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## **REQUEST FOR QUOTATION (RFQ): HOURLY TRADE SERVICES**

Submission Deadline: December 6, 2024 at 3:00 PM

### **INTRODUCTION**

Sensenbrenner Hospital is seeking quotations from qualified vendors specializing in plumbing, electrical, carpentry, plastering and painting on an as-required basis at our facility. This request for quotation aims to establish hourly rates for the services listed below.

### **SERVICES REQUIRED**

#### **1. Plumbing Services**

- General maintenance and repairs
- Installation of new plumbing systems
- Emergency repair services

#### **2. Electrical Services**

- Routine electrical maintenance and safety checks
- Installation of electrical systems and fixtures
- Emergency electrical repairs

#### **3. Carpentry Services**

- General carpentry repairs and maintenance
- Installation of new structures and fixtures
- Custom carpentry projects

#### **4. Plaster Services**

- Surface preparation
- Plastering
- Repairs and restoration

#### **5. Paint Services**

- Surface preparation
- Application of interior and exterior paints and/or specialty coatings.

## **VENDOR QUALIFICATIONS**

Vendors must meet the following criteria:

- Licensed and insured for the type of work being quoted
- Proven track record with a minimum of 5 years of experience
- Ability to respond to emergency service requests

In order to maintain a safe and compliant environment at Sensenbrenner Hospital, the following requirements must also be met by the successful bidder and its employees:

- All personnel assigned to work on site must have received a minimum of two doses of an approved COVID-19 vaccine.

## **SUBMISSION REQUIREMENT**

Please provide the following in your quote:

- Company profile and history
- Detailed hourly rate for each service category
- Minimum billed time and any travel charges
- Availability and response time for regular and emergency services
- At least three (3) business references.

## **EVALUATION CRITERIA**

Quotes will be evaluated based on the following criteria:

- Compliance with submission requirements
- Competitiveness of hourly rates
- Vendor's experience and reputation
- References and past performance
- Response time

## **TERMS AND CONDITIONS**

- The contract resulting from this RFQ will be for a period of 12 months, with the option to renew.
- All quoted rates must be valid for the duration of the contact.
- Sensenbrenner Hospital reserved the right to accept or reject any and all quotes, in whole or in part, and to waive any informalities or irregularities.
- The successful bidder shall provide a valid Certificate of Clearance and shall procure and maintain Comprehensive General Liability insurance not less than \$2,000,000 inclusive for any one occurrence and include insurance against liability for bodily injury and property damage caused by vehicles or equipment owned by the vendor. Proof of such insurance is to be submitted to Sensenbrenner Hospital before commencing any work.

- The successful bidder clearly understands and agrees that they are not, nor is anyone hired by the successful bidder, covered by Sensenbrenner Hospital under the Workplace Safety and Insurance Board, the Unemployment Act, or any Act, whether Provincial or Federal, in respect of the successful bidder, their employees and operations, and shall provide Sensenbrenner Hospital with such satisfactory evidence that they have complied with the provisions of any such acts.
- Proof of COVID-19 vaccination must be provided prior to commencing work on site.
- The successful bidder and its employees must adhere to the hospital's Workplace Violence and Harassment Prevention Policy Program.
- The successful bidder and its assigned personnel must complete a statement of confidentiality before commencing work.

## **SUBMISSION INSTRUCTIONS**

Please complete the Vendor Quotation Form with all required details and ensure that it is signed by an authorized representative of your company. Submit the completed form along with any additional supporting documents as specified in the RFQ.

For Electronic Submissions:

- Submit the completed form and any additional documents as attachments via email to [ctourigny@senhosp.ca](mailto:ctourigny@senhosp.ca). Please use the subject line: RFQ Response – Hourly Trade Services

For Physical Submissions:

- Print and sign the completed form. Place the form and any additional documents in a sealed enveloped marked “RFQ Response – Hourly Trade Services. Mail or deliver it to the following address:

Sensenbrenner Hospital  
Attention: Christiane Tourigny  
101 Progress Crescent  
Kapuskasing, ON, P5N 3H5



# SERVICE CATEGORIES

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## PLUMBING SERVICES

Licensed Plumber Trade Hourly Rate	
Labourer Hourly Rate	
Minimum Billed Time	
Travel Charges (if any)	
Regular Service Availability	
Emergency Response Time	

## ELECTRICAL SERVICES

Licensed Electrician Trade Hourly Rate	
Labourer Hourly Rate	
Minimum Billed Time	
Travel Charges (if any)	
Regular Service Availability	
Emergency Response Time	

## CARPENTRY SERVICES

Licensed Carpenter Trade Hourly Rate	
Labourer Hourly Rate	
Minimum Billed Time	
Travel Charges (if any)	
Regular Service Availability	
Emergency Response Time	

## PLASTERING SERVICES

Hourly Rate	
Minimum Billed Time	
Travel Charges (if any)	
Regular Service Availability	
Emergency Response Time	

**PAINTING SERVICES**

Hourly Rate	
Minimum Billed Time	
Travel Charges (if any)	
Regular Service Availability	
Emergency Response Time	

**BUSINESS REFERENCES**

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**REFERENCE 1**

Company Name	
Contact Person	
Phone Number	
Email Address	
Types of Service Provided	

**REFERENCE 2**

Company Name	
Contact Person	
Phone Number	
Email Address	
Types of Service Provided	

**REFERENCE 3**

Company Name	
Contact Person	
Phone Number	
Email Address	
Types of Service Provided	

## **ADDITIONAL COMMENTS OR INFORMATION**

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*Provide any additional information that might be relevant to your quotation or service offerings.*

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## **ACKNOWLEDGMENT**

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I hereby certify that the information provided is accurate to the best of my knowledge and that I am authorized to submit this quotation on behalf of my company.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **SUBMISSION INSTRUCTIONS**

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Please submit this completed form in accordance with the submission instructions provided in the RFQ.