# LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY (LCMHA)

# 1040 S. Winter St. Suite 1022 Adrian, MI 49221

# REQUEST FOR PROPOSAL (RFP) FOR BATHROOM RENOVATION

#### **RFP**

DATE OF REQUEST: October 7, 2024

PROPOSAL DUE DATE: November 12, 2024 by 5pm

October 15, 2024: EXTENDED PROPOSAL DUE DATE: December 6, 2024 by 5pm

CONTRACT AWARD: December 2, 2024

**UPDATED CONTRACT AWARD DATE: December 27, 2024** 

### **SUBMISSION REQUIREMENTS**

The proposal documents shall be submitted electronically via email to address below. A confirmation email will be sent. If you do not receive confirmation email proposal was not received.

#### **Send documents to:**

Lenawee Community Mental Health Authority Holly Owen, Chief Operating Officer howen@lcmha.org

Proposals received after the above cited date and time will be considered a late quote and will not be acceptable. LCMHA reserves the right to accept or reject any or all bids and to waive any irregularities

#### SITE ACCESS

Contact Ryan Beal at rbeal@lcmha.org or 517-442-0350 to schedule site visit.

#### AWARD OF CONTRACT/REJECTION OF PROPOSAL

The contract will be awarded to the contractor who provide a proposal that is most responsive to meeting both needs of the project and LCMHA.

LCMHA reserves the right to change any aspect of, terminate, or delay this RFP, the RFP process and /or the program which is outlined within this RFP at any time, and notice shall be given in a timely manner thereafter. LCMHA reserves the right to reject any and all proposals that it deems to not be in the best interest of LCMHA.

## **SPECIFIC PROJECT INFORMATION**

#### **INTRODUCTION**

Lenawee Community Mental Health Authority is seeking proposals for bathroom renovations for a group home in Tecumseh, MI.

#### **SCOPE OF WORK**

#### **General Conditions:**

- Jobsite to left clean every day.
- Debris is to be removed by contractor.
- Drive is not to be blocked by vehicles or materials.
- All employees and subcontractors are to be covered by workers' compensation and/or general liability policies. Contractor is to provide proof of insurance.
- Permits and inspections
  - o When applicable a building permit is to be filed.
  - o All permit and inspection fees for the project are to be included.
- All materials, methods and techniques must conform to MI residential codes.

#### **Specifications**:

- Shower area
  - Solid surface pan with end drain
    - Top of pan should be lower than room tile
  - Solid surface walls
  - o Fixed shower head and an adjustable shower head on long hose
  - o Recessed ceiling light
  - o Grab bars with hidden/covered fasteners
    - Install proper framing/mounting
    - 36" horizontal bars on the 3 walls
    - 36" vertical on head wall close to exterior of shower wall
  - o Install permanent curtain rod
- Main bathroom area
  - o Create waterproof "tub" which wraps up onto walls (will extend into laundry area)

- o Install floor drain
- o New toilet closet flange heavy use, must be durable
- o Re-use toilet, install with wax free seal
- o Install new ¼ turn water shut off valves toilet and sink
- o Grab bars with hidden/covered fasteners
  - 36" horizontal above the toilet
  - 24" vertical beside toilet
- o Install porcelain floor tile (will extend into laundry area)
- o Install tile wall wainscot
  - Approximately 5' tall
  - Schluter trim for tile terminations (no tile bullnose)
- o Install recessed TP holder
- o 1"x4" PVC window/door casing
- o Install ADA accessible solid surface counter top/sink
  - Stainless kick panel on wall below
- o Install Delta single handle sink faucet
- New electrical switches and outlet
- Laundry Area
  - o Create waterproof "tub" which wraps up onto walls
    - Address the hole in floor from dryer vent pipe
  - Install floor drain
  - o Install porcelain floor tile
  - o Install tile wall wainscot
    - Approximately 5' tall
    - Schluter trim for tile terminations (no tile bullnose)
  - 1"x4" PVC window/door casing

# CONTENT OF PROPOSAL

At a minimum, each proposal shall include the following items:

#### **BUSINESS ORGANIZATION**

State the full name and address of your organization, and if applicable, any subcontractors that will perform or assist in performing the work.

#### **APPLICABLE EXPERIENCE**

Include a brief description of similar project experience and qualifications as it pertains to construction and renovations.

#### **ESTIMATED COST**

Estimate shall include the following; scope of work, cost itemized to include labor, materials, and permits if applicable.

#### TIME FRAME

Include estimated time frame for start and completion of project.

#### **ADDITIONAL INFORMAITON**

Include any additional information identified as pertinent but not requested in this RFP

# **EVALUATION OF PROPOSALS**

All proposals received shall be subject to an evaluation by representatives of Lenawee Community Mental Health Authority. The following factors will be considered in making the final selection:

# **EXPEREINCE**

Will take applicable experience in consideration when making determination.

#### **ESTIMATED COST**

The detail of scope of services and itemized cost will be taken in consideration. Proposal could be excluded based on lack of detail with scope of services and cost.

#### TIME FRAME

Will take estimated time frame in consideration in making final selection.

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY

Attach a copy of General Liability Insurance.	
Signature of Representative	Title of Representative
Print Name of Representative	Date of Signature