Hardware

 Bird mitigation

 **State Approval Process**

All tower maintenance must be approved the Director of Communications or his/her designee prior to work being accomplished. The use of any third party vendors must be disclosed to the Division of Communications.

**Fire Suppression System Requirements**

**Compliance**

Vendors and technicians must be in compliance with current National Fire Protection Association (NFPA) standards and State Fire Marshal Codes.

**Frequency**

Semi-Annual Inspection is needed for DivComm Tower Fire Suppression Systems throughout the State.

 **Sample Report**

 A sample inspection report will be included with the vendor proposal of this RFP.

**Systems**

Each site has a FM-200 Halon system with an additional ABC hand-held extinguisher. Services to additional systems as required are allowed only if State Policies identified below are followed.

**Locations**

Number of locations in each county are identified below. Specific locations will be provided to the awarded vendor(s) after award as required.

20 - New Castle County

9 - Kent County

13 - Sussex County

**Response Times**

1-hour dispatch and arrival at location within 4-hours to declared Public Safety Emergencies

4-hour dispatch to public safety outages

1-Business Week response to routine requests

**State Policies**

Tower Fire Suppression system inspections must be coordinated through the Division of Communications Regional Supervisors and/or Communications Systems Manager prior to work being accomplished.

**Travel Times**

Travel time and expenses are to be included in pricing as an integral part of the service and not billed separately

**Repairs**

Repairs are authorized under the resulting agreement. Labor costs and materials cost must be authorized by the Division of Communications Regional Supervisors and/or Communications Systems Manager prior to work being accomplished.

**Appendix C – Cost Proposal**

**COMMUNICATION TOWER MAINTENANCE**

**CONTRACT NUMBER GSS19861-TWR\_MAINT**

**Cost Proposal Tower Services**

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| --- | --- | --- | --- |
| **Description** | **Quantifier** | **Non-Prevailing Wage Cost** | **Prevailing Wage Cost** |
| Qualified Climber | Per Day | $  | $  |
| Qualified Climber | Per Hour | $ | $ |
| Materials | % off List Price |  % |  % |
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**Cost Proposal Fire Suppression System Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantifier** | **Non-Prevailing Wage Cost** | **Prevailing Wage Cost** |
| Semi-Annual Inspection | Per location, per inspection | $  | $  |
| Hourly rate for repairs | Per Hour | $ | $ |
| Materials | % off List Price |  % |  % |
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**Value Added Services**

*(List any addition additional services you would like to offer. The State reserves the right to accept, reject or negotiate these additional services prior to contract award. These items will not be factored in proposal scoring evaluation).*

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| **Description** | **Quantifier** | **Non-Prevailing Wage Cost** | **Prevailing Wage Cost** |
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**Appendix D – Sample Professional Services Agreement**

**COMMUNICATION TOWER MAINTENANCE**

**CONTRACT NUMBER GSS19861-TWR\_MAINT**

Appendix D is a sample of the Professional Services Agreement for review at <http://bids.delaware.gov> .

Appendix D need not be included in an offeror’s proposal. However, if the offeror identifies a need to identify exceptions to Appendix D, any such exceptions must be included on Attachment 3 as part of the proposal submission. Exceptions to Appendix D submitted after the bid deadline will not be considered.