Request for Quote Form

**How to Use this Template**

* Text Fields highlighted in grey must be updated with information relevant to your project.
* *Explanatory comments are in parenthesis and yellow italic text,and should be removed prior to release of RFQ*.

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| **Group: 71001 - Award Number: 23106**  **Security Guard Services (Statewide) and Fire Safety/EAP Directors (NYC only)** | |
| **DESIGNATED CONTACTS** | |
| Primary Contact: ***Insert First and Last Name***  E-mail address: ***Insert E-Mail Address*** | Secondary Contact: ***Insert First and Last Name***  E-mail address: ***Insert E-Mail Address*** |
| New York State Governmental Entities must indicate if Procurement Lobbying Law/Restricted Period is in effect:  Yes  No | |

If different than above, please email the document and any completed Attachment(s) to the email address indicated above:

**Insert First and Last Name**

**Insert Authorized User Name**

**Insert Authorized User Street Address**

**Insert Authorized User City, State, Zip Code**

**Insert Authorized User County and Contract Region**

**Insert Authorized User email address**

**Insert Authorized User phone number**

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| **1. Introduction** |
| This Request for Quote “RFQ” is being sent under Group: 71001 Award Number: 23106 for **Security Guard Services *and/or Fire Safety/Emergency Action Plan Directors*** for ***Name, Addresses (Facilities, Bldg.’s, etc.), City, County***NYlocated in Region ***enter Region number****.*  Responses will only be accepted from Contractors listed under Award #23106 for the Region indicated above.  Responses which include pricing greater than the “Maximum Not-to-Exceed Rate” listed on the OGS Pricelist for Award #23106 will be rejected by the Authorized User.  Contractors requiring additional information, to provide quotes, should submit any questions to the Primary Contact listed above, prior to the closing date for questions.  If Vehicle’s are being provided by Contractor’s as part of their service, Authorized Users must ensure that the Awarded Contractor, and any Subcontractors, possess Business Liability Automobile Insurance at the limits detailed within Attachment 2 – *Insurance Requirements,* of the Contract.  Quotes submitted in response to this RFQ should be complete and timely as quotations received after the closing date may not be accepted.  All Contractor responses to RFQs must remain open and valid for at least 60 days from the RFQ Response Closing/Due Date, unless the time for selecting the candidate is extended by mutual consent of the Primary Contact and the Contractor.  All State Agency Authorized Users, State Authority Authorized Users and Contractors are reminded that MWBE and SDVOB participation goals are set at the OGS Centralized Contract Level, not on each individual RFQ. Contractors must advise the OGS MWBE office of all State Agency and Authority Authorized User Agreements Contractor wins in responding to an RFQ so that OGS may track MWBE goal compliance. Contractors must also provide OGS MWBE with information on all payments made to MWBEs under the Centralized Contract. State Agency and Authority Authorized Users should contact OGS MWBE to discuss MWBE participation requirements and MWBE compliance reporting issues.  Contractors must advise the OGS Centralized Contract Manager of all State Agency and Authority Authorized User Agreements Contractor wins in responding to an RFQ so that OGS may track SDVOB goal compliance. Contractors must also provide the OGS Centralized Contract Manager with information on all payments made to SDVOBs under the Centralized Contract. State Agency and Authority Authorized Users should contact the OGS Centralized Contract Manager to discuss SDVOB participation requirements and SDVOB compliance reporting issues. |

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| **2. Service Locations (Within the Region)** | |
| Provide the following information for the locations where Security Guard Services and/or Fire Safety/EAP Directors are being requested. If more than one location is required, please ensure Section 8., Pricing Submittal, is properly filled out for each location. | |
| ***Location 1:***  *Location Name:*  *Street Address:*  *City, State and Zip:*  *Contact name at the location (If different from Designated Contact:*  *Contact number at the location (If different from Designated Contact:* | *Location Shift Coverage:*  *Monday-Friday:*      AM to      PM  *Saturday:*      AM to      PM  Sunday:      AM to      PM |
| ***Location 2 (if Required):***  *Location Name:*  *Street Address:*  *City, State and Zip:*  *Contact name at the location (If different from Designated Contact:*  *Contact number at the location (If different from Designated Contact:* | *Location Shift Coverage:*  *Monday-Friday:*      AM to      PM  *Saturday:*      AM to      PM  Sunday:      AM to      PM |

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| 3. Term |
| Tentative Start Date***Enter Date*** through***Enter Date*** |

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| **4. Key Events and Dates (All Times stated below are Eastern Standard Time)** | | |
| **Event** | **Date** | **Time** |
| RFQ Release | ***Enter Date*** | ***Enter Time*** |
| Pre-bid Conference Site Visit | ***Enter Date*** | ***Enter Time*** |
| Contractor Question Period End | ***Enter Date*** | ***Enter Time*** |
| Authorized User Answer Issuance Deadline | ***Enter Date*** | ***Enter Time*** |
| Intent to Bid Deadline *(can be mandatory or optional at Authorized User’s discretion)* | ***Enter Date*** | ***Enter Time*** |
| RFQ Due Date | ***Enter Date*** | ***Enter Time*** |
| **Please note: Quotes received after the due date and time may not be accepted.** | | |
| The Authorized User will determine the amount of time needed for responses, beyond the two (2) business day minimum, by taking into consideration the title(s) and complexity of needs. | | |

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| 5. Pre-Bid Conference/Site Visit |
| *(Pre-Bid Conference/Site Visits are not mandatory. If an Authorized User elects to hold a Pre-Bid Conference/Site Visit, please include details such as: Date, Time and Location of the Pre-Bid Conference/Site Visit; state whether participation is mandatory; how to register; any requirements for advanced submission of questions in writing; and any building access requirements.)* |

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| **6. Additional Requirements** |
| (Please provide Contractors with any additional information regarding the level of service being requested and documentation required to be submitted:)   * *Additional Training Needed* * *Certification Required* * *Vehicle Need* * *Overtime requirements* * *Holiday coverage requirements* * *Resumes and Licenses* * *References* * *Information required to be submitted with invoices including frequency of invoicing* |

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| **7. Award Methodology** |
| (*Please define evaluation of how the Award of this RFQ will be made.)*  An award will be made to the Contractor who offers the best value solution.  Evaluation Weights:  Technical\*: ***Insert Value (%)*** Financial/Cost\*\*: ***Insert Value (%)***  \* indicate pass/fail when Financial is 100%  \*\* If Award is going to be made to the Contractor who offers the lowest price, please enter 100% after Financial/Cost. All technical criteria will be evaluated on a pass/fail basis. |

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| **8. Pricing Submittal** |
| **Authorized User Requirements:** Authorized Users will fill in the cells that are highlighted gray – Location, Service Type (Security Guard Level, Fire Safety/EAP Director, Training or Vehicle Use), Number of Guards, Shift Coverage Hours, Daily Hourly Total Per Guard, Number of Days Per Week, and Days Worked. All additional Authorized User requirements shall be added to the chart but other than training, the Contractors may not provide a separate charge for those additional requirements as they must be covered in the Hourly Bill Rates.  **Contractor Requirements:** Contractors will fill in the RFQ Hourly Bill Rate, the RFQ Hourly Overtime Rate, and if applicable, the Daily Vehicle or One Time Training Charge. **Proposed rates may not exceed the maximum not-to-exceed rates on the OGS Centralized Contract.**  **Method of Award:** The Contractor providing the best value, as indicated within Section 7., *Award Methodology* (above),meeting all the required specifications, will be deemed the winning Contractor. Best Value can be equated to lowest cost. |

**Engagement Information and Contract Response Template RFQ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit RFQ Responses to the Following Email ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Engagement Information – *To be filled out by Authorized User*** | |
| Engagement Name: | ***Authorized User to Enter Engagement Name*** |
| Region # | ***Authorized User to Enter Region #*** |
| Are Security Guards and/or Fire Safety/EAP Directors currently in service? *Authorized Users please indicate Yes/No* | ***(Yes/No)*** |
| If yes, would the Authorized User request that the Contractor consider the current Security Guards and/or Fire Safety/EAP Directors for employment? *Authorized Users please indicate Yes/No/Not Applicable* | ***(Yes/No/Not Applicable)*** |
| Is Subcontracting allowed under this Request for Quote? *Authorized Users please indicate Yes/No* | ***(Yes/No)*** |

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| **Contactor Information** | |
| Contractor Name: | ***Contractor to Enter Name*** |
| Contractor email: | ***Contractor to Enter Email*** |
| Contractor Phone Number: | ***Contractor to Enter Phone Number*** |
| If Authorized User indicates that Subcontracting is allowed, provide Subcontractors name and their agreement with the Contractor. | ***Contractor to Enter Subcontractors (If Applicable)*** |
| If you are NOT bidding, please tell us why and return this page to the Authorized User by the RFQ due date. WE ARE UNABLE TO BID AT THIS TIME BECAUSE: | ***Contractor to Enter Reason for Not Bidding (If Applicable)*** |

*Pricing on Next Page*

**Engagement Information and Contract Response Template RFQ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit RFQ Responses to the Following Email ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Pricing Submittal** | | | | | | | | | |
| **Authorized User Completes** | | | | | | | **Contractor Completes** | | |
| **Location** | **Service Type** | **Number of Guards or Vehicles** | **Shift Coverage** | **Daily Hourly Total Per Guard** | **Number of Days Worked Per Week** | **Days Worked** | **Straight Time Hourly Bill Rate** | **Overtime Hourly Bill**  **Rate** | **Daily Vehicle or One Time Training Charge** |
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*Note: Additional Rows can be added to the table if needed.*