



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

**REQUEST FOR QUOTES**

Postage Machine Lease

**Request Date: Thursday, April 2, 2020**

**Response Due Date: Thursday, April 23, 2020 at 2:00 p.m.**

The Board of Clark County Commissioners (“Board”) is seeking quotes and intends to award a single contract for a postage machine lease for the Clark County Department of Job & Family Services (“Department”) at 1345 Lagonda Ave., 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.

**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 [Clark\\_Contract\\_Development@jfs.ohio.gov](mailto:Clark_Contract_Development@jfs.ohio.gov) with any questions regarding this request.

**INSURANCE REQUIREMENTS:** Interested vendors will be expected to meet Board insurance requirements in order to be considered an eligible vendor (see page 6 of response forms below). Certain waivers may be available upon request.

**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, samples of their past experience. Vendors shall demonstrate their previous experience in delivering similar or related services. Vendors shall include descriptions, samples, or both, 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.

Return an electronic copy of all completed required forms to [Clark\\_Contract\\_Development@jfs.ohio.gov](mailto:Clark_Contract_Development@jfs.ohio.gov) on or before 2:00 p.m. on Thursday, April 23, 2020.

**SCOPE OF WORK:** Department is requesting pricing for a postage machine lease including the cost of supplies if not included and cost of quarterly preventative maintenance if not included (see page 2 of the response forms below).

**CONTRACT TERM:** Beginning June 1, 2020 for a period of two years. This includes the of option that the Board may, at its discretion, extend Contract for two additional one-year terms.

**THE FOLLOWING SIX (6) PAGES MUST BE INCLUDED AS PART OF VENDOR'S RESPONSE.**

**2020 CCDJFS POSTAGE MACHINE LEASE 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):

**PRICING:**

Please provide an all-inclusive price per unit for each service type listed to perform all functions of the County contract listed in this invitation for price quotes. Your price quote will be based on the total sum of the per month price.

Quotes should clearly indicate which of the above abilities are included and any additional costs for these functions.

Item	Type of Service	Price Per Unit
1.	Digital mailing system/Postage meter with estimated volume of 11,000 pieces per month and additionally can provide the following:	
A	Automatic feeding, sealing, and postage printing	
B	Integrated weighing options	
C	Ability to handle various size/thickness envelopes	
D	Up to 100 letters per minute	
E	Auto Dating	
F	Password Security	
G	Multi Account Funds	
H	Custom printing of messages	
I	Ability to print postage tape for larger packages	
J	Postage payment option such as prepay for postage, postage advance.	
K	Monthly reports showing account/volume/postage consumed	
2.	Quarterly preventative maintenance	
3.	Cost of supplies (specify if supplies utilized in using machine are included. Also, are supplies proprietary?)	
A		
B		
C		
D		

**THE FOLLOWING FOUR (4) PAGES ARE PART OF THE VENDOR'S RESPONSE SHEET**

**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