SOLICITATION, OFFER, ACCEPTANCE, AND AWARD

Date Solicited: February 19, 2016
Solicitation Number: RFP-216-01-002-SVC
Date of Award: 

NOTE: Solicitation responses shall be enclosed in a sealed envelope/package. Mail Or Hand Deliver Proposals To:
University Health System
Attn: Procurement Services Department/
Tracy Haven
Solicitation: RFP-216-01-002-SVC
355-2 Spencer Lane
San Antonio, TX 78201

Due date/time for Respondent questions:
03/11/2016
12:00 PM CST

Due date/time for proposals:
03/30/2016
2:00 PM CST

For information contact:
Tracy Haven, CTPM
E-mail: tracy.haven@uhs-sa.com
Telephone No. 210-358-9168
Fax No. 210-358-9145

SOLICITATION FOR
LANDSCAPING & IRRIGATION SERVICES

By signing the proposal, the Respondent acknowledges that all facts contained in it are true to the Respondent’s best knowledge and that the Health System may rely upon such and that the Respondent has read the entire document and agreed to the terms therein. The undersigned, by his/her signature, represents that s/he is authorized to bind the Respondent to fully comply with the Specifications, Scope and General Requirements for the amounts shown on the accompanying pricing schedule and by signing the proposal, the Respondent acknowledges that all facts contained in it are true to the Respondent’s best knowledge and that the Health System may rely upon such.

Name and Address of vendor
Company Name: ____________________________
Contact Name: ____________________________
Address: ____________________________
City, State & Zip: ____________________________
Telephone No.: ____________________________
E-mail address: ____________________________

Name and Title of Person Authorized to Sign Offer
( Failure to sign shall result in rejection of offer )
Print Name: ____________________________
Title: ____________________________
Signature: ____________________________
Original must be signed in Ink.
Date: ____________________________

ACCEPTANCE AND AWARD (to be completed by University Health System)

Acceptance of the following items: ____________________________
Term of the contract: ____________________________
Amount of Award: ____________________________
Accounting & Appropriation: ____________________________

University Health System:
__________________________ / ____________________________
Felix Alvarez, MPA, CPPO / Date
Executive Director, Procurement Services

Board Approval Date: ____________________________
Renewal Options: Two (2) additional one (1) year renewal options.
# TABLE OF CONTENTS

1. UNIVERSITY HEALTH SYSTEM BACKGROUND  
2. GENERAL TERMS AND CONDITIONS  
3. SOLICITATION REQUIREMENTS  
4. EVALUATION, DECISION CRITERIA AND AWARD MATRIX  
5. PROPOSAL SUBMITTAL FORMAT  
6. PROJECT BACKGROUND  
7. SCOPE OF SERVICES

8. ATTACHMENTS  
   TAB 1 – Signed Solicitation and Addendums  
   TAB 2 – UHS Standard Terms and Conditions  
   TAB 3 – Vendor Registration  
   TAB 4 – References  
   TAB 5 – Quality Control & Qualification of Workers  
   TAB 6 – Landscaping Services  
   TAB 7 – Irrigation Repairs & Maintenance Services  
   TAB 8 – Pricing  
   TAB 9 – Supplier Diversity and Good Faith Effort Plan
1. UNIVERSITY HEALTH SYSTEM BACKGROUND

The Bexar County Hospital District d/b/a University Health System, herein after ‘the Health System,’ is a political subdivision of the State of Texas, and is a nationally-recognized academic medical center owned by the people of Bexar County and by law is a tax-exempt entity. The Health System is San Antonio’s only Magnet healthcare organization. Magnet is a designation of the American Nurses’ Credentialing Center and is the “gold standard” of excellence in patient care. Accredited by The Joint Commission, the Health System serves as the primary teaching locations for The University of Texas Health Science Center at San Antonio and is in the top one percent of the country for going “paperless” with electronic medical records. Since 2008, the Health System has been included among the American Hospital Association’s list of the 100 Most Wired Hospitals and Health Systems.

Clinical locations include University Hospital, a 700 plus occupied bed acute care hospital and South Texas’ Lead Level I trauma center; 16 clinics throughout Bexar County providing primary, specialty, and preventive health services; and four outpatient dialysis centers. Subsidiary organizations of the Health System include Community First Health Plans, a nonprofit HMO, and Community Medicine Associates, a nonprofit physician practice. Learn more online at www.UniversityHealthSystem.com.

Procurement opportunities may currently be found in the San Antonio Express-News. Construction/architectural engineering projects are usually advertised in the Sunday edition. Online Procurement opportunities are available on the Health System website: www.UniversityHealthSystem.com/bids.

2. GENERAL TERMS AND CONDITIONS

2.1 Group Purchasing Organizations (GPOs) and Cooperative Contracts (COOPs):
The Health System Participates in many different GPOs and COOPS. If your company participates in any Buying Groups and are awarded a contract all sales, contracts and orders will be reported back to the respective GPO or COOP. If the response submitted falls under a GPO or COOP state which one in your submittal response to this solicitation. The Health System is a member of the following but not limited to GPOs and COOPS: MedAssets, Amerinet, First Choice, US Communicates, Purchasing Solutions Alliance, and the Texas Department of Information Resources (DIR).

2.2 Formal Competitve Process: This solicitation is a formal competitive process. All questions or other matters related to this solicitation are to be directed to the Executive Director of Procurement Services or his designee only. Any Respondent, including those currently contracted with the Health System, who fails to comply with this limitation, may be disqualified from the selection process.

2.3 The Health System reserves the right to: The Respondent understands and acknowledges that the Health System reserves the right to do the following:

(a) reject any or all responses or to award the contract to another Respondent(s) if the successful Respondent(s) does not execute a contract within thirty (30) days after the acceptance of the response by the Health System.

(b) request clarification of information submitted and to request additional information of one or more applicants.
(c) The Health System at its sole discretion may modify or suspend any and all aspects of the selection process, including, but not limited to this solicitation, and all or any portion of the selection process subsequent to the solicitation, to obtain further information from any Respondent, to waive any defects as to form or content of the solicitation or any other step in the selection process, to reject any and all responses submitted, and to accept or reject any Respondent for entry into any contract.

(d) The Health System reserves the right, in its sole discretion, to reject any and all responses, to waive any informality, or to change the listed dates.

(e) The Health System reserves the right to award one contract to a single or multiple companies after receipt of proposals, without further discussion. Therefore, we emphasize the importance of submitting the most favorable terms in the initial response.

2.4 **Respondent Submittals/Responses:** The Respondent understands and acknowledges the following:

(a) Respondents who submit a response to this solicitation do so at their own expense. Please note any costs incurred during the development, preparation, and submission of solicitation responses shall be borne solely by the Respondent. The Health System will not pay or reimburse any Respondent’s costs related to this solicitation or negotiation of any contract.

(b) A Respondent who does not respond to this solicitation by the due date will be eliminated from the selection process. Responses are due to Procurement Services in accordance with the specifications of this solicitation.

(c) Any response may be withdrawn up to the date and time specified for the submission of the responses. Any response not so withdrawn shall constitute an irrevocable offer, for a period of one-hundred twenty (120) days, to provide to the Health System the services proposed, or until one or more of the responses have been accepted and approved by the Health System.

(d) The Health System will independently verify the Respondent’s ability to perform as proposed.

(e) The issuance of this solicitation does not imply any commitment on the part of the Health System nor any of its individual representatives to accept in part or in whole any of the submitted proposals.

(f) Any agreement or contract resulting from the acceptance of a response shall be approved by the Health System. The contract shall contain, at a minimum, applicable provisions of this solicitation. The Health System reserves the right to reject any agreement that does not conform to the terms and conditions and any Health System requirements for agreements and contracts.

(g) Material exceptions to the solicitation, including terms and conditions, delivery, specifications, or payment terms may constitute grounds for rejection of the submission.

(h) The Health System, at its sole discretion, may select more than one vendor(s) which best serve the Health System’s interests.

2.5 **Respondent Waiver:** By Respondent’s submission of a response to this solicitation, each Respondent waives any claim against the Health System or Health System property by reason of any or all of the following: (i) any aspect of this solicitation, the selection process or any part thereof, (ii) any informalities or defects in the selection process,
entering into any agreement, the failure to enter into an agreement, any statements, representations, acts, or omissions of the Health System, (iii) the exercise of any discretion set forth in or concerning any of the foregoing, and any other matters arising out of all or any of the foregoing.

2.6 Open Records: The Health System is a governmental entity subject to the Texas Open Records Act. The entire contents of all submissions become part of public record. All documentation considered a trade secret or proprietary shall be marked “Confidential” by the Respondent. If confidential information is requested from an outside source, notification will be given to Respondent.

2.7 Advertising: The Contractor shall not use the Health System’s name, logos, images, or any data or results arising from this contract as a part of any commercial advertising without first obtaining the prior written consent of the Executive Director of Procurement Services and the Vice President of Corporate Communications.

2.8 License and Permits: The Contractor shall obtain and maintain in full force and effect all required licenses, permits, and authorizations necessary to perform this contract. The Contractor shall supply the Health System with evidence of such licenses, permits, and authorizations. This evidence shall be submitted subsequent to the contract award. All costs associated with any such licenses, permits, and authorizations shall have been included by the Contractor in its proposal response.

2.9 Business Associate Information and Safeguards: If applicable, Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement or by law. Business Associate agrees to implement a comprehensive written privacy and security program that includes administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of ePHI that it creates, receives, maintains or transmits on behalf of Covered Entity in compliance with the HITECH Act. Business Associate agrees to provide Covered Entity with Business Associate’s a copy of its privacy and security program prior to the execution of any Agreement. Business Associate further agrees to provide Covered Entity with information concerning such safeguards as Covered Entity may from time to time request.

2.10 Vendor Credentialing Services: The Health System requires all vendors to obtain a credential that will have access to any of our facilities as a vendor or Contractor. The Health System has partnered with VCS (Vendor Credentialing Services) credentialing services. Vendor is solely responsible for any and all costs incurred by it as part of the credentialing process. Please visit www.vcsdatabase.com to complete your registration. NOTE: This process only applies to the awarded Respondent(s). Awarded Respondent(s) and Contractors must have all staff that will be on any Health System facility to submit to this process. Only those approved employees will be allowed to enter any Health System facility as a Vendor or Contractor.

2.11 Contract and Contract Conditions: If awarded a contract, Respondent agrees to the following: (a) Contract Term: The contract will be awarded for the term outlined in this solicitation, commencing from the date of award. If delays in the solicitation process result in an adjustment of the anticipated contract effective date, the Respondent agrees to accept a contract for the full term of the contract. Unless otherwise specified in this solicitation, the initial contract term is a three (3) year term with two (2) additional one (1) year renewal options.
(b) **Contract Renewal Option:** The contract may be renewed for the number of option years outlined in this solicitation. Any renewal of this contract under this provision will be put into effect by mutual agreement between Health System and the Contractor, with written notification being provided to the Contractor by Health System. The original terms and conditions will remain in effect for any renewal period. Unless otherwise noted in this solicitation (or any Amendment thereto), pricing for each optional year is to remain the same as the final year of the original contract term.

(c) **Contract Transition:** In the event services end by either contract expiration or termination, it shall be incumbent upon the Contractor to continue services, if requested by the Executive Director of Procurement Services, until new services can be completely operational. The Contractor acknowledges its responsibility to cooperate fully with the replacement Contractor and Health System to ensure a smooth and timely transition to the replacement Contractor. Such transitional period shall not extend more than one-hundred twenty (120) days beyond the expiration date of the contract, or any extension thereof. The Contractor will be reimbursed for services during the transitional period at the rate in effect when the transitional period clause is invoked by Health System.

(d) Price must remain firm and fixed for the duration of the contract term.

2.12 **Oral Presentations:** As part of the selection process, Respondent(s) may be asked to make oral presentations. If an oral presentation is requested, the Respondent(s) may be asked to elaborate on elements of their response and to demonstrate their understanding of the Health System request. The process of evaluating the proposals and conducting any subsequent interviews may extend, at a minimum, one month following the solicitation deadline.

This solicitation or request to make an oral presentation shall not obligate the Health System to accept or contract for any services whatsoever. The Health System reserves the right to request additional information or material deemed necessary to assist in the selection process and to modify or alter any or all of the requirements herein. In the event of a modification, all Respondent(s) who submit responses will be given an opportunity to modify their responses in the specific areas affected.

2.13 **Certificate of Interested Parties-Form 1295:** In 2015, the Texas Legislature adopted House Bill 1295. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least $1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016. To obtain additional information on HB 1295, to learn more about TEC’s process to create a new account or to complete an electronic version of Form 1295 for submission with a signed contract, please go to the following link: [https://www.ethics.state.tx.us/tec/1295-Info.htm](https://www.ethics.state.tx.us/tec/1295-Info.htm). In the event of any contract award related to this solicitation and is in excess of $250,000, the pending awarded vendor must submit and return to the
Health System Form 1295 with any signed contract agreement. Failure to return this form along with a signed contract, the Executive Director of Procurement Services will deem the contract document as incomplete and not eligible for approval and execution.

3. SOLICITATION REQUIREMENTS

3.1 Vendor Questions: All questions regarding any solicitation must be submitted in writing, by e-mail, mailed, or hand-carried, and addressed to the Procurement staff member assigned to the solicitation. Vendor’s questions regarding any aspect of this solicitation shall be submitted exclusively to Contract Specialist, Tracy Haven, CTPM, no later than 12:00 pm on March 11, 2016 via the following e-mail address: tracy.haven@uhs-sa.com. Questions should be asked in consecutive order, from beginning to end, following the organization of the solicitation. Each question should begin by referencing the solicitation page number and section number to which it relates. Questions received after 12:00 pm on the date identified above will not be addressed, answered, nor responded to.

3.2 Pre-Submittal Conference: A pre-submittal conference will be held at University Hospital, 4502 Medical Drive, San Antonio, TX 78229 on March 8, 2016 at 10:30 am, CST in the Foundation Room on the 3rd Floor. Please meet at the reception desk in the main lobby at 10:15 a.m. Attendance is not required for the pre-response meeting in order to submit a response, however, is strongly encouraged. This conference will be each Respondent’s opportunity to ask representatives of the Health System questions and clarify provisions of the solicitation if necessary. It is highly recommended that Respondents perform their own outdoor site visits to view the areas prior to this conference. After the conference, prospective Respondents may submit written questions to the solicitation contact until 12:00 pm CST on March 11, 2016. The Health System will not accept questions after that time. The Health System is not obligated to respond to any question. However, if the Health System decides to answer questions in writing, then the Health System will post the responses to those questions and answers in the form of an amendment on the Health System’s website.

3.3 Amendments: All timely vendor questions and Health System answers will be posted as an amendment to this solicitation via www.UniversityHealthSystem.com/bids in the “Amendments” section of the online solicitation.

3.4 Responses: Respondents are invited to submit proposals (one marked ORIGINAL) and six (6) copies for this project. Must also submit one (1) separate flash drive (thumb drive). All information required in this solicitation shall be furnished or the response may be deemed non-responsive. The Respondent shall print or type his or her name and manually sign the Solicitation, Offer, Acceptance, and Award and Schedule (if applicable). All contact must be made through the Procurement Services Department. Responses not addressed and delivered accordingly will be deemed non-responsive.
3.5 **Key Events Schedule/Solicitation Milestones:** The dates below are subject to change depending on the number of responses received or other unforeseen circumstances. The Health System will make every effort to communicate changes. Critical solicitation schedule milestones are:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue RFP</td>
<td><strong>February 19, 2016</strong></td>
</tr>
<tr>
<td>Pre-Submittal Conference</td>
<td><strong>March 8, 2016 at 10:30 AM CST</strong></td>
</tr>
<tr>
<td>Due Date for Questions</td>
<td><strong>March 11, 2016 at 12:00 PM CST</strong></td>
</tr>
<tr>
<td>RFP Submittal Deadline</td>
<td><strong>March 30, 2016 at 2:00 PM CST</strong></td>
</tr>
<tr>
<td>Est. date for Evaluations</td>
<td><strong>Week of April 4, 2016</strong></td>
</tr>
<tr>
<td>Est. date for Presentations</td>
<td><strong>Week of April 11, 2016</strong></td>
</tr>
<tr>
<td>Est. date for Board approval</td>
<td><strong>May 2016</strong></td>
</tr>
</tbody>
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4. **EVALUATION, DECISION CRITERIA AND AWARD MATRIX**

Each proposal will be evaluated on its responsiveness to the questions contained in this solicitation regarding the Respondent’s experience and qualifications, scope of services, quantitative capabilities, organizational and financial stability, compensation requirements or other requirements listed below.

<table>
<thead>
<tr>
<th>DECISION CRITERIA</th>
<th>MAX POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>References (Tab 4)</td>
<td>5</td>
</tr>
<tr>
<td>Quality Control &amp; Qualification of Workers (Tab 5)</td>
<td>5</td>
</tr>
<tr>
<td>Landscaping Services (Tab 6)</td>
<td>25</td>
</tr>
<tr>
<td>Irrigation Repairs &amp; Maintenance Services (Tab 7)</td>
<td>25</td>
</tr>
<tr>
<td>Pricing (Tab 8)</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
5. PROPOSAL SUBMITTAL FORMAT

The Health System desires that the response to the solicitation be as succinct as possible, while still providing sufficient information for evaluation of the Respondent’s qualifications, approach, and ability to meet the Health System’s needs in a responsive and cost-effective manner. In that regard, the Health System requests that the responses generally follow the outline format below, and that the vendor address all of the questions posed in this solicitation.

TAB 1 – Signed Solicitation and Addendums  
TAB 2 – UHS Standard Terms and Conditions  
TAB 3 – Vendor Registration  
TAB 4 – References  
TAB 5 – Quality Control & Qualifications of Workers  
TAB 6 – Landscaping Services  
TAB 7 – Irrigation Repairs & Maintenance Services  
TAB 8 – Pricing  
TAB 9 – Supplier Diversity and Good Faith Effort Plan

6. PROJECT BACKGROUND

The Health System is seeking a contractor to provide landscaping and irrigation services throughout multiple locations in San Antonio, Texas. These services include, but are not limited to, mowing, edging, fertilization, litter pickup, shrub management, parking garage maintenance, fertilizers, fungicides, herbicides, mulch, and irrigation repair and maintenance. The contract will cover the main hospital location and a number of outlying clinics and office buildings. Each location has different needs, which will be provided in the scope of work.

7. SCOPE OF SERVICES

The contract awarded for this solicitation will be for a period of three (3) years. Pricing will be negotiated up front and will remain fixed throughout the three (3) year contract term. If mutually agreed upon, this contract may be renewed for up to two (2) additional one (1) year terms thereafter to perform the requested services.

A. Quality Control

All labor, materials, and equipment necessary to perform the landscaping and irrigation work required will be provided by a single successful proposer. Proposers are allowed to subcontract work, but all subcontractors are under the direction of that proposer and must comply with the same Health System Good Faith Effort Plan.

Awarded Proposer will be required to provide their own equipment and is responsible for any damages or repairs to that equipment. Proposer must have a documented safety
program with a history of success in past performance. All work must be performed in compliance with the requirements of any governing bodies that have jurisdiction.

**B. Qualification of Workers**

All employees must be properly trained and in serviced on the equipment and tasks that they are performing. These competencies must be documented and readily available should the Health System require them for any reason.

**C. Landscaping Services**

i. **Litter Pickup**
   Litter will be picked up prior to mowing.

ii. **Lawn Mowing**
   From March 1 to October 31, mowing will be done once a week. From November 1 to February 29, mowing will be done every other week. Backpack blowing will be completed after every mow. Parking lots, garages, and sidewalks will be kept clean of all mowing debris and litter and will be swept/blown clean after each mow.

iii. **Edging**
   Sidewalks and curbs are to be edged and swept after every mow. Edging will be completed next to flower beds, fences, buildings, trees, signposts, drives, etc. after every mow.

iv. **Hedges, Shrubs, & Flower Beds**
   Flower bed weeding will be performed twice a month to maintain appearance. Hedges will be trimmed four (4) times a year (with no height restrictions). Shrubs will be pruned four (4) times a year (with no height restrictions).

   Annuals will have dead flowers removed whenever necessary to enhance the appearance of the bed.

   Fungicide will be applied two (2) times per year. Herbicide will be applied every three (3) months. Fungicides and Herbicides must be approved by the Health System’s Environmental Services (EVS) leadership prior to application.

   Replacement planting will be done for any plants that die throughout the contract. For plants not exhibiting normal growth and vigor, and it is been determined that the plant is beyond reviving, a quote will be submitted to EVS leadership detailing the location and type of plant, the reason for decline, and replacement options along with replacement pricing. Replacement plants require prior written approval from EVS leadership before replacement occurs.
v. **Trees**
Trees will be trimmed/pruned twice (2) a year (without any height restriction). Trees should be pruned to their intended growth form and removal of dead, broken, and/or cross over branches. Tree removals must be submitted to EVS leadership for approval prior to beginning the removal process. If there is a fee associated with tree removal, that quote must also be submitted and approved prior to work starting.

vi. **Fertilization**
Fertilization will be performed twice (2) a year. The vendor will provide the fertilizer and use in designated locations. Fertilizers must be approved by EVS leadership prior to application.

vii. **Mulch**
All beds will be re-mulched twice (2) a year. The mulch should be black mulch, made of all natural local wood and dyed black with food-grade dye that is not harmful to the environment. During this process, the new mulch should be mixed with the old mulch.

viii. **Miscellaneous**
Any emergency requests must be initiated through the EVS department and quotes must be approved prior to work beginning. Please provide rate, if different from standard rate, for emergency work done after hours or on the weekend.

Spring clean-up shall be performed as follows and should be included in the pricing. Spring clean-up shall include, but not be limited to, leaf removal from all beds, turning flower beds as appropriate, remove winter wrapping and remove any sand and gravel from beds and lawns.

Fall clean-up shall be performed as follows and should be included in the pricing. Fall clean-up shall include, but not be limited to, lead removal from all areas of the property, removal of all dead annual, wrap trees to prevent sunscald, and covering of beds to protect plants.

The fountain at University Hospital will be maintained as a part of this contract. This includes changing the filter every two (2) weeks, or more often as needed.

ix. **Locations for Landscaping Services**
- University Hospital (4502 Medical Dr.)
- Robert B Green Campus (903 W. Martin)
- Texas Diabetes Institute (701 S. Zarzamora)
- Northwest Clinic (7726 Louis Pasteur)
- Tech Center (8131 Pinebrook)
- Business Center (355-2 Spencer Lane)
- Pavilion (4647 Medical Dr.)
- North Clinic (302 W. Rector)
D. **Irrigation Services**

   i. The Awarded Proposer must inspect all irrigation systems each month for each location. This inspection includes:
      - A check list of work completed for each location. This check list must be provided to the designated EVS representative.
      - The completion of minor repairs (such as broken sprinkler heads) at the time they are discovered.
      - Major repairs must be reported to EVS leadership along with a written quote. The quote must be approved prior to repairs starting.

   ii. The Awarded Proposer must operate all sprinkler systems after mowing, following water restriction guidelines, to ensure that the systems are working properly.

   iii. Irrigation work should be completed within five (5) working days, with the exception of the Robert B. Green (RBG) Campus and University Hospital, which must be completed within ten (10) working days. All emergencies must be completed immediately.

   iv. Notification is required at least 48 hours in advance of any work being completed, with the except of emergencies.

      All emergency requests must be initiated through the EVS department and quotes must be approved prior to work beginning. Please provide rate, if different from standard rate, for emergency work done after hours or on the weekend.

   v. **Awarded Contractor’s Responsibilities**
      - All irrigation shall be performed is strict compliance with the Texas Administrative Code specifically 30 TAC 344.
      - All irrigation shall be performed in strict compliance with the Texas Commission on Environmental Quality (TCEQ), to specifically include Chapter 344 – Landscape Irrigation.
• All irrigation shall be performed in strict compliance with the City of San Antonio Irrigation Ordinances, specifically Chapter 16 of the City Code of San Antonio, Texas, Article XII of the San Antonio, Texas Code of Ordinances, and any water restrictions released by the city.
• The irrigation contractor shall be licensed under and comply with Chapter 37 of the Texas Water Code and Chapter 1903 of the Texas Occupations Code.
• In gaining access to the site, the contractor shall move and replace any material to its original position. The contractor shall be liable for any and all damage to the premises and material caused by the contractor’s employees.
• The contractor shall perform all work in such a manner as to not interfere with the operation or activities of the location.
• The contractor shall report any condition caused by his employees that may endanger life or property and immediately repair all damages to the building structure, contents and property at the contractor’s expense.

vi. Locations for Irrigation Services
• University Hospital (4502 Medical Dr.)
• Robert B Green Campus (903 W. Martin)
• Texas Diabetes Institute (701 S. Zarzamora)
• Tech Center (8131 Pinebrook)
• Business Center (355-2 Spencer Lane)
• Pavilion (4647 Medical Dr.)
• North Clinic (302 W. Rector)
• Southwest Clinic (2121 S.W. 36th Street)
• Southeast Clinic (1055 Ada)

8. TABS

Each proposal will be evaluated on its responsiveness to the “TAB” Sections contained in this solicitation regarding the Respondent’s experience and qualifications, scope of services, quantitative capabilities, organizational and financial stability, compensation requirements or other requirements listed. Refer to the “TAB” Sections on the specifics on what needs to be submitted to respond to this solicitation.
TAB 1
Signed Solicitation and Amendment(s)

Submit with the response to this solicitation a signed copy of the solicitation and all pages of the solicitation as well as an Amendment(s) released by the Health System.
TAB 2

University Health System Standard Terms and Conditions

Attach a signed copy of University Health System’s Standard Terms and Conditions with your solicitation response.

Precedence of the Health System’s Standard Terms and Conditions: The contract resulting from this procurement shall consist of the specification included herein, University Health System’s Standard Terms and Conditions, any amendment(s) to this solicitation, the Contractor’s Respondent’s proposal, and the Health System’s Contract Term Sheet. **In the event of a conflict between the provisions of this solicitation, including any amendments to this solicitation, and the Respondent’s proposal, the solicitation and/or the amendment shall govern.**

NOTE THE FOLLOWING REGARDING UNIVERSITY HEALTH SYSTEM’S STANDARD TERMS AND CONDITIONS:

In submitting a response, the Respondent will be deemed to have agreed to each clause of the solicitation and the Health System’s Standard Purchase Terms and Conditions unless the vendor’s response clearly identifies an objection, sets forth the basis for the objection, and provides substitute language addressing the Respondent’s concerns.

If a company is taking exception to the University Health System’s Standard Terms and Conditions, the company must submit with the response the proposed exceptions. Any sections that are not applicable indicate so by placing “N/A” beside the appropriate section. Any other revisions to the University Health System’s terms and conditions will have to be approved by the Procurement Services Department and University Health System Legal Counsel. However, if a company presents what is considered excessive exceptions or additions to University Health System’s Standard Terms and Conditions as deemed unacceptable or not in the best interest to University Health System, University Health System reserves the right to consider the proposer non-responsive and therefore will be removed from consideration.
TAB 3
Vendor Registration

It is mandatory that forms be completed properly in order for your response to be valid. Any responses received that do not have the required forms, signatures, and/or do not have correct number of copies may be declared non-responsive. Submit a copy of all the required documents with your response to this solicitation under this tab. This information will be used to enter your business into the Health System purchasing data base primarily for the purpose of payment and for notification of future Procurement opportunities.

1. Notice to all Contractors/Vendors/Suppliers: You must register on our website, http://www.UniversityHealthSystem.com/vendors to be eligible to submit responses for this and all future formal/informal opportunities.

2. Registration is good for a four-year period.

3. Documents required for registration include:
   a. Workforce Composition
   b. Vendor Questionnaire (completed on website)
   c. Conflict of Interest Questionnaire
   d. Form W9 (Request for Taxpayer Identification Number and Certification)
   e. Copy of vendor’s Affirmative Action Plan or Policy - An affirmative action plan should reflect Respondent’s current practice as it pertains to equal employment opportunities in full compliance with applicable Federal and State laws and regulations.

4. If awarded, the awarded Respondent must provide a copy of the Respondent’s Insurance Certificate to the Health System no later than 10 days after award.

5. If awarded, the awarded Respondent must provide a copy of the Respondent’s Workers’ Compensation Insurance Certificate to be on file with the Health System’s Safety Officer for awards requiring the vendor’s personnel to perform services on Health System premises. No award will be made unless this document is on file.


**TAB 4**

**References**

Provide at least three (3) references for projects of similar nature. Respondent SHOULD NOT UTILIZE The Health System as a reference in response to this RFP.

For each reference, identify the following:

(a) The Owner and/or point of contact who served as the day-to-day liaison, including contact information such as telephone number and/or e-mail address.

(b) Length of business relationship;

(c) Description of project/services provided.

References will be considered relevant based on specific project participation and experience with the Respondent. The Health System reserves the right to contact references at any time during the RFP process.
TAB 5
Quality Control & Qualification of Workers

Respondent must address how they will meet or exceed the requirements described in Section 7(A) and 7(B) – Scope of Services. A copy of Respondent’s safety program should be included in this section.
TAB 6
Landscaping Services

Respondent must address how they will meet or exceed the levels of service described in Section 7(C) – Scope of Services.
TAB 7
Irrigation Repairs & Maintenance Services

Respondent must address how they will meet or exceed the levels of service described in Section 7(D) – Scope of Services.
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit of Measure</th>
<th>Location of Service</th>
<th>Unit Price Quoted ($/MO)</th>
<th>Total – 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Month</td>
<td>University Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Month</td>
<td>Robert B. Green Campus (RBG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Month</td>
<td>Texas Diabetes Institute (TDI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Month</td>
<td>Northwest Clinic</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Tech Center</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Business Center</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Pavilion</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>North Clinic</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Naco Perrin Clinic</td>
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<tr>
<td>36</td>
<td>Month</td>
<td>South Flores Clinic</td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Eastside Clinic</td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Zarzamora Clinic</td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Southwest Clinic</td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Highway 90 Clinic</td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Southeast Clinic</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Southeast Dialysis</td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>Month</td>
<td>Kenwood Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Month</td>
<td>Dialysis South</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total – Landscaping Services**
### Irrigation Repair & Maintenance Services

<table>
<thead>
<tr>
<th>Month</th>
<th>Location</th>
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<tbody>
<tr>
<td>36</td>
<td>University Hospital</td>
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<td>36</td>
<td>Pavilion</td>
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<td>36</td>
<td>Texas Diabetes Institute (TDI)</td>
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<td>Business Center</td>
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<td>36</td>
<td>Tech Center</td>
</tr>
</tbody>
</table>

**Total – Irrigation Services**

**Grand Total – Landscaping & Irrigation Services**
TAB 9
Supplier Diversity and Good Faith Effort Plan

As a recognized leader in healthcare, the Health System is committed to Supplier Diversity. The Health System will make every effort to ensure that Diverse Vendors such as Small, Minority, Women, Veteran, and/or Disabled Individual-Owned Business Enterprises (SMWVDIBE) are provided the maximum practicable opportunity to participate as a supplier, vendor, or contractor for products and/or services provided to the Health System. **No unlawful discrimination will be made against vendors or contractors, because of race, color, religion, sex, age, national origin, physical disability/handicap, or mental disability/handicap.**

For assistance or questions, please contact the Supplier Diversity Coordinator, Tracy Burns, at (210) 358-9114 or via email at tracy.burns@uhs-sa.com.
Good Faith Effort Plan for Prime Vendors

Name and Number of Proposal: ____________________________________________________________

SECTION I – CONTACT INFORMATION
Contractor Information: ______________________________________________________________
Name of Business: _________________________________________________________________
Address: ____________________________________________________________________________
City: _____________________ State: __________________ Zip: ______________________

Contact Person: __________________________ Telephone: _____________________________
Email Address: __________________________ Fax: _________________________________
Is your firm certified? __Yes __No If Yes, which certifying agency?: ______________________
Type of Certification (check all that are applicable and provide a copy of the certificate) 

_SBE_ _WBE_ _MBE_ _DIBE_ _VBE_ _HUB_

SECTION II – UTILIZED SMWVBE VENDORS
List all subcontractor/suppliers that will be utilized on this project. Respondents will be required to
provide reports of the actual payments to all subcontractors which will be used for SMVBE
participation tracking purposes.

<table>
<thead>
<tr>
<th>Name &amp; Address of Company</th>
<th>Scope of Work to be performed or supplied</th>
<th>Estimated Total Contract Amount ($)</th>
<th>Certification Type (SBE, WBE, MBE, ETC.)</th>
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</thead>
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Company Name: __________________________________________________________

Revised 12/17/2015
SECTION III – GOOD FAITH EFFORT

A. List all the firms you contacted with the subcontracting opportunities for this project that will not be utilized for the contract. Written notices to firms contacted by the respondent for the specific scopes of work identified for those opportunities must be provide not less than 5 business days prior to the proposal due date. Please submit copies of the written notices to all firms contacted with this document.

<table>
<thead>
<tr>
<th>Name &amp; Address of Company</th>
<th>Scope of Work to be performed or supplied</th>
<th>Date Written Notice was Sent</th>
<th>Certification Type (SBE, WBE, MBE, ETC.)</th>
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</thead>
<tbody>
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</tbody>
</table>

B. Did you contact any trade organizations/minority organizations to advertise the subcontracting opportunity? If so, please list which organizations:

________________________________________________________________________

________________________________________________________________________

C. Please list any additional outreach activities or advertising done for this project:

________________________________________________________________________

________________________________________________________________________
SECTION IV: AFFIRMATION

I hereby affirm that the above information is true and complete to the best of my knowledge. I further understand and agree that this document shall be attached and submitted with my proposal; making this a binding part of the contract.

Name: ______________________________________________________

Title: _______________________________________________________

Signature: _________________________________________________  Date: __________

For assistance or questions, please contact the Supplier Diversity Coordinator, Tracy Burns, at (210) 358-9112 or via email at tracy.burns@uhs-sa.com.