# REQUEST FOR QUOTATION (“RFQ”)

**HHSC 21-0012**

August 18, 2020

TO: Valued Prospective Offerors

**Kona Community Hospital** of the West Hawaii Regional Health Care System, a division of Hawaii Health Systems Corporation (hereinafter “HHSC” or "KCH”), is soliciting quotations for:

**Auto Transfer Switch –Life Safety Branch**

This RFQ requires a performance and payment bond in the amount of the final executed agreement.

This RFQ requires wages to be paid in accordance with the then current State of Hawaii Wage Rate Schedule (WRS) located at <http://labor.hawaii.gov/rs/home/wages/72-2/>.

This RFQ requires that the electrical contractor and its employees possess all certifications and licensures as required by the State of Hawaii throughout the entirety of this project.

**A pre-bid site visit and meeting is scheduled for Thursday, September 3 from 8:30 a.m.-9:30 a.m.** While the site visit and meeting is not mandatory, it is strongly recommended that all interested offerors attend as there may be items discussed that will affect your quote.

**SCOPE OF WORK**

Life Safety Branch

The Kona Community Hospital requires a separate ATS to be installed for the Life Safety Branch as required by the 2017 NEC 517.30, NFPA 99-2005, and the Joint Commission. The ATS will connect from the Emergency Generator Switchboard and Utility Switchboard to the new Life Safety Panel as indicated on the drawings. The scope of work includes but is not limited to:

* 600A, 480V, 4W ATS for Life Safety Branch will be provided by hospital.
* Provide new 480v 600 amp manual transfer switch with cam lock connections
* Provide new 150kva 480v-120v transformer
* Provide new 480/277v 600amp panel with main breaker
* Provide new 120/208v 400amp panel with main breaker
* Provide new breakers in panels for all loads that will be transferred
* Provide new junction boxes for new feeders
* Provide new conduit and wire for feeders
* Provide new conduit and wire for control wire from generator to ATS
* Concrete Pad for ATS
* Removal of transfer switch and isolation bypass switch’s from SSB building

# ADDENDA

Discrepancies, omissions, questions or doubts as to the meaning of specifications should be communicated in writing to the contact listed below for interpretation. **These questions or comments must be received no later than no later than 12:00pm HST, Thursday, September 10, 2020. Answers will be provided to offerors no later than 12:00pm HST, Wednesday, September 16, 2020.**

Any supplemental instructions will be in the form of written addenda to the RFQ, which will be supplied to all prospective Offerors prior to the due date. Failure of any offeror to receive any such addendum or interpretations shall not relieve the offeror from an obligation under his quotation as submitted. All addenda so issued shall become part of the Agreement documents.

No other means of communication, whether oral or written, shall be construed as a formal or official response/statement and may not be relied upon. Offeror shall not communicate with any employee of KCH with the exception of the Contracts Manager during the RFQ process. Any communication, whether oral or written, to anyone other than the Contracts Manager may result in Offeror’s disqualification.

**QUESTIONS/CORRESPONDENCE**

Send relevant questions, if any, and cost quotation via email to:

Yvonne S. Taylor

Senior Contracts Manager

Hawaii Health Systems Corporation

c/o Kona Community Hospital

79-1019 Haukapila St.
Kealakekua, HI 96750

Phone: 808.322.4442

ytaylor@hhsc.org

**AND**

Michelle Gray

Contracts Asst II

Hawaii Health Systems Corporation

c/o Kona Community Hospital

79-1019 Haukapila St.
Kealakekua, HI 96750

Phone: 808.322.5830

mgray@hhsc.org

**QUOTE PREPARATION**

Submit quote on table provided as Attachment 1 or on your own quote form as long as it is in a clear and concise, easy to read format.

**Quotations must be received by 12:00pm HST, Wednesday, September 29, 2020.**

HHSC is under no obligation to accept any quotations. The HHSC CEO, or a designated representative, may execute an Agreement with the Company whose quotation is determined to be the best value to HHSC. **The Agreement will be subject to the State of Hawaii DAGS 1999 Interim General Conditions located at** [**http://pwd.hawaii.gov/wp-content/uploads/2014/12/InterimGeneralConditions1999Edition.pdf**](http://pwd.hawaii.gov/wp-content/uploads/2014/12/InterimGeneralConditions1999Edition.pdf). It is the vendor’s responsibility to read the document and understand that it will be incorporated into the Agreement unedited.

**RESPONSIBILITY OF OFFEROR**

# Offeror is advised that if awarded an Agreement under this RFQ, Offeror shall, prior to execution of the Agreement, furnish the following items:

* State of Hawaii Electrical Contractor license (copy)
* State of Hawaii GET license (copy)
* State of Hawaii Certificate of Vendor Compliance (print from website)
* W-9
* Signed acknowledgement page from Contractor’s Handbook from each employee who will be working on site.

After award and at least two (2) weeks prior to commencement of work, all employees who will be working onsite more than ten (10) hours per week are required to read the Contractors’ Guidelines Handbook and sign the last page acknowledging that they have read it. Contained in the Handbook are the requirements that must be met before starting work at KCH (i.e. background checks, TB test, drug screen, etc.) Delay in meeting the requirements may result in a delay of starting work.

**NOTICE OF AWARD**

Your quotation will be reviewed and notice of acceptance or rejection will be provided electronically, as soon as practical.

**BASIS OF AWARD**

Cost is a major factor for award, but is subject to review only after review of the technical proposal and the best qualified Offeror is determined. Agreement award is based solely on HHSC’s determination of the best overall value to HHSC. Best value to HHSC includes but is not limited to: experience of working in a hospital, thoroughness of submitted quote and project summary response. HHSC reserves the right to further negotiate cost.

Thank you for your interest in doing business with KCH.

ATTACHMENT 1

OFFEROR’S INFORMATION SUMMARY

|  |  |
| --- | --- |
| Legal Name of Company |  |
| Principal’s Name & Title |  |
| Address & Phone Number |  |
| Years in Business |  |
| Type of Business (LLP, Corp, Sole Proprietorship) |  |
| State of Incorporation |  |
| Federal Tax ID # |  |
| GET License Number |  |
| Number of electricians on company payroll |  |
| Payment Terms Requested |  |

ATTACHMENT 2

Pricing Summary Template

COMPANY:

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| --- |
|  |
| **Item** | **Price**  |
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|  |  |
|  |  |
| Project Management |  |
| Miscellaneous |  |
|  |  |
| General Excise Tax @4.712% |  |
|  |  |
| Performance Bond |  |
| Payment Bond |  |
| **Total:** |  |
|  |

**Definition of Cost Categories:**

**Project Management:** If there are project management fees associated with your proposed solution, list and describe them here.

**Miscellaneous:** List and describe any other costs associated with your proposed solution.

Itemized or detailed pricing, if applicable, should be attached behind the Pricing Summary Template.

ATTACHMENT 3

**subcontractor table (if applicable)**

\*Any changes with your subcontractor must be requested in writing to the Hospital Technical Representative prior to starting that phase of work.

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| --- | --- | --- | --- | --- |
| **Trade** | **Company name** | **company address** | **license number** | **years in business** |
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ATTACHMENT 4

**PROJECT SUMMARY**

Provide a projected project timeline from date of contract award through project completion:

Provide a summary of how your company will perform the requirements of the project as detailed in the specifications and drawings to ensure a successful project that it completed on-time and within budget:

ATTACHMENT 5

**CONTRACTOR’S HANDBOOK**

ATTACHMENT 6

**ENGINEER’S DRAWINGS**