



PURCHASING AND SUPPLY SERVICES

Desmond Brown, Director of Purchasing and Supply Services

13300 Old Marlboro Pike | Upper Marlboro, MD 20772 | 301-952-6560

RFP DBS27-013

Facilities Maintenance Computerized Maintenance Management System (CMMS)

APPENDICES A – K | Attachments A and B

APPENDIX A – PROPOSAL AND ADDENDA ACKNOWLEDGEMENT

(TO BE SUBMITTED IN ENVELOPE II)

Note: When submitting your bid, please use this page as a cover sheet for your proposal.

In compliance with your invitation for Vendors, the undersigned proposes to furnish and deliver all labor and materials in accordance with the accompanying specifications and "Instructions and General Conditions" for the price as listed on the enclosed Proposal Sheet(s).

I/We certify that this bid/proposal is made without previous understanding, agreement, or connection with any person, firm, or corporation submitting a bid/proposal for the same goods/services and is, in all respects fair and without collusion or fraud; that none of this company's officers, directors, partners or its employees have been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or federal government; and that no member of the Board of Education of Prince George's County, Administrative or Supervisory Personnel or other employees of the Prince George's County Public Schools, has any interest in the bidding company except as follows:

COMPANY: _____

dba: _____

REGISTERED MARYLAND VENDOR NUMBER: _____

FEDERAL IDENTIFICATION: _____ DATE: _____

The undersigned has familiarized themselves with the conditions affecting the work, the specifications, and is legally authorized to make this proposal on behalf of the Vendor listed above.

NAME (please print): _____ TITLE: _____

SIGNATURE OF ABOVE: _____

ADDRESS: _____

TELEPHONE # _____ FAX: _____

E-MAIL ADDRESS (for correspondence): _____

E-MAIL ADDRESS (for receiving Purchase Orders): _____

The above-signed company/firm acknowledges the receipt of the following addenda for the above- referenced solicitation. Vendor must sign below to acknowledge receipt for each Addendum. Vendors are directly responsible for obtaining updates, changes or addendums either from eMMA web-page or by contacting the Purchasing Office for instruction.



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Vendor Name: _____

Name and Title: _____
(Authorized to sign on behalf of the Company)

Addendum No. 1 _____
Signature

Addendum No. 2 _____
Signature

Addendum No. 3 _____
Signature

Addendum No. 4 _____
Signature

Addendum No. 5 _____
Signature

END OF APPENDIX A



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APPENDIX B – PAST PERFORMANCE AND REFERENCES (TO BE SUBMITTED IN ENVELOPE II)

Vendors shall provide information on past and current experience with rendering services similar in size and scope to those in this RFP. This description shall include:

1. Summary of the services offered including the number of years the Vendor provided these services; the number of clients and geographic locations the Vendor currently serves, etc. and has served; and if a past customer, why the Vendor is no longer providing services
2. The Vendor shall have experience with work of a similar type and size to PGCPS and such experience shall be based upon projects that have been completed by the Vendor **within the last five years**. Vendor shall provide **three (3) recent past performance references** from its customers who can document the following: a) the Vendors' ability to manage similar contracts, b) the quality and breadth of services provided by the Vendor under similar contracts.
3. Vendors shall provide information on any license(s), certifications, and training the staff may have achieved that is relevant to the RFP.

RECENT/PAST PERFORMANCE REFERENCES

- Client Name:
- Date(s) of services _____
- Contract Awarded Value: _____
- Describe Scope of Work Performed: _____
-
- Describe Size of Project (Qualitative or Quantitative) _____
-
- Describe Level of Complexity _____
-

Contact Name & Title: _____

Address: _____

Phone No: _____

Email Address: _____



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APPENDIX C - NON-COLLUSION CERTIFICATE (TO BE SUBMITTED IN ENVELOPE II)

I HEREBY CERTIFY that I am the _____ and the duly authorized

representative of _____ whose

address is _____ and

THAT NEITHER I nor, to the best of my knowledge, information, and belief, the above firm nor any of its other representatives I here represent:

- (a) Have agreed, conspired, connived or colluded to produce a deceptive show of competition in the compilation of the RFP or offer being submitted herewith.
- (b) Have in any manner, directly or indirectly, entered into any agreement, participated in any collusion to fix the RFP price or price Bid of the Vendor or Vendor herein or any competitor, or otherwise taken any action in restraint of free competitive bidding in connection with the Contract for which the within RFP or offer is submitted.

In making this affidavit, I represent that I have personal knowledge of the matters and facts herein stated.

Signature of:

X _____
Offeror, if the offeror is an individual

X _____
Partner, if the offeror is a partnership

X _____
Officer, if the offeror is a corporation

Subscribed and sworn before me this day of , 20 .

X _____
Notary Public

My commission expires



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APPENDIX D - DEBARMENT AFFIDAVIT (TO BE SUBMITTED IN ENVELOPE II)

_____ being first duly sworn deposes and says that he is an officer
in the _____ and the party making a certain proposal for RFP
dated, _____ 20____, to the Board of Education of Prince George's County:

I further affirm that: Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows (list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds of the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds of the debarment or suspension):

I further affirm that: (1) The business was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and (2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows (you must indicate the reasons why the affirmations cannot be given without qualification):

In making this affidavit, I represent that I have personal knowledge of the matters and facts herein stated.

Signature of:

X _____
Offeror, if the offeror is an individual

X _____
Partner, if the offeror is a partnership

X _____
Officer, if the offeror is a corporation

Subscribed and sworn before me this _____ day of _____, 20____.

X _____
Notary Public

My commission expires



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APPENDIX E - ANTI-BRIBERY AFFIDAVIT (TO BE SUBMITTED IN ENVELOPE II)

I HEREBY CERTIFY that I am the _____ and the duly authorized representative of the firm of
whose address is _____, and that I possess the legal authority to make this
affidavit on behalf of myself and the firm for which I am acting.

Except as described below, neither I, nor to the best of my knowledge, the firm, nor any of its officers, directors, or partners, or any of its employees directly involved in obtaining contracts with the State or any county, bi-county, or multi-county agency, or subdivision of the State have been convicted of, or have pleaded nolo contendere to a charge of, or have during the course of official investigation or other proceeding admitted in writing or under oath acts or omissions committed after July 1, 1997, which constitute bribery, attempted bribery, or conspiracy to bribe under the provisions of Article 27 of the Annotated Code of Maryland or under the laws of any state or federal government. (State "none" or, as appropriate, list any conviction, please, or admission described in paragraph above, with the date; court, official, or administrative body; and the sentence or disposition, if any.)

I acknowledge that this affidavit is to be furnished to the requesting agency, to the Secretary of Budget and Fiscal Planning of Maryland, and, where appropriate, to the Board of Public Works and the Attorney General under 16-202, S.F. of the Annotated Code of Maryland. I acknowledge that if the representatives set forth in this affidavit are not true and correct, the State may terminate any contract awarded and take any other appropriate action.

I further acknowledge that I am executing this affidavit in compliance with 16-203, S.F. of the Annotated Code of Maryland, which provides certain persons who have been convicted or have admitted to bribery, attempted bribery, or conspiracy to bribe may be disqualified, either by operation of law or after a hearing, from entering contracts with the State or any of its agencies or subdivisions.

I do solemnly declare and affirm under the penalties of perjury that the contents of this affidavit are true and correct.

Signature of:

X _____
Offeror, if the offeror is an individual

X _____
Partner, if the offeror is a partnership

X _____
Officer, if the offeror is a corporation

Subscribed and sworn before me this day of , 20 .

X _____
Notary Public

My commission expires



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APPENDIX F - CERTIFICATE OF INSURANCE COVERAGE (TO BE SUBMITTED IN ENVELOPE II)

The successful Vendor will be required to provide insurance coverage as shown in General Conditions of RFP and Contract, prior to beginning any work. This insurance coverage must be maintained throughout the life of the contract. **PROOF THAT COVERAGE IS EITHER CURRENTLY IN PLACE OR WILL BE PROVIDED MUST BE SUBMITTED WITH THE PROPOSAL.**

This can be done by one of the two following methods:

- Complete form "CERTIFICATION OF INSURANCE COVERAGE" (OR) Submit a Certificate of Insurance on a form provided by your Insurance Agent.

This form must include the following clauses:

- The Board of Education of Prince George's County is hereby named as Additional Insured.
- The policy(s) cannot be reduced or canceled without at least forty-five (45) days' prior written notice to The Board of Education of Prince George's County.
- The insurance company is prohibited from pleading government function in the absence of any specified written authority from The Board of Education of Prince George's County.
- The policy(s) will automatically include and cover all phases of work, equipment, persons, et cetera which are normally covered while performing work under the above contract, whether specifically written therein or not.
- Regardless of the method used, the form **MUST** be totally complete, **MUST** show that all Limits of Insurance are or will be met, and **MUST** be signed by the Agent.
- Failure to provide the required insurance coverage by either of the two (2) methods described above when the RFP is submitted may result in rejection of your RFP as being non-responsive.



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**IF YOU ARE UNABLE TO PROVIDE A CERTIFICATE OF INSURANCE FROM
YOUR INSURANCE COMPANY, YOU MUST COMPLETE THE FORM BELOW:**

VENDOR NAME: _____

ADDRESS: _____

NAME OF SURETY: (TYPE OR PRINT) _____

NAME OF AGENT: (TYPE OR PRINT) _____

AGENT'S PHONE NO: _____

TYPE OF COVERAGE	MINIMUM REQUIRED LIMITS	POLICY OR BINDER NUMBER	ACTUAL LIMITS PROVIDED	EXPIRATION DATE
COMMERCIAL GENERAL LIABILITY OCC	\$1,000,000			
COMMERCIAL GENERAL LIABILITY AGG	\$3,000,000			
BUSINESS AUTOMOBILE LIABILITY	\$1,000,000 PER OCCURRENCE			
WORKMAN'S COMP	MARYLAND STATE MINIMUM COMPENSATION STATUTORY			

() LIMITS ON ABOVE POLICY WILL BE INCREASED ()

ABOVE POLICY NOW IN EFFECT

() POLICY WILL BE OBTAINED/ISSUED ON _____



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The following additional clauses will be considered a part of the above policy(s), the same as if specifically written therein, as pertains to the above stated contract.

- The Board of Education of Prince George's County is hereby named Additional Insured.
- The policy(s) cannot be reduced or canceled without at least forty-five (45) days prior written notice to the Board of Education of Prince George's County.
- The insurance company is prohibited from pleading government function in the absence of any specific written authority by the Board of Education of Prince George's County.
- The policy(s) will be automatically included and cover all phases of work, equipment, persons, et cetera which are normally covered while performing work under the above contract, whether specifically written therein or not.
- The Board of Education of Prince George's County is hereby granted authority to contact the agency directly to confirm Board of Education of Prince George's County information or obtain copies of certificates of insurance. The Board of Education of Prince George's County bears no responsibility for premiums or other cost of insurance. If policy(s) is not currently in effect, it will be written immediately upon notice of award, and a copy of the binder or certificate will be sent directly to the Board of Education of Prince George's County. A properly executed copy of this document shall be legally binding as a Carrier Certificate of Insurance Form.

The below signed hereby certifies that the following information provided is true and correct.

Signature:

X _____ X _____
(AUTHORIZED AGENT'S SIGNATURE) (DATE)

END OF APPENDIX F



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APPENDIX G – FINANCIAL PROPOSAL TERMS (TO BE SUBMITTED IN ENVELOPE II)

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

TO: Board of Education of Prince George's County

We propose to **provide the requested offerings** to the Board of Education of Prince George's County in accordance with Scope of Work, General Terms and Conditions, and Special Terms and Conditions of **the subject solicitation**.

Instructions:

Each vendor shall provide a fixed labor rate and/or material discount as listed on Attachment A – Cost Proposal Form.

The undersigned agrees to furnish and deliver materials necessary to provide the **requested goods and/or services** for The Board of Education of Prince George's County in accordance with the attached specifications, and other related contract documentation.

Signature:

X _____ X _____
(AUTHORIZED AGENT'S SIGNATURE) (DATE)

(NAME) (EMAIL)



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APPENDIX H - MBE FORM (TO BE SUBMITTED IN ENVELOPE II)

This document must be completed by All Vendors, signed in blue ink by an authorized company official & submitted with your bid response.

Prime Vendor Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Ref
Proposal# _____

FOR LOCALLY BASED MINORITY USE ONLY

LOCALLY BASED MINORITY BUSINESS TYPE (check as applicable):

PGC MBE _____ PGC MWE _____ MD MBE _____ MD MWE _____

IF YOU ARE A LOCALLY BASED MINORITY BUSINESS, PROVIDE CERTIFICATION INFORMATION:

P.G. COUNTY GOVERNMENT: Certification No.: _____

MD. STATE DEPT. OF TRANSPORTATION: Certification No.: _____



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APPENDIX I – STATE OF MARYLAND TAX CERTIFICATION (TO BE SUBMITTED IN ENVELOPE II)

At the time of proposal or bid for a State procurement contract of \$10,000 or more is submitted, the Vendor or bidder shall certify to the procurement officer that the Vendor or Bidder has paid all taxes, unemployment insurance contribution, reimbursement payments, and interest not barred by limitations and payable to the comptroller, the Department of Assessments and Taxation or the Department of Economic and Employment Development or has provided for payment in a manner satisfactory to the unit responsible for collection; and if the Vendor or Bidder is a vendor of tangible personal property, the Vendor or Bidder possesses a valid sales and use tax license under Title 11, Subtitle 7 of the Tax General Article.

I acknowledge that this certificate is to be furnished to the requesting agency, and to the Comptroller of the Treasury, Sales and Use Tax Division under 13-222, S.F. of the Annotated Code of Maryland. I acknowledge that, if the representations set forth in this certificate are not true and correct, the State may terminate any contract awarded and take any other appropriate action.

I do solemnly declare and affirm under the penalties of perjury that the contents of this certificate are true and correct.

Signature

Date

Name (please type or print)

Witness Signature

Date

Name (please type or print)



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APPENDIX J – CERTIFICATION OF COMPLIANCE (TO BE SUBMITTED IN ENVELOPE II)

All Contractors, subcontractors or vendors must abide by PGCPs Board policies and regulations while working on PGCPs property.

Maryland Law requires that any person who enters a contract with a county board of education may not knowingly employ an individual to work at a school (or PGCPs facility) if the individual is a registered sex offender. Please reference §11-113 of the Criminal Procedure Article of Maryland Code for penalty.

Be advised that individuals who are registered sex offenders are not eligible to work on any PGCPs project. The Vendor must initially check the Maryland Department of Public Safety & Correctional Services' MARYLAND SEX OFFENDER REGISTRY and search for the name of any employee to be assigned to work on this project. This applies to subcontractors and material/equipment suppliers as well.

In the event that a registered sex offender is discovered to be working on a PGCPs project, whether through employment by the prime Contractor, subcontractor or vendor, the site superintendent will immediately remove the individual from the premises and permanently terminate his work assignment. PGCPs may terminate this contract as a result if the Contractor is unable to demonstrate he has exercised care and diligence in the past in checking the Maryland registry.

Effective July 1, 2015, amendments to §6-113 of the Education Article of the Maryland Code further require that a contractor or subcontractor or vendor for a local school system may not knowingly assign an employee to work on school premises with direct, unsupervised, and uncontrolled access to children, if the employee has been convicted of, or pled guilty or nolo contendere to, a crime involving:

A sexual offense in the third or fourth degree under §3-307 or §3-308 of the Criminal Law Article of the Maryland Code. Child sexual abuse under §3-602 of the Criminal Law Article of the Maryland Code or any other State; or a crime of violence as defined in §14-101 of the Criminal Law Article of the Maryland Code or any other State.

With the passing of Maryland Law MD. Code, Educ. 6-113.2, employers of all contracted staff must obtain background information relating to child sexual abuse or sexual misconduct. This means that all contracted staff having direct contact with students must meet all of the PGCPs and Maryland State Department of Education (MSDE) requirements before doing business with PGCPs. See: [Maryland State Department of Education Website](#); [House Bill 486 Child Sexual Abuse and Sexual Misconduct Prevention](#); [MSDE Guidelines For MD. Code, Educ. 6113.2](#); and [Employment History Review Form for Child Abuse and Sexual Misconduct](#) for additional information.

In addition, there has been no change to the current PGCPs requirement, that all contracted staff who have contact with students are required to be fingerprinted in order to obtain a criminal background check. Fingerprints and background checks are still an enforced PGCPs requirement.



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Under recent amendments to §5-561 of the Family Law Article of the Maryland Code, each contractor, subcontractor, or vendor shall certify by signing this affidavit that any individuals in its work-force including subcontractors, have undergone a criminal background check, including fingerprinting, if the individuals will work in a PGCPS school facility in circumstances where they have direct, unsupervised, and uncontrolled access to children.

By my signature below, I affirm under penalties of perjury that the contents of this Certification of Compliance are true to the best of my knowledge, information and belief.

Signature_____ Date_____

Print Name and Title of Signatory

.

Print Name of Company

.

END OF APPENDIX J



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APPENDIX K – VENDOR CONFLICT OF INTEREST DISCLOSURE FORM (TO BE SUBMITTED IN ENVELOPE II)

All vendors interested in conducting business with Prince George's County Public School (PGCPS) must complete and return the Vendor Conflict of Interest Disclosure Form, in order to be eligible to be awarded a contract with PGCPS. Please note that all vendors must comply with PGCPS's conflict of interest certification, as stated below. If a vendor has a relationship with a PGCPS employee or an immediate family member (spouse, child (stepchild or adopted), parent, or sibling) of a PGCPS employee, the vendor shall disclose the information required below.

Certification: I hereby certify, that to the best of my knowledge, there is no conflict of interest involving the vendor named below:

1. No PGCPS employee or the employee's immediate family member has an ownership interest in the vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated PGCPS employee who has been retired or separated from the organization for less than one (1) year has an ownership interest in the vendor's company.
3. No PGCPS employee is contemporaneously employed or prospectively to be employed with the vendor.
4. The vendor did not provide any information or criteria in the drafting of the solicitation prior to it being advertised for competitive pricing.
5. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value, or any other gratuities to PGCPS employees to maintain a contract.
6. Vendor hereby declares that in the process of preparing a quote/proposal/bid for PGCPS, there have been no acts of bribery, extortion, trading, laundering of corrupt practices, and/or nepotism have transpired between PGCPS employee and the vendor.
7. Please note any other exceptions below.

Vendor Name & Email	Vendor Address & Phone Number
Conflict of Interest Disclosure	
Name of PGCPS employee or immediate family member with whom there may be a potential conflict of interest. <i>If there is no conflict of interest, write "N/A" and initial.</i>	Disclose the relationship to the employee or the immediate family member, their interest in the vendor's company, and any additional information

I certify that the information provided is true and correct by my signature below:

Signature of Vendor Authorized Representative/Date _____

Printed Name of Vendor Authorized Representative _____



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ATTACHMENT A – COST PROPOSAL FORM (TO BE SUBMITTED IN ENVELOPE II)

Company Name _____

Address _____

Phone Number _____

TO: Board of Education of Prince George's County

We propose to provide services for **in accordance with this solicitation** to the Board of Education of Prince George's County in accordance with Special Terms and Conditions, General Terms and Conditions, Scope of Work, and other documents of this Request for Proposal. Respondent shall provide all-inclusive rates for the proposed project as follows:

Name _____

Title _____

Signature _____

Date _____



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ATTACHMENT B – LETTER OF INTEREST

Signed: _____

Printed Name, Title: _____

OFFICIAL NAME OF YOUR ORGANIZATION:	
COMMON NAME OF YOUR ORGANIZATION:	
PROGRAM/CENTER NAME (IF APPLICABLE):	
MAILING ADDRESS:	TELEPHONE:
	FAX:
	WEBSITE:
PROJECT DIRECTOR – NAME, TITLE AND CONTACT INFORMATION:	

By submitting this letter of interest the respondent confirms their organization takes no exception to any terms or conditions identified in this Request for Proposal (RFP) or associated / attached documents.