

**Request for Service (RFS)**  
**GARRETT COUNTY HEALTH DEPARTMENT (GCHD)**  
**After School Program Contractual Services**

**Section 1 – General Information**

<b>RFS Number:</b>	2025-0318		
<b>Service:</b>	After School Program Contractual Services to operate (administer) Partners After School Program at Friendsville.		
<b>Labor Category</b>			
Enter the Labor Category to be provided:			
1. After School Program Contractor			
<b>Anticipated Start Date</b>	03/31/25		
<b>Duration of Assignment</b>	The initial term of this Contract resulting from this RFS shall be from 03/31/2025-6/30/2025. We anticipate the possibility of additional grant funding for FY26 and/or FY27, which could potentially be from 7/1/25-6/30/26 and/or 7/1/26-6/30/27. The contract may reflect that renewal option term/terms. GCHD will have the right to terminate this contract if it is determined that services are no longer needed or the contractor determines they are no longer available to perform the contracted duties. GCHD reserves the right to contract with additional contractors at the same terms and conditions of the awarded solicitation if deemed necessary.		
<b>Issue Date:</b> mm/dd/yyyy	02/18/2025	<b>Due Date:</b> mm/dd/yyyy	03/18/2025
		<b>Time (EST):</b> 00:00 am/pm	9:00 AM EST
<b>Special Instructions</b>	<p>GCHD reserves the right to make an award for 1 response.</p> <p>1. In the event that more than 1 response is received, the Contract Monitor may elect to exercise the following down-select process:</p> <ul style="list-style-type: none"> <li>a. An initial evaluation for all submitted responses/documentation will be completed. Based on this evaluation, the proposed Respondents will be ranked lowest to highest based on their RFS Respondent Price Sheet (Attachment 1 &amp; 2) with consideration of Section 3C. Minimum Qualifications and Section 4 - Personnel Qualifications being given equal weight to submitted responses/documentation.</li> <li>b. The Respondent who submitted the top ranked response will be notified of the Award. The Contract Monitor will follow the Selection/Award Process in RFS Section 6.</li> <li>c. All other Respondents will be notified of non-selection for this RFS.</li> </ul>		

<b>Late Responses &amp; Mistakes in Request</b>	Requests for extension of this time or date will not be granted. Responses received after the due date and time listed in Section 1 will not be considered. Responses may be modified or withdrawn by written notice received by the Contract Monitor before the time and date set forth in Section 1 for receipt of Responses.
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**Section 2 – Procurement Officer (PO)/Contract Monitor (CM) Information**

<b>Requesting Agency</b>	Garrett County Health Department (GCHD)		
<b>Procurement Officer (PO)</b>	Vickie Weeks	<b>PO phone #</b>	240-226-0022
<b>PO email address</b>	vickie.weeks@maryland.gov		
<b>PO mailing address</b>	Garrett County Health Department, 1025 Memorial Dr. Oakland, MD 21550		
<b>Contract Monitor (CM)</b>	Venessa Stacy	<b>CM phone #</b>	301-334-7730 ext. 6605
<b>CM email address for emailed response submissions:</b>	venessa.stacy@maryland.gov		
<b>CM mailing address for submitted responses:</b>	Garrett County Health Department, Attn: Venessa Stacy 1025 Memorial Dr. Oakland, MD 21550		

**Role Definitions**

1.	PO – responsible for managing the RFS structure up to the point of release and executing the contract documents.
2.	CM – responsible for managing the RFS process after the point of release and to oversee the work performance for all contract functions once it is awarded.
3.	Contractor – The Contractor shall provide the resource and be accountable for the resource’s work performance under the Contract.

**Section 3 – Scope of Work/Job Description**

**A. Background**

The GCHD is recruiting a contractor to provide the following service: Provide an after school program for third through fifth grade students Monday through Thursday, from 3:15 to 6 pm, at Friendsville Elementary School in Friendsville, MD. The contractor shall provide a variety of physical and mental health education, social emotional learning (SEL) opportunities, and recreational activities to students. Program to run March 31, 2025 until at least May 23, 2025.

**B. Job Description**

<b>Labor Category</b>	<b>Duties / Responsibilities</b>
<p>After School Program Contractor shall:</p>	<p>Ensure that a minimum of two staff are present any time students are in the care of the program and that if there are more than 20 students present, the student to staff ratio is no greater than 10:1 - no more than 10 students per one staff person.</p> <p>Attempt to recruit and serve 30 students within a 12 month fiscal year.</p> <p>Obtain written permission by a custodial parent or legal guardian allowing participants to attend the program.</p> <p>Include GCHD forms with the program application requesting permission by a custodial parent or legal guardian allowing the Contractor and GCHD to gather specific data for reporting and photo/video/voice recording for promotional purposes.</p> <p>Be responsible for providing all the materials, supplies and computers required to operate the program. Any electrical equipment or chemicals brought onto school property must be approved by the school principal or his designee.</p> <p>Allow GCHD HEO staff to observe the program at any time.</p> <p>Provide adequate first aid supplies available during the hours of operation.</p> <p>Provide a minimum of 40 minutes of physical activity each program day.</p> <p>Ensure that program staff receive adequate and ongoing required training. Documentation shall be provided to the Contract Monitor.</p> <p>Obtain criminal background checks for all paid staff and volunteers (prior to hiring) who have direct contact with program participants. "Regular direct contact" is defined as participating in program operations in the capacity of staff or volunteer for four (4) or more hours a week. Criminal background checks shall be conducted by law enforcement through the Criminal Justice Information Services (CJIS) and shall include a FBI and State of Maryland criminal history check and fingerprint check, along with a sworn statement disclosing the existence of a criminal conviction, probation before judgment, not the criminally responsible disposition, or pending criminal charges without a final disposition. The GCHD shall require documentation of completed background checks for all staff and volunteers. <b>Copies of results must be sent prior to staff person or volunteer being present at the program.</b></p> <p>Provide Certificate of Insurance (COI) for General/Professional Liability, Workmen's Compensation and Auto (see Attachment on page 11). Upon renewal of COI documents, new documentation is required to be sent to the Contract Monitor.</p> <p>Complete the HIPAA Business Associates Agreement (BAA) along with completing the necessary documentation for the MD Strategic Data Initiative (SDI) Assessment prior to contract initiation.</p> <p>Provide an organizational chart outlining titles and specific job duties of all staff and/or volunteers.</p> <p>Submit policy and procedures plans for the organization. These policies and procedures shall be freely available to staff members and parents to include:</p> <ul style="list-style-type: none"> <li>● Program goals</li> <li>● Behavior management strategies or framework to be used with participants</li> </ul>

	<ul style="list-style-type: none"> <li>● Outline of a daily schedule that includes time for snack and at least 40 minutes of physical activity</li> <li>● Unrestricted parental access to the program at all times during program operating hours</li> <li>● Ensure the health, safety and security of program participants</li> <li>● Keep an enrollment log and a record of daily attendance</li> <li>● Ensure the whereabouts and status of each program participant are known whenever the participant is present at the program site or involved in a program activity</li> </ul> <p>Submit any/all Facility licensing documentation.</p> <p>Submit Credentialing documentation for all staff including any licenses, training and/or certifications.</p> <p>Complete an Action Plan defining objectives, strategies and action steps relevant to each project goal, along with the target dates and resources needed for each action step.</p> <p>Upon completion for services, Service Records must either be retained by the Contractor or returned to and retained by the Garrett County Health Department for five (5) years after the client turns 21 years old. Records may be digitally retained.</p> <p>Retain all records other than Service Records surrounding this RFS for five (5) years. A copy of the annual audit report is required if your organization completes an annual audit. The Contractor shall make all documents available for inspection and audit by authorized State and/or Federal Officials.</p> <p>Service records in any form generated or arising from the use of State/County funds provided under a contract are the sole and exclusive property of the State/County.</p> <p>Submit Monthly Reports by the 10th of each month for the prior month of service.</p>
<p>Contractor shall provide the following to participants daily:</p>	<p>A snack or meal with servings of at least two food groups. This can be substituted with free meals if made available by GC BOE.</p> <p>At least 40 minutes of physical activity.</p> <p>A physically and emotionally safe experience.</p> <p>At least one staff member on duty who has current CPR certification.</p> <p>At least one staff member on duty who has current Basic First Aid certification.</p>
<p>Contractor shall allow the following events as specified:</p>	<p>GCHD HEO staff to measure each participant's blood pressure, weight, BMI, running speed, and flexibility up to 3 times per school year.</p> <p>GCHD HEO staff shall provide parent education 2 times a school year. This will require the contractor to host 2 parent dinners with time for training afterward.</p> <p>GCHD staff to administer pre and post-surveys and assessments for health knowledge, behavioral health status, and program satisfaction.</p>
<p>Contractor shall allow the following events monthly for all participants:</p>	<p>GCHD HEO must be permitted up to an hour to offer health education.</p> <p>GCHD HEO must be given space and access to parents during pick-up times once a month for a staff person to share a health message.</p> <p>GCHD Behavioral Health must be permitted up to two hours to lead small group, evidence-based or research-based education during program hours.</p>

GCHD shall provide for contractor:	<p>Minimum of 20 hours of support for a seamless transition with the school.</p> <p>GCHD staff to offer the services described above.</p> <p>At least 3 STEM lessons via University of MD, Garrett County Extension.</p> <p>At least 1 Outdoor Leadership Adventure Education activity via Garrett College.</p>
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**C. Minimum Qualifications**

Qualified Respondents shall meet the minimum qualifications. **Responses that do not meet minimum qualifications will be deemed non responsive and will not progress to the evaluation process.**

Labor Category	Minimum Experience/Knowledge/Skill
After School Program Contractor	<ol style="list-style-type: none"> <li>1. Licenses, Registrations, Certifications, and Required Documents:               <ol style="list-style-type: none"> <li>a. A copy of staff CPR/First Aid documentation and any other required training certifications, staff licensing and/or certification documentation, and facility licensing.</li> <li>b. Complete the attached CBC Affidavit appropriately (Attachment 3). Additional documentation that will be required should a contract be awarded, but is not needed as part of the RFS submission: FBI and State of Maryland criminal history check and fingerprint check through CJIS for all staff and volunteers and shall be completed and submitted, along with a sworn statement disclosing the existence of a criminal conviction, probation before judgment, not the criminally responsible disposition, or pending criminal charges without a final disposition.</li> <li>c. Certificate of Insurance for: General/Professional Liability, Workmen’s Compensation and Automobile. See attached Insurance Table (page 11).</li> <li>d. Organizational chart outlining titles and specific job duties of staff.</li> <li>e. Policy and procedure plans for the organization.</li> <li>f. Action Plan.</li> <li>g. Complete Attachment 1 and Attachment 2.</li> <li>h. Respondent shall submit a currently dated W-9 (Refer to section 7.4 below), click here for the attachment: <a href="https://garretthealth.org/wp-content/uploads/2024/04/W9032024Revised.pdf">https://garretthealth.org/wp-content/uploads/2024/04/W9032024Revised.pdf</a></li> </ol> </li> </ol>

**Section 4 – Personnel Experience**

**Experience**

Respondents will be evaluated on their ability to meet the minimum qualifications, in addition to the preferred experience listed below. Respondents possessing the preferred experience below may receive a higher technical ranking.

**Preferred Experience**

After School Program Contractor	<ol style="list-style-type: none"> <li>1. Prior agency/organization level experience providing after school services. Please submit appropriate documentation if applicable.</li> </ol>
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**Section 5 – Required Submissions**

Respondents submitting a response to the RFS must include the documents below:

1. RFS Attachment 1 & Attachment 2 - Signed and completed RFS Respondent Price Sheet/Budget Narrative.
2. Proof of Licenses, Registrations, Certifications & Required Documents - See Section 3C - Minimum Qualifications above.
3. RFS Attachment 3 - Criminal Background Check Affidavit.
4. Any relative documentation to demonstrate meeting the qualifications in RFS Section 4 – Personnel Experience (if applicable).

### **Section 6 – Selection/Award Process**

1. After completion of review, the Respondents will be ranked for merit based on the following evaluation criteria:
  - a. Total Budget Price requested from Attachment 1 and Attachment 2.
  - b. Prior agency/organization level experience providing after school services
  - c. Documentation submittal
2. Responses will be evaluated and ranked based on the RFS Respondent Price Sheet/Budget Narrative (Attachment 1 & Attachment 2) while having equal weight with the Minimum and Personnel Experience submitted.
3. When in the best interest of the GCHD, the Procurement Officer may permit Respondents to revise their initial Response and submit, in writing, Best and Final Responses (BAFRs). The GCHD may make an award without issuing a request for a BAFR.
4. The Contract Monitor will recommend an award to the Respondent whose response is determined to be the most advantageous to the GCHD, considering price, experience and evaluation factors set forth above. The Procurement Officer along with the Contract Monitor will initiate the HIPAA BAA and MD SDI process along with the creation of the Contract for the selected awardee.

### **Section 7 – Invoicing Instructions**

1. On or before the 10th of each month, the Contractor shall submit Invoices for the preceding month to the Contract Monitor. Those Invoices shall have staff hours/salaries along with fringe benefit calculations, receipts for all items/materials purchased, travel expenses (if applicable for training purposes only), meal receipts and indirect costs associated for that month attached to the Invoice.
2. The Contractor shall invoice the GCHD at the rates that were submitted in the Budget Narrative (Attachment 1 and Attachment 2). The Contractor will not be paid until the service is completed and reviewed for accuracy. Payment will not be made for incomplete services.
3. Errors on Invoices may delay processing and payment. Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information. Invoice verification shall be completed for accuracy, completeness and mathematical accuracy.
4. **Tax Identification Number, the Contractor shall complete a currently dated W-9.** This documentation is required to process payment for the Contractor. Payment can be processed with either the Contractor’s Federal Tax Identification Number or Social Security Number (Individual Contractor Only). Contractor’s Federal Tax Identification Number or Social Security Number shall appear on all invoices submitted by the Contractor to the GCHD for payment.

ATTACHMENT 1

**RFS RESPONDENT PRICE SHEET - After School Program Contractual Services**

2025-0318

March 31, 2025 – June 30, 2025

Company Name:

Phone Number:

Tax #:

Budget Narrative

*Note: Please delete the italicized instructions throughout before submitting this budget narrative template*

DIRECT LABOR AND EXPENSES

Personnel

Subtotal: \$ XX,XXX.XX

<b>Staff Name and Position:</b> <i>List each staff member's name and position (including any to be hired) on a separate line.</i>	<b>Job Functions:</b> <i>Include a short description of each staff member's role in the project and key job functions.</i>	<b>Annual Salary or Rate</b>	<b>% Time or Hrs on Project</b>	<b># Months on Project</b>	<b>Amount requested</b>

Fringe Benefits

Subtotal: \$ XX,XXX.XX

Fringe Benefits: XX% x Total Direct Staff Salaries

<b>Fringe Benefit:</b> <i>Include an itemized list of individual fringe benefits (e.g., retirement, FICA, insurance) allocated to each staff or categories of staff.</i>	<b>% of Salary (if applicable)</b>	<b>Amount Requested</b>


**OTHER DIRECT EXPENSES**

**Materials/Supplies**

**Subtotal: \$ XX,XXX.XX**

*Include a list of each supply item and materials to be purchased as well as their estimated unit costs, number of units to be purchased, and total amount. Please make sure to provide a justification for purchasing each supply item. If the requested amount for a given supply line item is less than \$1,500, you do not need to provide the number and cost of units.*

**Equipment:** Any equipment purchases with a per unit cost of over \$5,000 and a usable life of more than one year will be unallowable. This funding restriction does not apply to equipment that is being leased or rented—rather than purchased—during the project implementation period.

IMPORTANT: For any computers, laptops, cellphones, software, telecommunications expenses, or video surveillance equipment in the budget (including any reimbursement for staff), please include the name of the manufacturer and/or service provider and details such as the model of equipment.

Supply Item	Unit Cost	# of Units	Amount Requested	Description & Purpose

**Travel associated with staff training**

**Subtotal: \$ XX,XXX.XX**

*Provide a breakdown of specific costs associated with trips budgeted and how you derived those costs. Be sure to include:*

- *Mileage: Cost per mile (i.e., \$0.70/mile is the approved 2025 federal mileage reimbursement rate) + total number of miles for each trip. Please note that vehicle fuel and insurance should not be budgeted separately, as these are covered under the federal mileage reimbursement rates for transportation costs.*
- *Lodging and meals for travelers, based on location(s) of travel (you may use but should not exceed [federal per diem rates](#))*
- *Number of travelers or trips planned*
- *Purpose of all planned travel as it relates to the project*

**Other Expenses**

**Subtotal: \$ XX,XXX.XX**



**Provide details on the specific direct expenses budgeted and how each relates to your project's goals and activities. For any direct expenses shared across your organization's funding sources, be sure to specify the percentage of costs attributed to this budget.**

Food - If you wish to include food in your budget, please include a cost breakdown (number of participants x cost per snack/meal) in your budget narrative. In some cases, snacks for staff and hot meals for participants may be allowable.

**Indirect Costs**

**Subtotal: \$ XX,XXX.XX**

State the indirect cost rate and how it is applied.

If you have budgeted for indirect costs using a rate that is higher than 10%, you must provide documentation/proof of your organization's approved indirect cost rate or calculation.

Acceptable documentation includes:

- An approval letter issued by a relevant federal or state agency (e.g., HHS) and signed by the agency and your organization that authorizes your organization's indirect cost rate
- An excerpt from a financial audit report that outlines your organization's indirect cost rate calculation
- A letter (on your organization's letterhead) signed by a financial official that lists the indirect cost rate used by the organization
- A copy of your accounting procedures or policy that outlines how you calculate your indirect costs
- A cost allocation plan, signed by a financial official, that shows a breakdown of indirect costs and their allocation to the project

**Total Budget Requested: \$XX,XXX.XX**

ATTACHMENT 2

**RFS RESPONDENT PRICE SHEET - After School Program Contractual Services**

2025-0318

July 1, 2025 – June 30, 2026

For program administration a minimum of five summer camp days of five hours each in July or August, and after the school day until 6 pm, four days a week, from Oct 1, 2025 through May 21, 2026.  
(pending funding approval which could potentially extend for an additional term 7/1/26-6/30/27)

Company Name:

Phone Number:

Tax #:

Budget Narrative

*Note: Please delete the italicized instructions throughout before submitting this budget narrative template*

DIRECT LABOR AND EXPENSES

Personnel

Subtotal: \$ XX,XXX.XX

Staff Name and Position: <i>List each staff member's name and position (including any to be hired) on a separate line.</i>	Job Functions: <i>Include a short description of each staff member's role in the project and key job functions.</i>	Annual Salary or Rate	% Time or Hrs on Project	# Months on Project	Amount requested

Fringe Benefits

Subtotal: \$ XX,XXX.XX

Fringe Benefits: XX% x Total Direct Staff Salaries

Fringe Benefit: <i>Include an itemized list of individual fringe benefits (e.g., retirement, FICA, insurance) allocated to each staff or categories of staff.</i>	% of Salary (if applicable)	Amount Requested


**OTHER DIRECT EXPENSES**

**Materials/Supplies**

**Subtotal: \$ XX,XXX.XX**

*Include a list of each supply item and materials to be purchased as well as their estimated unit costs, number of units to be purchased, and total amount. Please make sure to provide a justification for purchasing each supply item. If the requested amount for a given supply line item is less than \$1,500, you do not need to provide the number and cost of units.*

***Equipment: Any equipment purchases with a per unit cost of over \$5,000 and a usable life of more than one year will be unallowable. This funding restriction does not apply to equipment that is being leased or rented—rather than purchased—during the project implementation period.***

***IMPORTANT: For any computers, laptops, cellphones, software, telecommunications expenses, or video surveillance equipment in the budget (including any reimbursement for staff), please include the name of the manufacturer and/or service provider and details such as the model of equipment.***

Supply Item	Unit Cost	# of Units	Amount Requested	Description & Purpose

**Travel associated with staff training**

**Subtotal: \$ XX,XXX.XX**

*Provide a breakdown of specific costs associated with trips budgeted and how you derived those costs. Be sure to include:*

- ***Mileage: Cost per mile (i.e., \$0.70/mile is the approved 2025 federal mileage reimbursement rate) + total number of miles for each trip. Please note that vehicle fuel and insurance should not be budgeted separately, as these are covered under the federal mileage reimbursement rates for transportation costs.***
- ***Lodging and meals for travelers, based on location(s) of travel (you may use but should not exceed [federal per diem rates](#))***
- ***Number of travelers or trips planned***
- ***Purpose of all planned travel as it relates to the project***

**Other Expenses**

**Subtotal: \$ XX,XXX.XX**

***Provide details on the specific direct expenses budgeted and how each relates to your project’s goals and activities. For any direct expenses shared across your organization’s funding sources, be sure to specify the percentage of costs attributed to this budget.***

*Food - If you wish to include food in your budget, please include a cost breakdown (number of participants x cost per snack/meal) in your budget narrative. In some cases, snacks for staff and hot meals for participants may be allowable.*

**Indirect Costs**

**Subtotal: \$ XX,XXX.XX**

*State the indirect cost rate and how it is applied.*

*If you have budgeted for indirect costs using a rate that is higher than 10%, you must provide documentation/proof of your organization’s approved indirect cost rate or calculation.*

*Acceptable documentation includes:*

- *An approval letter issued by a relevant federal or state agency (e.g., HHS) and signed by the agency and your organization that authorizes your organization’s indirect cost rate*
- *An excerpt from a financial audit report that outlines your organization’s indirect cost rate calculation*
- *A letter (on your organization’s letterhead) signed by a financial official that lists the indirect cost rate used by the organization*
- *A copy of your accounting procedures or policy that outlines how you calculate your indirect costs*
- *A cost allocation plan, signed by a financial official, that shows a breakdown of indirect costs and their allocation to the project*

**Total Budget Requested: \$XX,XXX.XX**

**ATTACHMENT 3 – CRIMINAL BACKGROUND CHECK AFFIDAVIT**

**Note: Please delete the red bolded italicized instructions throughout before submitting this Attachment along with these instructions**

**AUTHORIZED REPRESENTATIVE**

**I HEREBY AFFIRM THAT:**

I am \_\_\_\_\_ *(insert business name, owner or title if applicable at underline and remove this section in red)* and the duly authorized representative of \_\_\_\_\_ *(insert contractor name at underline and remove this red section)* and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

I hereby affirm that \_\_\_\_\_ *(insert contractor name or individual at underline and remove this section in red)* has complied with Section 3B & C, Criminal Background Check requirements of the RFS - After School Program Consultant Services 2025-0318.

I hereby affirm that \_\_\_\_\_ *(insert contractor or individual name at underline and remove this section in red)* has provided the GCHD with a summary of the security clearance results for the Contractor/staff that will be working on RFS 2025-0318 and these Contractor/staff have successfully passed all of the background checks required under Section 3B & C of the RFS - After School Program Consultant Services 2025-0318. The Contractor hereby agrees to provide security clearance results for any additional staff at least ten (10) days prior to the date the Contractor commences work on this Contract.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Contractor or Individual

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Insurance Requirements for the Garrett County Health Department**

**General Liability Insurance:** Coverage shall be as broad as: Comprehensive General Liability endorsed to include Broad Form, Commercial General Liability form including Products/Completed Operations and, if necessary, **Commercial Umbrella Insurance** .

Minimum Limits

\$1,000,000	Each Occurrence
\$1,000,000	Products & Completed Operations
\$1,000,000	Personal Injury and Advertising Injury
\$2,000,000	Annual Aggregate
\$1,000,000	Fire Damage
\$5,000	Medical Expense Each Person
\$100,000	Medical Expense Each Occurrence

**Automobile Liability Insurance:** Coverage sufficient to cover owned, hired and non-owned coverage, including bodily injury, per person and occurrence and property damage per occurrence.\*

Minimum Limits

\$1,000,000	Combined Single Limit
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\*Required for all contracts EXCEPT architectural design, review and/or engineering services and planning, research and/or policy projects.

**Statutory Workers Compensation and Employer's Liability Insurance:** Workers Compensation Coverage shall meet statutory limits as required by the State of Maryland or other applicable laws and Employers' Liability Insurance as follows.\*

Minimum Limits

\$500,000	Each accident for bodily injury by accident
\$500,000	Policy limit for bodily injury by disease and
\$500,000	Each employee for bodily injury by disease

\*Workers' Compensation and Employer's Liability Insurance is required for all contracts who have employees or subcontractors.

**Professional Liability Insurance:** Coverage for errors, omissions, and negligent acts per claim and aggregate, with one year discovery period.\*

Minimum Limits

\$1,000,000	Each Occurrence
\$5,000	Deductible

\*Required for all Professional Service Contracts ONLY including but not limited to architectural design, review and/or engineering services.

**Pollution Liability Insurance:** Coverage for bodily injury, property damage, defense, and cleanup as a result of pollution conditions.\*

Minimum Limits

\$1,000,000	Each Occurrence
\$1,000,000	Aggregate

\*Required for contracts with remedial hazardous material operations.

**Builders Risk Insurance:** Coverage equal to the full value of project\*

\*Required for all property construction projects