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**Health and Human Services**

**REQUEST FOR PROPOSAL**

**OWNER:** Mille Lacs of Ojibwe

43408 Oodena Drive

 Onamia, MN 56359

**PROJECT: MLB HHS Facilities Snow Plowing and Removal**

**DATE: October 16, 2024**

**TO: Qualified Snow Plowing Contractors**

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# Description and Scope of Work

The Mille Lacs Band, Health and Human Services Department (HHS) will be accepting sealed bidsfor **snow plowing and removal at all HHS buildings in District One** until **3:00pm, on October 30, 2024**. Bids will then be publicly opened and read aloud, on **October 31, 2024,** **at 10:30 AM** in the **Office of Solicitor General**, located in the Mille Lacs Government Center.

Mail sealed bids to: Health and Human Services, Snow Plowing/Removal

 Snow Removal RFP

 P.O. Box 509

 Onamia, MN 56359

# Bidding Notes

* Bids include the following facilities:
	+ District 1 (Onamia)
		1. Health and Human Services Building
		2. Red Brick Outpatient
		3. Halfway House
		4. Food Distribution Warehouse
		5. D1 Senior Living
* Bids must include all rates regarding snow removal services (call backs, cost per location, and emergency calls).
* Bids should be broken down by per plow starting at 2 inches up to six inches of accumulated snow fall, rate per hour over six inches, and any equipment that maybe needed for additional plowing and removal to meet the Health and Human Services Department’s needs.
* The Health and Human Services Main building parking lot must be cleared by 7:00 AM during regular weekdays (Monday through Friday).
* Twenty-four-hour facilities must be cleared as soon as possible for emergency vehicle access.
* Bids must include the following:

* Bids must include a one call number for all snow removal needs to be in compliance for all above listed facilities.
* All pricing must be valid through September 30, 2024
* Site visits are encouraged and may be scheduled with Curtis Kalk Jr, HHS Facilities Director (320-362-1657).
* Bids must include all related equipment rates and labor rates.

# Licensing

Contractors must have a current Mille Lacs Band Vendor’s license. Contact Elizabeth Thornbloom at the Business Regulations Office at (320)532-8274 with questions regarding licensing and for the license application

**The Mille Lacs Band of Ojibwe reserves the right to reject any and all bids for any reason.**

MLB BID FORM

HEALTH AND HUMAN SERVICES: FACILITIES DEPARTMENT

**FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB/PROJECT: FY2024 Facilities Snow Plowing and Removal**

District I Service Rates

Snow Fall up to 6 inches –

Completed before 8:00 AM during weekdays **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Snow Fall over 6 inches **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Hourly rate – Skid Ster/Front End Loader **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Hourly rate – Dump Truck or Other Removal **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Other applicable charges: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Charge Description) (Dollar Amount)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Charge Description) (Dollar Amount)

District I Senior Living

Snow Fall up to 6 inches –

Completed ASAP for Emergency Access **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Snow Fall over 6 inches **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Hourly rate – Skid Ster/Front End Loader **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Hourly rate – Dump Truck or Other Removal **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Other applicable charges: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Charge Description) (Dollar Amount)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Charge Description) (Dollar Amount)

**BID GUARANTEE PERIOD:**

I agree to hold this bid open for a period of **90 days** after the bid opening. If this bid is accepted I agree to execute a Contract and/or a Purchase Order with the Mille Lacs Band of Ojibwe along with furnishing all required bonding (if required) and insurances.

**ATTACHMENTS REQUIRED: Failure to provide any of these attachments will result in bid disqualification.**

* MLB BID FORM (MUST BE SIGNED)
* DETAILED PROPOSAL
* MLBO VENDOR LICENSE
* COPY OF CURRENT INSURANCES
* COPY OF MINNESOTA CONTRACTORS LICENSE (if required)

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**