

## **Request for Proposals (RFP)**

### **Security Services – Carmichael Improvement District**

**Contract Length:** January 1, 2027 – December 31, 2027

The Carmichael Improvement District is seeking proposals from qualified security providers for district-wide patrol services. Services shall include one (1) uniformed, armed officer equipped with a body camera, operating a marked patrol vehicle

#### **Scope of Services**

- One (1) armed, uniformed officer equipped with a ready-to-view body camera in a marked and district-branded vehicle
- 12-hour daytime patrol; 7:00 AM – 7:00 PM
- Respond to all calls within PBID boundaries 24/7 and provide a detailed report on each call, a viewable reviewing system or portal for reports, and daily/monthly analytics
- Issuance of 602 Notices and the proactive ability to arrest individuals
- Attend and report at monthly PBID Security & Board of Directors meetings
- Coverage area: Entire PBID as outlined in the provided district map (See Page 2)

#### **Proposal Requirements**

Please include the following in your proposal:

- Company background including years in business and experience
- Proof of required licenses and insurance (See Page 3)
- Staffing plan and supervision structure
- Dedicated dispatch number with 24-hour live coverage by trained, professional personnel, in a suitable environment for sensitive calls, and with clearly defined communication protocols.
- Description & specifications of patrol vehicle(s) (no more than 5 years old), body camera (1 year data storage), and all equipment carried by Security Officers while on duty
- Detailed itemized cost proposal (see Attachment A)
- Description of experience working with local law enforcement
- Description of working with/alongside maintenance contractors
- Examples of all reporting and analytics submitted with proposal
- Three references from comparable contracts within the past 5 years, preferably one from each category:
  - o One (1) Community Group (Ex. HOA, PBID, Special District)
  - o One (1) Public Group (Ex. Sac Sheriff, Sac Metro, Sac PD, SMUD)
  - o One (1) Stakeholder of contractors choosing (Ex. Past/Current Contracts)

#### **Selection Criteria**

Proposals will be evaluated based on:

- Relevant experience and expertise with Property Business Improvement Districts
- Pricing
- Understanding of the scope and local district needs
- Relationship with the Sacramento Sheriff Department & other community organizations
- Staffing, average guard turnover rate, and availability
- Performance on similar contractors

#### **Submission**

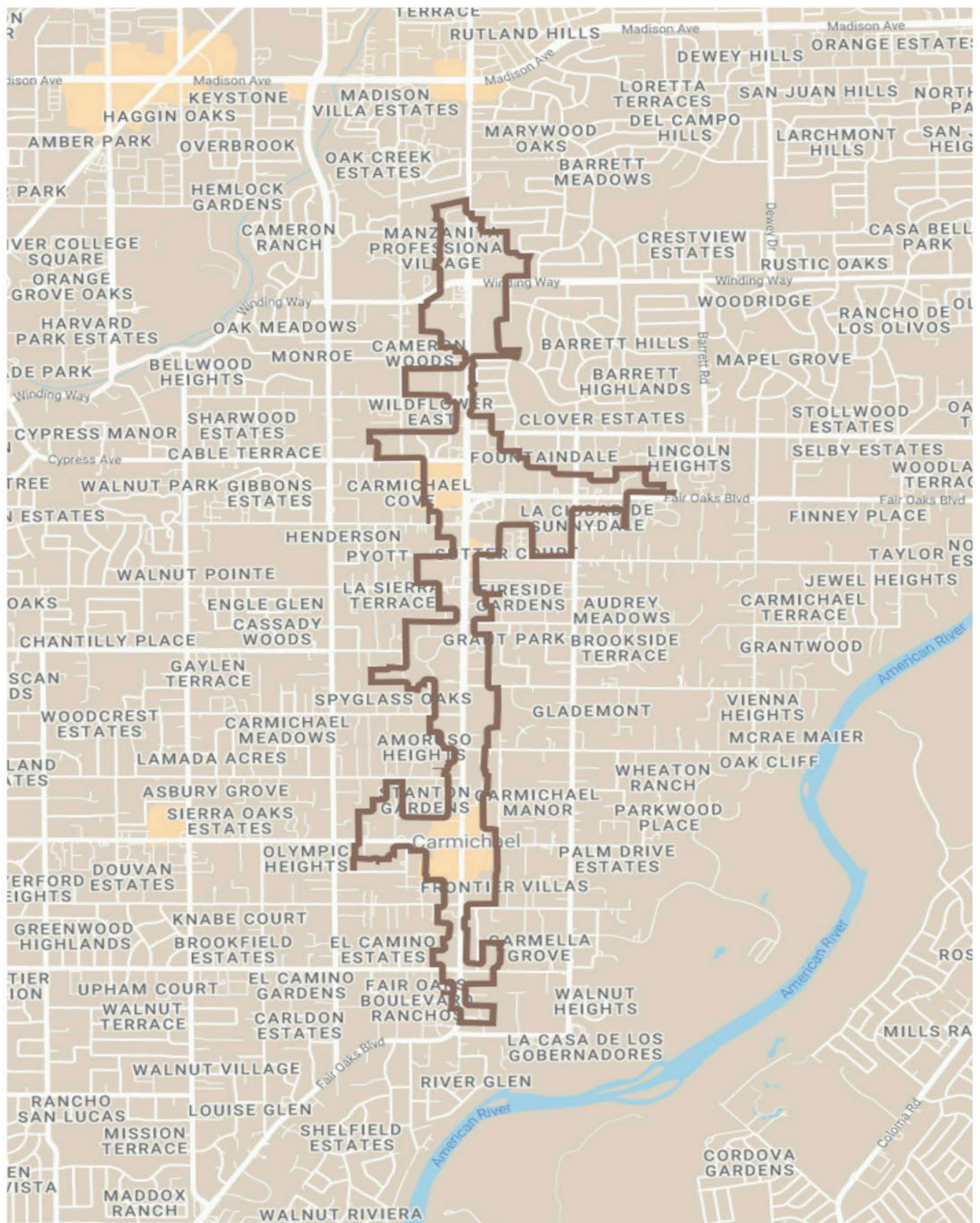
Questions regarding the RFP by Sept. 18<sup>th</sup>, 2026

Send proposals by Sept. 30<sup>th</sup>, 2026 to:

Samantha Beck

Carmichael Improvement District

[Samantha@discovercarmichael.com](mailto:Samantha@discovercarmichael.com)



## CARMICHAEL IMPROVEMENT DISTRICT, INC.

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**CARMICHAEL**

## **Security RFP: License & Insurance Requirements**

To ensure compliance with California law and to protect the district's interests, all security firms must meet the following minimum insurance and licensing requirements. Proof of valid coverage and current licensure must be provided before the start of services and maintained throughout the contract term.

### **License Requirements**

#### **1. Company Licenses**

- Valid PPO License issued by BSIS
- Sacramento County General Business License
- Sacramento County Special Business License
- All must remain active and valid throughout the contract

#### **2. Security Officer(s) Licenses**

- BSIS Guard Card
- BSIS Baton License
- BSIS Exposed Firearm License
- Chemical Agents Certification
- Taser/EMD Certification
- CPR & First Aid Certification

### **Insurance Requirements**

#### **1. Commercial General Liability Insurance**

- Minimum: \$2,000,000 per occurrence and \$2,000,000 aggregate
- Coverage must include: Premises/Operations, Products/Completed Operations, Contractual Liability, and Personal & Advertising Injury
- Must be primary and non-contributory

#### **2. Commercial Automobile Liability Insurance**

- Minimum: \$1,000,000 Combined Single Limit per accident
- Coverage must include: owned, non-owned, and hired vehicles (5 years or newer)

#### **3. Workers' Compensation Insurance**

- Statutory coverage as required by the State of California
- Includes Employer's Liability coverage of \$1,000,000 per accident or disease
- Waiver of Subrogation in favor of district must be included

#### **4. Umbrella/Excess Liability Insurance**

- Umbrella and Excess Coverage must be a minimum \$4,000,000 per occurrence or aggregate and follow form over General Liability, Auto Liability, and Employer's Liability

#### **5. Additional Insurance Requirements**

- Carmichael Improvement District, its board, officers, employees, and agents must be named as Additional Insureds on General and Auto Liability
- Policies must be primary and non-contributory
- Policies must include a Waiver of Subrogation in favor of the district
- 30 days' notice of cancellation (10 days for non-payment) must be provided
- Certificates and endorsements must be provided prior to contract start

## **Security Services RFP –Timeline**

### **August 27 - Board Meeting**

Approval of RFP and confirmation of the Proposal Review Committee and Members

### **September 1 - RFP Release**

Proposal Open

### **September 18 - Question Regarding RFP Deadline**

Proposal question period ends at 5:00 P.M.

### **September 30 - RFP Closed**

Proposal closes September 30 at 5:00 P.M.

### **October 1 – 31 - RFP Applications Review**

RFP will be reviewed by Proposal Review Committee and approved at our executive and board meeting

### **November 2 - RFP Applicant Notified**

The applicant who was approved by the board will be notified of the following steps

FIRM NAME \_\_\_\_\_

Attachment A  
Carmichael Improvement District Patrol Pricing Schedule

*Proposed Annual Budget:*  
(January 1, 2027 to December 31, 2027)

| Budgeted Line Item                           | Hourly Rate | Weekly Hours Billed | Total Weekly Billing | Total Annual Billing |
|----------------------------------------------|-------------|---------------------|----------------------|----------------------|
| Armed Regular District Patrol                |             |                     |                      |                      |
| Armed Response to Call for Service           |             |                     |                      |                      |
| TOTAL PROPOSED ANNUAL CONTRACT PERIOD BUDGET |             |                     |                      |                      |

FIRM NAME \_\_\_\_\_

**CONTRACTOR INFORMATION**

\_\_\_\_\_  
*NOTE: In addition, place name on each Bid Sheet where space is provided*

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone (        ) \_\_\_\_\_

Contractor's License Number \_\_\_\_\_

Contractor's License Expiration Date \_\_\_\_\_

Contractor's License Classification(s) \_\_\_\_\_

Contractor's California DIR Number \_\_\_\_\_

Please attach the following:

- Description of the company profile including a brief summary of experience in the market.
- Description of experience working with public sector agencies on projects similar in size and scope. Examples should include a description of the services provided, duration of the engagement and outcomes achieved.
- Description of any existing contracts that are currently in any stage of implementation. Discuss how these or other current commitments affect the ability to support Carmichael Improvement District's scope of work. Explain any staffing and schedule overlaps and how these potential overlaps will be mitigated as to not affect Carmichael Improvement District's needs.

***I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE  
STATEMENTS ARE TRUE.***

BID AND CERTIFICATION SUBMITTED \_\_\_\_\_  
DATE

SIGNATURE \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

PRINT OR TYPE NAME \_\_\_\_\_

TITLE \_\_\_\_\_



**FIRM NAME**\_\_\_\_\_

**REFERENCES**

Proposer must provide a minimum of three (3) references.

|                                         |                   |
|-----------------------------------------|-------------------|
| Company Name:                           | Contact Person:   |
| Address:                                | Telephone Number: |
| City, State, Zip:                       | Email Address:    |
| Services Provided / Date(s) of Service: |                   |

|                                         |                   |
|-----------------------------------------|-------------------|
| Company Name:                           | Contact Person:   |
| Address:                                | Telephone Number: |
| City, State, Zip:                       | Email Address:    |
| Services Provided / Date(s) of Service: |                   |

|                                         |                   |
|-----------------------------------------|-------------------|
| Company Name:                           | Contact Person:   |
| Address:                                | Telephone Number: |
| City, State, Zip:                       | Email Address:    |
| Services Provided / Date(s) of Service: |                   |