



# Jackson County Parks Department

1992 Warren Road  
Jackson, MI 49203

Bid Number: 06-2014-02

## Request for Qualifications Engineering Services for Cascades Amphitheater Demolition and Site Restoration

### BID INFORMATION

RFQ Title: ..... Engineering Services for Cascades Amphitheater  
Demolition and Site Restoration  
Soliciting Department: ..... Jackson County Parks Department  
RFQ Number: ..... 1-2014-2  
RFQ Issue Date: ..... June 16, 2014  
RFQ Due Date: ..... July 7, 2014  
RFQ Due Date Time: ..... 2 PM  
RFQ Opening Location: ..... Jackson County Parks Department Board Room  
Proposals to be delivered to: ..... Jackson County Parks Department  
1992 Warren Road  
Jackson MI 49203

### PURPOSE

The purpose of this Request for Qualifications is to receive interest so a vendor may be selected to provide engineering services, including developing bid specifications and providing oversight for the demolition of the existing amphitheater and subsequent site restoration. The amphitheater is located at the Cascades in the Sparks Foundation County Parks. A specific work plan for accomplishing the County's needs will be worked out between the contractor and the County's representative.

The total renovation of the project is estimated to cost \$9.5 million and has been divided into 6 phases as follows:

1. Demolition and Temporary Replacement of the Wall
2. Phase I Electrical and Mechanical
3. Structural Improvements
4. Phase II Electrical and Mechanical
5. Public Plaza
6. New Buildings

This request for proposal is specifically for phase I of the project (Demolition and Temporary Replacement of the Wall); however, the County wishes to build in flexibility within this agreement that the remaining phases of the project may be added to the original scope of work by phase and mutual agreement of both parties.

### BACKGROUND:

The concrete amphitheater located at the base of the Cascades was constructed in the 1970's. The new Cascades master plan calls for the removal of the amphitheater and in its place, the construction of a plaza like setting with flex space in accordance with the recommendations put forth in the 2012 site study.

Phase I of the project does not include the permanent replacement of the wall, but rather a temporary grading and sodding of the area with a partial permanent fence.

**BID SPECIFICATIONS:**

Definitions:

**"County"** means the County of Jackson MI.

**"Sparks Foundation County Park"** means the County park located at 1400 South Brown Street Jackson MI 49203.

**"The Cascades "** means the illuminated water falls located in the Sparks Foundation County Park.

**"Amphitheater"** means the sloped concrete seating area located at the base of the Cascades.

Exclusions: Not applicable

Issuing office: For questions about this request for qualifications please contact:

The Jackson County Parks Department  
Scott Robbins Parks and Fair Director  
1992 Warren Road  
Jackson, MI 49203  
(517)-768-2901

Bid Scope:

The selected engineering firm will be required to:

- Develop bid documents for the amphitheater demolition and temporary replacement suitable for programming of the event space at the base of the Cascades.
- Develop the project budget.
- Attend any mandatory regulatory meetings regarding this project.
- Host a mandatory on site pre-bid meeting
- Evaluate submitted bids
- Perform regular site visits to ensure compliance with the bid documents, with a half-way point and end of the project evaluation.

- Be available to answer contractor and owner questions and concerns regarding this project.

A specific work plan will be worked out with the selected vendor and the Jackson County Parks Department. A cost for service will be mutually agreed upon by the preferred vendor. In the event the preferred vendor and owner cannot reach an agreement on the cost for service, the Parks Department may negotiate with the second preferred vendor.

Start Date: The County's expectation is that the award of this professional services contract will be made in July 2014. Start date will be within two weeks of the notification to proceed.

Length of Contract: The initial length of the contract will be one year with an option for renewal based on performance and the ability to provide engineering services for the remaining phases of the restoration of the Cascades.

Equipment: The successful contractor will provide all the equipment required to perform their duties.

Authority: This solicitation and contract will be issued under the authority granted in Jackson County's Professional Services Purchasing Policy No. 2030. The choice of contractor will be based solely on the vendors qualifications in response to the specifications outlined in this document.

Ownership and Availability of data: All files and documentation maintained by the County for this facility will be shared with the successful vendor, with ownership retained by the County.

Applicable Law: The solicitation and any resulting contract shall be governed in all respects by the laws of the State of Michigan. The Vendor shall comply with applicable federal, state and local laws and regulations.

Ethics in Contracting: By submitting their proposals, Vendors certify that their proposals are made without collusion or fraud and they have not offered or received any kickbacks or enticements from any other offer, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, or services.

Ownership of Bid Documents: All proposals and other materials submitted will become the property of the County of Jackson. Failure to complete the Invitation for Bid as outlined above may preclude consideration of the bid/proposal.

Reserved Rights: The County of Jackson reserves the right to reject any and all proposals for any reason(s).

June 5, 2014

Cascades Amphitheater Demolition Engineering  
Services: Bid 06-2014-02

Termination of Agreement: The County may terminate this agreement if any condition of the contract is not met. The County shall offer the contractor a reasonable amount of time, 20 days, to come into compliance with the conditions of the contract. If the conditions are not corrected the County will have the right to terminate the contract. The vendor may terminate this agreement by notifying the County Administrator/Controller's Office.

Payment: Payment for work performed in accordance with the contract may be billed monthly. The County will pay the contractor within 30 days of receiving a request for payment.

**VENDOR INSTRUCTIONS**

A contractor will be selected based on the qualifications submitted to Jackson County. The submission shall include the following items:

- A. A signed copy of the Acknowledgement below This signed document shall not count towards the total number of pages.
- B. A completed RFQ Contractor Identification Form
- C. Submission of qualifications limited to 30 pages, which addresses:
  - 1. A company profile.
  - 2. The contractor's experience conducting similar studies.
  - 3. The contractor's experience working with similar facilities.
  - 4. Contractor's familiarity with this project.
  - 5. The team or individual assigned to the project.
  - 6. A proposal regarding how they would and the ability of the contractor to address the work as described in the Request for Qualifications:
    - a. First for Phase I – Demolition and Temporary Site Restoration
    - b. Second, the remaining phases of the project.
  - 7. An estimated timeline and application of resources to the project.

**Acknowledgement**

Agreement: I, \_\_\_\_\_, representing \_\_\_\_\_ certify that I offer to furnish materials or services in strict accordance with the requirements of this bid including terms and conditions listed in the bid specifications. I certify that the listed is correct.

Authorized Signature (In Ink) \_\_\_\_\_ Title \_\_\_\_\_

Date Signed \_\_\_\_\_

## RFQ CONTRACTOR IDENTIFICATION FORM – Engineering Services for Cascades Amphitheater Demolition and Site Restoration.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<input type="checkbox"/> Yes <input type="checkbox"/> No	Proposal Attached
<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Acknowledgement
<input type="checkbox"/> Yes <input type="checkbox"/> No	RFQ Contractor Identification Form

\_\_\_\_\_  
Signature of Authorized Vendor Representative

\_\_\_\_\_  
Date