

**TOWN OF CAMP VERDE**  
**REQUEST FOR SERVICES**  
**BUSINESS INCUBATOR FEASIBILITY STUDY**

*Posted July 31, 2012*

The Town of Camp Verde must receive the request no later than, 4:00 p.m. (local Arizona Time) Thursday, August 15, 2012 or the request may be considered non-responsive. Please refer to Business Incubator Feasibility Study on all correspondence.

It is the sole responsibility of the Offeror to ensure that their request for services is received on time. The Town of Camp Verde will not assume responsibility for any delay in the submittal of this form.

**PROCESS, TECHNICAL QUESTIONS AND  
RECIPIENT OF SUBMITTALS:** Melissa Preston, Economic Development  
(928)567.6631 ext. 103  
[Mel.preston@campverde.az.gov](mailto:Mel.preston@campverde.az.gov)

Received in-person, or via U.S. Mail or Fed Ex delivery

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**INSTRUCTIONS TO OFFEROR**

1. **Inquiries:** Any question related to the *Request for Services* shall be directed in writing or via e-mail to the person whose name appears above.
2. **Amendment:** Receipt of an amendment shall be acknowledged by signing and returning the document with the submittal by the specified due date and time. The Town will notify vendors of any amendments issued to this request.
3. **Evaluation:** Award shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the Town. The Town of Camp Verde shall evaluate proposals based upon an overall best value determination. Evaluation shall be based on, but will not be limited to the following:
  - a. Experience (preference given to firms with prior experience conducting business incubator feasibility studies)
  - b. Price
  - c. Scope of Service/Method of Approach
  - d. Project Timeline
  - e. References

4. **Discussions/Interviews with Responsible Offerors and Revisions to Request:** The Town reserves the right to conduct personal interviews (may be done via telephone) or require presentation of any or all proposals prior to selection. The Town will not be liable for any costs incurred by the Offeror in connection with such interview/presentations. Discussions may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award; for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements. Offerors shall be accorded fair and equal treatment with respect to any opportunity for discussions and revision of proposals, and such revisions may be permitted after submissions and prior to award, for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing offerors. The purpose of such discussions shall be to:
  - a. Determine in greater detail such offeror's qualifications;
  - b. Explore with the offeror the scope and nature of the project, the offeror's proposed method of performance, and the relative utility of alternate methods of approach;
  - c. Determine that the offeror will make available the necessary personnel and facilities to perform within the required time;
  - d. Agree upon compensation which is fair and reasonable, taking into account the estimated value of the required services/equipment, the scope and complexity of the proposed project and nature of such services/equipment.
  
5. **Award of Contract:** Notwithstanding any other provision of this *Request For Services*, The Town expressly reserves the right, when determining whether to award a contract to an Offeror, to:
  - a. Waive any immaterial defect or informality; or
  - b. Reject any or all submittals, or portions thereof, or
  - c. Reissue a Request For Services
  - d. Unless the Offeror states otherwise, the Town reserves the right to award by individual line item, by group of line items, or as a total, whichever is deemed most advantageous to the Town. If the Offeror's offer is an "all or nothing" offer, it must be so indicated on the offer sheet.

## SCOPE OF SERVICES

1. **Project Description:** The Town of Camp Verde is soliciting a Request for Proposal for a Camp Verde Business Incubator Feasibility Study.
  
2. **Project Summary:** A feasibility study will assist in identifying whether a business incubator would be appropriate for Camp Verde and if so, the type of business incubator program that would work best for the community.

A feasibility study will determine if a business incubator program is an appropriate tool for Camp Verde and how to successfully structure the program so the Town can be effective in organically growing and diversifying the community's business base. The feasibility study should suggest a phased in approach and recommended timing to promote early success.

3. **Project Funding and Availability:** The feasibility study is funded through the Town's 2012/13 Fiscal Year Budget. However, grant funding is being considered, and therefore the study may be funded by a grant through the USDA. The scope of work identified must be accomplished within a MAXIMUM budget of \$20,000. ***Please note: inclusive of travel time and expense should be part of the total budget.***
  
4. **Project Timeline:** As part of the special terms and conditions of the ADOC grant, the study **MUST be completed by November 29, 2012.**
  - a. **Proposed timeline:**
    - i. August 15 – Proposals Due
    - ii. August 30 – Consultant chosen and notified
    - iii. October 31 – Consultant has identified stakeholders and conducted interviews
    - iv. November 15 – Consultant completed key work plan items and presented 1<sup>st</sup> draft to Town staff
    - v. November 21 – 2<sup>nd</sup> draft presented and final comments given by staff
    - vi. November 29 – Consultant provides final product
  
5. **Scope of Services:** The scope of services will consist of the following:
  - a. Identifying key community stakeholders (community leaders, academia, industry leaders, and entrepreneurs). Economic Development Staff to assist with identifying.
  - b. Conduct interviews with stakeholders to determine entrepreneurial culture; current resources available to determine a mass analysis; and build consensus around the program. Report summarizing findings from the community assessment.
  - c. Consultant will determine what a successful incubator would look and feel like in Camp Verde. Suggest barriers to remove obstacles as well as incentives (not necessarily monetary) making Camp Verde conducive to entrepreneurs doing business.
  - d. Consultant will conduct a demand analysis for Yavapai County with emphasis on the Verde Valley Region (Camp Verde, Cottonwood, Clarkdale, Jerome, Rimrock and Sedona) and surrounding unincorporated communities.
  - e. Consultant will include current economic conditions and how it would relate to an incubator.
  - f. Consultant will identify strengths/weaknesses of Camp Verde in supporting a business incubator program.
  - g. Consultant will give final recommendations, determine next steps for the creation of an incubator (assuming feasibility study warrants), and provide other feedback and pertinent information necessary to encourage early success.

6. **Submittal Requirements:** To be considered for this service each submittal should contain the information requested in the order below, as well as the section identification. The submittal will be concisely focused, with a length of no more than 15 single sided (8 ½ “by 11”) pages, with no less than 11-point font.
- a. Detailed Proposal: Proposal shall include, but not limited to, the information as provided in the Scope of Services.
  - b. Experience: The qualifications and experience of the firm’s service team (employees) to be assigned to this project and the employees’ ability to provide the services. (2 pages maximum)
    - i. Please provide brief history of your company and qualifications of firm.
  - c. Project Timeline: (1 page maximum)
  - d. References: Include the name, contact person, address, telephone number, and e-mail address of 3 firms or government organizations for which you have worked with. References must be current, and should be relevant to the required services. Please provide description of services provided with each reference. Include dates of service. (see Reference page)
  - e. Other Services Offered and/or Included (1 page maximum)
  - f. Price Page (see Price page)
  - g. Offer Page (see Offer page)

**PRICE**

Business Incubator Feasibility Study  
as listed in the Scope of Work

Sub-Total: \$ \_\_\_\_\_

List other applicable fees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Prompt Payment Discount/Payment Terms (if any): \_\_\_\_\_

**OFFER**

**To the Town of Camp Verde:** By signing below, Offeror certifies that he/she has read, understands, and will faithfully execute the terms and conditions stated herein. The signer also certifies that he/she is an officer or duly authorized agent of the Offeror's firm with full power and authority to submit binding offers for the goods or services as specified. Offeror certifies that the prices offered were independently developed without consultation with any of the other offerors or potential offerors.

\_\_\_\_\_  
**Authorized Signature (required)**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Arizona Transaction (Sales) Privilege Tax  
License Number

\_\_\_\_\_  
Federal Employer Identification Number

**For clarification of this offer, contact:  
(If different from above)**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

**REFERENCES**

Please provide three (3) firms or government references for which similar services have been provided. One of three references should include an incubator related study.

References must be current, and should be relevant to the required services. Please provide description and dates of services with each reference.

1. Firms' Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person and Phone # \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Description/Date of services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Firms' Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person and Phone # \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Description/Date of services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Firms' Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person and Phone # \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Description/Date of services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_