

**LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY
(LCMHA)
1040 S. Winter St. Suite 1022
Adrian, MI 49221**

**REQUEST FOR QUOTE (RFQ)
FOR
WINDOWS FOR GROUP HOME**

RFQ

DATE OF REQUEST: January 23, 2024

PROPOSAL DUE DATE: February 16, 2024

CONTRACT AWARD: March 4, 2024

SUBMISSION REQUIREMENTS

The Quote 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

Quote 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 VISIT

Contact Holly Owen at howen@lcmha.org 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 RFQ, the RFQ process and /or the program which is outlined within this RFQ 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 quote for windows for a group home located in Adrian, MI.

SCOPE OF WORK

Scope of service shall include, but are not limited to, the following:

- Measure windows
- Remove and dispose of current windows
- Assist with selection of window products
- Install new windows

CONTENT OF QUOTE

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

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 INFORMATION

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

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:

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