



# Proposal Attachments

DELMARVA MD SMALL BUSINESS PROGRAM  
DIRECT INSTALLATION CONTRACTORS

March 15, 2024

To assist MDEA in its review of proposals, all bidders are required to complete the following Proposal Attachments. Be sure to completely fill out each Attachment. If you are bidding on more than one service, you must address each service as you fill in the Attachments as applicable. These Attachments are fillable forms. If you need more room, you may upload additional documents when submitting your proposal; please be sure to indicate which attachment that additional information corresponds with.

**Attachment A: Company Information**

**Attachment B: Company Questionnaire**

**Attachment C: References**

**Attachment D: Proposed Pricing**

**Attachment E: Technical Exceptions**

**Attachment A: Company Information**  
Delmarva MD  
Small Business Program

**1. Company Details**

Company Name:

Company Point of Contact:

Address with Zip:

Phone:

Email:

Fax:

Website:

## 2. Insurance Minimum Requirements

<b>Worker's Comp – Employer's Liability</b>		<b>Can you meet requirement?</b>
<i>Bodily injury by each accident</i>	\$1,000,000	
<i>Bodily injury by disease policy limit</i>	\$1,000,000	
<i>Bodily injury by disease each employee</i>	\$1,000,000	
<b>Commercial General Liability</b>		
<i>Each Occurrence</i>	\$1,000,000	
<i>Products/Completed Ops Limit</i>	\$1,000,000	
<i>Adv/Personal Injury</i>	\$1,000,000	
<i>General Aggregate</i>	\$2,000,000	
<b>Auto Liability</b> <i>(owned and not owned) minimum limit</i>	\$1,000,000	
<b>Professional Liability, Errors and Omissions</b> <i>Amount not less than each claim</i>	\$1,000,000	
<b>Excess or Umbrella Liability</b> <i>Limit is in excess of Employers' Liability, Commercial General Liability, and Business Auto Liability</i>		
<i>Each Occurrence</i>	\$1,000,000	
<i>Aggregate</i>	\$1,000,000	
<b>Personal Liability</b> <i>Each Occurrence</i>	\$1,000,000	
<b>Cyber Insurance</b> <i>Each Occurrence</i>	\$2,000,000	
<b>Property Insurance</b> <i>Covering the full replacement value of any and all property of the Subcontractor that may be used on premises in connection with the Subcontractor's duties.</i>		
<b>Commercial Crime</b> <i>Involves access, handling, processing, possession of MDEA property, money, securities, or those of a 3rd party involved in the Subcontractor's duties.</i>		

## 3. Appointment Availability

*Please check all times you can provide appointments to customers*

<b>Day</b>	<b>7-8am</b>	<b>8am-6pm</b>	<b>after 6pm</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

#### 4. Geographical Areas of Service

Please check all counties in which you can provide service in the Delmarva Power MD Service Territory

Caroline	Kent	Talbot
Cecil	Queen Anne's	Wicomico
Dorchester	Somerset	Worcester

#### 5. Service and or Measures

Select the area of service you wish to implement for the program. You may choose to bid on more than one service. If you chose more than one service, be sure to address each service separately throughout the following attachments. Services will not be considered if they are not addressed within these attachments.

Commercial Appliances	Direct Install Lighting	HVAC
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#### 6. Staff Foreign Language Fluency

Oftentimes customers request someone to schedule and/or deliver their services in a foreign language. Please denote any staff below who are fluent in a language other than English (including American Sign Language).

Name	Language	Scheduler?	Technician?

**7. Company History and Performance**

*Please denote any prior experience with Delmarva Power's Commercial/Residential or Energy Efficiency Programs related to the service/services you are bidding on. Please be sure to address each service you are bidding on.*

## 8. Staff Credentials

*In the table below, list the names of your installation or technician staff, and certifications: (apprentice, journeyman, master technician licenses, etc.).*

Name	License

## 9. Submission Certification

I understand this application, including Attachments A-E, is to determine my eligibility to participate in the Delmarva Power MD Small Business Program and does not constitute any formal agreement to participate in the Small Business Program. I further understand that if my company is selected to participate, it will require signing a standard task order agreement with MDEA on behalf of Delmarva Power MD outlining all terms, program policies, and procedures to deliver Small Business services.

Authorized Company Representative:

Title:

Signature:

Date:

## **Attachment B: Company Questionnaire**

### **Delmarva Power MD Small Business Program**

*Please provide answers to all questions below. Should you need additional space, you may attach a Word document when you upload this packet to the Procurement Portal.*

***If you are applying for more than one service, please ensure you address each service when answering the questions as applicable; failure to do so will null your bid for that service.***

1. Is your business registered in Maryland? If so, describe your business.
2. Does your business currently participate in the Delmarva Power's MD Small Business Program? If so, is your business currently in good standing with the Program?
3. How many customers does your business serve in Delmarva Power's MD Service Territory?
4. Describe your Company's experience with energy efficiency service selected in Section V. of Attachment A. Please provide examples for each service you are bidding on.

5. What services does your business currently provide in-house and via subcontractors? Will you be using subcontractors for any of the services indicated in Section V. of Attachment A? If so, please indicate who those subcontractors are and what services they will provide.

6. Describe your company's approach to customer service through specific examples. Documented internal company workflows for dealing with challenging customers are preferred. Awards/articles/testimonials proving positive customer service are also welcome to demonstrate your company's commitment to providing exceptional customer service.

7. Please highlight your company's administrative abilities to manage a large volume of leads, database regulation, and ability to answer customer calls that are warm transferred from the program Call Center between the hours of 8am and 5pm on business days.





**Attachment C: References**  
 Delmarva MD  
 Small Business Program

**Reference 1**

Reference Name	Title	Telephone #	Email	Value of Work
Location or Facility of Project				
Description of Project				
Services Provided				

**Reference 2**

Reference Name	Title	Telephone #	Email	Value of Work
Location or Facility of Project				
Description of Project				
Services Provided				

**Reference 3**

Reference Name	Title	Telephone #	Email	Value of Work
Location or Facility of Project				
Description of Project				
Services Provided				

## **Attachment D: Proposed Pricing Workbook**

### **Delmarva MD**

### **Small Business Program**

*The Contractor will perform the services specified in the scope of work. Proposed Pricing should be based on a per-unit-installed basis, and should include all marketing, installation, taxes, tracking, warranty, recycling, and other related services. MDEA will share the final approved pricing with the selected Contractors.*

*The Pricing Workbook is available for download on the Procurement Portal and will include instructions for completing the Workbook.*

**Reminder:** *If bidding on more than one service, you will need to fill out the corresponding sheet for each in the Pricing Workbook for each service. Failure to provide information for each service will null your bid for that service.*

**Attachment E: Technical Exceptions**  
Delmarva MD  
Small Business Program

*Please clearly state any exceptions that are taken to the technical requirements of this RFP. Bidders must state the exception(s), the reason for the exception(s) and proposed alternate language. All technical exceptions must be clearly defined only in this section.*

Service You are Bidding on	Exception	Reason	Proposed Change