



ADDENDUM #3

July 27, 2023

REQUEST FOR PROPOSALS

FOR

PROPERTY AND FACILITY MAINTENANCE SERVICES

Issued by the

FORT MONMOUTH ECONOMIC REVITALIZATION AUTHORITY

Date Issued: June 9, 2023

Responses due by 12:00 P.M. on August 8, 2023

This Addendum #3 is being issued to respond to Questions received via email.

Question: Can you please provide a listing of the subcontractors currently working at the facility?

Answer: **There are no subcontractors currently working at the facility. Subcontractors are retained by the current contract manager on a case-by-case basis depending on the needs of the Authority.**

Question: Can you please provide levels of effort and costs expended by trade for the past 3-5 years by the incumbent contractor?

Answer: **Past cost expenditures were governed under the prior RFPs and are not relevant to the current request for bid. Fort Monmouth is under active redevelopment and current scope of work reflects present needs regarding property management. Proposers should review the current scope of work and make a determination of costs based on best practices and industry standards.**

Question: Can you please confirm the wage rates which apply to the project?

Answer: **See Section 14.5: Prevailing Wage Requirement and Attachment #4: Fee Schedule of the RFP.**

Question: Can you please let us know the hours that your office and the current service provider office are manned?

Answer: **The FMERA office is open from 8:00a.m. to 5:00p.m., Monday-Friday.**

The Chenaga Healthcare Services office is open from 8:00a.m. to 4:00p.m., Monday- Friday.

Question: Certification for EO No. 271 – COVID-19 VACCINE form is not found in Attachment #3. Please provide the form.

Answer: **Attached to Addendum #3.**

Question:

What is the scope of service for:

1) Pest control

Answer: **FMERA contracts directly for Pest Control for the FMERA office. The successful Firm would be responsible for pest control services on as needed basis for other buildings.**

2) Equipment maintenance

Answer: **See Scope of Services:**

Section 1.1.1 Property/Facility Management

Section 1.1.2 Operation and Maintenance of Building Systems

Section 1.1.6 Site-Wide Utilities/Infrastructure

3) HVAC Services and Maintenance

Answer: **See Scope of Services – Section 1.1.2(d). Operation and Maintenance of Building Systems**

4) Plumbing

Answer: **See Scope of Services – Section 1.1.2(b). Operation and Maintenance of Building Systems**

5) Excavation

Answer: **Excavation contractors are retained on an as needed basis through the Contract Manager to manage Water Main repairs, Sanitary Sewer Main repairs; and the Stormwater outfalls in the creeks located on the Fort property.**

6) Pump Station Maintenance

Answer: **See Scope of Services – Section 1.1.6(b) Site-Wide Utilities/Infrastructure**

Question: 1) with respect to the referenced Attachment 4 Fee Schedule, Subscript #4 “each respective Fee proposal”, Is one (1) Attachment 4 to be completed for the initial term or are one (1) Attachment 4 Fee Schedules to be completed for each anticipated additional four (4), twelve (12) month terms?

Answer: **Only one (1) Attachment #4, Fee Schedule is to be completed for the duration of the contract: a term of twelve (12) months; with an option by the Authority to extend the terms of the contract for an additional four (4), twelve (12) month terms. Except for the Annual Escalation Rate, pricing is to remain firm throughout the contract term.**

Question Will the Government consider providing a 14-calendar day extension to allow for questions to be answered and for incorporation of those answers given the upcoming Independence Day holiday?

Answer: **FMERA extended the proposal due date to Monday, July 24, 2024, at 12:00p.m. via Addendum #1 issued on June 29, 2023. FMERA extended the proposal due date to Tuesday, August 8, 2023 at 12:00p.m. via Addendum #2.**

Question: Will the Government please clarify if the bound copy of the proposal submission is to be spiral bound or 3-ring binder?

Answer: **The proposal can be either spiral bound or 3-ring binder bound.**

Question: Will the Government please clarify if the supplies and equipment for snow removal operations will be provided by the Authority or if it must be purchased and provided by the successful firm?

Answer: **FMERA owns two (2) plow attachments FMERA owned vehicles and a push box for rubber-tired loader that can utilized by the successful Firm for snow removal. For other supplies please see Scope of Services Section 1.1.1. (c):**

(c) FMERA will compensate or provide the successful Firm for all additional supplies, materials, tools, and equipment necessary to accomplish the property/facility management functions outlined in this RFP. The successful firm must keep a detailed inventory of all the tools and equipment purchased for use at FMERA locations. All tools and equipment currently onsite and those purchased during the contract will be the property of the FMERA. Supplies and equipment shall not be subject to a cost markup of any kind.

The successful Firm should be aware that the purchase of tools and equipment is subject to prior written approval by FMERA's Executive Director for items in excess of \$500 as set forth in Attached #6, section (C).

Question: Will the Government please provide the Affirmative Action Supplement with Affirmative Action Employee Information Report?

Answer: **Attached to Addendum #3.**

Question: Is the reference to potential successful Firm's cost of car insurance for Firm owned vehicles, or is this cost for the Authority owned two (2) provided vehicles (Section 11.0)?

Answer: **If the Firm owns vehicles that will be used under this contract, the Firm shall obtain and pay the cost of car insurance. The Authority shall pay the insurance for the two (2) provided vehicles owned by the Authority.**

Question: We will be approaching this RFP via a JV with a long-term teaming partner. The JV does not at this time have an NJ business license. We would like to know if we can submit with this JV and if awarded this contract, obtain the license immediately upon award.

Answer: **The Authority will NOT consider Proposals submitted by joint ventures in the performance of the Work for this RFP. Proposers shall note that any and all reference to "joint venture(s)", "joint venture partner(s)"/"joint venture partnership(s)" in any documents included as a part of the RFP specifications, exhibits or attachments shall be read as though the words are stricken and removed.**

Question: Are there any federal funds used to pay for property and facility maintenance services on the properties managed by The Fort Monmouth Economic Revitalization Authority? If yes, are any federal funds associated with this solicitation?

Answer: **No, there are no federal funds used.**

Question: It is clear from reading the solicitation that New Jersey prevailing wages must be used for any renovation or construction activities. Are there any State or Local requirements that mandate pay rates for service workers such as general maintenance or grounds maintenance personnel?

Answer: **See Section 14.5 of which requires that the successful Firm and any subcontractor and/or subconsultant must comply with Prevailing Wage requirements set forth in N.J.S.A. 34:11-56.26 and as required by law and the Public Works Contractor Registration Act. These services are not limited to renovation and construction activities and the successful Firm is required to keep accurate records of the name, classification, and hourly rate of wages and benefits paid to each worker employed by it to perform services.**



CERTIFICATION FOR EXECUTIVE ORDER NO. 271 - COVID-19 VACCINE

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

Pursuant to [Governor Murphy's Executive Order No. 271](#) (EO 271) which was signed and went into effect on October 20, 2021, a covered contractor, must have a policy in place:

- (1) that requires all covered workers to provide adequate proof, in accordance with [EO 271](#), to the covered contractor that the covered worker has been fully vaccinated; or
- (2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and
- (3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by [EO 271](#) and must report the results to local public health departments.

The requirements of [EO 271](#) apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property.

By signing below, contractor certifies that it shall comply with the requirements [Governor Murphy's Executive Order No. 271](#) if awarded a contract.

Signature of Contractor's Authorized Representative

Date

Print Name and Title of Contractor's Authorized Representative

Print Contractor's Name

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM **AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE**. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOU ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.

ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

ITEM 2 - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

ITEM 3 - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

ITEM 4 - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

ITEM 5 - Enter the physical location of the company. Include City, County, State and Zip Code.

ITEM 6 - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

ITEM 7 - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

ITEM 8 - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

ITEM 9 - Enter the total number of employees at the establishment being awarded the contract.

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. **DO NOT attach an EEO-1 Report.**

Racial/Ethnic Groups will be defined:

Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillippine Islands and Samoa.

Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

ITEM 12 - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

ITEM 13 - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

ITEM 14 - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

ITEM 15 - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

ITEM 16 - Print or type the name of the person completing the form. Include the signature, title and date.

ITEM 17 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY **WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE)** TO:

**NJ Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program
P.O. Box 206**

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

EXHIBIT A

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27**

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		
5. STREET	CITY	COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE		
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT CITY COUNTY STATE ZIP CODE		

Official Use Only	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL. 1 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE*****					***** FEMALE*****				
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/ Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment From previous Report (if any)													
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
13. DATES OF PAYROLL PERIOD USED From: _____ To: _____		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO DAY YEAR
17. ADDRESS NO. & STREET	CITY	COUNTY	STATE ZIP CODE PHONE (AREA CODE, NO., EXTENSION)