



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

**REQUEST FOR QUOTES**

Drug Testing Services and Supplies

**Request Date: Monday, December 2, 2024**

**Response Due Date: Wednesday, December 18, 2024**

The Board of Clark County Commissioners (“Board”) is seeking quotes and intends to award a single contract for Drug Testing Services and Supplies 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 proposal is most advantageous to Board. A potential vendor’s failure to address all items in its proposal 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 proposal, no costs may be recovered for proposal 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. Ability to meet County insurance requirements; and
3. Completeness of all required information and forms requested in this RFQ.

Vendors may be disqualified for failure to meet any of the above requirements. Proposals will be evaluated on all three (3) criteria listed above. The selected vendor will be chosen based on the above criteria that are most advantageous to Board.

Board reserves the right to reject any proposals 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 proposal 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 “Drug Testing Services and Supplies RFQ,” in order to ensure timely response of all questions. Department reserves the right to disregard any questions that are not properly or timely submitted.

**INSURANCE REQUIREMENTS:** Interested vendors will be expected to meet Board insurance requirements in order to be considered an eligible vendor (see page 4 of response forms below). Certain waivers may be available upon request.

**HOW TO SUBMIT A QUOTE:** Return all completed required forms via email to [Clark\\_Contract\\_Development@jfs.ohio.gov](mailto:Clark_Contract_Development@jfs.ohio.gov) on or before 2:00 p.m. on Wednesday, December 18, 2024. Vendor may attach other sheets, if necessary, to fully provide information regarding quote and scope of work. 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 Clark, 1345 Lagonda Avenue, Building C, Springfield, Ohio 45503. Mailed or hand-delivered quotes must be received by the Department no later than 2:00 p.m. on Wednesday, December 18, 2024.

**SCOPE OF WORK:** Department is requesting pricing for the purchase of drug testing and supplies. Department will order testing supplies from the selected vendor on an ongoing basis and will reimburse vendor according to the terms of the contract during the agreement period. Supplies will be shipped to 1346 Lagonda Avenue, Springfield, OH 45503.

- Department anticipates it will need a minimum of 450 drug testing panels completed per year; actual usage may vary.
- Vendor must
  - Provide mouth swab testing – to include both wet and dry testing;
  - Provide a minimum 11-panel screening kit, to include at least:
    - Amphetamines
    - Benzodiazepines
    - THC
    - Cocaine
    - Opiates
    - Methamphetamine
    - Methadone
    - Oxycodone
    - Buprenorphine
    - Fentanyl
    - Xylazine
  - Allow Department to choose items included on panel yearly, based on current trends in Clark County
  - Allow for additional testing to be performed on sample in addition to 11-panel test, including alcohol and prescription psychotropic medications.
  - Provide online training to Department's Family and Children Services ("FCS") staff on how to properly administer tests and how to utilize vendor's system
  - Provide one person within vendor's organization to act as contact liaison for FCS staff
  - Deliver screening kits to Department
  - Provide automatic confirmation results within 24 hours of specimen receipt
  - Provide results electronically, with email notifications
  - Retain chain-of-custody documentation for all samples
  - Retain negative samples for at least one week, and positive samples frozen for at least one year
  - Provide random sampling list to Department
  - Provide court testimony regarding results, if necessary

**PRICING:** Please provide pricing to perform all functions listed in the Scope of Work above. Pricing should include all costs associated with providing the testing services and shipping supplies and related items to Department. Vendor shall indicate pricing for all items specified in the Response sheet 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.

**CONTRACT TERM:** Two-year initial term beginning March 1, 2025 with possible one-year extension.

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

**2025 CCDJFS Drug Testing Services and Supplies RFQ**  
**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 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 \_\_\_\_\_, 2025.

\_\_\_\_\_  
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.

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DATE

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BIDDER

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

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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

## **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 \_\_\_\_\_, 2024.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_