

# 2236 RFP No. 2020-01 Mandel Recreation Center Fitness Center and Wellness Program Contractor

## Health Fitness Corporation

### SOLICITATION PACKAGE DOCUMENTS & EVALUATION FACTORS

#### 1.1. SOLICITATION PACKAGE DOCUMENTS

Filled

Weight: 0% Score: 0%

##### SCOPE OF WORK

1.1.1. Filled Knockout question

Weight: 0%

Please review the attached **Scope of Work**. There is no response needed for this section but the Contractor must read to fully understand project details and Contractor's responsibilities.

Attached documents:



SOW Mandel Rec Fitness Center and Wellness Program Contractor - Final.pdf 106 Kb

[Download](#)

[Preview](#)

- ☐ Marking this option serves as a digital/electronic signature and certification of the Respondents acknowledgement of the Bid Document (0%) (KO)

Score: 0%

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##### TERMS & CONDITIONS | SCOPE OF WORK | DRAWINGS

1.1.2. Filled Knockout question

Weight: 0%

Please review the attached RFP documents to include **Instructions to Suppliers and General Conditions, and General Terms and Conditions**. Please indicate if you read and understood the requirements of this solicitation.

Attached documents:



~~(Revoked) Instructions To Suppliers and General Conditions-RFP.pdf 220 Kb~~

[Download](#)

[Preview](#)



EVALUATION AND SELECTION COMMITTEE OVERVIEW.pdf 60 Kb

[Download](#)

[Preview](#)



Updated - Instructions To Suppliers and General Conditions - RFP.pdf 247 Kb

[Download](#)

[Preview](#)

- ☐ Marking this option serves as a digital/electronic signature and certification of the Respondents acknowledgement of the Bid Documents (0%) (KO)

Score: 0%

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STATE REGISTRATION REQUIREMENTS

1.1.3. Filled Knockout question

Weight: 0%

Any company submitting a bid in response to this Solicitation should either be registered or have applied for registration with the Florida Department of State in accordance with the provisions of Chapter 607, Florida Statutes. A copy of the registration/application may be required prior to award of a contract.

If you have already registered with the State of Florida, please select YES and upload evidence of this registration.

If you are not registered please confirm by selecting no and agree to the statement of intent to acquire this registration.

- ☒ Yes (Best)
- ☐ No (Worst) (KO)

Attached documents by supplier:

 HealthFitness Certificate of Authority\_FL.pdf 96 Kb

[Download](#)

[Preview](#)

Score: 0%

INTENT LETTER

1.1.4. Filled Knockout question

Weight: 0%

Please upload you company intent letter executed by person that has the authority to sign the contract on behalf of your company. Please include a statement of your understanding of the scope, and its requirements.

Attached documents by supplier:

**Evaluation method:**  
Value

Worst: 0.00 (KO)

Best: 1.00

Unit: 1

 Town of Palm Beach Intent Letter\_HealthFitness.pdf 44 Kb

[Download](#)

[Preview](#)

Score: 0%

Filled 1.2. SUPPLIER RESPONSE & ACKNOWLEDGEMENTS

Filled

Weight: 0% Score: 0%

## PRIMARY CONTACT

1.2.1.  Filled Knockout question

Weight: 0%

Please provide information regarding who may be contacted regarding this proposal using the table below.

Score: 0%

### Evaluation method:

Yes / No

No - **KO**

	Primary Contact	Second Contact (optional)
Name (First, Last):	Martin Banks	
Title:	Director, Business Development	
Address (Street Address, City, State Zip):	9069 Charrington Drive, Frankfort, IL 60423	
Phone Number:	815.953.2511	
Mobile Phone Number:	815.953.2511	
Email Address:	martin.banks@hfit.com	

## START TIME

1.2.2.  Filled Knockout question Document attachment is missing

Weight: 0%

The Contractor shall be prepared to start the work under this Contract by **December 15, 2019**.

- ☒ Marking this option serves as a digital/electronic signature and certification of the Respondents acknowledgement of the required time of completion. (0%) (KO)

Attached documents by supplier:

Score: 0%

## SUB CONTRACTORS

1.2.3.  Filled Knockout question


Weight: 0%

Please list or upload the subcontractors that you will use on this contract. Please include the Subcontractor name, address and the amount of years you have used each subcontractor. Bidders using their own forces for the work will need to enter '**My company will not use any sub-contractors**' in No.1 under Sub-Contractor Name.

If subcontractors are listed below, the Bidder acknowledges that they have fully investigated each subcontractor listed and has in their files evidence each subcontractor has engaged successfully in his line of work for a reasonable period of time, of performing the work required. The Town reserves final approval of any subcontractors listed. Following award of contract the Town reserves the right for approval of future subcontractors and refusal of existing or future subcontractors providing work under this contract.

Please use fillable PDF form attached to list your subcontractors.

Attached documents:

 LIST OF PROPOSED SUBCONTRACTORS -FORMS.pdf 49 Kb [Download](#) | [Preview](#)

Attached documents by supplier:

### Evaluation method:

Yes / No

No - **KO**

 LIST OF PROPOSED SUBCONTRACTORS -FORMS\_HealthFitness.pdf 81 Kb [Download](#) | [Preview](#)

Score: 0%

## PROJECT REFERENCES

1.2.4.  Filled Knockout question

Weight: 0%

Provide at least five (5) business references, from which all should be related to this scope of work, preferably of public or government type agencies within three (3) years. You may use the provided fillable PDF form or upload your own document which must contain at a minimum the information requested on the Town provided form.

A referenced person(s) must be someone who has personal knowledge of the Proposer's performance. The referenced person must have been informed that they are being used as a reference and that the Town may check references.

Attached documents:

 PROFESSIONAL REFERENCES - FORMS.pdf 55 Kb [Download](#) | [Preview](#)

Attached documents by supplier:

**Evaluation method:**

Yes / No

No - **KO**

 PROFESSIONAL REFERENCES - FORMS\_HealthFitness.pdf 65 Kb [Download](#) | [Preview](#)

Score: 0%

## BIDDERS' QUALIFICATION


1.2.5.  Filled Knockout question

Weight: 0%

Please respond to this question by submitting fillable PDF form attached.

Please upload your W-9 and Business Tax Receipt. In case that you do not have a Business Tax Receipt please upload a statement of explanation.

Attached documents:

 BIDDER'S QUALIFICATION -FORM.pdf 53 Kb [Download](#) | [Preview](#)

Attached documents by supplier:

**Evaluation method:**

Yes / No

No - **KO**

 BIDDER'S QUALIFICATION -FORM\_HealthFitness.pdf 66 Kb [Download](#) | [Preview](#)

 Business Tax Receipt Statement\_HealthFitness.pdf 61 Kb [Download](#) | [Preview](#)

 HEALTH FITNESS CORPORATION\_W9.pdf 56 Kb [Download](#) | [Preview](#)

Score: 0%


## DRUG - FREE WORKPLACE CERTIFICATION

1.2.6.  Filled

Weight: 0%

Please submit a drug free form by using attached fillable PDF form.

Attached documents:

 DRUG-FREE WORKPLACE CERTIFICATION -FORM.pdf 45 Kb [Download](#) | [Preview](#)

Attached documents by supplier:

**Evaluation method:**

Yes / No

 Drug-free Workplace\_HealthFitness.pdf 82 Kb [Download](#) | [Preview](#)

Score: 0%



## TRUTH IN NEGOTIATIONS

1.2.7. ● Filled Knockout question

Weight: 0%

Please submit a truth in negotiations form by using attached fillable PDF form.

Attached documents:


 <del>(Revoked) Truth-in-Negotiations.pdf 62 Kb</del>	<a href="#">Download</a>		<a href="#">Preview</a>
 Truth-in-Negotiations-updated form.pdf 101 Kb	<a href="#">Download</a>		<a href="#">Preview</a>

Attached documents by supplier:

**Evaluation method:**

Yes / No

No - **KO**

 Truth-In Negotiations_HealthFitness.pdf 72 Kb	<a href="#">Download</a>		<a href="#">Preview</a>
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Score: 0%

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## INSURANCE REQUIREMENTS


1.2.8. ● Filled Knockout question

Weight: 0%

Please acknowledge insurance requirements attached.

Note: Prime Contractor is legally responsible for all their subcontractors and the Town recommends that a certificate of insurance is obtained by the general contractor for all subcontractors performing any services on this project.

Attached documents:

 Insurance Requirements.pdf 52 Kb	<a href="#">Download</a>		<a href="#">Preview</a>
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- ☒ Yes (Best)  
☐ No (Worst) (KO)

Attached documents by supplier:

 Town of Palm Beach - Insurance Requirements_HealthFitness.pdf 57 Kb	<a href="#">Download</a>		<a href="#">Preview</a>
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Score: 0%

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## MINIMUM QUALIFICATIONS

1.2.9. ● Filled Knockout question

Weight: 0%

(Proposer) shall provide adequate information with its proposal to demonstrate that it satisfies the following minimum as set forth below. The Town will consider what types of experience the Proposer has when making a determination of award. All decisions of the Town are final.

- a. The Proposer shall provide information with its proposal showing that it has relevant experience and qualifications to successfully meet the scope of work.
- b. The Proposer, with its proposal, must demonstrate successful performance with respect to projects comparable in type, size, complexity, for a minimum of three years.
- c. Provide Project Specific Information, including the following:
  - i. Name of Project
  - ii. Name of Owner and Project Locations
  - iii. Description of Project
  - iv. Contact name, telephone number, fax number, email address
  - v. Project duration including start and end dates
  - vi. Contract dollar amount

Note: Please upload documentation for above requirements.

Attached documents by supplier:

**Evaluation method:**

Yes / No

No - **KO**

 1.2.9 HealthFitness Response.pdf 105 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 Exhibit 1 - Client Profiles.zip 2495 Kb	<a href="#">Download</a>	

Score: 0%

## PRICE VALIDATION

1.2.10. ● Filled Knockout question Document attachment is missing

Weight: 0%

Cost proposal shall be valid for 180 days.

- ☒ Yes (Best)
- ☐ No (Worst) (KO)

Attached documents by supplier:

Score: 0%

## PROPOSERS CERTIFICATION / SIGNATURE

1.2.11.  Filled  Knockout question  Document attachment is missing

Weight: 0%

By electronically submitting and with signature on paper submission, this proposal the respondent attests and certifies that:

- It understands all requirements of this solicitation and it satisfies all legal requirements (as an entity) to do business with the Town.
- Hereby propose to furnish the Services specified in the Request for Proposals. Furthermore, I agree to abide by all conditions of the solicitation and resulting contract.
- Respondent acknowledges award of a contract may be contingent upon a determination by the Town that the Respondent has the capacity and capability to successfully perform the contract.
- Respondent represents that I am either authorized to bind the Respondent, or that I am submitting the Response on behalf of and at the direction of the Respondents's representative authorized to contractually bind the Respondent.
- I represent that the Respondent and/or its applicable representative(s) has reviewed the information contained in this Solicitation and that the information submitted is accurate.
- Respondent agrees that the action of electronically submitting its response constitutes:
  - an electronic signature on the responses, generally,
  - an electronic signature on any form or section specifically calling for a signature, and
  - an affirmative agreement to any statement contained in the solicitation that requires a definite confirmation or acknowledgement.

Indicate your certification by marking the option below. Neglecting to respond to this question is equivalent to not signing a physical solicitation response and would cause Respondents response to be disqualified and not considered for award.

**Respondents must reply to this question by selecting one of the options provided below.**

- ☒ Marking this option serves as a digital/electronic signature and certification of the Respondents intent to submit a binding offer. (0%) (KO)

Attached documents by supplier:

Score: 0%

## 1.3. EVALUATION FACTORS

Filled

Weight: 100% Score: 98.1%

## EXPERIENCE/ABILITY OF PERSONNEL

1.3.1.  Filled  Knockout question

Weight: 42.86%

Please provide following information by uploading a document(s):

- Organizational Chart
- Operational Information
- Management's Credentials
- Credentials of Personnel to be Assigned to the Town
- High quality level of services to be provided to Town
- Completed Commercial and/or Governmental Contracts
- Understanding and approach to address Town's needs
- Proposer's Workload: Please indicate number, duration and value of projects/contracts that your company is engaged in next 6 to 24 months.
- Experience with local conditions

**Note: weight of this criteria is 30 points**

Attached documents by supplier:




### Evaluation method:

Value

Worst: 0.00 (KO)

Best: 5.00

Unit: Points

 1.3.1 HealthFitness Response.pdf 223 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 Exhibit 2 - Sample Group Exercise Class Schedule and Promotional Materials.pdf 2367 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 Exhibit 3 - On-site and Online Programs, Services and Challenges.pdf 234 Kb	<a href="#">Download</a>	<a href="#">Preview</a>

Score: 41.43%

## DETAILED PROPOSAL

1.3.2.  Filled  Knockout question

Weight: 50%

### Detailed Proposal

Please attach detailed Technical Proposal per below requirements, but not limited to:

- Understanding of Town needs
- The ability to satisfactorily convey, via the completeness and responsiveness of their Proposal, a depth of understanding of the Scope of Work and the firm's capacity to accomplish it successfully
- Approach to the Project and Methodology
- Applicability of the services offered
- Schedule to accommodate this contract
- Meeting the Town's operational requirements

**Note: weight of this criteria is 35 points**

Attached documents by supplier:




### Evaluation method:

Value

Worst: 0.00 (KO)

Best: 5.00

Unit: Points

 1.3.2 HealthFitness Response.pdf 122 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 Exhibit 4 - Marketing Samples.pdf 6420 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 Exhibit 5 - Quality Assurance Program (QAP).pdf 109 Kb	<a href="#">Download</a>	<a href="#">Preview</a>

Score: 50%



## FINANCIAL INFORMATION / OTHER

1.3.3.  Filled  Knockout question

Weight: 7.14%

- Financial resources and capabilities information: An indication of the resources and the necessary working capital available and how it will relate to the firm's financial stability through the completion of the project should be included in the response
- Evidence of insurance capability
- Litigation or Dispute Status and Resolution
- Overall completeness, clarity and quality of proposal

Note: The Town may request a Dun & Bradstreet report from all short listed finalists.

**Note: weight of this criteria is 5 points**

Attached documents by supplier:





### Evaluation method:

Value

Worst: 0.00 (KO)

Best: 5.00

Unit:

 1.3.3 HealthFitness Response.pdf 62 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 HealthFitness - COI - 2019.pdf 39 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 HealthFitness - MSA.pdf 146 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 Updated - Instructions To Suppliers and General Conditions - RFP - Updated 10-22-19_HealthFitness.pdf 341 Kb	<a href="#">Download</a>	<a href="#">Preview</a>

Score: 6.67%

## 1.4. ADDENDUM - If issued will be posted here.

Filled

Weight: 0% Score: 0%

### SOLICITATION ADDENDUM






1.4.1.  Filled  Knockout question

Weight: 0%

Solicitation Addendum(s) will be added to this question if any are issued. The Addendum document will contain all information issued as an Addendum to the solicitation.

Suppliers are required to acknowledge they did review this question and any Addenda issued.

Attached documents:

 (Revoked) ADDENDUM No.1.pdf 35 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 ADDENDUM No.1.pdf 82 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 ADDENDUM No.2.pdf 44 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 ADDENDUM No.3.pdf 39 Kb	<a href="#">Download</a>	<a href="#">Preview</a>
 Sign in Sheet Pre-Proposal Meeting.pdf 612 Kb	<a href="#">Download</a>	<a href="#">Preview</a>

- ☐ I have reviewed the document and no addendum have been issued. (0%) (KO)
- ☒ I have reviewed the document and have given consideration to any issued addendum information in preparing my response to this solicitation. (0%) (KO)

Score: 0%

## Presentations

### 2.1. Additional Information to Upload

2 questions not filled

Questionnaire is not weighted

#### Presentation

2.1.1. not filled Knockout question Document attachment is missing

Please upload the presentation here.

#### Evaluation method:

Yes / No

No - KO

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#### Questions and Answers

2.1.2. not filled Knockout question Document attachment is missing

Please upload your answers to the questions delivered to you.

#### Evaluation method:

Yes / No

No - KO

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