



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**

Access Control System Maintenance and Support

**Request Date: August 19, 2022**

**Response Due Date: September 7, 2022 by 2 p.m.**

The Board of Clark County Commissioners (“Board”) is seeking quotes and intends to award a single contract for providing maintenance and support services for the Access Control System currently installed in Clark County Department of Job & Family Services (“Department”) buildings. 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. Board retains the right to cancel this RFQ at any time prior to contract being awarded. Potential vendors will be notified at the earliest possible opportunity. Only Board has the authority to bind Department into a contract. Since Board maintains binding authority and has the right to refuse any quote, no costs may be recovered for quote preparation or any process during the RFQ process or thereafter.

**EVALUATION:** Potential vendors will be evaluated based on the following criteria:

1. Bid Justification in Pricing;
2. Have the knowledge and ability to work on Avigilon Access Control systems.
3. Ability to meet County insurance requirements;
4. Completeness of all required information and forms requested in this RFQ;
5. Business references and Demonstration of Experience; and

Vendors may be disqualified for failure to meet any of the above requirements. Quotes will be evaluated on all five (5) criteria listed above. The selected vendor will be chosen based on the above criteria that are most advantageous to Department.

Board reserves the right to reject any quotes in which the potential vendor takes exception to the terms and conditions of the RFQ; fails to meet the terms and conditions of the RFQ, including but not limited to, the standards, specifications, and requirements specified in the RFQ; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority. Board reserves the right to reject, in whole or in part, any quote that Board has determined, using the factors and criteria Board developed pursuant to this section, would not be in the best interest of the County.

**INQUIRY PERIOD:** Vendors shall contact the Department at [Clark\\_Contract\\_Development@jfs.ohio.gov](mailto:Clark_Contract_Development@jfs.ohio.gov) with any questions regarding this RFQ. The subject line of the email must read “Access Control Maintenance and Support” in order to ensure timely response of all questions. The inquiry period opens upon release of the RFQ, and closes at **9:00 a.m. on August 30, 2022** Department reserves the right to disregard any questions that are not properly or timely submitted.

**AWARD INFORMATION:** Shared Administrative Dollars

**INSURANCE REQUIREMENTS:** Interested vendors will be expected to meet Board insurance requirements in order to be considered an eligible vendor (see page 5 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:** Vendor shall prepare a quote that addresses how all parts of the Scope of Work section below will be provided, and completely fill in a copy of the six (6) page response sheet and forms included below. 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 e-mail to [Clark\\_Contract\\_Development@jfs.ohio.gov](mailto:Clark_Contract_Development@jfs.ohio.gov), Attention Emily Aldinger **on or before 2:00 p.m. on Wednesday, September 7, 2022.** Potential vendors may also deliver their quote by hand or send it by mail. Mailed quotes can be sent to Clark County Department of Job and Family Services, 1345 Lagonda Ave. P.O. Box 967A Springfield, Ohio 45501. Mailed and hand-delivered quotes must be received by Department no later than 2:00 p.m. on Wednesday, September 7, 2022. Late quotes will not be accepted.

**SCOPE OF WORK:** Department has approximately 30 access-controlled doors. The currently installed system components are as follows:

1. (1) Avigilon Access Control system
2. (9) Network Controllers/Batteries
3. (30) V100 Interface Modules
4. (31) Lenel 940 Readers
5. (30) Electronic Door Hardware
6. (1) Power Supply
7. (12) Door Switches
8. (12) Request to Exit
9. (1) Badge Printer

Department requests Vendor complete an annual inspection on all system components to ensure the system is performing correctly. During the annual inspection, Vendor should inspect all hardware, including batteries and controllers; support of all hardware and software components; and perform operational testing of the integrated system, exercising all functions and features of the system.

Should Department discover the system is not working, Vendor should be available to inspect the system and diagnose the problem within 24 hours of the service request.

#### **VENDOR REQUIREMENTS**

- a. Clark County DJFS is a drug free workplace.
- b. Clark County DJFS is a smoke free facility. This also includes personal vaporize devices.
- c. Vendor shall comply with the provisions of the Clark County Concealed Carry Policy.

- d. We ask that you show the utmost respect to our customers and staff while working on site.
- e. All work schedule changes, and worksite personnel changes must be briefed and authorized by the Clark County DJFS Maintenance Supervisor.
- f. The vendor shall supply all materials and labor to complete the work.
- g. All managers, workers, and visitors shall obey the OSHA laws.
- h. Contractor/Vendor must adhere to the Clark County DJFS Concealed Carry Policy.
- i. The contractor shall be fully certified by Avigilon to sell, install and maintain in Ohio all system components.
- j. The Contractor shall have at least five (5) years of experience in designing, selling, installing and maintaining Avigilon Access Control systems.

**PRICING**

Department is interested in a quote for maintenance and support for our Access Control system. Please include any costs associated with performing the maintenance work, the cost of a trip to the location, the cost of equipment replacement or parts, if needed, and mileage, if applicable. No costs other than those specified in vendor's quote will be paid by Department unless agreed to in writing in advance of purchase or work being completed. All costs for each project, whether included below or not, must be approved by the Maintenance Supervisor or the Management Information Systems (MIS) Director prior to the start of any work. 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.

**CONTRACT TERM:** Two-year initial term; up to one (1) additional one-year extension by and through written amendment executed by, and at the discretion of, Board.

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

**2022 Access Control System Maintenance and Support  
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:**

Vendor shall indicate pricing for all categories specified below. No costs other than those specified in Vendor's quote will be paid by Department unless agreed to in writing in advance of purchase or work being completed. All costs for the project, whether or not included below, must be approved by the Maintenance Supervisor prior to the start of any work.

CATEGORY	PRICE & INFORMATION/SPECIFICATIONS
Service call / Trip charge	
Hourly labor rate for normal work hours	
Hourly labor rate for after-hours call	
Price over invoice for parts necessary for repairs	
Cost for annual inspections	
Other Costs (specify)	

Provide the following information:

Number of years your company has been in business: \_\_\_\_\_

Typical response time for service calls: \_\_\_\_\_

Warranty provided for work completed: \_\_\_\_\_

Does your company have the knowledge to work on Avigilon Access Control systems? \_\_\_\_\_

*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.*

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

**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 or bid, that such quote or bid 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 quote or bid are true.

\_\_\_\_\_

AFFIANT

Sworn to and subscribed before me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_

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 \_\_\_\_\_, 2022

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.

\*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