

CLARK COUNTY DEPARTMENT OF
JOB & FAMILY SERVICES



Clark County Department of Job & Family Services
By and through the authority of the Board of Clark County Commissioners

REQUEST FOR QUOTES

Fire Suppression System Inspection

Request Date: Friday, February 26, 2021

Response Due Date: Friday, March 12, 2021 at 2:00 p.m.

The Board of Clark County Commissioners (“Board”) is seeking quotes and intends to award a vendor with a single contract for the quarterly, semi-annual, and annual inspections of Clark County Department of Job & Family Service’s (“Department”) fire suppression systems. Vendor will also provide in addition to the inspections, any repair or replacement required as a result of the inspections by submitting a quote to the Department for such repair or replacement. Department will administer the contract once executed by all parties. Interested vendors are required to follow the procedures outlined below. A sample contract can be viewed online ([click here](#)). There will be no changes to the contract unless agreed upon by all parties. Board reserves the right to reject any or all quotes or to waive any defect in a quote which does not materially alter the contract document.

CONTRACT AWARD: The contract will be awarded to the responsible vendor whose quote is most advantageous to Board. A potential vendor’s failure to address all items in its quote may result in its rejection. Only Board has the authority to bind Department into a contract.

EVALUATION: Quotes will be evaluated, and a contract will be awarded to the vendor who is the Lowest Responsive and Responsible Bidder to perform the requested service. Department will also ensure that the selected vendor has provided complete quote information including required response forms, business references, demonstration of experience, and ability to meet Board insurance requirements.

INQUIRY PERIOD: Vendors shall contact the Department at Clark_Contract_Development@jfs.ohio.gov with any questions regarding this request for quotes. The subject line of the email must read “Fire Suppression System Inspection,” in order to ensure a timely response to all questions. The inquiry period opens upon release of the RFQ and closes at **2:00 p.m. on Wednesday, March 10, 2021.** Department reserves the right to disregard any questions that are not properly or timely submitted. Any questions or answers deemed to be material to all vendors will be posted on the Department’s website. It is the responsibility of all vendors to review the Department’s website prior to submitting their proposal.

INSURANCE REQUIREMENTS: Interested vendors will be expected to meet Board insurance requirements in order to be considered an eligible vendor (see page 7 of response forms below).

BUSINESS REFERENCES: Interested vendors’ quotes shall include a list of at least three (3) companies or organizations with which it has had contracts to provide like services within the past two (2) years. This list shall include the name and phone number of a contact person who is familiar with the vendor’s job performance. Neither Department nor Board may be used as a reference. There is a limit of one (1) reference from any other Clark County government agency or department (including Utilities, Courts, Sheriff, etc.). Board may verify the vendor’s experience based upon the list of business references submitted and any other sources which Board deems appropriate.

DEMONSTRATION OF EXPERIENCE: All interested vendors shall submit with their quotes, demonstration of previous experience in delivering this, or similar, services. Vendors shall include descriptions and examples of up to three (3) similar projects or contracts completed in the past five (5) years that demonstrate appropriate experience. Examples can be from the same projects for which business references are provided.

HOW TO SUBMIT A QUOTE: After reviewing the sample contract ([click here](#)), print a copy of the response sheet and included forms listed below, and completely fill in all sections. The forms can be completed electronically and then printed for signature or printed and completed by hand. Vendor may attach other sheets if necessary, to fully provide information regarding quote and scope of work.

Board prefers quote and response sheet submissions in electronic format. The electronic copy can be PDF, Word, or Excel format, or other formats that are compatible with Microsoft Office. All completed forms are to be sent via e-mail to Clark_Contract_Development@jfs.ohio.gov **on or before 2:00 p.m. on Friday, March 12, 2021.** For vendors not capable of providing their quote and response sheets electronically, please contact Kristin Lawson, Contract Developer at (937) 327-1783 to schedule an appointment to deliver a hard copy proposal. The request shall be made at least twenty-four (24) hours prior to the drop off time.

PRE-BID WALK-THROUGH: Potential bidders are strongly encouraged to attend a walk-through to inspect the Department's fire suppression system. **A walk-through will be conducted on Wednesday, March 3, 2021 at 9:30 a.m.** on Department's Campuses. The walk-through will begin at 1345 Lagonda Avenue, Springfield, Ohio 45503. Potential vendors should report to the **Building C Lobby** at 9:30 a.m. Department's Maintenance Supervisor will lead interested vendors on the walk-through and will allow vendors to access as many buildings as is feasible on that date.

SCOPE OF WORK: Department is requesting pricing for the quarterly, semi-annual, and annual inspections of Clark County Department of Job & Family Service's ("Department") fire suppression systems located at 1345 Lagonda Avenue, 1346 Lagonda Avenue, 766 Pauline Street, and 525 E. Home Road, identified on page 3 of the Response Sheet. Vendor will also provide in addition to the inspections, any repair or replacement required as a result of the inspections by submitting a quote to the Department for such repair or replacement.

PRICING: Vendor shall indicate pricing for all categories specified on Response Sheet page 3, below. No costs other than those specified in vendor's proposal will be paid by Department unless agreed to in writing in advance of purchase or work being completed. All costs for each project, whether or not included below, must be approved by the Maintenance Supervisor prior to the start of any work. All costs should be included in the quote including any trip or travel costs.

CONTRACT TERM: Two-year initial term upon execution by Board and an optional one-year extension by and through written amendment executed by, and at the discretion of, Board.

THE FOLLOWING SEVEN (7) PAGES MUST BE INCLUDED AS PART OF VENDOR'S RESPONSE.

FIRE SUPPRESSION SYSTEM INSPECTION REQUEST FOR QUOTES
RESPONSE SHEET

NAME OF VENDOR:

CONTACT INFORMATION (include name, address, email address, and phone number):

VENDOR'S FEDERAL TAX ID NUMBER:

NUMBER OF YEARS IN BUSINESS:

THREE PROFESSIONAL REFERENCES (include address, email address and phone):

1.

2.

3.

DEMONSTRATION OF EXPERIENCE (attach additional pages, if necessary):

KEY PERSONNEL (List any employees assigned to job, their title at company, and any license/certifications):

PLEASE INCLUDE A COPY OF ANY CURRENT LICENSES OR CERTIFICATIONS WITH YOUR PROPOSAL.

PRICING: Vendor shall indicate pricing for all categories specified below. No costs other than those specified in vendor's proposal will be paid by Department unless agreed to in writing in advance of purchase or work being completed. *Attach additional sheets as necessary to provide accurate information about how your company will fully meet the specifications and provide all services requested by Department.*

TOTAL COST OF PROJECT (must be all-inclusive to fully provide the scope of work stated in the request for quotes):

Quantity	Description	Unit Price	Total Price
1	Quarterly inspection of wet risers		
1	Quarterly inspection of wet risers		
1	Quarterly inspection of wet risers		
1	Semi Annual Fm 200 System inspection		
1	Semi Annual Fm 200 System inspection		
62	Annual Fire Extinguisher Service		
3	Annual Wet Sprinkler Inspection		
1	5 year maintenance (NFPA 25)		
		1 Year Total:	

NON-COLLUSION AFFIDAVIT

STATE OF _____)

SS:

COUNTY OF _____)

_____, being first duly sworn, deposes

(NAME)

and says that he/she is _____ for

(POSITION)

_____, the party making the fore-

(COMPANY NAME)

going quote, that such quote is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the Clark County Commissioners or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

AFFIANT

Sworn to and subscribed before me, a Notary Public, on this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires _____, _____

BIDDER'S PERSONAL PROPERTY TAX STATEMENT

(See Section 5719.042, O.R.C.)

STATE OF _____)

SS:

COUNTY OF _____)

I, _____, having been duly sworn, state that I am competent to testify to the following:

(COMPLETE APPLICABLE STATEMENT)

() On _____, I submitted a bid to Clark County, Ohio, to provide the County with _____. On said date, I owed no personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that I have not been charged with having any delinquent personal property tax owed to said District.

OR

() On _____, I submitted a bid to Clark County, Ohio, to provide the County with _____.

I presently am delinquent in the payment of personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that my name appears upon the records of said District as delinquent in the payment of personal property tax as follows:

_____ owed in delinquent taxes, and _____ owed as penalties assessed against said delinquency. As part of the consideration for a contract to perform the above stated bid, I hereby agree that this form be incorporated into said contract to perform work, and further agree that proceeds from said contract shall be paid to Clark County Taxing District in the amount of said delinquent tax and said assessed penalty prior to any payments being made to the bidder or other person under the contract.

Sworn to and subscribed before me, a Notary Public, on this _____
day of _____, _____.

NOTARY PUBLIC
My commission expires _____, _____

AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE

STATE OF OHIO

COUNTY OF _____ SS:

Personally appeared before me the undersigned, as an individual or as a representative of

_____ (Name of Entity)

for a contract for _____ (Type of Product or Service)

to be let by the County of Clark, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code Section 3517.13, and further states that the undersigned has the authority to make the following representation on behalf of himself or herself or of the entity (corporation, business trust, partnership, other unincorporated business [including labor unions], association [including professional associations], estate, or trust):

1. That none of the following has individually made within the previous 24 months and that, if awarded a contract for the purchase of goods or services in excess of \$10,000 (aggregated) in a calendar year, none of the following individually will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, as an individual, one or more campaign contributions (on or after April 4, 2007) totaling in excess of \$1,000, to any member of the Clark County Board of Commissioners or their individual campaign committees:
 - a. myself;
 - b. any partner or owner or shareholder of the partnership (or other unincorporated business);
 - c. any shareholder of the association;
 - d. any administrator of the estate;
 - e. any executor of the estate;
 - f. any trustee of the trust;
 - g. any owner of more than 20% of the corporation or business trust (if applicable);
 - h. each spouse of any person identified in (a) through (c) of this section;
 - i. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (g) of this section (only applicable to contributions made on or after January 1, 2007).
2. That none of the following have collectively made within the previous 24 months, and that, if awarded a contract for the purchase of goods or services in excess of \$10,000 (aggregated) in a calendar year, none of the following collectively will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, one or more campaign contributions (on or after April 4, 2007) totaling in excess of \$2,000, to any member of the Clark County Board of Commissioners or their individual campaign committees:
 - a. myself
 - b. any partner or owner or shareholder of the partnership (if applicable);
 - c. any shareholder of the association;
 - d. any administrator of the estate;
 - e. any executor of the estate;
 - f. any trustee of the trust;
 - g. any owner of more than 20% of the corporation or business trust (if applicable);
 - h. each spouse of any person identified in (a) through (c) of this section;
 - i. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (g) of this section.

Signature: _____

Title: _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20____

Notary Public: _____

My Commission Expires: _____

CERTIFICATION OF COMPLIANCE WITH COUNTY INSURANCE REQUIREMENTS

The following is a list of required insurance policies:

- a. Worker's Compensation Insurance as required by Ohio law and any other state in which work will be performed, or letter of exemption.
- b. Commercial General Liability Insurance for a minimum of \$1,000,000 per occurrence with an annual aggregate of at least \$2,000,000, including coverage for subcontractors, if any are used.
- c. Umbrella or Excess Liability* insurance (over and above Commercial General Liability and Auto Liability) with a limit of at least \$2,000,000.
- d. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$1,000,000 Combined Single Limit.
- e. "The Board of Clark County Commissioners" must be named as "Additional Insured" on the policies listed in paragraphs b, c, and d above, as well as the Certificate Holder on all Certificates of Liability insurance.
- f. Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.
- g. Liability Coverage for abuse and molestation in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

*Note: Umbrella/Excess Liability coverage may be waived if the following limits are carried for Commercial General Liability and Auto Liability:

1. Commercial General Liability Insurance for a minimum of \$3,000,000 per occurrence with an annual aggregate of at least \$4,000,000, including coverage for subcontractors, if any are used.
2. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$3,000,000 Combined Single Limit.

I, _____, certify that I have reviewed the above insurance requirements, and:

(_____) I certify that as an individual/company/organization submitting a proposal, I am able to meet the above insurance requirements.

OR

(_____) I am not able to meet the above insurance requirements, and would like to request a waiver of the following policies:

_____.

The insurance policies currently held by this individual/company/organization are:

_____. A copy of the current insurance policies is attached.

Signed:

Date

Printed Name, Title