



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

REQUEST FOR QUOTES
26-RFQ-02

FOR: Purchase and Installation of Furnishings

Request Date: Thursday, September 18, 2025

Response Due Date: Friday, October 3, 2025 by 2 p.m., EST

The Board of Clark County Commissioners ("Board") is seeking quotes and intends to award a single vendor with a contract for the purchase and installation of furniture, 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 to view](#)). 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: Children Services Levy Funds – Local Dollars will be used to fund this contract.

EVALUATION: Potential vendors will be evaluated based in the following criteria:

1. Justification in pricing;
2. Timeframe for delivery and installation;
3. Ability to meet the 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 determine 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 Department at Clark_Contract_Development@jfs.ohio.gov with any questions regarding this RFQ. The subject line of the email must read "CCDJFS 26-RFQ-02," 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 Friday, September 26, 2025.**

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 posted on the Department's website. It is the responsibility of all vendors to review the Department's website prior to submitting their quote.

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 8.

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. **The Department, including the four (4) divisions the Department is comprised of (BenefitsPlus, Family & Children Services, Child Support Enforcement Agency, and OhioMeansJobs), 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, demonstration of previous experience delivering this, or similar, services. Vendors shall include descriptions and examples 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, Attention Cole Foster **on or before 2:00 p.m. on Friday, October 3, 2025.** 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 Friday, October 3, 2025. Late quotes will not be accepted.

PRE-BID WALK-THROUGH: Potential bidders are very strongly encouraged to attend a walk-through to view location and scope of work to be completed. During the walk-through a thorough description of the project will be discussed. A walk-through will be conducted on **Wednesday, September 24, 2025, at 2:00 p. m.** at the front entrance of Gymnasium Building, located at 525 East Home Road, Springfield, Ohio 45503.

SCOPE OF WORK: The purpose of this contract is to provide the furniture listed below to the Department. The furniture will be installed in the Gymnasium, and the Training Building at Departments' 525 East Home Road location under the direction of the Departments' maintenance supervisor. Please provide any information or brochures for furniture suggested to meet the specifications below.

FURNITURE SPECIFICATIONS:

- One (1) round wood coffee table (lower) and two (2) matching end tables (taller)
- Five (5) fold down nesting training tables on wheels (grey)
- Ten (10) nesting folding task chairs with cushion and leather like black upholstery
- One (1) thirty-six (36) inch round wood tabletop and base (grey)
- One (1) twenty-eight (28) inch round tabletop and base (grey)

VENDOR REQUIREMENTS:

- a. Clark County DJFS is a drug free workplace.
- b. Clark County DJFS is a smoke free facility, this also includes personalized vape devices.
- c. Vendor shall show the utmost respect to our customers and staff while on site.
- d. All work schedule changes, and worksite personnel changes must be briefed and authorized by the Clark County DJFS Maintenance supervisor.
- e. The vendor shall supply all the materials and labor to complete the work.
- f. All waste materials to be taken from site and disposed of by the vendor.
- g. All managers, workers, and visitors shall obey the OSHA laws.
- h. Contractor/Vendor must adhere to the Clark County DJFS Concealed Carry Policy.

PRICING

Please provide pricing to perform all functions of the contract listed in this request for quotes, on page 2 of the response forms, below. Pricing should include all costs associated with purchasing and installing the furniture. No costs other than those specified in vendors' proposal will be paid by Department unless agreed to in writing in advance of purchase or work being completed.

CONTRACT TERM:

Upon execution of the board until completion of project.

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

Purchase and Installation of Furnishings
REQUEST FOR QUOTES
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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.

WARRANTY PROVIDED FOR WORK COMPLETED:

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

PRICING: Department is interested in a quote for the purchase and installation of furniture. Please provide a detailed price quote for services for the above specifications in the scope of work including any additional costs associated with the requirements outlines in the Scope of Work. 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 Department 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.

CATEGORY	PRICE & INFORMATION/SPECIFICATIONS
<u>Purchase of Furnishings</u>	
<u>Cost of Installation</u>	
<u>Other Costs (Specify)</u>	
<u>Total Cost</u>	

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.

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 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.

DATE

BIDDER

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

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 _____, 2025.

Notary Public: _____

My Commission Expires: _____