

**Purchasing Office**  
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Kerrie Koopman CPPB, CPPO,  
Purchasing Manager  
Kim Miskell, CSBO, Assistant Purchasing  
Manager  
**Bill Meekins CPPB, CSBO, CPCP,**  
**Purchasing Agent**  
Shane Ryberg, Purchasing Agent

October 16, 2019

**ADDENDUM 1**  
**RFP 20MISC1, Environmental/Industrial Hygiene Services**

**DUE DATE: October 29, 2019, at 2:00 P.M.**

As a result of the pre-bid meeting held October 15, 2019, please be advised of the following additional information and clarifications:

1. On page 27, 9. Preparation of Proposal, item iii, add the following to the list of form to be completed:
  - Vendor Conflict of Interest Disclosure Form
2. On page 30, 14. Post-Award Ordering Procedure, item a., please replace \$25,000 with **\$50,000.**
3. On page 45, 5. Financing and Insurance, please replace “tax year 2014” with **“tax year 2018.”**
4. On page 45, Item 6., please replace “sample reports written during the 2013-2015 time period” with **“sample reports written during the 2016-2018 time period.”**
5. Clarification: Page 28 of the RFP says: “If approved, cost proposals will be evaluated on a weighted basis. 30 total points will be awarded with the maximum points given for the lowest overall calculated costs.” How does FCPS intend to calculate the overall cost?

**FCPS will utilize previous projects and plug the submitted costs into those calculations to determine lowest cost status. A weighted average will be used based off the outcome to determine cost scores for the selected vendors.**

6. Clarification: FCPS makes no guarantee that any buildings would require full hazmat survey services from an awardee. Our best estimate, at this time, is that we may have need for 1 – 5 buildings during the terms of this contract.

Sincerely,

*Bill Meekins*

Bill Meekins CPPB, CSBO, CPCP  
Purchasing Agent  
[billy.meekins@fcps.org](mailto:billy.meekins@fcps.org)

Attachments: Pre-bid Attendance Roster  
Vendor Conflict of Interest Disclosure Form

BM/kl

cc: Laura Olsen, Environmental Compliance and Occupational Safety Manager  
Bid File

Frederick County Public Schools  
Purchasing Department  
PRE-BID MEETING ATTENDANCE ROSTER

RFP 20MISC1, ENVIRONMENTAL/INDUSTRIAL HYGIENE SERVICES

MEETING DATE/TIME: OCTOBER 15, 2019 @ 11:00 A.M.

NAME (PLEASE PRINT)	FIRM REPRESENTED (PLEASE PRINT)	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
Anthony Ferrando	Co. Name: Soil and Land Use Technology Address:	703-735-4940		aferrando@sublative.com
John B. Love	Co. Name: Freehling & Robertson Address:	202-368-7669		john@landr.com
Courtney McCall	Co. Name: ATI Address: 9720 Rumsey Rd Suite 100 Chillum, MD 20755	703-399-5423 (con)		Courtney@atldec.com
Audrey Sarno	Co. Name: P.S.I. Address: 9411 Philadelphia Rd (Lm) Bethesda MD 20814	240-425-3452		andrew.sarno@intertek.com
IOIKES ADESIDA	Co. Name: TOTAL ENVIRONMENTAL Address: 15 DALLAS COMCEDES INS 15 DALLAS COMCEDES INS	703-888-9607		1Adesida@tecipro.com
RYAN NEUFER	Co. Name: Tidewater, Inc Address:	610-277-778		Ryan.Neuf@twd.net
Laura Olsen	Co. Name: FCLS Address:	301-644-5162		laura.olsen@fcls.org
Bill Meekins	Co. Name: FCLS Address:			
	Co. Name: Address:			
	Co. Name: Address:			
	Co. Name: Address:			

Frederick County Public Schools  
Purchasing Department  
PRE-BID MEETING ATTENDANCE ROSTER

RFP 20MISC1, ENVIRONMENTAL/INDUSTRIAL HYGIENE SERVICES

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NAME (PLEASE PRINT)	FIRM REPRESENTED (PLEASE PRINT)	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
Devs/As Fenster	Co. Name: EA ENGINEERING Address: 225 Sch. St. N. #400 HUNTSVILLE, MD 21075	410-329-5158	410-771-1625	dfenster@eaest.com
Miriam Koesterch	Co. Name: ETE Engineering Service & Tech Address: "	410-584-7000	410-771-1625	mkoesterch@eaest.com
TEHSIN AURANGABADWALA	Co. Name: KCI TECHNOLOGIES INC. Address: 936 Ridgebrook Rd Sparks, MD 21152	410-891-1726		tehsin@kci.com
MENEKA RODRIGO -	Co. Name: TIDEWATER, INC. Address: 625 SECNICK RD. ELK RIDGE, MD 21075	410-540-8700	410-579-1685	meneka.rodrigo@tideh2o.net
Fred Krane	Co. Name: Retvo Address: Sykesville, MD	410-960-1218		f.kranvareto@retvo.net
	Co. Name: Address:			
	Co. Name: Address:			
	Co. Name: Address:			
	Co. Name: Address:			
	Co. Name: Address:			
	Co. Name: Address:			

# Vendor Conflict of Interest Disclosure Form

All vendors interested in conducting business with Frederick County Public Schools (FCPS) must complete and return the Vendor Conflict of Interest Disclosure Form, in order to be eligible to be awarded a contract with FCPS.

Please note that all vendors must comply with FCPS's conflict of interest certification, as stated below.

If a vendor has a relationship with a FCPS employee or an immediate family member (spouse, child (stepchild or adopted), parent, or sibling) of a FCPS employee, the vendor shall disclose the information required below.

**Certification:** I hereby certify, that to the best of my knowledge, there is no conflict of interest involving the vendor named below:

1. No FCPS employee or the employee's immediate family member has an ownership interest in the vendor's company, or is deriving personal financial gain from this contract.
2. No retired or separated FCPS employee who has been retired or separated from the organization for less than one (1) year has an ownership interest in the vendor's company.
3. No FCPS employee is contemporaneously employed or prospectively to be employed with the vendor.
4. The vendor did not provide any information or criteria in the drafting of the solicitation prior to it being advertised for competitive pricing.
5. Vendor hereby declares it has not, and will not provide gifts or hospitality of any dollar value, or any other gratuities to FCPS employee to maintain a contract.
6. Vendor hereby declares that in the process of preparing a quote/bid/proposal for FCPS, there have been no acts of bribery, extortion, trading, laundering of corrupt practices, and/or nepotism have transpired between FCPS employee and the vendor.
7. Please note any other exceptions below.

Vendor Name & Email	Vendor Address & Phone Number
<b>Conflict of Interest Disclosure</b>	
Name of FCPS employee or immediate family member with whom there may be a potential conflict of interest. <i>If no conflict of interest, write "N/A" and initial.</i>	Disclose the relationship to the employee or the immediate family member, their interest in the vendor's company, and any additional information

I certify that the information provided is true and correct by my signature below:

\_\_\_\_\_  
Signature of Vendor Authorized Representative/Date

\_\_\_\_\_  
Printed Name of Vendor Authorized Representative