

**SAN RAFAEL CITY SCHOOLS
CAPITAL FACILITIES PROGRAM**

310 Nova Albion Way
San Rafael, CA 94903

May 23, 2018

PROPOSAL

FOR

Relocation & Moving Services

LAUREL DELL ELEMENTARY SCHOOL

The San Rafael City Schools is requesting proposals from Moving Service companies to provide relocation services including all labor and supervision, materials, supplies, equipment, loading and unloading, trucking and delivery, setup, and clean-up for the following school contents relocation and moving.

Laurel Dell Elementary School 225 Woodland Ave. San Rafael, CA 94901

1. **Scope:** Provide required manpower and supplies to move contents of all existing buildings (including Portables) to be relocated to **Davidson Annex** 150 Lovell Ave. San Rafael, CA 94901 AND/OR temp storage TBD.
 - a. Pack and relocate contents of 10 classrooms (including portables), including Day Care program, and Storage Rooms
 - a. All equipment, furniture including chairs, desks, file cabinets, tables, etc.
 - b. All boxes of teaching supplies
 - c. Classroom relocation layouts to be provided will dictate location of furniture
 - d. Note: Personal belongings of teachers will NOT be packed by mover
 - b. Relocate contents of Administrative office
 - a. All equipment, furniture including chairs, desks, file cabinets, tables, etc.
 - b. All boxes of supplies
 - c. Relocate contents of Multipurpose room including all tables and equipment
 - d. Provide all necessary moving supplies including boxes, labels, tape.
 - a. Assume ~50 boxes with labels per classroom
 - b. Provide cost for additional boxes/labels to be delivered as needed
 - e. Classroom contents may vary by location.
 - f. Contents may need transport by shrink-wrapped on carts.
 - g. Teachers will have packed/removed their personal belongings.
 - h. Assign a designated Superintendent to assist in coordination of all moves.

- i. ALTERNATE ADDITIONAL WORK: to be considered in the RFP, please provide the unit price for additional work. The unit price should be for one (1) crew of four (4) movers per work day – price to be addressed below.

2. ANTICIPATED TIMELINE FOR PERFORMANCE OF SERVICES

- A. All move times to be confirmed with SRCS staff upon firm selection.
- B. For this project provide moving supplies including boxes and labels for classrooms during June 2018.
- C. Relocation of ALL contents to Temporary Housing portables AND/OR storage on site anticipated between August 1-15 2018.
- D. Provide two (2) movers for two (2) consecutive days for use between August 16 – 22 to aid teachers in final placement of furniture and boxes moved prior.

3. **SITE VISIT** – A site walk will be lead on May 24, 2018 at 9:15AM to allow all interested parties understand the scope fully. This visit is NON-MANDITORY, but highly advised.

4. INSURANCE REQUIREMENTS

Each proposal must include insurance coverage in the amounts below:

Type of Coverage	Minimum Requirement
Commercial General Liability Insurance , including Bodily Injury, Personal Injury, Property Damage, Advertising Injury, and Medical Payments	
Each Occurrence	\$ 1,000,000
General Aggregate	\$ 2,000,000
Automobile Liability Insurance - Any Auto, Vehicle	
Each Occurrence	\$ 1,000,000
General Aggregate	\$ 2,000,000
Workers Compensation	Statutory Limits
Employer's Liability	\$ 1,000,000

MOVING PROPOSAL

The undersigned has reviewed the scope of work, visited the site(s) and understand the terms and conditions for the relocation and move, and proposes to provide all relocation and moving services as described above for the **Laurel Dell Elementary School relocation to Davidson Annex** for the NTE sum of:

_____ **dollars** \$_____.

ALTERNATE ADDITIONAL WORK/Supplies:

Use this section to provide unit price of labor – one (1) crew of four (4) movers per day & cost for additional supplies (provide unit description)

\$ _____ /Day (as described)

\$ _____ Description: _____

\$ _____ Description: _____

\$ _____ Description: _____

Dated this _____ day of _____ 20 ____

Name of Bidder: _____

Signed by: _____

Title of Signer: _____

Address of Bidder: _____

Taxpayer Identification No. of Bidder: _____

Telephone Number: _____

Fax Number: _____

E-mail: _____

Additional supplies cost _____