



By and through the authority of the Board of Clark County Commissioners

REQUEST FOR QUOTES

24-RFQ-01

FOR: Employee Uniform Rental

Request Date: Wednesday, July 26, 2023

Response Due Date: Wednesday, August 16, 2023 at 2:00 p.m., EST

The Board of Clark County Commissioners ("Board") is seeking quotes and intends to award a single vendor with a contract for an employee uniform rental service for the Clark County Department of Job and Family Services (CCDJFS) ("Department") maintenance and custodial employees. 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.

SCOPE of WORK: The purpose of the contract is to provide weekly uniform rental and laundry service for up to six (6) maintenance/custodial employees. Included in the uniform for each employee are 6 shirts and 6 pairs of pants. Each shirt is to have the embroidered name patch of the specific employee, as well as a patch bearing the Clark County Department of Job and Family Services logo. Additional uniform requirements are:

- a. Uniforms must be regular cut.
- b. Pants and shirts must be a polyester and cotton blend.
- c. Shirts must have pockets and be provided in short and long sleeves (when requested by Department).
- d. Multiple color options must be provided with pricing if pricing varies by color.
- e. Full uniforms must be available for both men and women.

Garments that are to be repaired or replaced shall be completed within seven (7) business days. There will be no charge to the Department for repair of items so long as the damage is deemed to be within the range of normal wear and tear by the employee.

Contractor will provide garments for new employees when notified. Sizing and measurements for garments and delivery of the new garments shall be provided within 15 business days of request.

Contractor shall switch out long sleeve shirts for short sleeve shirts as required by Department's needs given reasonable notice to contractor.

Contractor shall provide Clark County Dept. of Job and Family Services emblem and name patch for each shirt at no additional cost to the Department. Department will provide contractor with the names that are to appear on each patch.

VENDOR REQUIREMENTS

- a. Clark County DJFS is a drug free workplace.
- b. Clark County DJFS is a smoke free facility. This also includes personal vape devices.
- c. Vendor shall adhere to the Clark County DJFS Concealed Carry Policy.
- d. Vendor shall show the utmost respect to our customers and staff while delivering/picking-up on site.
- e. Vendor shall communicate all delivery changes to the Department Maintenance Supervisor. The Maintenance Supervisor must approve all changes.
- f. Vendor's employees should be sufficiently trained and possess necessary knowledge to assist Department employees with proper fitting. Problems related to improper fitting shall be promptly addressed.
- g. Vendor will provide fitting event for Department employees.

PRICING: Please provide a detailed price quote for monthly services for the above specifications in the scope of work including any additional costs associated with the pickup and delivery of garment items. No costs other than those specified in proposer's quote will be paid by Department unless agreed to in writing in advance of services being completed.

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 along with quality, workmanship and specifications set forth in this request. Department will also ensure that the selected vendor has provided complete quote information including required response forms 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 RFQ. The subject line of the email must read "CCDJFS Uniform Rental" in order to ensure timely response of all questions. The inquiry period opens upon release of the RFQ, and closes at 2:00 p.m., EST on Tuesday, August 8, 2023. 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 quotes for the purpose of clarifications or corrections regarding a quote to ensure full understanding of, and responsiveness to, the requirements specified in the RFQ.

AWARD INFORMATION: Shared Administrative Dollars will be used to fund this contract.

CONTRACT TERM: Contract term is three years and will begin September 24, 2023 and end September 30, 2026.

INSURANCE REQUIREMENTS: Contracts awarded by Department must meet Board insurance requirements in order to be considered an eligible vendor. Those requirements can be found on page 4 below.

BUSINESS REFERENCES: Interested vendors' quotes shall include a list of at least two (2) 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.

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, Attention Emily Aldinger **on or before 2:00 p.m., EST on Wednesday, August 16, 2023**. 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, August 16, 2023. Late quotes will not be accepted.

Department requires four (4) forms (attached) that need to be completed and submitted along with the quote. In addition to these forms, Department requires a valid Bureau of Worker's Compensation certificate. These forms can be completed electronically and printed for signature or printed and completed by hand. They are as follows:

- Campaign Contribution Declaration
- Certification of Compliance with County Insurance Requirements
- Non-Collusion Bid Affidavit
- Bidder's Personal Property Statement

The following pages are required by Department

**Employee Uniform Rental
REQUEST FOR QUOTES
24-RFQ-01
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:

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

1.

2.

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

PRICING: Department is interested in a quote for weekly uniform rental and laundry service. Please provide a detailed price quote for monthly services for the above specifications in the scope of work including any additional costs associated with the pickup and delivery of garment items. 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, whether included below or not, must be approved by the Maintenance Supervisor 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.

List any/all additional charges associated with this service request.

<u>CATEGORY</u>	<u>MAXIMUM NUMBER OF EMPLOYEES</u>	<u>PRICE & INFORMATION/SPECIFICATIONS</u>
Shirts:	<u>6</u>	
Pants:	<u>6</u>	
Other Costs (specify)		
Total Weekly Cost per Employee:		

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.

List any/all additional charges associated with this service request.

Provide the following information:

Number of years your company has been in business: _____

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.

AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE

STATE OF _____

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 _____, 2023.

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. The address of the Commission is 3130 E. Main Street, Springfield, OH 45503 for the Certificate Holder.

***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

NON-COLLUSION AFFIDAVIT

STATE OF _____)

SS:

COUNTY OF _____)

_____, being first duly sworn, deposes and says that he/she is

(NAME)

_____, for _____,
(POSITION) (COMPANY NAME)

the party making the foregoing proposal or bid, that such proposal 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 proposal or bid are true.

AFFIANT

Sworn to and subscribed before me, a Notary Public, on this _____ day of _____, 2023.

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 _____, _____