

Dining Operations for Lillie and Roy Cullen Tower



Date Issued: Tuesday, January 2, 2024 9:00 AM CST

Pre-Proposal Conference Date: Tuesday, January 9, 2024 1:00 PM CST

Pre-Proposal Questions Deadline: Friday, January 12, 2024 4:00 PM CST

Solicitation Due Date: Wednesday, January 31, 2024 4:00 PM CST

Solicitation Contact Information:

Eloise Gonzalez, Sr. Coordinator, Procurement: eloise.gonzalez@bcm.edu or 713-798-5082

SECTION 1: GENERAL INFORMATION**1.1 Organizational Overview**

Baylor College of Medicine is a health sciences university that creates knowledge and applies science and discoveries to further education, healthcare, and community service locally and globally.

1.2 Project Summary

Baylor College of Medicine seeks proposals/pricing from qualified firms to provide dining operation services to the Lillie and Roy Cullen Tower.

1.3 Background

Lillie and Roy Cullen Tower will be a new BCM facility. This facility will need to host dining operations for approximately 400 students, 400 researchers, 150 health professionals and 150 staff members. This new facility can potentially serve the entire Mc Nair Campus.

1.4 Primary Contact Information

| Name | Title | Contact Information | |
|------------------------|--|---|--------------------------------|
| Eloise Gonzalez | Sr. Coordinator, Procurement | 713-798-5082 | Eloise.Gonzalez@bcm.edu |
| <i>Sandra Estelle</i> | <i>Senior Manager, Business Operations</i> | 713-798-5080 | <i>Sestelle@bcm.edu</i> |

1.5 Solicitation Schedule

Date Issued: Tuesday, January 2, 2024 9:00 AM CST

Pre-Proposal Conference Date: Tuesday, January 9, 2024 at 1:00 PM CST : Teams Link:

[Click here to join the meeting](#)

Meeting ID: 276 839 967 807

Passcode: SKAdtc

[Download Teams](#) | [Join on the web](#)

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SECTION 2: SCOPE OF SERVICES

2.1 Purpose

BCM is seeking Dining Operations Services in the new Lillie and Roy Cullen Tower.

2.2 Background

The new Lillie and Roy Cullen Tower is a new BCM facility and has the potential to service the whole McNair campus.

2.3 Scope of Services

Provide the college with quality food services that focus on:

- Wellness / nutrition
- Student affordability
- Menu Variation (e.g., vegetarian, cultural)
- Scalability (provide quality catering)

Achieve the above objectives at a cost neutral impact to the college.

2.4 Exhibit A – Café Diagram 1st and 2nd floor plans

The attached documents are provided as an aid in responding to this solicitation. The diagrams show square footage and layout of the food service areas of the Lillie and Roy Cullen Tower.

SECTION 3: SUBMISSION OF PROPOSAL

3.1 Submission Requirements

Interested candidates should include the following in their proposal:

1. Company Information
2. Profit Sharing Strategy
3. Loan Payment Back to Vendor to Recover Total Investment
4. Estimated Revenue Back to BCM from MedAssets
5. Capital Investment by Vendor (~1.5 Million for Equipment Package)

3.2 Instructions for Submission

Please submit responses electronically via email to Eloise Gonzalez at eloise.gonzalez@bcm.edu by **4:00 PM on Wednesday, January 31, 2024**.

3.3 Interviews/Oral Presentations/Demonstrations will be requested at a later date, if required

SECTION 4: GENERAL TERMS AND CONDITIONS

Baylor's full terms and conditions can be accessed electronically here:

<https://www.bcm.edu/sites/default/files/2021-04/bcm-vendor-terms-and-conditions.pdf>

4.1 Submission of Proposals:

Respondent shall furnish information required by the solicitation in the form requested. The University reserves the right to reject proposals with incomplete information or which are presented on a different form. All proposals shall be signed, in the appropriate location, by a duly authorized representative of the Respondent's organization. Signature on the proposal certifies that the Respondent has read and fully understands all RFP specifications, plans, and terms and conditions.

By submitting a proposal, the Respondent agrees to provide the specified equipment, supplies and/or services in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein. Furthermore, the Respondent certifies that: (1) the proposal is genuine and is not made in the interest of or on behalf of any undisclosed person, firm, or corporation, and is not submitted in conformity with any agreement or rules of any group, association, or corporation; (2) the Respondent has not directly or indirectly induced or solicited any other Respondent to submit a false or sham proposal; (3) the Respondent has not solicited or induced any person, firm, or corporation to refrain from responding; (4) the Respondent has not sought by collusion or otherwise to obtain any advantage over any other Respondent or over the University.

Modifications or erasures made before proposal submission must be initialed in ink by the person signing the proposal. Proposals, once submitted, may be modified in writing prior to the exact date and time set for the RFP closing. Any such modifications shall be prepared on company letterhead, signed by a duly authorized representative, and state the new document supersedes or modifies the prior proposal. The modification must be submitted marked "Proposal Modification" and clearly identifying the RFP title, RFP number and closing date and time. Proposals may not be modified after the RFP closing date and time. Telephone and facsimile modifications are not permitted.

Proposals may be withdrawn in writing, on company letterhead, signed by a duly authorized representative and received at the designated location prior to the date and time set for RFP closing. Proposals may be withdrawn in person before the RFP closing upon presentation of proper identification. Proposals may not be withdrawn for a period of sixty (60) days after the scheduled **closing time for the receipt of proposals**.

4.2 Conflict of Interest:

By signing the proposal, the vendor affirms that it and its' officers, members and employees have no actual or potential conflict of interest, beyond the conflicts disclosed in its' proposal. Vendor will not acquire any interest, direct or indirect, that would conflict or compromise in any manner or degree with the performance of its services under this contract. If any potential conflict is later discovered or if one arises, the vendor must disclose it to the Commission/Council promptly.

4.3 Independent Proposal:

A proposal will not be considered for award if the price in the proposal was not arrived at independently, without collusion, consultation, communication, or agreement as to any matter relating to such prices with any other offer or with any competitor. The price quoted in the vendor's proposal will not be subject to any increase and will be considered firm for the life of the contract unless specific provisions have been provided for adjustment in the original contract.

4.4 Rejection of Proposals:

The Director of Procurement reserves the right to accept or reject any or all proposals, in part or in whole, at her discretion. The Director reserves the right to withdraw this RFP at any time for any reason. Submission of, or receipt by, the Director confers no rights upon the vendor nor obligates the Commission/Council in any manner.

4.5 Supplier Diversity:

All agencies of the State of Texas are required to make a good faith effort to assist Historically Underutilized Businesses (HUB) in receiving contract or subcontract awards. The goal of the HUB program is to promote full and equal business opportunity for all businesses in contracting with state agencies. If under the terms of any Contract resulting from this RFP, Respondent subcontracts any of the services then, Respondent must make a good faith effort attempt to utilize HUBs certified through the Statewide HUB Program.

Proposals that fail to comply with the subcontracting requirements contained in this solicitation will constitute a material failure to comply and will be rejected by Baylor College of Medicine (BCM) as **non-responsive**.

Any Subcontracting of the Services by the successful Respondent(s) is subject to review by BCM to ensure compliance with the HUB program requirements. If BCM determines that subcontracting opportunities are probable, then a HUB Subcontracting Plan (HSP) is a required element of the response.

SECTION 5: EXECUTION OF OFFER

PROPOSER MUST COMPLETE, SIGN AND SUBMIT THE FOLLOWING EXECUTION OF OFFER (**SECTION 5** OF THIS RFP) NO LATER THAN THE SUBMITTAL DEADLINE.

5.1 By signature hereon, Proposer represents and warrants the following:

- 5.1.1 Proposer acknowledges and agrees that (a) this RFP is a solicitation for a proposal and is not a contract or an offer to contract; (b) the submission of a proposal by Proposer in response to this RFP will not create a contract between BCM and Proposer; (c) BCM has made no representation, guarantee or warranty, written or oral, that one or more contracts with BCM will be awarded under this RFP; and (d) Proposer will bear, as its sole risk and responsibility, any cost arising from Proposer's preparation of a response to this RFP.

- 5.1.2 Proposer is a reputable company that is lawfully and regularly engaged in providing the related services.
- 5.1.3 Proposer has the necessary experience, knowledge, capabilities, skills, and resources to perform under the Agreement.
- 5.1.4 Proposer is aware of, is fully informed about, and is in full compliance with all applicable federal, state and local laws, rules, regulations and ordinances.
- 5.1.5 Proposer understands the requirements and Scope of Work (ref. **Section 2** of this RFP) set forth in this RFP.
- 5.1.6 If selected by BCM, Proposer will not delegate any of its duties or responsibilities under this RFP or the Agreement to any sub-contractor, except as expressly provided in the Agreement.
- 5.1.7 If selected by BCM, Proposer will maintain any insurance coverage as required by the Agreement during the term thereof.
- 5.1.8 All statements, information and representations prepared and submitted in response to this RFP are current, complete, true and accurate. Proposer acknowledges that BCM will rely on such statements, information and representations in selecting Preferred Supplier. If selected by BCM, Proposer will notify BCM immediately of any material change in any matters with regard to which Proposer has made a statement or representation or provided information.
- 5.2 By signature hereon, Proposer offers and agrees to comply with all requirements set forth in this RFP.
- 5.3 By signature hereon, Proposer affirms that it has not given or offered to give, nor does Proposer intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with its submitted proposal. Failure to sign this Execution of Offer, or signing with a false statement, may void the submitted proposal or any resulting contracts, and Proposer may be removed from all proposal lists at BCM.
- 5.4 By signature hereon, Proposer certifies that the individual signing this document and the documents made a part of this RFP, is authorized to sign such documents on behalf of Proposer

and to bind Proposer under any agreements and other contractual arrangements that may result from the submission of Proposer's proposal.

Submitted and Certified By:

(Proposer's Legal Company Name)

(Signature of Duly Authorized Representative)

(Printed Name/Title)

(Date Signed)

(Proposer's Street Address)

(City, State, Zip Code)

(Telephone Number)

SECTION 6: SUPPLIER DIVERSITY INQUIRY**BUSINESS IDENTIFICATION AND NONDISCRIMINATION*****(TO BE SUBMITTED WITH PROPOSAL)***

| | Yes | No | | | | | | | | | | | | |
|---|------------------|------------------|----------------|---|-----------------|---|------------------|---|-----------------|---|-------|---|--|--|
| Small Business as defined by the US. Small Business Administration (DBE, SBE, HubZone) | | | | | | | | | | | | | | |
| Minority Business Enterprise (MBE) If yes, please indicate the percentage of minorities who own, control, or operate your company: <table border="1" data-bbox="126 737 1295 835"> <tbody> <tr> <td>African American</td> <td>%</td> <td>Asian American</td> <td>%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>%</td> <td>Pacific Islander</td> <td>%</td> </tr> <tr> <td>Native American</td> <td>%</td> <td>Other</td> <td>%</td> </tr> </tbody> </table> | African American | % | Asian American | % | Hispanic/Latino | % | Pacific Islander | % | Native American | % | Other | % | | |
| African American | % | Asian American | % | | | | | | | | | | | |
| Hispanic/Latino | % | Pacific Islander | % | | | | | | | | | | | |
| Native American | % | Other | % | | | | | | | | | | | |
| WOMAN-OWNED BUSINESS ENTERPRISE (WBE) | | | | | | | | | | | | | | |
| DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE) | | | | | | | | | | | | | | |
| IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE? If yes, please give the certifying agency and include a copy of your current certification with your bid response. The 3 rd party certifying agencies recognized and accepted by BCM are included. | | | | | | | | | | | | | | |
| LOCAL SMALL BUSINESS If yes, please indicate in which county your company is located? | | | | | | | | | | | | | | |

NONDISCRIMINATION POLICIES AND PROCEDURES

| | Yes | No |
|---|-----|----|
| Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions. | | |
| Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards? | | |
| Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/ Affirmative Action employment policy? | | |
| Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/ Affirmative Action employer? | | |
| Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination? | | |
| Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers? | | |
| Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and Affirmation Action obligations with all employees including those having any responsibility for employment decisions? | | |
| Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such opportunities? | | |
| Do you conduct, at least annually, a review, of all supervisors' adherence to and performance under the distributors, and Contractor's Equal Employment Opportunity policies and Affirmative Action obligations? | | |
| Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address. | | |

Please explain any no answers, use additional paper as necessary:

Authorized Representative Signature: _____

Print name and title: _____

DIVERSE SUPPLIER SUBCONTRACTING PLAN
(TO BE SUBMITTED WITH PROPOSAL)

In adherence to BCM's commitment to Supplier Diversity, BCM suppliers must clearly as defined herein demonstrate good faith effort, for Tier II direct goods and/or services to be purchased from Diverse Business Enterprises certified by one or more of the 3rd party certification agencies recognized by BCM. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Contracted BCM Suppliers will be required to report to BCM monthly, in a manner in BCM's sole discretion, all direct spend with Certified Diverse Business Enterprises. The Supplier Diversity Goal for this Solicitation is 20% of the total contract value.

Description of goods/services provided under this primary agreement (include name of project if applicable):

Who will be responsible for coordinating your company's Diverse Supplier subcontracting activities during the period of this contract?

Name / Title:

Company:

Address:

Phone:

Email address:

Fax:

State the total dollar value planned to be subcontracted associated with this BCM agreement:

Please list all of Third Party Certified Diverse Suppliers you have identified that will serve as Direct Tier 2 Subcontractors associated with this project and projected spend amounts with each company:

| Distributor name | Address | Contact | Phone | Email address | Certification type | Business classification (Product/service) | Direct projected spend (\$) | Direct projected spend (%) |
|------------------|---------|---------|-------|---------------|--------------------|---|-----------------------------|----------------------------|
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| | | | | | | | | |

Submitted by (print name and title): _____

Authorized representative signature: _____

Date: _____

CERTIFICATION OF EFFORTS
(TO BE SUBMITTED WITH PROPOSAL) - SUPPLIER DIVERSITY

Distributor: _____

Solicitation Name: _____

Solicitation Number: _____

I certify that the following efforts were made to achieve Certified Diverse Supplier participation.

- a) Provided written notices to certified diverse business enterprises who have the capability to perform the work of the contract or to provide the service _Yes _ No
- b) Direct mailing, electronic mailing, facsimile or telephone requests _Yes _No
- c) Provided interested certified diverse business enterprises with adequate information about plans, requirements and specifications of the contract in a timely manner to assist them in responding to a solicitation _ Yes _No
- d) Allowed certified diverse business enterprises the opportunity to review specifications and all other solicitation related items at no charge, and allowed sufficient time for review prior to the bid deadline _Yes _No
- e) Acted in good faith with interested certified diverse business enterprises, and did not reject certified diverse business enterprises as unqualified or unacceptable without sound reasons based on a thorough investigation of their capabilities _Yes _No
- f) Did not impose unrealistic conditions of performance on certified diverse business enterprises seeking subcontracting opportunities _ Yes _No
- g) Additionally, I contacted the referenced certified diverse business enterprises and requested a bid.

The responses I received were as follows:

| Name/address of certified diverse business enterprises | Type of work and contract items, supplies & services to be performed | Response | Reason for not accepting bid |
|--|--|----------|------------------------------|
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If additional space is needed, this form may be duplicated

If applicable, please complete the following:

I hereby certify that certified diverse business enterprises were "Unavailable" or "Unqualified" to submit bids to provide goods and services for this Solicitation response. I further certify that efforts have been made to establish "Joint Ventures", and said entities were also unavailable at this time.

Reasons for the unavailability or being determined unqualified:

Submitted by (name and title): _____

Authorized representative signature: _____

Date: _____

END OF DOCUMENT