

**Huntley Community School District 158**  
**Guaranteed Energy Savings Contract RFP # 2020-32**  
**Addendum No. 2**  
5-1-20

To All Qualified Providers:

See below here-in this addenda to the specifications for the Guaranteed Energy Savings Contract RFP # 2020-32.

Please acknowledge this addendum in your proposal when submitting.

The due date for proposals remains the same; 1:00 pm CST, on May 22, 2020 where they are to be presented at a virtual teleconference. If you do not see the invitation to that Zoom meeting, please notify my office asap please.

We look forward to receiving your proposal.

Respectfully,

Douglas Renkosik, CPMM  
Director of Operations and Maintenance  
Huntley Community School District No. 158  
650 Dr. John Burkey Drive  
Algonquin, Illinois 60102

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**Addendum No. 2**  
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**Addendum Number Two Items**

1. Clarification: all existing interior lighting in D158 is 277 volt power. Heinemann Middle School has a relay that switches from 277 volt regular power to 120 volt emergency generated power.
2. All existing interior lighted spaces of existing occupancy sensors.
3. The School District has eight exhaust hoods; one in each of it's eight schools which it would like the operational controls installed on. The contractor should take off equipment data plate data for determining energy savings when visiting the sites. The operating hours are as listed below.
  - a. Conley and Mackeben Elementary School - operating hours are 8 am to 1 pm
  - b. Marlowe and Heinemann Middle school– operating hours are 7 am to 1:30 pm
  - c. Chesak and Leggee Elementary School - operating are 8 am to 1 pm
  - d. Martin Elementary School - operating are 8 am to 1 pm
  - e. Huntley High School - operating are 7am to 2pm
4. When submitting the proposal, ESCO's shall know that the School's district can accept a file size attachment large than 25 Mb when the email their proposal into the Zoom meeting proposal opening on May 22, 2020.
5. The proposal provider shall provide a write in line determining the criminal background check cost included with their proposal. This information is requested so that the School District understands what credit on contract cost may be available if the state of the environment at the time of the project will not allow criminal background checks to take place.
6. Point of Clarification: The School District will expect photometric layouts of the lighting in the facility to be provided by the successful ESCO after proposals are received and a contract is executed but before the retrofit work is started in the field.
7. The design light level shall be 50 foot-candles average in all occupied spaces and 15 to 20 foot-candles in hallways.
8. The section of the RFP titled: Part IV-A: Qualified Provider Profile Form and Qualifications is replaced in it's entirety with the version attached with this addendum.
9. Item 4 of the Subsection titled: B-9 Technical Approach/Scope of Work on page 20 of the RFP as a part of the section of the RFP titled PART IV-B: Qualified Provider Approach to Project is replaced with the following;

“Proposals must include a preliminary schedule indicating how the project will be completed by June 30, 2021 without disruption to the primary mission of the District including School Day, Extra-Curricular, and Summer School activities. Please address how this will be accomplished as part of your project schedule”.

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**PART IV-A: Qualified Provider Profile Form and Qualifications**

Each Qualified Provider is required to fully answer all questions in each category listed below. Provide responses on 8 1/2 " x 11" sheets of paper and number and title each answer to the corresponding category. Font size should be no smaller than 10 point. All pages in your response should be numbered sequentially. Qualified Providers must also include a table of contents which indicates the section and page numbers corresponding to the information included.

**All questions must be addressed by the Qualified Provider in order for this application form to be properly completed. Failure to answer any question, or comply with any directive contained in this form may be used by District as grounds to find the Qualified Provider ineligible. If a question or directive does not pertain to your firm in any way, please indicate with the symbol N/A.**

**A-1 Firm Name** \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

**A-2 Names and Titles of Two Contact People**

1) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

2) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**A-3 Submittal is for:**

- Parent Company (List any Division or Branch Offices to be involved in this project)
- Division (attach separate list if more than one is to be included)
- Subsidiary
- Branch Office

Name of Entity: \_\_\_\_\_

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

\_\_\_\_\_

**A-4 Type of Firm:**

- Corporation
- Partnership
- Sole Ownership
- Joint Venture

**A-5 Federal Employer Identification Number** \_\_\_\_\_

**A-6 Year Firm was Established** \_\_\_\_\_

**A-7 Name and Address of Parent Company: (if applicable)** \_\_\_\_\_

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**A-8 Minority Business Information** *(If applicable to your agency's policies or requirements)*

**Recognized MWBE.** Is your firm a recognized Minority or Woman-owned Business Enterprise **Category.** If yes, please indicate the appropriate category.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Spanish Surname |
| <input type="checkbox"/> Asian-American   | <input type="checkbox"/> Woman-Owned     |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other           |

**Certifying Agencies.** If yes, indicate which jurisdictions or certifying agencies recognize your firm's MWBE status.  
**Accommodation.** If no, please summarize how you will accommodate MWBE **preferences.**

**A-9 Five Year Summary** of Contract Values for Energy Performance Contracting Projects where your firm was the prime contractor with a first party written savings guarantee to the District: (Note: If you are a branch office of a larger firm indicate only those contract values associated with that specific branch.)

2015: \$\_\_\_\_\_

2016: \$\_\_\_\_\_

2017: \$\_\_\_\_\_

2018: \$\_\_\_\_\_

2019: \$\_\_\_\_\_

**A-10 Corporate Background/Historical Data**

- How many years has your firm been in business under its present business name?
- Provide documentation showing that your company is Accredited by NAESCO. Proposals will not be accepted by companies without this accreditation.
- Please identify all states in which your firm is legally qualified to do business.
- Indicate all other names by which your organization has been known and the length of time known by each name.
- Certify that your company does not owe the state of Illinois any taxes.
- Certify that your company is not currently under suspension or debarment by the state of Illinois, any other state, or the federal government.
- Identify your firm's legal counsel for this project. Give the name and address of the primary individual responsible for contract negotiation.
- Include an annual financial report for the Qualified Provider which includes the following information
  - Qualified Provider's Standard & Poor's and Moody's credit ratings and provide supporting documentation.
  - Qualified Provider's latest cash on balance sheet
  - Qualified Provider's net assets
  - Qualified Provider's revenue as a percentage of the following:
 

Equipment manufacturing	_____	%
Service and maintenance	_____	%
Guaranteed energy project	_____	%
Proposal	_____ and _____	spec.
% Other	_____	%

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**A-11 Technical Qualifications And Personnel Information**

Indicate the number of all guaranteed energy savings contracting projects currently under contract with your firm. **Limit your response to ONLY those projects that have been managed directly by the specific branch, division, office, or any individual in such branch, division or office who will be specifically assigned to this project.** Indicate the installed project cost value, and identify all project currently in repayment. Attach additional sheets as necessary.

Using the format provided below, briefly describe the relevant experience, qualifications and educational background for **ONLY** those **PRIMARY** team members (no more than 10 individuals) **who will directly be working on this project.** **Do not include individual resumes.**

Name of Project Team Member:	
Current Job Title: Job responsibilities: Number of years with Qualified Provider: Primary Office Location:	
Employment History Company Name: Primary job responsibilities: Number of years with firm:	
Educational Background List all academic degrees, certifications, professional affiliations, relevant publications and technical training.	
List all energy performance contracting projects this individual has been involved with during past 5 years. Include project location, type of facilities, year implemented and dollar value of installed project costs.	
Describe the specific role and responsibilities this individual had for each listed project.	
Provide a detailed description of the role and responsibilities this individual will have for the duration of this project.	
Describe any other relevant technical experience.	
Indicate the total years of relevant energy-related experience for this individual.	

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**A-12 Energy Performance Contracting Project History And Client References**

Using the form on the following page, list at least five (5) energy performance contracting projects in repayment by and currently under contract with your firm. **Limit your response to ONLY those projects that have been managed directly by the specific branch, division, office or any individual in such branch, division or office who will be specifically assigned to this project.** Attach additional sheets as necessary. Please put an asterisk by those project references involving projects with measures and buildings similar to those proposed for this project.

**PROJECT HISTORY AND CLIENT REFERENCE FORM**

**All information requested is required.**

Project Name and Location Number of Buildings Primary Use Total square footage	
Project Dollar Amount (installed project costs) Source of Project Financing	
Primary ECMs Installed Qualified Provider Services Provided	
Construction Start & End Dates	
Contract Start & End Dates	
Dollar Value and Type of Annual Operational Cost Savings (if applicable) (e.g., outside maintenance contracts, material savings, etc.)	
Method(s) of Savings Measurement and Verification	
Provide CURRENT and ACCURATE telephone and FAX numbers of the owner(s)' representatives with whom your firm did business on this project. You should ensure that all representatives are familiar with this project.	
Describe the specific roles and responsibilities of Qualified Provider personnel associated with the identified project, limiting your response to only those personnel who will be directly involved in District's project.	
Qualified Provider Notes or Comments	