

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

Request for Proposal for Emergency Room (ER) Fast Track Temporary Modifications

Pursuant to the Government Hospitals and Health Facilities Corporation (GHHFC) procurement policy, the Schneider Regional Medical Center (SRMC) will receive proposals for the work described below. Proposals will be received **by Tuesday March 17, 2026 at 2:00 PM ATLANTIC STANDARD TIME.**

DESCRIPTION OF WORK:

1. This project involves the temporary renovation of an existing **Emergency Room Fast track, Patient Access and Triage** area to help improve patient flow. This conversion supports the operational needs of emergency department staff and enhances workflow efficiency. The scope includes demolition, ceiling modifications, electrical upgrades, HVAC adjustments, lighting upgrades, and new wall construction or reconfiguration.

A Pre-Proposal Conference will also be held in the Facilities Management Conference Room, First Floor, at 10:00 a.m. on Thursday, February 18, 2026 or contact Facilities Management at 340-776-8311 ext. 1067 to schedule by Thursday March 5, 2026 and potential bidders on this contract are urged to attend. Additionally, there will be a site tour immediately following the Pre-Proposal Conference.

2. Detailed Scope of Work

2.1 Demolition & Site Preparation

- Remove interior non-load-bearing walls as identified in the construction plan.
- Carefully demolish ceiling sections necessary for HVAC, Ceiling modifications and electrical upgrades.
- Disconnect and remove patient-specific medical outlets and headwall systems if required.
- Remove or relocate existing furniture, cabinets, and wall-mounted medical accessories.
- Protect adjacent Fast Track areas to minimize noise, dust, and disruption.

2.2 Ceiling Modifications

- Modify or reconfigure existing ceiling grid layout to accommodate new lighting system and HVAC diffusers.
- Replace ceiling tiles with new acoustic tiles that meet hospital infection control standards.
- Patch and paint or refinish ceiling suspension systems as needed.

2.3 Electrical Work

- Install new duplex electrical outlets per fast track, triage and patient access workstation layout. Note: outlets that is not more than 6 feet away from a water source should be JFCI (i.e... Ice Machine, Sinks).
- Install safety outlets in children playroom.
- Remove or cap existing patient-care related outlets and circuits that is no longer needed.
- Install power connections for medical and office equipment including computers, monitors, and printers (Hospital Grade red outlets must be installed in all areas being modified. All outlets and breakers must be labelled.
- Provide new low voltage/data connections per IT requirements.

REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER

- All electrical work shall meet NEC and hospital electrical safety guidelines.

2.4 Lighting

- Remove existing light fixtures and replace with LED flat-panel lights.
- Install dimmable switches or occupancy sensors where applicable.
- Lighting levels shall comply with recommended foot-candle requirements for administrative spaces.

2.5 HVAC (Air Conditioning & Ventilation)

- Modify ductwork to suit the new office configuration.
- Relocate or install new supply and return air diffusers.
- Ensure room is balanced for proper airflow and temperature control.
- Coordinate with hospital facilities for testing and balancing after installation.

2.6 Walls & Partitions

- Construct new interior gypsum board partitions per new layout.
- Install sound insulation within wall cavities to ensure speech privacy.
- Tape, finish, and paint all new and disturbed wall surfaces.
- Apply hospital-grade paint in designated color scheme.

2.7 Doors, Frames & Hardware

- Install new solid core door per healthcare standards and required fire ratings.
- Provide ADA-compliant lever handle hardware and secure lockset.
- Install privacy signage or nameplate as directed.

2.8 Flooring

- Remove existing flooring materials.
- Install new slip-resistant, commercial-grade vinyl flooring or carpet tile.
- Provide transitions between new and existing flooring surfaces per ADA standards.

3. Deliverables

- Fully functional and code-compliant fast track rooms.
- Updated as-built plans for electrical and HVAC systems.
- Warranty documents and manuals for all installed systems and fixtures.
- Final inspection reports from hospital facilities and local authorities (if applicable).

4. Exclusions

- No modifications to load-bearing structural elements and fire walls
- Furniture, office equipment, and IT hardware procurement not included.
- Medical gas system modifications are not part of this scope.

5. Timeline

- **Estimated Duration:**
- Work must be phased and coordinated to avoid disruption to active ER operations. Night or weekend work may be required depending on access restrictions.

6. Assumptions

- All work to be coordinated with hospital infection control and safety teams.
- Permit approvals, if required, will be obtained prior to construction.
- Access to adjacent Fast Track areas may be restricted during certain hours; schedule coordination is required

REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER

NEGOTIATED PROCEDURES:

The Chief Executive Officer (CEO) will appoint an Evaluation Committee to assist in evaluating and selecting the vendor. Accordingly, proposals shall be reviewed and rated on the selection criteria outlined in the “**Factors for Discussions.**” After reviewing and rating the proposals, the Committee may select for discussions from the firm/s or person/s **deemed to be the most highly qualified to provide the services herein required.** Discussions will be conducted with the firm/s or person/s so selected. In addition, the Committee may select to conduct discussions and/or oral presentations from the firm/s or person/s, not less than two (2), deemed to be the most highly qualified.

FACTORS FOR DISCUSSIONS

Selection criteria will include (i) Professional qualification, registration, and general reputation of principals of the firm or person; (ii) the extent to which the firm or person specializes in or has provided services of a type and scope similar to the hereunder; (iii) familiarity with the location (s) in which services will be performed; (iv) project approach and capability of meeting schedules; and (v) quality of performance on other similar projects. Proposals will be evaluated according to the following criteria in descending order: (a) Qualifications (30pts), (b) Experience (30pts), (c) Cost (20 pts), (d) References (10), and (e) Project Approach (10). The Evaluation Committee may, at its option, request any or all proposers to participate in on-site or virtual interviews.

Proposers may only ask questions that are intended to clarify the questions that are being asked to respond. Each Proposer’s time slot for oral interviews will be determined randomly. Proposers who are selected shall make every effort to attend. If SRMC has trouble on any part of Respondent in scheduling a time for the oral interview, it may result in disqualification from further consideration.

NEGOTIATION:

The Evaluation Committee shall recommend to the Chief Executive Officer (CEO) the **highest qualified firm or person with whom a contract shall be negotiated as a result of the Committee’s scores from the written proposals or discussions-oral presentations if conducted.** With the assistance of the Evaluation Committee, the CEO, shall attempt to negotiate a contract with such firm or person.

Should the CEO be unable to negotiate a satisfactory contract with the firm to be the most qualified, at a price determined to be fair and reasonable to SRMC, negotiations with that firm will be formally terminated. Negotiations will then commence with the second most qualified, the third most qualified or additional firms to preference and their competence and qualification and shall continue until an agreement is reached.

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

INSTRUCTIONS TO PROPOSERS

A. NOTICE

RFP 0002-26 SRMC (C) Emergency Room (ER) Fast Track Temporary Modifications

Information provided in the scope of services is to be used only for the purposes of preparing a proposal. It is further expected that each Respondent will read the scope of services thoroughly, for failure to meet certain specified conditions may invalidate the proposal.

The Schneider Regional Medical Center herein after referred to as SRMC, reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to SRMC. The **price** shall not be the sole criterion for awarding this project. Scope and quality of work proposed and the ability of the Respondent to complete this type of project shall also be considered.

Applicants are requested to submit proposals based on the scope of services. Alternative proposals recommending new features and technology other than that requested in the scope of work will receive consideration provided such new features and/or technology is clearly explained. Any exceptions to the requirements requested herein must be noted in writing and included as part of the proposal.

The information contained herein is believed to be accurate but is not to be considered in any way as a warranty. Request for additional information clarifying the Scope of Work should be directed in writing to LeRue C. Browne, Director of Procurement & Materials Management, at ebids.proposalsSRMC@srmedicalcenter.org.

Failure to ask questions, request changes or submit objections shall constitute the acceptance of all terms, conditions, and requirements in this RFP. The issuance of a written addendum by SRMC is the **only** official method by which interpretation, clarification or additional information can be given. It is the responsibility of the potential Respondent to contact SRMC to ensure that they receive all addenda prior to the submittal of the proposal package. **The proposal package will be considered non-responsive if all modifications are not incorporated.**

B. STATEMENT OF PURPOSE

To assist SRMC in meeting the requirement for the following services: **RFP 0002-26SRMC (C)**

C. PROPOSED SCOPE OF WORK:

Detailed on pages 1 & 2. Also see Site plan provided by Jaredian Design Group

D. TIMETABLE

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

All interested parties must attend the walk-through by **Thursday, March 5, 2026, Last Day for Written Clarification: Friday, March 6, 2026 at 12:00 PM Atlantic Standard Time.**

E. SUBMISSION OF PROPOSAL

All interested parties shall submit their electronic submissions, ebids.proposalsSRMC@srmedicalcenter.org no later than **Tuesday, March 17, 2026, at 2:00 PM Atlantic Standard Time.**

Electronic submissions must include the Company’s Name – Solicitation Number and Due Date in the Subject Line of the email. For Example, ABC Company, Inc. – RFP 0000-001 – March 16, 2020.

The First Page of each electronic submission must also include Company’s Name – Solicitation Number and Due Date. The second page of each electronic submission must only contain the following words in red font: **“CONFIDENTIAL BID SUBMISSION”**



All electronic submissions must be received at ebids.proposalsSRMC@srmedicalcenter.org. Where proposals are sent by email, the bidder shall be responsible for their email to SRMC before the date and time set for the closing of acceptance and proposals. Proposals received after the official deadline will be considered **LATE** and will **NOT** be considered for evaluation. There will be no exceptions.

F. WITHDRAWALS OF PROPOSAL

A proposal may be withdrawn at any time prior to the time specified as the closing time for acceptance of proposals. However, no proposal shall be withdrawn or canceled for a period of thirty (30) days after said closing time for acceptance of proposals nor shall the successful provider withdraw or cancel or modify his proposal, except at the request of SRMC after having been notified that said SRMC had accepted proposal.

G. INTERPRETATION OF SPECIFICATIONS

If any person contemplating submitting a proposal requires clarification of any part of the scope of work, he/she may submit to SRMC a written request for an interpretation thereof to LeRue C. Browne, Director of Materials Management, at

REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER

ebids.proposalsSRMC@srmedicalcenter.org SRMC will not respond to questions received after the above established date. The Respondent will be responsible for its prompt delivery. Any interpretation of the scope of work will be made in writing to all prospective providers. Oral explanations will not be binding.

H. CONSIDERATION OF PROPOSAL

The Director of Procurement & Materials Management shall represent and act for SRMC in all matters pertaining to the scope of work and contract in conjunction therewith. **This RFP does not commit SRMC to the award of a contract, nor pay any cost incurred in preparing and submitting proposals in anticipation of a contract. SRMC reserves the right to reject any or all proposals and to disregard any informally and/or irregularity in the proposal when, in its opinion, the best interest of SRMC will be served by such action.** Proposals failing to provide some of the items in the scope of work shall not be rejected per se but any deviations from the scope must be clearly substantiated.

I. ACCEPTANCE OF PROPOSAL

SRMC will notify in writing acceptance of one of the proposals. Failure to provide any supplementary documentation to comply with the vendor's proposal may be grounds for disqualification.

J. CONTENTS OF PROPOSAL

The following is a list of information to be included in the written proposal. Failure to comply with all the requirements as outlined will disqualify the applicant.

1. Organization:
 - a. Introductory letter about the respondent:
 - i. Name, address, email, and telephone numbers.
 - ii. Type of service for which individual/firm is qualified.
 - b. Current Business License (Consultation for Testing and Evaluation) or state register for the services being advertised. All Respondents bidding as a Joint Venture must be licensed as a Joint Venture in the US Virgin Islands
 - c. Current trade name registration certification; if applicable
 - d. Certificate of Good Standing dated July 1st of the prior calendar year, or later
 - e. Articles of Incorporation (For Corporations) or Articles of Organization for (LLC's) or Statement of Qualification (Limited Partnerships), if applicable.
 - f. Corporate Resolution or equivalent identifying the person who is authorized to act for the Respondent with respect to this RFP.
 - g. List of **ALL** of Vendor's Pending Litigation

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

2. Project experience:
 - a. Provide a list of projects currently being performed. Include a brief description of the project and percentage completed.

3. Reference Letters: Two (2) letters minimum related to the project being solicited. To obtain maximum allotted points, each letter must:
 - a. Include information about past performance on similar project from authorized representative;
 - b. Include a working telephone number; and email address to be contacted; and
 - c. Notarized.

4. Project Approach:
 - a. The respondent applying to this solicitation will describe how you will approach this project and availability to perform the services requested.
 - b. The respondent applying to this solicitation will provide a listing of geotechnical equipment to use to perform services requested.

5. Proof of Sam.Gov registration and compliance with U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) List of Excluded Individuals/Entities (LEIE)

6. **The Cost Proposal must be submitted in a separate file. The Contractor will provide cost estimates for the following outlined services.**

K. CONFLICT OF INTEREST

A proposer filing a proposal hereby certifies that no officer, agent, or employee of SRMC has a pecuniary interest in this proposal or has participated in contract negotiations on behalf of SRMC; that the proposal is made in good faith without fraud, collusion, or connection of any kind with any other Respondent for the same request for proposals; the Respondent is competing solely on its own behalf without connection with or obligation to, any undisclosed person or firm.

L. ACCEPTANCE OF CONTRACT TEMPLATE AND OTHER TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, the Respondent agrees to accept the boilerplate terms and conditions of SRMC's standard Professional Services Contract, a copy of which is attached to this RFP, if the proposer is selected for award. In addition, the Respondent agrees to comply with all legal requirements to contract with SRMC.

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

M. MANDATORY LIST OF REQUIRED SUPPORTING DOCUMENTS TO CONTRACT WITH GOVERNMENT OF THE VIRGIN ISLANDS

1. See attached.

THE DOCUMENTS IN THE ATTACHMENT WILL BE REQUIRED FOR APPROVAL OF THE CONTRACT WITH THE SUCCESSFUL RESPONDENT.

N. REQUIRED DOCUMENTS

1. **PUBLIC LIABILITY:** The successful Respondent will be required to obtain and have in place public liability insurance and other insurance necessary as requested in this proposal package. Insurance policy (ies) shall name SRMC as the certificate holder and additional insured via an endorsement. The public liability insurance shall have a minimum limit of not less than Three Hundred Thousand dollars (\$ 300,000.00) for anyone per occurrence for death or personal injury and Three Hundred Thousand Dollars (\$ 300,000.00) for any one occurrence for property damage. Respondent must provide public liability insurance within ten (10) working days after award.
2. **PROFESSIONAL LIABILITY:** The successful Respondent will be required to supply proof of professional liability insurance for the services to be performed, with policy limits of no less than \$ 300,000.00 per each occurrence. SRMC shall be listed thereon as a certificate holder but not as an additional insured. Proof of professional liability coverage must be provided within ten (10) working days after award.
3. **WORKERS' COMPENSATION:** Within ten (10) working days after award of project, the successful Respondent must submit a copy of their certificate providing that the firm and its agents are covered by Workers' Compensation Employee's Liability.

O. DEBARMENT

By execution of an agreement, the firm certifies that it is eligible to receive grant awards using federally appropriated funds that it has not been suspended or debarred from entering into contracts with any federal agency. The firm shall include this provision in each of its subcontracts hereunder and shall furnish its Subcontractors with the current "LIST OF PARTIES EXCLUDED FROM FEDERAL PROCUREMENT OR NON-PROCUREMENT."

In the event the Firm or Subcontractor misrepresents its eligibility to receive grant awards using federal funds, the Firm or Subcontractor agrees that it shall not be entitled to payment for any work performed under the executed agreement and that the Firm or Subcontractor shall promptly reimburse SRMC for any progress payments heretofore made.

If, during the term of the executed agreement, the firm shall become ineligible to receive grant awards using federal funds, the agreement shall be terminated forthwith for cause and the firm shall not be entitled to payment for any work, or purchase under the agreement or Subcontractor after the effective date of ineligibility.

REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER

P. TAXES

The price proposed by Offeror(s) shall be the total consideration, inclusive of taxes, is applicable. The Offeror(s), if awarded the Contract, may be subject to gross receipt taxes, excise taxes, import taxes, or customs duty, depending on the nature of the scope of work. All taxes are the responsibility of the Offeror(s) unless exempt by law. The Offeror(s) is advised to contact the Virgin Islands Bureau of Internal Revenue (“IRB”), (340) 715-1040, for information on their tax obligations. Neither the Authority, nor its employees or representatives, shall be responsible or liable due to any inquiries or representations regarding the Offeror(s)/Firm’s tax liability.

In accordance with Title 33 section 44 of the Virgin Islands Code, SRMC when making a payment as defined under subsection (b) of this section, to any person, partnership, firm, corporation, or other business association that is subject to the payment of gross receipts tax, SRMC will deduct, withhold and pay 5% of such payment to the Virgin Islands Bureau of Internal Revenue (VIBIR). Payment is defined as (1) any single payment of at least \$30,000 and (2) any payment pursuant to a contract providing for a total expenditure of \$225,000 or more.

Any questions regarding withholdings should be directed to the VIBIR.

Q. OPEN RECORDS

Respondents are advised that any and all materials, information and documentation in any proposal submitted in connection with an RFP or an IFB may become a record of The Facility and may be subject to the provisions of Title 3 V.I.C. § 881, et seq. (Public Records Act). The Public Records Act requires disclosure of public documents upon request of any citizen unless the public document is deemed to be confidential or otherwise exempted by law. To date, however, no court of law has ruled on the application of this law to independent instrumentalities such as SRMC.” Confidential Information” includes all technical business, personnel, the taxpayer or other information including customer or client information and details of customer accounts, however, communicated or disclosed to the receiving party or its employees, relating to past, present and future research, development and business activities of the disclosing party and that has been identified as “confidential”. Both parties agree: (i) that the receiving party and its employees may disclose Confidential Information to others if required by law or with the prior written consent of the disclosing party; (ii) not to make use of Confidential Information other than for the performance of this Agreement; and (iii) that it will not use such information for its own advantage to the detriment of the disclosing party or its customers. Confidential information shall not include information which: (i) generally becomes available to the public (other than by the acts or omissions of the receiving party or its employees); (ii) was known prior to the date of this Agreement by “or becomes known to” the receiving party or its employees and was not obtained from any person under any obligation of confidentiality to the disclosing party, (iii) is independently developed by the receiving party; or (iv) is required to be disclosed pursuant to legal process or regulation.

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

R. APPENDIX A

Proposal Package Checklist

S. APPENDIX B

Bid Fee Schedule

T. APPENDIX C

Certification of Information

U. APPENDIX D

Women & Minority Owned Business Enterprise Participation Plan

V. APPENDIX E

GVI Non-Collusion Affidavit

W. APPENDIX F

Debarment Certification Form

X. APPENDIX G

Acknowledgement of any Addenda

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

APPENDIX A

Proposal Package Checklist

The following is a list of information to be included in the written proposal. Failure to comply with all the requirements as outlined will disqualify the applicant.

1. Submission of Proposal to:

Ebids.proposalsSRMC@srmedicalcenter.org

Subject line contains- **Company's Name- Solicitation Number and Due Date.**

a. Proposals to include each of the following:

- i. Title Page
- ii. Table of Contents
- iii. Introductory Cover Letter – Name, Address, Email, Telephone, Type of Service for which Individual/Firm is Qualified
- iv. Name/Address of Principals of Firm
- v. Commitment Statement Letter
- vi. Executive Summary with Key Personnel with Relevant Experience, Including Resumes as Applicable and Length of Time with the Organization
- vii. Number of Staff Available for Assignment (Local & Out of Territory)
- viii. Outside Consultants that will be Retained for this Project and Percentage of Work to be Sub-Contracted
- ix. Firm Background and Experience
- x. Current Business License
- xi. Current Tradename Registration Certificate (if applicable)
- xii. Certificate of Good Standing
- xiii. Certificate of Resolution/Memorandum Authorizing Signatory on Company Letterhead
- xiv. Copy of SAM.GOV Registration & DUNS Number
- xv. Articles of Incorporation/Articles of Organization/Limited Partnership Agreement
- xvi. Listing of **ALL** of Vendor's Pending Litigation
- xvii. Confidential/Proprietary Information (if applicable)
- xviii. List of completed projects and estimated cost of each
- xix. Current projects underway; scope; percentage completed to date and estimated cost of each.
- xx. Provide at least two (2) references for work done on similar projects within the last 5 years

REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER

- xxi. Technical Proposal; Describe how you will approach this project and availability to perform the services requested
- xxii. Menu of Services and Cost Proposal in a separate sealed envelope
- xxiii. Appendix A: Proposal Package Checklist;
- xxiv. Appendix B: Respondent's Qualification Statement & Minimum Qualifications Questionnaire
- xxv. Appendix C: Bid Fee Schedule
- xxvi. Appendix D: Certification of Information
- xxvii. Appendix E: Women and Minority Owned Business Enterprises Participation Plan
- xxviii. Appendix F: GVI Non-Collusive Affidavit
- xxix. Appendix G: Debarment Certification Form
- xxx. Appendix H: Acknowledgement of any Addenda
- xxxi. Appendix I: Exceptions to the terms and conditions specified in the RFP and General Contract Provisions

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

**APPENDIX B
BID FEE SCHEDULE**

Schneider Regional Medical Center

X-Ray Room Build Out Project

CONTRACTOR'S BID SCHEDULE

CONTRACTOR _____
(Contractor Name)

Description	Quantity	U/M	Unit Price		Total Cost	
			Dollars	Cents	Dollars	Cents
	1	LS	-			

Total Cost of Project is: _____

Licensed Contractor Name: _____ **Date:** _____

The undersigned Contractor acknowledges that the quantities included on the Bid Sheet are estimated values. It is the Contractor's responsibility to ascertain that the required materials and quantities are included in the Bid Sheet. Any discrepancies in calculation will be verified during the time of evaluation.

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

APPENDIX C

Certification of Information

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

- The information contained in the enclosed response is accurate and truthful as it relates to this Request for Proposal for **RFP 0002-26SRMC (C)**.
- Compliance to all applicable laws, regulation, or ordinances of applicable Federal, State, Territorial, and other governmental or regulatory agencies, which have jurisdiction, will continually be maintained.
- Unless fully disclosed in the response, the information submitted was not prepared in conjunction or cooperation with any other company and or individual.
- The firm named below unconditionally accepts all terms and conditions listed in this request for proposal, unless fully disclosed in the response.
- They have examined the Request for Proposal and related documents. They hereby submit the following Proposal for **RFP 0002-26SRMC (C)** and do all things necessary to complete work in accordance with said documents required.
- The individual signing this form is an officer of the firm and is authorized to sign agreements on behalf of the company.
- They agree to commence work under this contract within ten (10) days of receipt of written “Notice to Proceed” from SRMC and to complete the entire work of the contract as specified substantially.
- This proposal shall hold for and may not be withdrawn for a period of thirty (30) calendar days from the Proposal due date.
- They have received all addenda to the Request for Proposal, all of the provisions and requirements of which addenda have been considered in preparation of this Proposal.
- No claim will be made on account of any increased wage, scale, material prices, taxes, insurance, cost indexes, or material prices.
- SRMC reserves the right to reject any or all bids and to waive any formality in the bidding.

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

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 is 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.

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

APPENDIX D

Women & Minority Owned Business Enterprise Participation Plan

D.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 it with the proposal package.

I affirm the following statements are true and accurate:

I have read and understood the MWBE requirements of the project.

I will make and thoroughly document good faith efforts to meet MWBE requirements.

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.

I understand that I must submit an amended Subcontractor Participation Plan if there are any changes to the information provided herein.

Upon request, I will provide the Virgin Islands State Division of Homeland Security and Emergency Services (DHSES) with proof of payments made to subcontractors.

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.

Authorized Person: _____

Date: _____

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

Subcontractor Information

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

D.2 Intent to Perform as Subcontractor

Respondent/ Prime Contractor Firm		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 Firm hereby commits to hiring the Subcontractor, and the Subcontractor hereby affirms its intent to participate on the project. The firm must notify SRMC 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.

Prime Contractor Firm Signature _____

Date _____

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

Prime Contractor Firm Title

Subcontractor Signature: _____ Date _____

Subcontractor Title

D.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 it to your Prime Contractor Firm. If your business is self-performing all the work assigned under this contract, an authorized representative must sign below and submit it to your Prime Contractor Firm. 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 Firm) _____ under the _____ (Project Location name) Redevelopment Project, and thus will not be subcontracting any work.

Authorized Signature: _____ Date: _____

Print Name: _____

Title

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

APPENDIX E

**GOVERNMENT OF THE VIRGIN ISLANDS
GOVERNMENT HOSPITALS AND HEALTH FACILITIES CORPORATION
NON-COLLUSION AFFIDAVIT**

————— 0 —————

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

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

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

- He is duly informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
- Such bid is genuine and is not a collusive or sham bid;
- Neither the said Respondent 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 Respondent, 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 Respondent, firm or person to fix the price or prices in the attached bid or of any other Respondent, or to fix any overhead, profit or cost element of the price or the bid price of any other Respondent, 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
- 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 Respondent 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

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

APPENDIX F

GVI Debarment Certification Form

**GOVERNMENT OF THE VIRGIN ISLANDS
GOVERNMENT HOSPITALS AND HEALTH FACILITIES CORPORATION**

DEBARMENT CERTIFICATION FORM

Certification Regarding Debarment, Suspension, and Ineligibility

- By submission of this solicitation, the Respondent certifies 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.
- 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.
- 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:

Signature

Date

Subscribed and sworn to before me on the Island of _____, this
_____ day of _____, 2021, by _____ of legal age,

(Trade or Corporation)

and personally, known to me.

(SEAL)

Notary Public

**REQUEST FOR PROPOSALS
SCHNEIDER REGIONAL MEDICAL CENTER**

APPENDIX G

Addendum Acknowledgment

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 _____

Addendum Number _____ Date _____

Addendum Number _____ Date _____

Addendum Number _____ Date _____

RESPONDENT 'S AUTHORIZED REPRESENTATIVE

Name: _____
Title: _____
Signature: _____ Date: _____