



**FACILITY GROUP  
PLANNING AND CONSTRUCTION DEPARTMENT**

**\*\*REQUEST FOR PROPOSAL\*\***

RFP No.: 24002-01

RFP Name: 9708 Skillman Remodel Construction  
Services

METROCARE SERVICES is seeking a formal proposal for Construction Services at the Metrocare Skillman Family Mental Health Clinic located at 9708 Skillman St, Dallas, Texas 75243. Bids are due no later than **Friday, December 20<sup>th</sup> by 2pm** and must be submitted in-person at 1345 Riverbend Dr. Suite 200 Dallas, Texas 75247 and addressed to the point of contact provided here within. Any proposals received after **Friday, December 20<sup>th</sup> by 2pm** will not be considered. HUB/MWSBE certified vendors are encouraged to submit.

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## **INTRODUCTION**

Metrocare Services ("METROCARE"), formerly known as Dallas County MHMR, is the largest provider of behavioral health services in Dallas County, serving more than 62,000 adults and children annually. For over 50 years, Metrocare has provided a broad array of services to people with mental health challenges and developmental disabilities from mental health care, primary care centers, services for veterans and their loved ones, accessible pharmacies, housing, and supportive social services.

Alongside clinical care, researchers and teachers from Metrocare's Altshuler Center for Education & Research lead the way in advancing innovative mental health research while training clinicians needed to expand the clinical workforce across the state.

METROCARE receives federal and state financial assistance for numerous programs, the more significant of which include the Texas Department of Health and Human Services and Medicaid/Medicare/Insurance reimbursement.

## **PROJECT SUMMARY**

METROCARE is currently redesigning the interiors of an existing 16,980 sq ft. building located at 9708 Skillman Avenue, Dallas, TX 75243. The newly remodeled clinic will allow METROCARE to expand its current Adult and Child Mental Health (MH) services and Adult Substance Use Disorder (SUD) services, as well as introduce a new program for Child & Adolescent SUD services.

METROCARE is now inviting proposals for construction services for the interior remodel of the Skillman Family Mental Health Clinic. The construction of this project will be completed in 2 phases, and submitted proposals should consist of a cost breakout of each phase.

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**Phase 1 will consist of the following:**

- Installation of new flooring throughout the building
- Addition of (2) client restrooms in the Main Lobby
- New construction of the Adult and Child & Adolescent SUD programs
  - Waiting Areas (2)
  - Group rooms (2)
  - Offices (4)
  - Storage rooms (2)
  - Staff restroom (2)
  - Testing (Client) restroom (2)
- New construction of the Shared Lab
- Site improvements to include ADA compliant upgrades
- Demo of doors in the corridors of new construction areas
- All new construction areas in the phase will receive new light fixtures, flooring, and ACT ceiling tiles

**Phase 2 will consist of the following:**

- New construction of the Mental Health Bullpen (1)
- New construction of the Checkout (1) and Shared Financial area (1)
- New construction of the Mental Health Calm Rooms (2)
- New construction of Wellness Room (1) & Phone Booth (1)
- New construction of 4 Mental Health future private offices
- Updated construction of Staff Restrooms (2) & Janitorial closet (1)
- All new construction areas in the phase will receive new light fixtures, flooring, and ACT ceiling tiles

SJE Architects is the architect of record.

**Final design documents will be completed and distributed to all interested parties on December 13<sup>th</sup>.**

**Pricing for the phases of construction in this project shall be based on the final CD set that is issued on December 13<sup>th</sup>.**

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**This project is tax-exempt. (Federal Tax ID #75-1285603).**

## **SET-ASIDE REQUIREMENTS**

There are no set-aside requirements. However, entities of the following status are highly encouraged to submit proposals:

- Small Business Enterprise
- Minority and/or Woman Owned Enterprise
- HUB

The following documents must be provided as proof if the bidder claims M/WBE or HUB status:

- NCTRCA Certificate
- State of Texas Historically Underutilized Business Certification

## **PROPOSAL SUBMISSION**

**Respondents MUST email METROCARE's Project Manager of your intent to participate in this RFP process before submitting a bid.**

Email Address of METROCARE's Project Manager  
makyia.caraway@metrocareservices.org

## **PROPOSAL REQUIREMENTS**

- Proposals must be submitted by **Friday, December 20<sup>th</sup> @2pm**
- Any proposal or modifications received after this time shall not be considered.
- Respondent shall submit proposal in sealed package clearly marked on front of the package
- Proposals must include your company's qualifications and a construction schedule.

*Request for Proposal Submission*

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All proposals must be delivered in person to the address below and addressed to:

- MAKYIA CARAWAY
  - 1345 Riverbend Dr. Suite 200 Dallas, Texas 75247
- 
- Each bidder must sign the “**BID DELIVERY**” sheet and be acknowledged by an authorized representative of METROCARE at the time of bid delivery.
  - Respondent shall submit a completed Conflict of Interest Questionnaire (for vendor or other person doing business with local government entity) for each employment or business relationship Respondent may have with a METROCARE officer. If no relationship exists, the questionnaire must be submitted indicating no relationship (designated as Attachment B).
  - Respondent shall submit a completed Signature Page **(designated as Attachment C)**
  - Respondent shall submit a completed Vendor Profile **(designated as Attachment D)**
  - Respondent shall submit a completed Substitute W9 Form **(designated as Attachment E)**
  - **Please include all complete attachments with bid submission.**
  - All proposals become the property of METROCARE upon receipt and will not be returned. Any information deemed to be confidential by the Respondent should be clearly noted on the page(s) where confidential information is contained; however, METROCARE cannot guarantee that it will not be compelled to disclose all or part of any public record.
  - Any cost or expense incurred by the Respondent that is associated with the preparation of the Proposal or during any phase of the selection process shall be borne solely by the Respondent.

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**REFERENCES REQUIRED**

- Bidders wishing to respond to this RFP MUST provide 3 references.
- These references are highly recommended to be from non-profit organizations. Hospitals, Mental Health, Substance Abuse, Behavioral Health, Family Counseling, Mental Retardation, and Autism Treatment like centers are examples of like organizations.

**PRE-BID MEETINGS**

A mandatory pre-bid meeting for a site-walk through and question and answer session is scheduled for the following dates:

1. Thursday, November 21<sup>st</sup> @9-11am
  2. Friday, November 22<sup>nd</sup> @9-11am
- Participation at **one** of the scheduled pre-bid meetings is mandatory. The purpose of this pre-bid meeting is to provide bidders with the opportunity to ask questions related to this RFP or details of the building specifications and documents.
  - Please send a confirmation email to the contact below to confirm your attendance at one of the pre-bid meetings:
    - Makyia Caraway
    - [makyia.caraway@metrocareservices.org](mailto:makyia.caraway@metrocareservices.org)

Answers to questions received prior to the pre-bid meeting will be distributed to all bidders. Further questions may also be submitted by email until the deadline for questions noted below.

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**BID REQUIREMENTS**

*Bidders must meet ALL requirements in order to submit a response.*

- This is an “all or nothing” bid. If any line or item is “no bid” the entire response will be dismissed.
- No “add-ons” will be allowed after bids are submitted. The winning bidder is bound by the dollar amount submitted and no changes or additions will be made unless requested in writing by an authorized representative of METROCARE.
- All bidders are required to include a contingency fee equal to 10% of their total bid to account for any unforeseen issues.
- Bidders are responsible for their own field verifications.
- Bidders are responsible for securing necessary permits.
- Any deviations to project scope provided by METROCARE must be approved in writing by the Project Manager.
- Recurring meetings may be required on longer projects.
- METROCARE requires a one-year workmanship warranty and a five-year warranty on new equipment.

**ADDITIONAL REQUIREMENTS:**

- Installers/workers must be easily identifiable at all times by METROCARE staff.
- Uniforms showing the name of the company represented are preferred.
- Workers must carry government issued ID at all times.
- Workers must NOT leave tools unattended for any amount of time anywhere on site.
- Workers must leave the area clean and clutter free upon completion of work each day.
- Workers may not carry weapons of any sort on their person or in their vehicle.
- Other weapon-like tools necessary to performing the job at hand must be in toolboxes and not carried on the

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workers' person.

- All workers, both employees and subcontractors, who will be on METROCARE property are to be drug and background checked. Proof of drug and background check must be provided prior to the start of project.
- Workers may be searched by security at ANY time while on METROCARE property.
- Workers are NOT to buy, sell, give, or trade ANY item to, from or with any employee or tenant of METROCARE.
- Two 24/7 points of contact must be available to METROCARE via phone during the project. These contacts must be Supervisor level or above.
- Crews are always to be supervised while on METROCARE property.

### **INSURANCE REQUIREMENTS:**

Without limiting any of the obligations or liabilities of Consultant, Consultant shall carry and maintain, at its own expense (including any applicable deductibles or retentions), as long as respective, applicable statute(s) of limitation or repose are in effect relating to the specific purposes of this Agreement, insurance policies of the kind and limits listed below and with insurers with an A.M. Best's Rating of not less than A-VIII at all times. Accordingly, Consultant will maintain the following insurance requirements:

1. Workers Compensation with statutory limits & Employers' Liability with minimum limits of \$1,000,000 Each Accident, \$1,000,000 Disease - Each Employee, and \$1,000,000 Disease - Policy Limit.
2. Commercial General Liability including Premises/Operations, Products/Completed Operations, Contractual Liability, Independent Contractor's Liability, Broad Form Property Damage, Bodily Injury, Personal/ Advertising Injury with minimum limits of \$2,000,000 per occurrence and \$4,000,000 general aggregate.

Where permitted by law, Metrocare and its subsidiaries, officers,

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directors, trustees, employees, agents, and affiliated companies shall be named as Additional Insured on policies (b) above with a Waiver of Subrogation clause in favor of the Metrocare on policies a. and b. above. Additionally, in respects to Consultant's Indemnification obligations herein, all of Consultant's insurance shall be primary and any other valid and collectible insurance or self-insurance maintained by or in the name of Metrocare, and Metrocare's insurance and self-insurance shall be excess of Consultant's insurance and shall not contribute to it in any way.

Such insurance coverage described above shall cover the actions of all Consultant's employees, contractors and subcontractors performing the Services under this Agreement with the exception of coverage (a) which would only apply to actual employees of consultant. Hereunder, and the insurance requirements herein are not to be considered as indicative of the ultimate amounts and types of insurance that Consultant may need to protect Consultant's own interests.

### **PRODUCTS AND SERVICES REQUESTED**

- Please refer to the list of specific products and services requested included herein.
- All items must be commercial grade and be new, unused, and not refurbished. Gray market items are NOT acceptable.
  - Bidders shall suggest material type and color selection for each application. Refer to the "Scope of Work" section above herein for Material guidelines. Final Selections must be approved by the METROCARE Project Manager before work begins.

### **RESTRICTIONS ON COMMUNICATION**

- Outside of the scheduled RFI period and mandatory pre-bid visit, Respondents are prohibited from communicating with METROCARE employees regarding this RFP from the time this RFP has been released until the contract has been awarded.

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- These restrictions extend to “thank-you” letters, phone calls, emails. And any contact that results in direct or indirect discussion of this RFP and/or Proposals submitted by Respondents. Violation of this provision by the Respondent and/or their agent may lead to disqualification of Respondent’s proposal from consideration.

*Exceptions to the Restrictions on Communication with METROCARE employees include the following:*

1. Respondents may submit questions concerning this RFP to the Staff Contact Person listed below until **Tuesday, December 3rd**
2. Questions received after the stated deadline will not be answered.
3. Questions must be sent to:
  - Name: Makyia Caraway
  - Email: [makyia.caraway@metrocareservices.org](mailto:makyia.caraway@metrocareservices.org)
4. All questions submitted should be accompanied by an email address for delivery of METROCARE’s response
5. Respondents may provide responses to questions asked of them by METROCARE after responses are received and viewed. During the Q&A session and subsequent interviews, if any, verbal questions and explanations will be permitted.

METROCARE reserves the right to contact any Respondent to negotiate if such contact is deemed desirable by METROCARE.

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**EVALUATION CRITERIA**

METROCARE will conduct a comprehensive, fair, and impartial evaluation of all proposals received in response to the RFP. METROCARE may appoint a selection committee to perform the evaluation, and each proposal package will be analyzed to determine the best overall value.

A selection to interview will be based on the evaluation of proposals received. The selection committee may select all, some, or none of the respondents for interviews. If METROCARE elects to conduct interviews, respondents may be interviewed and re-scored based upon the same criteria, or other criteria to be determined by the selection committee. METROCARE may also request additional information from respondents at any time prior to final selection.

The following criteria will be taken into consideration to determine the best overall value in no specific order:

1. Price
2. **Project Schedule**
3. Qualifications/Portfolio (Related Experience & References)
4. Relevant references provided.
5. HUB/MWBE Status
6. Length of time in business in DFW area.
7. Attendance of at least one Pre-Bid Meeting.
8. On-time and thoroughness of proposal submitted.

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**SCHEDULE OF EVENTS**

The schedule below contains all activities and due dates for this RFP.

RFP Issue Date	November 11 <sup>th</sup>
RFI period begins	November 12 <sup>th</sup>
Pre-Bid Meeting 1	November 21 <sup>st</sup> @9-11am
RFI period ends	<b>December 3rd</b>
Pre-Bid Meeting 2	November 22 <sup>nd</sup> @9-11am
Proposals Due	<b>December 20<sup>th</sup> @2pm</b>
Vendor selected (on or about)	<b>January 17<sup>th</sup></b>
Selection vendor notified and awarded by (on or about)	<b>January 21<sup>st</sup></b>
Contract signed (on or about) <b><i>Contractor may work on a notice to proceed during contractor negotiation</i></b>	<b>February 7th</b>

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**AWARD OF CONTRACT AND RESERVATION OF RIGHTS**

METROCARE reserves the right to amend this RFP prior to the proposal due date.

METROCARE reserves the right to terminate this RFP and reissue a subsequent solicitation and/or remedy technical errors in the RFP process.

A proposal may be withdrawn prior to the due date by sending a written request to the designated METROCARE Staff Contact Person.

METROCARE may accept any Proposal in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of METROCARE.

METROCARE reserves the right to award one, more than one, or no contract(s) in response to this RFP, and to waive informalities and irregularities in the proposals received.

This RFP does not commit METROCARE to enter into a contract, or award any services related to this RFP, nor does it oblige METROCARE to pay any costs incurred in preparation or submission of proposals or in anticipation of a contract.

The contract, if awarded, will be awarded to the Respondent(s) whose Proposal(s) is deemed most advantageous to METROCARE, as determined by the selection committee.

Respondent agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract is (are) and shall be deemed to be an independent contractor(s), responsible for its (their) respective acts or omissions, and that METROCARE shall in no way be responsible for Respondent's actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties that is has such authority. Final approval of a selected Respondent is subject to the action of the Selection Committee.

## Attachment B

### RFP:

### Conflict of Interest Questionnaire

Metrocare Services will not engage an individual or firm that has a conflict of interest and may not engage an individual or firm that has the appearance of a conflict of interest.

A conflict of interest will be deemed to exist:

- a) If the Responding firm, or any of its principals, affiliates, or subcontractors, has an existing contract(s) or agreement(s) with any METROCARE department or officer.
- b) If the Responding firm, or any of its principals, affiliates, or subcontractors, has performed any work for any METROCARE department or officer.

***By your signature below, Respondent attests that:***

1. No conflict of interest, as defined above, exists; and,
2. No appearance of a conflict of interest, as defined above, exists; or,
3. The following relationship(s) may constitute the appearance of such a conflict of interest:

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_

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Respondent's Name (PRINT)

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Respondent's Signature

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Title

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Date

## Attachment C Signature Page

<b>Date:</b>	
<b>RFP Number:</b>	
<b>Direct Inquiries to:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Deliver Proposal to:</b>	
<b>Due Date/Time:</b>	

**NOTICE:** Proposals submitted in response to the RFP **MUST** be accompanied by this "SIGNATURE PAGE". Respondents should read the entire RFP document before submitting a proposal. Proposals **MUST** be signed.

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Printed Name

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Signature

---

Title

---

Date

---

Company Name

---

Address

---

Phone

---

Email

## Attachment D Vendor Profile Form

### General Business Information:

<b>Name of Business, Organization, or Name of Person (if payment is to an individual):</b>	
<b>Mailing Address for Payments:</b>	
<b>Phone:</b>	
<b>How Long in Business:</b>	
<b>Business EIN Number:</b>	
<b>Business SIC Code:</b>	
<b>President/General Manager:</b>	
<b>Principal products and/or services offered:</b>	
<b>Type of Ownership:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Proprietorship
<b>Number of Regular (Full-time) Employees:</b>	
<b>Number of Part-Time employees:</b>	
<b>Status (Check all that apply)</b>	<input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Small Business <input type="checkbox"/> Women-Owned Business <input type="checkbox"/> MBE Certified

**Attachment D  
Vendor Profile Form Cont.**

**Business Contacts:**

<b>Vendor/Project Manager Point of Contact:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Invoicing Main Contact:</b>	
<b>Phone:</b>	
<b>Email:</b>	

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Signature of Authorized Representative of Vendor:

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Date:

## Attachment E Metrocare Services Vendor Information

**Vendor Number:**

### Substitute W-9

<b>Name:</b>	
<b>Business Name (If different from above):</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	
<b>Check the Appropriate Box:</b>	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Tax Class: C Corp) <input type="checkbox"/> LLC (Tax Class: S Corp) <input type="checkbox"/> LLC (Tax Class: Partnership) <input type="checkbox"/> Other
<b>Social Security Number or Employer Identification Number</b>	
<b>Backup Withholding (Check One)</b>	<input type="checkbox"/> I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has been notified me that I am no longer subject to backup withholding. <input type="checkbox"/> I have been notified by the IRS that I am currently subject to backup withholding

### Historically Underutilized Business Information

<b>HUB Status</b>	<input type="checkbox"/> Certified HUB <input type="checkbox"/> Uncertified HUB <input type="checkbox"/> Public Corporation <input type="checkbox"/> Government/Non-Profit <input type="checkbox"/> Non HUB Individual/Partnership
<b>HUB Classification</b>	<input type="checkbox"/> African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman-Owned

**Attachment E  
Metrocare Services  
Vendor Information Cont.**

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

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