STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS

FOR

FACILITIES ADMINISTRATION

INVITATION TO BID 071I8200064

TO PROVIDE
INDUSTRIAL HYGIENE CONSULTANT AND MANAGEMENT SERVICES

BIDDER'S TECHNICAL PROPOSAL AND RESPONSE

BIDDER / COMPANY NAME: _____

THIS PROPOSAL INCLUDES THE FOLLOWING:

Bidding Company's:

(1) Information and Capabilities, including:
   a. Location, Contact, and Certification, License & Registration Information
   b. Financial stability and viability
   c. Experience:
      i. Past Project Experience
      ii. Past Performance with the State of Michigan
   d. Additional Information related to stability and capability

(2) Proposed Staffing (including certifications and credentials)
   - Key Staff: Industrial Hygiene Project Manager
   - Additional Staff

(3) Sub-Contractor Availability (including accreditations)

(4) Equipment Availability

1. COMPANY INFORMATION & CAPABILITIES

A. COMPANY NAME & ADDRESS INFORMATION (Legal Entity for Contract)

LEGAL NAME:	
FEIN and State of MI Mail-Code:	
MAIN OFFICE / HEADQUARTERS ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE:	( )
FACSIMILE:	( )
WEB PAGE (if one)**:**	

COMPANY CONTACT FOR INVITATION TO BID AND AUTHORITY TO SIGN POSSIBLE CONTRACT (SIGNATORY)

Name, title, address, electronic mail, telephone, and facsimile numbers for Bidder's ITB Contact:

CONTACT NAME:	
OFFICE ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE:	( )
FACSIMILE:	( )
ELECTRONIC MAIL ADDRESS:	

COMPANY BRANCH OFFICE LOCATION(S) (if applicable)

BRANCH OFFICE	COMPANY CONTACT FOR THIS LOCATION - NAME & JOB TITLE (and e-mail, if available)	ADDRESS	CITY, ST & ZIP	TELEPHONE	FACSIMILE

Bidder Name: _____

COMPANY CERTIFICATION(S), LICENSE(S), MEMBERSHIP(S), AND REGISTRATION(S)

CERTIFICATION / LICENSE / MEMBERSHIP / REGISTRATION / - OR-	DESCRIPTION	DATE EFFECTIVE (FROM / THROUGH)	PHOTOCOPY INCLUDED (YES / NO)

B. FINANCIAL STABILITY AND VIABILITY:

(1) Year Company /Organization established?

(2) Identify whether your company/organization operates as an individual, partnership, or corporation.

- If organization is a corporation, then indicate the state in which it is incorporated;
- If organization is a subsidiary of a larger organization, information should be included for both the parent and offering entity:

(3) Include Sales Volumes for at least the past three (3) years

2004	2005	2006	2007

(4) Provide evidence of your financial strength by describing and including copies of documentation such as recent annual reports, income statement, balance statement, or other equivalent information:

(5) Provide a brief overview of Company's organization and describe or summarize the Company's primary business focus, a (very) brief history, and identify any significant changes or growth during the past three (3) years:

Bidder Name: _____

C. EXPERIENCE

(1) COMPANY'S PAST PROJECT EXPERIENCE

Provide a complete description of prior company experience as it relates to the work described in this solicitation.

Include a minimum of two (2) business-related references, relevant to the services in this Invitation-To-Bid (ITB), **NOT including any State of Michigan contracts**, as the description of prior experience. **Describe the project with enough detail to illustrate the relevance of that experience** as compared to the size and scope of this ITB's Statement of Work.

DMB's Purchasing Operations and Facilities Administration will evaluate and verify the facts presented and may reject or fail, at its sole discretion, the Bidder's proposal based on this description of prior experience.

The prior, cumulative business experience must be for no less than total two (2) years. It is preferred, but not required, that one experience have been for a governmental unit (other than the State of Michigan) or a non-profit entity, and one having been for a private company / corporation.

Such experience as demonstrated corporate proficiency and leadership in environmental services, significant publications in professional journals, and the development of specialized tools and techniques should be described as examples of project outcomes. Each description of experience must include information regarding the project scope and outcomes:

BIDDER'S PROJECT EXPERIENCE - # 1	
COMPANY NAME:	
Office Address:	
City, State, Zip:	
Contact Name:	
Telephone:	( )
Facsimile:	( )
Electronic-Mail Address:	
Project Start Date:	
Project End Date:	
Project Total Value:	
Description of experience (Note that the description must include detailed information regarding project scope and outcome(s), in order to support direct comparison of this experience with the services/goods from this ITB):	

Bidder Name: _____

BIDDER'S PROJECT EXPERIENCE - # 2	
COMPANY NAME:	
Office Address:	
City, State, Zip:	
Contact Name:	
Telephone:	( )
Facsimile:	( )
Electronic-Mail Address:	
Project Start Date:	
Project End Date:	
Project Total Value:	
Description of experience (Note that the description must include detailed information regarding project scope and outcome(s), in order to support direct comparison of this experience with the services/goods from this ITB):	

Bidder Name: _____

(2) COMPANY'S PAST PERFORMANCE WITH THE STATE OF MICHIGAN

DMB-Purchasing Operations and Facilities Administration will evaluate and verify the facts presented by the Bidder and may reject or fail, at its sole discretion, the Bidder's proposal based on prior State of Michigan experience.

STATE OF MICHIGAN CONTRACTS / PROJECTS
within the last three (3) years:

CONTRACT # , BPO #, PO # , OR PROJECT REFERENCE	DATES EFFECTIVE	TOTAL AMOUNT	DESCRIPTION OF SERVICE(S)

Bidder Name: _____

D. OTHER COMPANY INFORMATION RELATED TO STABILITY AND CAPABILITY:

Indicate if company / organization had any contract terminated for default in the last three (3) years. Termination for default is defined as notice to stop performance due to poor or non-performance or due to an issue of performance (regardless of whether the termination was litigated).

If no such termination for default exists, then Bidder must affirmatively state this, by selecting "No," in the appropriate box, below.

If any contract was terminated in the past three (3) years, then Bidder must describe any details regarding this termination, including the other party's name, address, and telephone number.

DMB-Purchasing Operations and Facilities Administration will evaluate and verify the facts presented by the Bidder and may reject or fail, at its sole discretion, the Bidder's proposal based on this information:

CONTRACT TERMINATION:

Have any Company contract(s) been terminated in the past three (3) years, which either are or are related to the services described in this solicitation?	☐ YES (or) ☐NO
If, *YES*, provide details:	

Bidder Name: _____

2. PROPOSED STAFFING FOR PROJECTS

Roles and responsibilities of all staff must clearly identify functions and describe individual qualifications to support the Company's ability to deliver the service specifications included in this ITB.

Key-staff position and minimum experience is listed below. A bidder must identify who within its company will fulfill this key-staff role, in order for the State to evaluate the Company's staffing and capabilities and consider its pricing.

For **Additional Staffing**, persons with appropriate State of Michigan certifications must be assigned to and work under the direct oversight of a person with an appropriate Certification as Certified Industrial Hygienist (CIH) or Certified Safety Professional (CSP) who must perform all services under this contract (résumés may also be attached to this proposal). Any Inspectors, Management Planners, Project Designers, Project Administrators, and Instructors must also be State of Michigan certified.

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- **Key Staff: Industrial Hygiene Project Manager**:
  Contractor must provide one (1) person to serve and fulfill this key-staff role; the role must be filled by the bidder's signatory and representative who will be authorized by the company to oversee and assign staff to carry out a project assignment, and who can follow-up on State of Michigan accounts or State inquiries on an emergency or as needed basis, per the description in the ITB. This individual may also fulfill more than one role.

  Minimum experience shall include not less than two (2) years of professional experience managing, assigning or supervising CIH's, CSP's, or PCM Analysts, and shall also include not less than three (3) years of relevant field experience (five (5) years total experience must be documented).

  Past experience will be verified by the State; therefore, include the following information for at least two (2) previous work experiences that meet the above-requirements (résumé may be attached, which describes all work experience, but include only the information requested in the table below):

  - Relevant field / type of experience
  - Years and Dates as a project manager
  - Description of Experience and Projects completed
  - Company Name (address, city, ST, and telephone)
  - Contact Name
  - Contact Information (include telephone [and e-mail address, if available]).

Bidder Name: _____

PROJECT MANAGER AND DESCRIPTION OF REQUIRED EXPERIENCE:

NAME: _____

Relevant Education and Certifications:	Relevant Field / **Type of Experience**:	**Dates and Number of Years**	(Brief) **Description of Experience and Project(s) completed**:	**Company Name** (City, ST, telephone and Contact Name and info):
	PROJECT MANAGEMENT EXPERIENCE			
	FIELD EXPERIENCE			

Bidder Name: _____

- **Additional staff** are not considered key-staff but are those which may be assigned to work on project will be considered as part of the bidding company's overall capabilities to deliver services described in this ITB. Include a description of roles and responsibilities; note that it is not necessary to include *names* of individual staff who may be assigned to perform the roles; for example, this could include other field or Laboratory staff, Industrial hygiene technicians, Inspectors, Management Planners, Project Designers, Project Administrators, and Instructors, Customer Accounts staff, etc.).

  No minimum experience is necessarily required for these additional roles, however, some roles must be held by persons with appropriate State of Michigan certifications (as stated previously) and must be assigned to and work under the direct oversight of a person with an appropriate Certification as Certified Industrial Hygienist (CIH) or Certified Safety Professional (CSP) who must perform all services under this contract. For example, a PCM analyst must be trained according to the National Institute for Occupational Safety and Health (NIOSH) 582 course (as Industrial hygiene technicians must be equipped and trained to analyze PCM samples on-site), but must also be under the direct supervision of a CIH or CSP. One employee may fulfill more than one role.

  Résumés may be attached, which describes all work experience for individual(s), but bidder must still include the summary information requested in the table below.

  If no additional key-staff is to be included or is proposed for work on these projects, then indicate that there is no additional key-staff:

  Description:

  ☐ No Additional Staff
  proposed for projects which may be assigned under a possible Contract for this Invitation-To-Bid.

  [or]

  ☐ Additional Staff includes:

DESCRIPTION OF ADDITIONAL STAFF / ROLES			
Position or Role	Requisite certifications, etc.	# of positions or # of Bidder-Staff to fill this role	Description of what this position / role will do

Bidder Name: _____

3. SUB-CONTRACTOR COMPANY INFORMATION

Will subcontractor(s) be utilized? If "yes," then list all subcontractors (in the table provided below) including firm's name, address, contact person, description of the service or work to be subcontracted, and information concerning subcontractor's organization.	☐ YES (or) ☐ NO

List the type of service(s) each Sub-Contractor can provide, if needed; also, include the Company Name and contact information. (Also, indicate whether including copies of agreement or letter of acceptance for each, *if available*. Subcontractor(s) will also be evaluated and considered as part of this Bidding Company's capabilities):

SUB – CONTRACTOR(S):

GOODS [OR] SERVICE(S)	SUB-CONTRACTOR'S COMPANY NAME	ADDRESS, ST, ZIP	COMPANY CONTACT NAME	TELEPHONE AND E-MAIL, if available	COPY OF AGREEMENT INCLUDED (Y / N)

Bidder Name: _____

4. EQUIPMENT & MATERIALS

List the following information for the equipment currently available for project assignment(s) under a possible contract award:

(a) List each type of equipment available *and* name the specific equipment item
(b) List the make, model, & manufacturer of each specific equipment item
(c) State the quantity of item(s) available
(d) State the approximate age of equipment item(s) and
(e) State the inspection / maintenance schedule (e.g., weekly, monthly, etc.).

EQUIPMENT LIST:

EQUIPMENT ITEM	MAKE / MODEL / MANUFACTURER	QUANTITY	AGE (approx)	INSPECTION / MAINTENANCE SCHEDULE

Bidder Name: _____