



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

REQUEST FOR QUOTES

On-Site CPR/First-Aid Training for Foster Care Providers, Child Care Providers, and CCDJFS Staff Members

Request Date: Monday, February 22, 2021
Response Due Date: Monday, March 8, 2021 at 2:00 p.m.

The Board of Clark County Commissioners (“Board”) is seeking quotes and intends to award a single contract for on-site CPR and First-Aid training to Foster Care Providers, Child Care Providers and CCDJFS Staff for the Clark County Department of Job & Family Services (“Department”) at 1345 Lagonda Avenue Springfield, Ohio 45503. 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.

AWARD INFORMATION: Local Levy Dollars

EVALUATION: Quotes will be evaluated, and a contract will be awarded to the vendor with the lowest price 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. Price is the most important evaluation factor.

INQUIRY PERIOD: Vendors shall contact Emily Aldinger at Clark_Contract_Development@jfs.ohio.gov with any questions regarding this RFQ. If the question is submitted via email, the subject line of the email must be “CCDJFS CPR/First Aid RFQ,” in order to ensure timely receipt of all questions. The inquiry period opens upon release of the RFQ, and closes at **2:00 p.m. on Monday March 1, 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 sent to all vendors at the email address the RFQ was initially distributed to; any other questions or answers will not be distributed to all vendors. Board may conduct discussions with potential vendors who submit proposals for the purpose of clarifications or corrections regarding a proposal to ensure full understanding of, and responsiveness to, the requirements specified in the RFQ.

INSURANCE REQUIREMENTS: Interested vendors must meet Board insurance requirements in order to be considered an eligible vendor (see page 5 of response forms below).

HOW TO SUBMIT A QUOTE: After reviewing the sample contract, 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. Return all completed required forms via email to Clark_Contract_Development@jfs.ohio.gov on or before **2:00 p.m. on Monday, March 8, 2021**. Additionally, if the proposal cannot be sent electronically, a hard copy of the proposal can be mailed or delivered to the Clark County Department of Job & Family Services, Attention: Contract Development/Emily Aldinger, 1345 Lagonda Avenue, Building C, Springfield, Ohio 45503. Quotes shall be clearly marked on the outside of the envelope in the lower left-hand corner as follows: "CCDJFS On-Site CPR/First Aid Training Quote." The name and address of the vendor submitting the quote shall also appear on the outside of the envelope.

SCOPE OF WORK: Department is requesting pricing to provide up to three (3) on-site CPR and First Aid trainings per year to the Family & Children Services' Foster Care and Child Care Providers, as well as CCDJFS Staff Members. Trainers must be certified by a professional organization approved by the Ohio Department of Job and Family Services. A copy of the trainers' certifications must be submitted with the proposal. Department will review the proposed curriculum to determine suitability for the purpose of childcare and foster care certification. The training must include instruction on adult, child, and infant CPR and First-Aid. A copy of the proposed curriculum must be included with the proposal.

VENDOR REQUIREMENTS

1. Training site must be free of trash at the completion of each training session.
2. Clark County DJFS is a drug free workplace.
3. Clark County DJFS is a smoke free facility, this also includes personal vaporize devices.
4. We ask that you show the utmost respect to our customers and staff during these trainings.
5. Family & Children Services Foster Care Supervisor must be informed at least 24 hours in advance of any changes to the timing of the training or if there is a need to cancel and/or reschedule.
6. Trainer(s) must comply with the provisions of the Clark County Concealed Carry Policy.

PRICING

Please provide pricing to perform all functions of the contract. Pricing should include all costs associated with the requested training. **PLEASE INCLUDE A DETAILED PRICE QUOTE.**

CONTRACT TERM

Contract will be effective April to March for a period of two years with a possible one-year extension.

THE FOLLOWING FIVE (5) PAGES MUST BE INCLUDED AS PART OF VENDOR'S RESPONSE.

**2021 CCDJFS On-Site CPR/First-Aid Training 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:

PLEASE INCLUDE A COPY OF ALL CURRENT LICENSES AND/OR CERTIFICATIONS WITH YOUR PROPOSAL.

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.

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.

DATE

BIDDER

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

_____ for a contract for _____
(Name of Entity) (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.

*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