



## **REQUEST FOR QUOTE**

**#21270**

**For**

**Providing Fraud Hotline Intake and Related Case Management Services**

FOR THE CLEVELAND MUNICIPAL SCHOOL DISTRICT  
DBA: CLEVELAND METROPOLITAN SCHOOL DISTRICT  
BOARD OF EDUCATION, 1111 SUPERIOR AVENUE E, SUITE 1800  
CLEVELAND, OHIO 44114

UNDER THE DIRECTION OF THE INTERNAL AUDIT DEPARTMENT OF THE BOARD OF EDUCATION OF THE  
CLEVELAND METROPOLITAN SCHOOL DISTRICT CUYAHOGA COUNTY, OHIO

## Table of Contents

LETTER REQUESTING QUOTATIONS .....	4
INSTRUCTIONS FOR VENDORS .....	5
PART I: INTRODUCTION, SCOPE OF WORK & REQUIREMENTS.....	8
GENERAL INFORMATION .....	8
PURPOSE .....	8
SCOPE OF WORK .....	8
HOTLINE .....	9
CASE MANAGEMENT .....	9
EVALUATION CRITERIA.....	10
SELECTION SCHEDULE .....	10
PART II: PROPOSAL REQUIREMENTS & RESPONSE COMPONENTS & STRUCTURE.....	11
SECTION A: Proposal Submission & Formatting .....	11
1. Proposal Submission Requirements .....	11
2. Proposal Format Requirements .....	12
3. Submissions.....	13
4. District Related Forms.....	13
5. Term of Agreement.....	14
PART III: COST PROPOSAL FORM .....	15
PART IV: DISTRICT RELATED FORMS .....	17
Required Purchasing Division Documents and Instructions .....	17
Section I: Acknowledgement .....	18
Section II: Vendor Request Form .....	19
Section III: Taxpayer ID Form .....	20
Section IV: No Proposal Form .....	21
Section V: Certificate of Debarment .....	22
Section V: Certificate of Debarment Pg. 2 .....	23
Section VI: Conflict of Interest Form.....	24
Section VII: Proposer Qualifications Form .....	26
Section VIII: State of Ohio Insurance .....	30
Section IX: Sample Certificate of Liability Insurance.....	31
Section X: Non-Collusion Affidavit .....	32
Section XI: Diversity Business Enterprise Program and Participation Forms.....	33
1: DBE Form A.....	37
2: DBE Form B .....	38

3: DBE Form C .....	39
4: DBE Form D .....	40
5: DBE Form E .....	41
6: DBE Form F.....	42
7: DBE Form G.....	43
8: DBE Form H.....	45
Section XII: EOA Contractual Declaration Forms .....	46
CMSD Affirmative Action Program.....	46
Form 1: Vendor Contract Compliance Form .....	48
Form 2: Compliance Declaration.....	49
Form 3: Employment Data Form.....	52
PART V: APPENDICES.....	53
Submitter Experience and Support Capabilities .....	53
Appendix A: Submitter Experience and Support Capabilities Form .....	54
Experience and Existing Customers .....	55
References .....	56
Subcontractors/Partners.....	58
References for Subcontractors/Partners .....	58

## LETTER REQUESTING QUOTATIONS

Date: March 18, 2019

Subject: Providing Fraud Hotline Intake and Related Case Management Services (RFQ #21270)

Dear Vendors:

In order to be considered, All Quotations must be delivered to the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Cleveland, OH 44114 on or before 1:00 pm, April 5, 2019.

Written questions must be received on or before 12:00 pm March 25, 2019. No telephone calls will be permitted. Send questions to: Seletha Thompson @ [seletha.thompson@clevelandmetroschools.org](mailto:seletha.thompson@clevelandmetroschools.org).

Under no circumstances should any firm interested in providing services identified in this RFQ, their designees, or any affiliated with their firm, contact any other District employee or official during the RFQ process in an attempt to lobby or influence the selection of a vendor pursuant to this RFQ.

RFQ number and title must be included in all correspondence. All questions/concerns with corresponding answers will be sent to every prospective vendor and posted on the District's webpage.

M. Angela Foraker  
Executive Director, Procure to Pay  
March 18, 2019

## INSTRUCTIONS FOR VENDORS

1. Quotations are due to Seletha Thompson via delivery to the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Cleveland, OH 44114 on or before 1:00 pm on April 5, 2019.
2. The Cleveland Metropolitan School District reserves the right to reject any and all Quotations, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional Statements.
3. Vendors understand and agree that subsequent to the submission of the Quotation, any District resolution authorizing the award of a contract or agreement does not vest any contractual rights in the vendor.
4. Vendor understands and agrees that any such District resolution operates only to encumber funds necessary for the projects and does not create a binding contract.
5. Vendor acknowledges and agrees that it has no vested contractual right until such time as a purchase order and contract have been issued.
6. Vendor further acknowledges and agrees that execution of a contract and issuance of a purchase order is not a ministerial function, but is a formal requirement.
7. Vendor must present evidence to the District, upon request, that they are fully competent and have the necessary facilities, equipment, and financial resources to perform the work required within the time frame required.
8. **SECURITY:** Vendor's workmen, foremen, other personnel, and subcontractors will be required to meet Cleveland Metropolitan School District security requirement. Vendor must issue personnel identification badges. Any worker not complying with CMSD security requirements will be immediately ordered off the project and without prejudice or recourse to CMSD.
  - a. Vendor agrees to successfully complete background checks on all of its employees, agents, and subcontractors who provide services under this Agreement to CMSD facilities. Vendor agrees to warrant that it will not at any time hire or utilize any individual to provide services under this Agreement on CMSD premises where such person has been convicted of, or pleaded guilty to, any criminal offense enumerated in O.R.C.3319.39(B) or equivalent provisions under the laws of another state or the Federal Government.
9. **INSURANCE:** The successful company, their subcontractors, and suppliers of labor and/or materials for this project on behalf of the Cleveland Metropolitan School District, including organizations having personnel, equipment, and vehicles on District property, shall provide evidence of insurance as follows:
  - a. **Commercial General Liability:** Including limited contractual liability  
\$2,000,000.00 Limit of Liability  
(Per occurrence)
  - b. **Automobile Liability:** Including non-owned and hired  
\$2,000,000.00 Limit of Liability  
(per occurrence)
  - c. **Workers Compensation:** Workers compensation and employer's insurance  
to the full extent as required by applicable Law

**d. Professional Liability:**

**Per occurrence/in the aggregate  
\$1,000,000.00/\$3,000,000.00**

This requirement must be fulfilled by the successful vendor providing the Purchasing Office of CMSD with a current Certificate of Insurance (standard ACORD form), showing the Board of Education of the Cleveland Municipal School District as an additional insured (Certificate holder does not constitute being an additional insured), within five (5) business days of Notice of Intent to Award Agreement. The certificates of insurance shall contain a provision that the policy or policies will not be canceled without thirty (30) days prior written notice to the District.

The required insurance must be provided by a company licensed by the State of Ohio, which company must be financially acceptable to the Administration of the Cleveland Municipal School District.

The School District is not liable for vandalism which results in damage(s) to the property or vehicles of the Vendor. The school District will not reimburse for private insurance deductibles for such vandalism.

Vandalism damage is defined as damage resulting from criminal conduct for which an individual may (but not necessarily be processed under the Ohio Revised Code.

**10. DIVERSITY BUSINESS GOAL:** The Diversity Business and Vendor Contract Compliance Programs shall make every good faith effort to ensure that certified diversity business enterprises in the Cleveland Metropolitan School's relevant geographic market area shall be afforded the maximum opportunity to compete for contracts, services, and purchases. The general goals for diversity business participation are: 15% for services, 20% for goods and supplies, and 30% for maintenance, construction, and repair.

- a. Non-diversity vendors will have their diversity business participation counted toward their goal attainment only with minority vendors who are certified and demonstrate previous experience in the respective business classification of the prime contractor. Only direct participation in the subcontract will be counted toward diversity business enterprise goal attainment.
- b. Vendors shall refer to Section V of this RFQ for further information and requirements on the District's diversity goals.
- c. **The diversity business goal for this RFQ is: 15% for services**

**11. REQUESTS FOR CLARIFICATIONS:** Questions regarding interpretation of the content of this RFQ must be directed to: Seletha Thompson, via email at: [seletha.thompson@clevelandmetroschools.org](mailto:seletha.thompson@clevelandmetroschools.org) on or before 12:00 pm March 25, 2019. Answers to any questions shall be in writing and shall be sent to all firms who are on record with the District as having received a copy of this RFQ. It is therefore imperative that firms provide full and accurate contact information to the District. The name of the party submitting the question will not be identified in the answers. Firms considering responding to this RFQ are strictly prohibited from communicating with any member of District's staff or representatives of the Owner except as set forth in this section.

**12. EVALUATION CRITERIA.** Evaluation of the proposal will be based upon several factors including, but not limited to: competence to perform the required services as indicated by the training, education and experience of the firm's personnel, especially the training, education and experience of the employees who would be assigned to perform the services; ability in terms of workload and availability of qualified personnel, equipment and facilities to perform the required services competently and expeditiously; past performance as reflected by the evaluations of previous clients with respect to factors such as control of costs, quality of work and meeting of deadlines; and other similar factors. The District is not required to select the firm that submits the lowest cost proposal for providing the services. In the event the District is unable to negotiate a satisfactory contract with the selected

firm, the District may terminate negotiations with that firm and enter into negotiations with another firm submitting that submitted a proposal.

13. The Vendor authorizes the District and its representatives to contact the owners and professionals on projects on which the Vendor has worked, and Vendor authorizes such owners and professionals to provide the District with a candid evaluation of the Vendor's performance. By submitting its proposal, the Vendor agrees that if it or any person, directly or indirectly, on its behalf or for its benefit brings an action against any of such owners or professional or the employees of any of them as a result of or related to such candid evaluation, the Vendor will indemnify and hold harmless such owners and professionals and the employees of any of them from any claims whether or not proven that are part of or are related to such action and from all legal fees and expenses incurred by any of them arising out of or related to such legal action. This obligation is expressly intended for the benefit of such owners and professionals, and the employees of each of them.
14. The new Uniform Grant Guidance, 2 CFR200 (UGG) will go into effect for Cleveland Metropolitan School District (CMSD) on July 1, 2018 and will apply to awards or funding increments issued on or after this date. Purchases funded by federal grant funds must adhere to regulations found in Uniform Guidance "Super Circular", 2 CFR 200 (UGG), as a condition of receiving funds and to meet annual audit compliance. In an effort to keep policy for all grants consistent, the CMSD will implement the new federal guidelines regarding procurement utilized with federal grants immediately.
15. This request for quotations should be submitted on or before 1:00 pm current local time, April 5, 2019 to the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Cleveland, OH 44114.

**The submission is to include the following:**

- a. Completed and Signed RFQ #21270 Quotation Form
- b. Vendor Request Form
- c. Taxpayer ID Form
- d. Signed Conflict of Interest Form
- e. Completed and notarized Vendor Qualification Form
- f. Completed and notarized Non-Collusion Affidavit
- g. Completed Debarment Form
- h. Completed Appendix A: Supplemental Information

## PART I: INTRODUCTION, SCOPE OF WORK & REQUIREMENTS

### RFQ #21270

#### **Providing Fraud Hotline Intake and Related Case Management Services**

### GENERAL INFORMATION

The Board of Education of the Cleveland Metropolitan School District (“CMSD” or “District”) is committed to the highest standards of legal and ethical behavior. In an effort to deter and detect fraud, waste, and abuse, the CMSD Fraud Hotline has been established to provide community members, employees and others, with a confidential method of reporting fraud and acts of waste and abuse. The District is the second largest school district in the State of Ohio. The urban District has approximately thirty-nine thousand (38,000) students at one hundred (100) buildings and five thousand (5,000) employees.

As a result, the District is requesting proposals from interested and qualified vendors (“Vendor”) to administer an independent CMSD telephone and internet hotline that will receive alleged fraud, waste, and abuse complaints, in addition to providing related case management services.

The District currently operates a hotline through a third party vendor and received less than twenty-five (25) calls/on-line reports.

Submitted proposals shall include a comprehensive description of the Vendor’s experience in providing the above captioned services to large government or non-profit organizations, including urban school districts.

All inquiries regarding this RFQ are to be submitted in **writing only** in accordance with the instructions given on pages four (4) and six (6) of the RFQ. No telephone calls will be permitted. Under no circumstances shall anyone interested in providing services identified in this RFQ, or their designees, contact any other employee or official of the District during this RFQ process, in an attempt to lobby or influence the selection of a Vendor pursuant to this RFQ. All oral communications shall be considered unofficial and non-binding on the District.

### PURPOSE

As required by the Board's "Whistleblower Protection Policy" GBCD, the District’s Fraud Hotline shall be administered by an independent third party that reports to the District’s Director of Internal Audit.

### SCOPE OF WORK

CMSD requires an independent fraud hotline intake service and an integrated case management service that enables for a system to establish, manage, and track the status of all active fraud, waste and abuse cases, reported anonymously or otherwise, falling under the purview of the District.



The District requires the intake function be integrated with a case management system that the Vendor would also make available to the District, thus enabling the District to independently establish, manage and track the status of all active financial fraud, waste and abuse cases.

The District will require that trained service provider personnel (space, equipment, and personnel to be provided by the Vendor) for the telephone intake portion of the hotline service, and the District will be allowed to use the Vendor's software and/or related web module to enable twenty-four (24) hours/day and seven (7) days/week incident reporting (recording of incoming complaints), and related case management services thereafter.

## HOTLINE

The hotline will have a pre-recorded message to assure all callers receive a common message regarding the use of the service prior to speaking with an operator. The Vendor will answer calls promptly, and courteously, following the pre-recorded message, and callers will be debriefed fully. A control number will be assigned to each call in order to assure anonymity and for tracking purposes. All persons contacting the hotline will have the capability to either remain anonymous or to disclose their identity if they desire.

Additionally, the Vendor will provide a dedicated website with a link to the District's website that will receive and categorize submissions, and include all the same capabilities as those of the telephone hotline at a minimum.

Hotline operators will provide District designated external referral points of contact for described situations outside of the District's purview. Hotline operators will not interpret District policies for callers, and will not provide advice, aside from the proper internal or external referral designated by the District and made available to the Vendor.

All submissions, by any method, will be forwarded to a designated individual of the Internal Audit Division of the District within twenty-four (24) hours of receipt, unless the designated person is the subject of the submission.

## CASE MANAGEMENT

With respect to the case management system, the District requires the case management system support real-time dynamic management of open cases, including, but not limited to:

- The ability to create notes to the file;
- Attach documents;
- Provide a history of case activity and individual access;
- Utilize email notification and generate follow-up reminders; and
- Provide statistical reporting based on any number of potential reporting elements to include:
  - a. incident type
  - b. agency/location
  - c. assigned investigator
  - d. referral/collaborating agency

Finally, the District requires the case management system enable the District to control the migration of cases from open, to inactive, to closed and archived status.

## EVALUATION CRITERIA

The intent of the evaluation process is to foster an impartial and comprehensive evaluation of each proposal received, leading to the selection of the proposal representing the best value to the District. The evaluation factors (criteria) are weighted with price as the heaviest weighted factor. However, all of the factors will be considered *in total* for the final selection. Oral presentations may be requested from the proposer to clarify the submitted proposal.

Proposals will be evaluated in a two-step process: first as responsive or non-responsive to the RFQ's specifications; second, based on the information presented in the proposal and on information obtained during the evaluation process, e.g. oral presentations of the proposed service.

Step two in election of Vendor(s) will not be based solely on price, although price will be the heaviest weighted factor. Selection will also be based on, but not limited to, the following factors:

- Pricing
- History/Experience
- References

Evaluation and selection of awarded Vendor will be made at the sole discretion of CMSD. All information received by CMSD shall become the property of CMSD. CMSD reserves the right to accept or reject any or all proposals without explanation.

In the event that information submitted by a Vendor is unclear to CMSD, the District may request additional explanations or breakdowns of the information. Such requests will be made, and responded to, in writing **ONLY**, with the Vendor's responses being integrated into, and being made a part of, the Vendor's proposal. Responses to CMSD requests must be received within five (5) business days from receipt of request.

## SELECTION SCHEDULE

The dates below represent the *intended timeline* for the selection of a Provider and implementation of the services and system requested.

Task	Date & Time
Issuance of RFQ	<b>March 18, 2019</b>
Deadline for Submitters to provide any written questions	<b>March 25, 2019</b>
Issuance of any Addenda, including all answers to questions received prior to deadline	<b>March 29, 2019</b>
Due Date and Time for Receipt of Proposals	<b>April 5, 2019 at 1:00 PM</b>
Approval by the Board of Education via Resolution Process	<b>First Board Meeting following Award recommendation</b>
Contract Preparation and Award	<b>After Approval of Board of Education</b>
Implementation of Services	<b>July 1, 2019</b>

## PART II: PROPOSAL REQUIREMENTS & RESPONSE COMPONENTS & STRUCTURE

### SECTION A: Proposal Submission & Formatting

#### 1. Proposal Submission Requirements

The District discourages overly lengthy and costly quotes. In order for the District to evaluate proposals fairly and completely, service providers should follow the format set forth herein and provide all of the information requested. Proposals that do not adhere to these formatting requirements may be considered non-responsive.

All information requested in the request for quote and in the quote package must be filled in legibly and completely with blue ink signatures, or the proposal may be considered non-responsive. **Proposal name: Providing Fraud Hotline Intake and Related Case Management Services and RFQ number: #21270 must be on the outside envelope of submittals including shipping labels.**

Responses are due at the Cashier's Office of the Cleveland Metropolitan School District, Administration Building, 1111 Superior Avenue E, Suite 1800, Cleveland Ohio, 44114, on or before **1:00 pm** current local time on April 5, 2019.

All written questions shall be directed to the Purchasing Division via email to: **seletha.thompson@clevelandmetroschools.org**. Written questions will be accepted via e-mail until **12:00 pm March 25, 2019**. The District will **NOT ACCEPT** any telephone calls regarding any of the submittals and/or "short lists." Under no circumstances should any firm interested in providing the services identified in this RFQ, their designees, or anyone affiliated with their firm, contact any other District employee or official during the RFQ process, in an attempt to lobby or influence the selection of a service provider pursuant to this RFQ. No oral, telephonic, telegraphic, or electronic modifications will be considered. All materials submitted are as is.

The District reserves the right to reject any and all Proposals, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional proposals. Each Proposer is liable for all proposal errors or omissions. A Proposer shall not be permitted to alter or amend proposals documents after the Proposal Deadline time and date detailed in the RFQ unless such is formally requested, in writing, by the District.

Proposals must remain open and valid for ninety (90) days from the opening date, unless the time for awarding the contract is extended by mutual consent of the District and the service provider. Service providers may withdraw their proposals any time before proposal opening date by providing written notice to the Purchasing Department before the time and date set for the proposal opening.

## 2. Proposal Response Format Requirements

The scope of work for RFQ #21270 is described within. Service Providers are required to provide the information below as well as complete the Purchasing Required Documents located in Part II. The narrative part of the proposals must present the following information and be organized with the following headings. Each heading should be separated by tabs or otherwise clearly marked.

### Responses are to be divided into sections as follows:

1. **Transmittal Cover Letter:** Prepare a letter transmitting the proposal on business letterhead. The letter should identify the business name, phone number, and business web address along with the name, phone number and email address of the key contact person. The letter must have the signature of a person with authority to obligate the business. The transmittal letter shall also contain a statement that the proposal is a firm offer for a ninety (90) day period.
2. A completed set of Required Purchasing Division documents set forth in Part II of this RFQ.
3. **General Information Section**
  - a. **Executive Summary:** Information about the service provider's history, structure, organizational metrics, and qualifications for fulfilling the District's requirements
  - b. **Business Health:** information about the service provider's financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.
  - c. **Experience:** information about the service provider's current and previous contracts, particularly those with organizations similar to the District.
  - d. **General Narratives** about at least three clients using services similar to those being proposed the District (including detailed reference information for those clients on the reference forms in Part III Appendices.
  - e. **Management support services:** information about staff, project, issue, performance, quality, and risk management methodology.
  - f. **Security:** information about the service provider's policies, practices, and standards for maintaining the confidentiality and integrity of client's data, intellectual property, and trade secrets.
  - g. **Risks:** service provider's evaluation of the greatest challenges and risks associated with the particular services and suggestions for mitigating risk.
  - h. **Dispute resolution:** information about the service provider's standard dispute resolution methodologies.
  - i. **Qualifications & expertise:** include a detailed statement of relevant experience and expertise in conducting equity and inclusion Survey Work.
  - j. **Subcontract relationship:** include a brief statement about how/when the primary service provider and subcontractors have worked together before (if applicable), and describe the role the subcontractor will play on the District Survey Work.
  - k. **Joint Venture:** include a statement of the joint venture relationship (if applicable).
4. **Response to Scope of Work Section:** The Response to Scope of Work Section of the proposal shall specifically address the manner in which the proposer will meet the minimum requirements present in the Scope of Work Section in Part I. Service provider shall address the quantitative and qualitative resources to the accomplishment of these requirements. The proposal shall provide enough

information so that the evaluators will be able to determine the proposer's ability to meet scope of work requirement and qualifications.

### 3. Submissions

Each submission should address the following questions, if not already requested, in addition to those required throughout this document:

- 1) What are the Vendor's fees and cost structure?
- 2) Are there any set-up costs, or post set-up, maintenance fees, including any software upgrade fees? Training of District assigned personnel?
- 3) What is the media for receiving information: phone, website, mail, etc?
- 4) What is the standard reporting mechanism for the informant and the District representative?
- 5) What are the custom reporting options included or available? Please furnish sample(s).
- 6) Describe the case tracking system, including the provisions for case status.
- 7) Can the system accommodate foreign language translation services, including at a minimum, Spanish?
- 8) Can we use our own established phone number and website as a link? Who hosts the website, phone, and archiving?
- 9) Do you currently service any large urban school districts, governments, or non-profit organizations? If so, please provide names and contacts.
- 10) What are the District's software/hardware requirements?

**NOTE: Proposer should note that the Specifications for this RFQ are general; Proposer should feel free to define, and specify in detail, their services and products.**

### 4. District Related Forms

There are a number of REQUIRED forms identified in the RFQ that must be completed by the service provider. These forms must be completed, signed as described in the text and included in the service provider response. These forms include:

- Taxpayer ID
- No Proposal Form (if applicable)
- Certificate of Debarment
- Conflict of Interest
- Proposer Qualification Form
- Non-Collusion Affidavit
- DBE Forms- A, B, C, D, E, F & G
- EOA Contractual Declaration Forms 1 &2
- Employment Data Form

- Addendum Acknowledgement
- References
- Cost Proposal Form

## 5. Term of Agreement

This Agreement shall be for three (3) years, commencing on the date executed by the second of the Parties to sign the Agreement, and shall be for either one (1) year with two (2) one-year renewal options, or for the full three (3) years, and will terminate no later than **June 30, 2022**, based on fiscal funding and mutual agreement of both parties; however, the District may terminate this Agreement without obligation and without cause by giving fourteen (14) days written notice to the Vendor under the Termination for Convenience clause in the Agreement.

# PART III: COST PROPOSAL FORM

**RFQ #21270**

## **FRAUD HOTLINE INTAKE AND RELATED CASE MANAGEMENT SERVICES**

By signing below, Vendors authorized representative proposes to provide fraud hotline intake and related case management services to the Cleveland Metropolitan School District in accordance with the terms, conditions, and Specifications of this RFQ, and to the entire satisfaction and acceptance of the Cleveland Metropolitan School District; and to hold pricing, listed below, firm for a period of ninety (90) days from submittal due date.

### **NO MINIMUM PRICING WILL BE PERMITTED**

Please enter pricing for both Terms shown

**Initial one (1) year term:** Grand Total \$ \_\_\_\_\_

**Option two (2) renewal:** Grand Total \$ \_\_\_\_\_

**Option three (3) renewal:** Grand Total \$ \_\_\_\_\_

**Three (3) year term:** Grand Total \$ \_\_\_\_\_

**GRAND TOTALS MUST BE ALL INCLUSIVE:** Vendor may offer detailed breakdown of the grand total costs on a separate page.

**VENDOR NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY & STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**REPRESENTATIVE:** \_\_\_\_\_  
(SIGNATURE)

**REPRESENTATIVE:** \_\_\_\_\_  
(PLEASE PRINT)

**TITLE:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **FAX NO:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ITEMIZED COST BREAKDOWN**

**DESCRIPTION OF ITEM/PRODUCT/SERVICE**

**COST**



## PART IV: DISTRICT RELATED FORMS

Required Purchasing Division Documents and Instructions

## Section I: Acknowledgement

\_\_\_\_\_  
(Name of Company)

Hereby acknowledges receipt of this Request for proposal and the reading of these Instructions to Proposers. We further agree that if awarded the contract, we will submit the required Performance Bond and Insurance Certificate within five (5) days of written notification that the District has adopted a resolution authorizing the encumbrance of funds for the project. We understand, however, that a formal written contract, similar to the one contained in the RFQ Package, will need to be executed and purchase order issued by the District before we have any vested contractual rights. Wherever, we agree to commence the work as required herein and timely complete the project pursuant to the Specifications by the date stated in the Notice to Proceed.

By: \_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

Section II: Vendor Request Form

**VENDOR INFORMATION**

VENDOR NUMBER  
(IF APPLICABLE) \_\_\_\_\_  
VENDOR NAME \_\_\_\_\_  
ADDRESS LINE 1 \_\_\_\_\_  
ADDRESS LINE 2 \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
*Area Code Number Area Code Number*

E-MAIL ADDRESS \_\_\_\_\_  
PRIMARY CONTACT PERSON \_\_\_\_\_

**REMIT TO (IF DIFFERENT FROM ABOVE)**

VENDOR NAME \_\_\_\_\_  
ADDRESS LINE 1 \_\_\_\_\_  
ADDRESS LINE 2 \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
*(Area Code) Number (Area Code) Number*

PRIMARY SERVICE, PRODUCT, OR SPECIALTY:

**NOTE: VENDOR NAME AND TAX ID NUMBER MUST BE AS FILED WITH THE INTERNAL REVENUE SERVICE.**

**PLEASE INDICATE WHERE APPLICABLE**

DIVERSITY BUSINESS ENTERPRISE: YES  NO

MINORITY BUSINESS ENTERPRISE: YES  NO

FEMALE BUSINESS ENTERPRISE: YES  NO

## Section III: Taxpayer ID Form

<p><b>Form W-9</b>                  (Rev. October 2018)                  Department of the Treasury                  Internal Revenue Service</p>	<p><b>Request for Taxpayer                  Identification Number and Certification</b></p> <p>▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</p>	<p><b>Give Form to the                  requester. Do not                  send to the IRS.</b></p>
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Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                         <input type="checkbox"/> C Corporation                         <input type="checkbox"/> S Corporation                         <input type="checkbox"/> Partnership                         <input type="checkbox"/> Trust/estate                 </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____                 </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____                 </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><i>(Apply to accounts maintained outside the U.S.)</i></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requestor's name and address (optional)</p>

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="11" style="text-align: center;"><b>or</b></td> </tr> <tr> <td colspan="11" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> </table>	<b>Social security number</b>																						<b>or</b>											<b>Employer identification number</b>																					
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<p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification Instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>	
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<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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<p><b>General Instructions</b></p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p><b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.</p> <p><b>Purpose of Form</b></p> <p>An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>Form 1099-INT (interest earned or paid)</li> </ul>	<ul style="list-style-type: none"> <li>Form 1099-DIV (dividends, including those from stocks or mutual funds)</li> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> <li>Form 1099-S (proceeds from real estate transactions)</li> <li>Form 1099-K (merchant card and third party network transactions)</li> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> <li>Form 1099-C (canceled debt)</li> <li>Form 1099-A (acquisition or abandonment of secured property)</li> </ul> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p><i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.</i></p>
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Section IV: No Proposal Form

RFQ #21270

**This form must be completed only if vendor is not submitting a proposal**

To all prospective bidders/proposers:

Each company or person receiving this package has at some point in time requested to be placed on the proposal list of the Cleveland Metropolitan School District for this product and/or service.

It is the intent of the District to update this list subsequent to the contract cycle. Please note the following and take action accordingly.

If you are making a bid/proposal this cycle, disregard the remainder of this letter. Your name will remain on the active proposer list.

\_\_\_\_\_ (1) If you are not making a bid/proposal this cycle, but want to remain on \_\_\_\_\_ the active proposer’s list for the future RFQs, place a check mark in the box to the left. Complete the name and address section below and return this \_\_\_\_\_ letter to Purchasing at the address below.

\_\_\_\_\_ (2) If you do not wish to remain on the active proposer’s list, place a check mark to the left. Complete the name and address section below and return this letter to Purchasing at the address below.

Name of Company: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Section V: Certificate of Debarment



### Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

#### (BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

## Section V: Certificate of Debarment Pg. 2

- 2 -

### INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

## Section VI: Conflict of Interest Form

### Statement of Potential Conflicts of Interest

Vendor Name:	Primary Contact:
Address 1:	Telephone #:
Address 2:	Fax #:
City:	Email:
State, Zip:	Website:

Cleveland Metropolitan School District (CMSD) adheres to Ohio Ethics Law and strictly follows the opinion of the Ohio Ethics Commission. As such, each vendor is requested to submit this statement declaring any potential conflicts of interest in doing business with the District. Please answer the following two questions providing all requested information.

1. Are any current Cleveland Metropolitan School District (CMSD) employees, Cleveland Board of Education members, or any of their immediate family members, also members of the vendor's board of directors, hold any officer position with the vendor, or own any shares of any stock issued by the vendor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, and if the CMSD employee, CMSD board member, or immediately family member is a member of the vendor's board of directors or holds an office with the vendor, please state the person's name and position with the vendor.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

If **Yes**, and if the CMSD employee, CMSD board member, or immediate family member owns share of any stock in the vendor organization or company, state the percentage of all outstanding company shares owned by the CMSD employee or board member.

\_\_\_\_\_ %

2. Are any current CMSD employees, CMSD board members, or any immediate family members also employees of the vendor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, please state the person's name and provide a description of their job duties for the provider:

Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

If **Yes**, please describe the contact that the vendor will have with the CMSD employee or CMSD board member in the course of providing services to the District:

\_\_\_\_\_



---

**CERTIFICATION**

I do hereby certify that the foregoing statements are true and accurate, and that my signature below attests to the authenticity of my identity as the person actually signing this form. This document is not a contract. In order for a binding Agreement to exist, a signed Agreement will be required prior to any legally binding commitment by the District.

**NOTARIZED STATEMENT**

\_\_\_\_\_ being duly sworn and deposes says

That he/she is the \_\_\_\_\_ of  
(title)

\_\_\_\_\_, and answers to all the  
(organization)

foregoing questions and all statements therein contained are true and correct.

\_\_\_\_\_  
(signature)

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

My commission expires: \_\_\_\_\_

## Section VII: Proposer Qualifications Form

Proposer must answer all questions or attach a written explanation for each question.

PROPOSER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY; STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ TOLL FREE: ( ) \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_

1. What type of organization? (i.e. corporation, partnership, etc.)
2. How many years has your organization been in business?
3. How many years has your organization been in business under its current name?
4. List any other aliases your organization has utilized in the last two years and the form of Business
5. If you are currently a corporation, list the following:
  - a. State of incorporation
  - b. Date of incorporation
  - c. President's name
  - d. Secretary's name
  - e. Treasurer's name
  - f. Statutory agent's name
  - g. Name of shareholders, if less than 10

- h. Principal place of doing business
6. If you are currently in a partnership, list the following:
    - a. Name and address of all general and limited partners.
  
    - b. Original name and date of organization's inception
  7. If you are neither a corporation nor a partnership, please describe your organization and list principals.
  8. Are you legally qualified to do business in the State of Ohio?
  9. Are you legally qualified to do business in Cuyahoga County and licensed by the City of Cleveland?
  10. Has your organization ever been (i) declared by a customer to be in default under a contractor and/or (ii) sued by a customer for failure to completely a contract or properly perform services in a timely manner? If yes, please state where, when, and why.
  11. Has your organization ever been cited by a local, county, state, or federal authority for violation of a regulation or statute or failing to timely complete a contract in accordance with specifications? If yes, please state date, agency, and final disposition.
  12. Has your organization ever filed for bankruptcy? If yes, please state where, when and why?
  13. On a separate sheet, list the major customers for whom your organization has provided this type of equipment or service in the past five years. Include owner's name and type of work performed.
  14. Has your organization ever been sued by a supplier for failure to timely pay for materials or equipment provided? If yes, please provide details.

15. What is the dollar limit of your firm's General (CLS) Liability Insurance?

Name of insuring company: \_\_\_\_\_

Policy number: \_\_\_\_\_

16. What is the dollar limit of your firm's Automotive Liability Insurance?

Owned vehicles \_\_\_\_\_

Non-Owned vehicles \_\_\_\_\_

Name of insuring company \_\_\_\_\_

Policy number \_\_\_\_\_

17. List the name and address of every person having an interest in this RFQ.

18. Has any federal, state or local government entity ever cited or taken any action against your organization or any of its principals for failure to pay or remit any taxes including but not limited to income, withholding, sales, franchise, or personal property taxes? If yes, please give name of agency, date and amount of taxes overdue and resolution of the issue.

19. Is your organization and its' principals current in payment of personal property taxes?

20. The prospective lower tier participant certifies, by submission of this RFQ, that neither it nor its principals is presently debarred, suspended, proposed, for debarment or suspension, declared ineligible, or voluntarily excluded from participation in this transaction by any State and/or Federal Department or Agency.

21. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this RFQ.

## Notarized Statement

\_\_\_\_\_ being duly sworn and deposes says  
that he/she is the \_\_\_\_\_ of  
(title)

\_\_\_\_\_, and answers to all the  
(organization)

foregoing questions and all statements therein contained are true and correct.

\_\_\_\_\_  
(signature)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

My commission expires: \_\_\_\_\_

Section VIII: State of Ohio Insurance

*Sample: State Of Ohio Insurance*

**S A M P L E**

**STATE OF OHIO**

**DEPARTMENT OF INSURANCE**

---

**CERTIFICATE OF COMPLIANCE**

As Superintendent of Insurance of the State of Ohio, I

do hereby certify that \_\_\_\_\_

a corporation located at \_\_\_\_\_

in the State of \_\_\_\_\_

with the laws of this state applicable to it, and is

authorized to transact in this state its appropriate

business of insurance as prescribed under Section 3941.02.

of Ohio, including Fidelity Insurance.

From \_\_\_\_\_ 20\_\_\_\_, until \_\_\_\_\_

In witness whereof, I have hereunto  
subscribed my name and caused my  
seal to be affixed at Columbus, Ohio  
this day and date.

Superintendent of Insurance of Ohio



Section X: Non-Collusion Affidavit

This Affidavit must be executed and shall accompany the proposal in order for the proposal to be considered.

NON-COLLUSION AFFIDAVIT  
State of Ohio, Cuyahoga County

\_\_\_\_\_, being first duly sworn, deposes and says that

he/she is \_\_\_\_\_ of \_\_\_\_\_

of the party making the foregoing proposal; that such proposal is genuine and not collusive or sham; that said proposer has not colluded, conspired, connived, or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal, or that such other person shall refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other proposer, to fix any overhead, profit or cost element of said proposal price, or of that of any proposer, or to secure any advantage against the Board of Education of the Cleveland Metropolitan School District, or any person or persons interested in the proposal; and that all statements contained in said proposal are true; and further that such proposer has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any Association or to any member or agent thereof.

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Cuyahoga County, Ohio

My commission expires: \_\_\_\_\_



## Section XI: Diversity Business Enterprise Program and Participation Forms

### PROGRAM OVERVIEW

It is the goal of the Diversity Business Enterprise (DBE) program to ensure the firms owned and/or controlled by minorities and women have the opportunity to compete for any expenditure of funds including but not limited to contracts, lease purchase, requisitions, and all forms of equipment, work services, materials, construction, etc.

The DBE program shall make every good faith effort to ensure that certified DBE's in the relevant Cleveland Municipal School District geographic market have the maximum opportunity to proposal for contracts. The Cleveland Municipal School District geographic market is Cuyahoga, Summit, Lake, and Lorain counties.

The District has established goals for DBE participation in all contracts that it awards. The goals range from 15 to 30 percent and vary by the type of contract awarded:

- 15% Service Contracts
- 20% Goods and Supplies
- 30% Maintenance/Construction Repair

A Diversity Business Enterprise encompasses Minority Business Enterprises (MBEs) and Female Business Enterprises (FBEs)

A DBE is an enterprise in which minorities, African Americans, Native Americans, Hispanic or Latin Americans, Asian Pacific Islander Americans, and/or women own at least 51% of the shares of stock or controlling interest.

A FBE is a female-owned enterprise with at least 51% of the shares of stock or controlling interest, which is held by female.

A company may be in compliance with the District's DBE program although the applicable numerical goal is not met if a company makes a good faith commitment to comply with DBE regulations. The Purchasing Director determines whether a company has made a good faith commitment.

DBE requirements under certain circumstances can be waived by the district with convincing proof of good faith efforts.

### **TERMS AND CONDITIONS OF NOTICE AND REQUIREMENTS TO ENSURE DIVERSITY BUSINESS ENTERPRISE (DBE) OPPORTUNITY**

Definition of DBE: A Diversity Business Enterprise (DBE)

"Small Diversity business concern" means a small business concern that is at least fifty-one (51) percent unconditionally owned by one or more individuals who are both socially and economically diverse, or a publicly owned business that has at least fifty-one (51) percent of its stock unconditionally owned by one or more socially and economically diverse individuals and that has its management and daily business controlled by one or more such individuals. This term also means a small business concern that is at least fifty-one (51) percent unconditionally owned by an economically diverse Indian tribe or Native Hawaiian Organization, or a publicly owned business that has at least fifty-one (51) percent of its stock unconditionally owned by one of these entities, that has its management and daily business controlled by members of an economically diverse Indian tribe or Native Hawaiian organization.

1. "Socially diverse individuals" means individuals who have been subjected to racial or ethnic prejudice or culture bias because of their identity as a member of a group without regard to their qualities as individuals.

2. "Economically diverse individuals" means socially diverse individuals whose ability to compete in the free enterprise system is impaired due to diminished opportunities to obtain capital and credit as compared to others in the same line of business who are not socially diverse. Individuals who certify that they are members of named groups (African Americans, Hispanic Americans or Latin Americans, Native Americans, Asian-Pacific Islander Americans, Subcontinent Asian Americans) are to be considered socially and economically diverse.

Definition of FBE: Female Business Enterprise (FBE)

"Female-owned small business concern" means a small business concern:

1. Which is at least fifty-one (51) percent owned by one or more women; or, in the case of any publicly owned business, at least fifty-one (51) percent of the stock of which is owned by one or more women and;
2. Whose management and daily business operations are controlled by one or more woman.

**TERMS**

1. DBE participation will be counted toward meeting the goals outlined in the notice as follows:
  - a. The total dollar value of a correct contract or subcontractor indirect subcontract awarded toward a certified DBE will be counted toward the applicable goal.
  - b. In the case of a joint venture, certified by the Cleveland Municipal School District, the portion of the total dollar value of the contract equal to the percentage of the ownership and control of the DBE partner in the joint vendor will be counted toward the applicable goal. (PLEASE RETURN DBE FORM E)
  - c. Only expenditures to DBE that perform a commercially useful function in the work of a contract or subcontract or indirect subcontract will be counted toward DBE goals. A DBE is considered to perform a commercially useful function when it is responsible for execution of a distinct element of work of a contract or subcontract and carries out its responsibilities by actually performing, managing, and supervising the work involved. If a DBE contractor subcontracts a significantly greater portion of the work of the contract than would be expected on the basis of normal industry practices, the DBE is presumed not to be performing a commercially useful function. The DBE may present evidence to rebut this presumption.
  - d. The total dollar value of materials and supplies obtained from DBE suppliers and manufacturers will be counted toward DBE goals if the DBE assumes the actual and contractual responsibility for the provision of the materials and supplies.
2. A proposer who fails or refuses to complete and return this Notice may be deemed a non-responsive proposer.
3. The contractor's goals as set forth in this Notice shall express the contractor's commitment to the percentage of DBE utilization during the term of this contract. The contract shall be deemed to have met its commitment for DBE utilization if the DBE utilization rate of the contractor meets the goals established by this Notice.
4. The contractor must receive the approval of the District before making substitutions for any subcontractors listed in the Notice. Substitution of DBE is not allowed unless the contractor receives District approval.
5. The contractor's commitment to a specific goal is to meet the DBE objectives and is not INTENDED and shall not be used to discriminate against any qualified company or group or companies.
6. The contractor's commitment to a specific goal for DBE utilization as required by this Notice shall constitute a commitment to make every good faith effort to meet such goal by a subcontracting to or undertaking to joint venture

with DBE firms. If the contractor fails to meet the goal, it will carry the burden of furnishing sufficient documentation as part of the proposal response of its good faith efforts to justify a grant of relief from the goals set forth in this Notice. Such justification will take the forms of a detailed report which will document at least the following information:

- a. Attendance at the pre-proposal meeting, if any, scheduled by the District to inform DBE's of Subcontracting opportunities under a given solicitation.
  - b. Advertisement in general circulation media, trade association publications, and minority-focus media for at least twenty (20) days before bids or proposals are due. If twenty (20) days are not available, publication for a shorter reasonable time is acceptable.
  - c. Written notification to DBE that their interest in the contract is solicited, and follow-up contact to determine whether the DBE's were interested.
  - d. Efforts made to select portions of the proposed work to be performed by DBE in order to increase the likelihood of achieving the stated goals.
  - e. Efforts to negotiate with DBE for specific sub-proposal, including at a minimum:
    - i. The names, addresses, and telephone numbers of DBE's that were contacted.
    - ii. A description of the information provided to DBE regarding the plans and specifications for portion of the work to be performed; and
    - iii. A statement of why additional agreements with DBE were not reached.
    - iv. Completion of (Form E) if DBE's are not involved in the RFQ.
  - f. Concerning each DBE the supplier/contractor contacted but rejected as unqualified, the reasons for the supplier's/contractor's conclusion.
  - g. Efforts made to help the DBE's contacted that needed assistance in obtaining required bonding, lines of credit, or insurance.
  - h. Use of the services of minority community organizations, minority contractor's groups, governmental minority business assistance offices, and other organizations that assist in the recruitment and placement of DBE's.
7. Suppliers/contractors that fail to meet DBE goals and fail to demonstrate sufficient good faith efforts are not eligible for contract awarded.
8. The District, through its Diversity Officer will review the contractor's minority business enterprise involvement efforts during performance of this contract. Such review will include, but not be limited to, contractor's quarterly statement of income from the District and what portion of said income went to the DBE enterprise(s) as evidenced by affirmation of the DBE enterprise(s) which the contractor hereby agrees to supply each quarter during the term of its contract with the District. If the contractor meets its goal or if the contractor demonstrates that every reasonable effort has been made to meet its goal, the contractor shall be presume to be in compliance. Where the Diversity Officer finds that the contractor shall be presume to be in compliance. Where the Diversity Officer finds that the contractor has failed to comply with the requirements of this Notice, said Diversity Officer shall inform the Purchasing Director who shall immediately notify the contractor to take corrective action. If the contractor fails or refuses to comply promptly, then the Purchasing Director, upon approval of the District, shall issue an order shopping all or part of the work until satisfactory corrective action has been taken. No part of the time lost due to any such stop orders shall be made

subject of claim for extension of time or for excess costs or damages by the contractor. When the District proceeds with such formal action it has the burden of proving that the contractor has not met the requirements of coming forward and showing that it has met the good faith requirements of the Notice, specifically including paragraph 7 hereof. Where the contractor is found to have failed to exert every good faith effort to involve DBE in the work provided, the District may declare that the contractor is ineligible to receive further District funds, whether as a contractor, subcontractor, or as a consultant, for a period of up to three (3) years.

9. The contractor will keep records and documents for three (3) years following performances of this contract to indicate compliance with this Notice. These records and documents, or copies thereof, will be made available at reasonable times and places for inspection by any authorized representative of the District upon request together with any other compliance information which such representative may require.
10. Proposers and contractors are bound by all requirements, terms and conditions of this Notice.
11. Nothing in this Notice shall be interpreted to diminish the present contract compliance review

1: DBE Form A

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Business (Product or Service): \_\_\_\_\_

Date of Proposed Contract Award: \_\_\_\_\_

Amount of Proposed Contract Award: \_\_\_\_\_

Diversity Business Enterprise Subcontractor(s):  
\_\_\_\_\_

Dollar Amount Subcontract Award: \_\_\_\_\_

Percent of Subcontract Award: \_\_\_\_\_

D.B.E. Participation: \_\_\_\_\_ \$ \_\_\_\_\_

F.B.E. Participation: \_\_\_\_\_ \$ \_\_\_\_\_

Name of EEO Officer: \_\_\_\_\_

\_\_\_\_\_  
(Signature of owner, partner, or authorized officer)

Name: \_\_\_\_\_ Dated: \_\_\_\_\_  
(printed)

Title: \_\_\_\_\_

DO NOT COMPLETE BELOW THIS LINE

\_\_\_ Compliant \_\_\_ Compliance Pending \_\_\_ Non-Compliant

Compliance Date: \_\_\_\_\_

\_\_\_\_\_  
(signature, DBE Department)

\_\_\_\_\_  
(date)

2: DBE Form B

**NOTICE OF REQUIREMENT TO ENSURE  
DIVERSITY BUSINESS ENTERPRISE (DBE) OPPORTUNITY**

Note: All eligible proposers for award of the contract should comply with the Requirements, Terms, and Conditions of this Notice.

The undersigned proposer hereby agrees that the goal it has established for DBE participation in this project through either subcontracting or entering into a joint Venture with DBEs in conformity with the Requirements. Terms and Conditions of this Notice is a goal of thirty (30%) percent for a construction/repair/ maintenance contract, twenty (20%) percent for a supply contract, and fifteen (15%) for a service contract of the total contract amount of this project. In no event will the absence of goals as stated above be deemed as compliance with the requirements, terms and conditions of this notice.

In addition, the undersigned will complete and attach hereto the DBE (Form C) Schedule for DBE participation, showing all DBE/FBE that will participate as subcontractors or joint ventures in this contract and a DBE (Form D), DBE Letter of Intent form for each DBE/FBE listed on the Schedule.

Proposer: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Definition of DBE: A Diversity Business Enterprise (DBE)

"Small Diversity business concern" means a small business concern that is a least (51) percent unconditionally owned by one or more individuals who are both socially and economically diverse, or a publicly owned business that has at least (51) percent of its stock unconditionally owned by one or more socially and economically diverse individuals and that has its management and daily business controlled by one or more such individuals. This term also means a small business concern that is at least (51) percent unconditionally owned by an economically diverse Indian tribe or Native Hawaiian Organization, or a publicly owned business that has least (51) percent of its stock unconditionally owned by one of these entities, that has its management and daily business controlled by members of an economically diverse Indian tribe or Native Hawaiian Organization.

3: DBE Form C

**SCHEDULE MBE/FBE PARTICIPATION**

Project Name: \_\_\_\_\_

Name of Non-DBE Contractor: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Minority Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of work to be performed and work hours involved:  
\_\_\_\_\_

Projected commencement and completion dates for work:  
\_\_\_\_\_

Agreed price in dollars or percentage:  
\_\_\_\_\_

The undersigned will enter into a formal agreement with DBE for work listed in this schedule conditioned upon execution for a contract with the Cleveland Municipal School District

TO BE RETURNED WITH THE PROPOSAL

\_\_\_\_\_  
Signature of Non-DBE Prime Contractor

Date: \_\_\_\_\_

4: DBE Form D

**DBE LETTER OF INTENT**

To: \_\_\_\_\_  
*Non-DBE Prime or General Proposer*

Project: \_\_\_\_\_

**NON-DBE PRIME OR GENERAL PROPOSER**

The Undersigned intends to perform work in connection with the above-referenced project as (check one):

an individual     a corporation     a partnership     a joint venture

DBE status of the undersigned is confirmed in the Cleveland Municipal School District's DBE file of bona fide enterprises with a certification date of: \_\_\_\_\_

The Undersigned is prepared to perform the following described work in connection with the above referenced project. Specify in detail particular work items or parts thereof to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

at the following price or percent of contract: \$ \_\_\_\_\_

You have projected the following commencement date of such work, and the undersigned is projecting completion of such work as follows:

**Items** \_\_\_\_\_

**Projected Commencement Date** \_\_\_\_\_

**Projected Completion Date** \_\_\_\_\_

\_\_\_\_\_ % (percent) of the dollar value of the subcontract will be sublet and/or awarded to NON-DBE contractor (s) and/or NON-FBE SUPPLIERS. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the Cleveland Municipal School District.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of DBE Firm (where applicable)**

\_\_\_\_\_  
Signature of DBE (where applicable)

\_\_\_\_\_  
Signature of MBE Firm

(TO BE RETURNED WITH RFQ)

\_\_\_\_\_  
**Name of FBE Firm**

\_\_\_\_\_  
**Signature of FBE Firm**



5: DBE Form E

**DBE Unavailability Certification**

I, \_\_\_\_\_,  
*Name Title*

Of \_\_\_\_\_, certify that on \_\_\_\_\_  
*Date*

I contacted the following DBE to obtain a Proposal for work items to be performed on:

Board Project: \_\_\_\_\_

Minority Contractor: \_\_\_\_\_

Work Items Sought: \_\_\_\_\_

Form of Proposal Sought: \_\_\_\_\_

Female Contractor: \_\_\_\_\_

Work Items Sought: \_\_\_\_\_

Form of Proposal Sought: \_\_\_\_\_

To the best of my knowledge and belief said minority business enterprise was unavailable (exclusive of the unavailability due to lack of agreement on price) for work on this project or unable to prepare a proposal for the following reason (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature, Non-DBE prime Proposer Date*

\_\_\_\_\_ was offered an opportunity to proposal on the above-referenced work on \_\_\_\_\_  
*Date Non-DBE Prime Proposer*

\_\_\_\_\_  
*Signature, Non-DBE Prime Proposer*

The above statement is a true and accurate account of why I did not submit a Proposal on this project.

\_\_\_\_\_  
*Signature, Non-DBE prime Proposer*

**Non-Minority Prime Affidavit For DBE**

STATE OF            }  
COUNTY OF        } SS.

**AFFIDAVIT**

The undersigned swear that the foregoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each party in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual subcontract work and the payments thereof, and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records and files of the subcontract or those of each party relevant to the subcontract, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

Name of Firm: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF            }  
COUNTY OF } SS.

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me appeared \_\_\_\_\_

\_\_\_\_\_, to me personally known, who being duly sworn,

did execute the foregoing affidavit, and did state that they were properly authorized by \_\_\_\_\_

\_\_\_\_\_ to execute the affidavit and did so as their free act and deed.

(Seal)

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

Commission expires \_\_\_\_\_

7: DBE Form G

**This form need not be completed if all join venture firms are diversity business enterprises**

1. Name of Joint Venture: \_\_\_\_\_

2. Address of Joint Venture: \_\_\_\_\_

3. Phone Number of Joint Venture: \_\_\_\_\_

4. Identify the firms which comprise this joint venture. (The DBE partner must complete DBE Form A or have current DBE Certification)

---

---

a. Describe the roll of the DBE firm in the joint venture: \_\_\_\_\_

---

b. Describe briefly the experience and business qualifications of each non-DBE Joint Venture: \_\_\_\_\_

---

5. Nature of Joint Venture's Business: \_\_\_\_\_

---

6. Provide a copy of the Joint Venture Agreement.

7. What is the percentage of DBE Ownership? DBE \_\_\_\_\_% FBE \_\_\_\_\_%

8. Ownership of Joint Venture: (This need not be completed if described in the Joint Venture agreement provided in response to question 6).

a. Profit and loss sharing: \_\_\_\_\_

---

b. Capital contributions, including equipment: \_\_\_\_\_

---

c. Other applicable ownership interest: \_\_\_\_\_

---

9. Control of and participation in this contract. Identify by name, race, and "firm" those individuals and their titles who are responsible for day-to-day management and policy decision making, including, but not limited to, those prime responsibility form:

a. Financial decisions: \_\_\_\_\_

\_\_\_\_\_

b. Management decisions, such as:

i. Estimating: \_\_\_\_\_

ii. Marketing and Sales: \_\_\_\_\_

iii. Hiring and firing of management personnel: \_\_\_\_\_

\_\_\_\_\_

iv. Purchasing of major items or supplies: \_\_\_\_\_

\_\_\_\_\_

c. Supervision of field operations: \_\_\_\_\_

\_\_\_\_\_

Note: If after complete the DBE Form B and before the completion of the joint venture's work on any contract awarded, there is any significant change in the information submitted, the joint venture must inform the Cleveland Municipal School District, either directly or through the non-DBE prime subcontractor if the joint vendor is a subcontractor.

**Non-Minority Prime Affidavit (Joint Venture)**

**STATE OF OHIO**

**CUYAHOGA COUNTY**

**AFFIDAVIT**

The undersigned swear that the forgoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each joint venture in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual joint venture work and the payments thereof and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records and files of the joint venture or those of each party relevant to the joint venture, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

\_\_\_\_\_  
*Name of Firm (Prime)*

\_\_\_\_\_  
*Name of Firm (DBE)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

STATE OF \_\_\_\_\_ ] COUNTY OF \_\_\_\_\_ JSS.

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that they were properly authorized by \_\_\_\_\_ to execute the affidavit and did so as their free act and deed.

*(Seal)*

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

\_\_\_\_\_  
*Commission expires*

Section XII: EOA Contractual Declaration Forms  
CMSD Affirmative Action Program

**Vendor Contract Compliance, Procedures and Guidelines**

**Note: Please read carefully all of the information contained in these documents.**

Pursuant to the Affirmative Action Policy Adopted by the Cleveland Municipal School District, the following guidelines and procedures will be implemented to ensure that all vendors doing business with the District are in compliance with Equal Employment Opportunity Standards.

**A. SUBMISSION OF VENDOR EMPLOYMENT PRACTICE REPORT**

All vendors and contractors who propose to provide goods, services, supplies, and equipment through formal proposals, informal proposals, and contract term agreements are required to submit a Vendor Employment Practice Report with each Proposal. Approved status by the Vendor Employment Practice Report includes the following documents which must be completed in their entirety and returned with the proposal.

Please note, compliance approval consists of both DBE and Vendor Contract Compliance approval.

1. General Information Sheet (Form 1): Provides basic information on the vendor.

1a. SMSA/OR RECRUITMENT AREA: Indicates the relevant labor area in which your facility is located. Designate the Standard Metropolitan Statistical Area, county, or city from which the facility can draw applicants or recruit for most positions.

In making relevant labor area determinations, examine the statistics on racial, ethnic, and gender composition of the Standard Metropolitan Statistical Area, county, or city surrounding your organization, as well as other appropriate adjacent areas.

The relevant labor area should be the SMSA county or city with the highest population of minorities and women.

1b. DEFINITION: As defined by the U.S. Bureau of the Census, SMSA is: "Except in the New England States, a county or group of contiguous counties which contains at least one city of 50,000; in addition contiguous counties if they are socially and economically integrated within the central city; in the New England States towns and cities instead of counties. Each SMSA must include at least one central city."

2. **Compliance Declaration Form** (Form 2) - The Agreement indicating the vendor is in compliance with Equal Employment Opportunity requirements, will take affirmative action, and will comply with all Fair Labor Standard practices.

3. **Current Employment Data Form** (Form 3) – Current personnel data indicating employees in each job category classified by gender and race.

4. **Existing Affirmative Action Program** – If any and copies of any agreement between the vendor and the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Program or court order pertaining to equal employment opportunity.

## **B. EVALUATION OF COMPLIANCE DATA**

1. The Diversity Officer will evaluate data submitted by vendors who are recommended to receive District proposals and contracts. Vendors found in compliance with the District's Equal employment opportunity standards (Affirmative Action and DBE Program) will be placed on the approved vendor's list.
2. In the event that a vendor is found not in compliance with the District's equal employment opportunity standards, the Diversity Officer will inform the Purchasing Director of the Reason(s) and ask that the Purchasing Director not award the contract or proposal to the vendor pending compliance. The Purchasing Director or Manager of Diversity will inform the vendor of reason(s) for non-compliance. Vendors found not in compliance will be given ten (10) business days from the time of notification by the Purchasing Director or Manager of Diversity to submit an acceptable affirmative action program to the Diversity Officer.
3. If the vendor which has been found not in compliance submits an acceptable affirmative action plan to the Diversity Officer within ten (10) business days of notification, the vendor may be given conditional approval.

## **C. AFFIRMATIVE ACTION PLAN**

1. Vendor found not in compliance with the District's equal employment opportunity standards are expected to develop and implement affirmative action programs if they expect to be eligible to successfully propose for District contracts.
2. While it is the vendor's responsibility to develop an affirmative action program which will result in equal employment opportunity for persons from all sectors of the community, the Officer in Charge of the Diversity Program may refer prospective proposers to resources which may be of assistance in developing affirmative action programs.
3. In the event that a vendor who has been awarded a District contract does not make satisfactory progress toward goals in the affirmative action program, the District will not negotiate a new contract until the vendor assures the Diversity Officer that significant progress will be made.

## **D. CONDITIONS UNDER WHICH PROPOSALS MAY BE REJECTED OR CONTRACTS TERMINATED ON EQUAL EMPLOYMENT OPPORTUNITY GROUNDS**

1. Vendor fails to submit completed and signed EEO documents with proposal or other requested information in a timely manner.
2. The vendor is found not to be in compliance with EEO laws, regulations and District policy, and does not have an acceptable Affirmative Action Program, or if the vendor has an acceptable Affirmative Action Program but the Diversity Officer determines the vendor has not made satisfactory progress toward goals in the plan and shows no promise of achieving the goals.
3. Any inconsistencies of misrepresentation of the facts in any of the requested information designed to portray the vendor in a more favorable position with respect to Equal Employment Opportunity Compliance will be grounds for cancellation of the contract by the Purchasing Director upon recommendation by the Diversity Officer and confirmation by the Cleveland Municipal School District.

Form 1: Vendor Contract Compliance Form

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Standard Metropolitan Statistical Area: \_\_\_\_\_

Recruitment Area: \_\_\_\_\_

Type of Business (product or service): \_\_\_\_\_

Name of EEO Officer: \_\_\_\_\_

Signature of Owner, Partner, or Authorized Officer: \_\_\_\_\_

Name (type or print): \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Do not complete below this line

---

Status of Vendor:

Compliance

Conditional Compliance

Non-Compliance

Compliance Pending

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



Form 2: Compliance Declaration

The following must be filled out completely:

It is the policy of \_\_\_\_\_ that equal employment opportunity be afforded to all qualified persons without regard to race, religion, color, sex, national origin, age, or handicap.

In support of this policy, \_\_\_\_\_ will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, or handicap.

\_\_\_\_\_ will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to race, color, sex, national origin, age, or handicap. Such action will include, but not be limited to:

Recruitment, advertising, or solicitation for employment, hiring, placement, upgrading, transfer or demotion, selection for training including apprenticeship rates of pay or other forms of compensation, layoffs or termination.

The undersigned company states that they are of current applicable requirement pertaining to Fair Labor Standards and Non-Discriminatory Practices of Federal, State, and Local Governments.

The undersigned further acknowledges that if the contract is awarded to the undersigned, that the undersigned will comply with all Fair Labor Standard Practice.

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Company Official)

STATE OF ( )  
COUNTY OF ( )SS.

BEFORE ME, a Notary Public in and for said County and State personally appeared the above-named Company \_\_\_\_\_ by \_\_\_\_\_

It's \_\_\_\_\_, who acknowledged that they knowingly signed the aforesaid instrument, and that the same is their free act and deed duly authorized and the free act and deed of said company.

IN TESTIMONY WHEREOF, I have hereto set my hand and affixed seal at

\_\_\_\_\_, \_\_\_\_\_, this

day of \_\_\_\_\_, 20\_\_\_\_.

## DESCRIPTION OF JOB CATEGORIES

### **OFFICIALS, MANAGERS, AND SUPERVISORS**

Occupations requiring administrative personnel who set District policies, exercise overall responsibility of the places, and direct individual departments or special phases of a firm's operations includes: officials, executives, middle management, plant managers, department managers, and superintendents, salaried supervisors who are members of management, purchasing agents, buyers, and kindred workers.

### **PROFESSIONALS**

Occupations requiring either college graduation or experience of such kind and amount as to provide background. Includes: accountants and auditors, airplane pilots and editors, engineers, layers, librarians, mathematicians, natural scientists, personnel and labor relations workers, physical scientists, physicians, social scientists, teacher's and kindred workers.

### **TECHNICIANS**

Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through (about) two years of post high school education, such as that which is offered in many technical institutes and junior colleges, or through equivalent on-the-job training. Includes: drafters, engineering aides, junior engineers, mathematical aids, nurses, photographers, radio operators, scientific assistants, surveyor of technical illustrators, technicians (medical, dental, electronic, physical sciences), and kindred workers.

### **SALES WORKERS**

Occupations engaging wholly or primarily in direct selling. Includes: advertising agents and salespersons, insurance agents and brokers, real estate agents and brokers, stock bond salespersons, demonstrators, sales persons, sales clerks, and kindred workers.

### **OFFICE AND CLERICAL**

Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual, includes: bookkeepers, cashiers, collectors (bills and account), messengers and office clerks, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators and kindred workers.

### **CRAFTWORKERS (SKILLED)**

Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the process involved in their work, exercise considerable independent judgment, and usually receive an extension period of training. Includes: the building trades hourly paid foremen who are not members of management, mechanics and repairers, skilled machine operators, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors and kindred workers.

### **OPERATIVE (SEMI-SKILLED)**

Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require limited training.

### **LABORERS (UNSKILLED)**

Workers in manual occupations which generally require no special training. Perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. Includes: garage laborers, car washers and greasers, gardeners (except farmers), ground-keepers, long-shore workers, craftsperson and stevedores, lumber's and wood chippers, laborers performing lifting, digging, mixing, loading, and pulling operations, and kindred workers.

### **SERVICE WORKERS**

Workers in both protective and non-protective service occupations. Includes: attendants (hospital and other instruction, professional and personal service), barbers, and cleaners, cooks, guards, door keepers, stewards, janitors, police officers and detectives, porters, food services, and kindred workers.

**APPRENTICES**

Persons employed in a program including work training and related instruction to learn a trade or craft which is traditionally considered an apprentice, regardless of whether the program is registered with a Federal or State agency.

### Form 3: Employment Data Form

Please note this data may be obtained by visual survey or post-employment record. Neither visual surveys nor post-employment records are prohibited by any federal, state or local law. All specified data is required to be filled in by District policy.

Job Categories	All EMPLOYEES			MALES					FEMALES				
	TOALS MALES & FEMALES	MALES	FEMALES	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	ASIAN AMERICAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALSKAN NATIVE	HISPANIC	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	ASIAN AMERICAN OR PACIFIC ISLANDE	AMERICAN INDIAN OR ALSKAN NATIVE	HISPANIC
OFFICIALS, MGRS & SUPERVISORS													
PROFESSIONALS													
TECHNICIANS													
SALES WORKERS													
OFFICE/CLERICAL													
CRAFTWORKERS (SKILLED)													
OPERATIONS (SEMI-SKILLED)													
LABORERS (UNSKILLED)													
SERVICE WORKERS													
APPRENTICES													
TOTAL													

Additional information (optional):

Describe any other actions taken which show that all employees are recruited, hired, or trained or promoted without regard to their race, religion, color, sex, handicap, age or national origin. Use second sheet if additional space is needed:

The undersigned certifies that they are legally authorized by the proposer to make the statements and representations contained in this report, and that they have red all of the foregoing statements and representations which are true and correct to the best of their knowledge and belief.

FIRM OR CORPORATE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

## PART V: APPENDICES

### Submitter Experience and Support Capabilities

Appendix A: Submitter Experience and Support Capabilities Form

**INFORMATION ABOUT THE VENDOR**

Company Name \_\_\_\_\_

Legal Name (if different) \_\_\_\_\_

Years in Business \_\_\_\_\_

Number of years installing systems similar to this proposal \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Names and titles of personnel who would work on this project (attach résumés and extra sheets, if necessary):

Name	Title

List the name and title of the person who would be primary Point of Contact (POC) for this service. (attach résumé). This person will be required to meet with the District during the entire course of the service to discuss, track and document progress.

Name	Title

### Experience and Existing Customers

The District is interested in the vendor's experiences that most closely resemble this service. How many such services has/does the vendor provide? How many statewide? How many nationwide?

Area \_\_\_\_\_

State-Wide \_\_\_\_\_

Nationwide \_\_\_\_\_

## References

Include below three references of equal or larger size to this current RFQ service. K-12 implementation experience is preferred, but not required. Please attach relevant supporting documentation.

### **Reference #1**

Company/School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone and Fax #'s \_\_\_\_\_

Dates of Installation \_\_\_\_\_

Description of system \_\_\_\_\_

### **Reference #2**

Company/School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone and Fax #'s \_\_\_\_\_

Dates of Installation \_\_\_\_\_



Description of system \_\_\_\_\_

**Reference #3**

Company/School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone and Fax #'s \_\_\_\_\_

Dates of Installation \_\_\_\_\_

Description of system \_\_\_\_\_

## Subcontractors/Partners

Every subcontractor must be bound by the applicable terms and provisions of the contract documents the vendor may certify. Further information about subcontractors may be requested prior to the award.

Identify all subcontractors or partners you intend to use for any purposes. Include separate sheet(s) labeled "Subcontractors/Partners" if necessary. The District reserves the right of prior approval of all subcontractors prior to signing a contract.

BUSINESS NAME	YEARS EXP.	FUNCTION
1.		
2.		
3.		

## References for Subcontractors/Partners

Include below two references of equal or larger size to this current RFQ project for **EACH** subcontractor (duplicate this section if needed for multiple subcontractors). K-12 implementation experience is preferred, but not required. Please attach relevant supporting documentation, such as project plans.

### **Reference #1**

Company/School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone and Fax #'s \_\_\_\_\_

Dates of Installation \_\_\_\_\_

Description of system \_\_\_\_\_

**Reference #2**

Company/School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone and Fax #'s \_\_\_\_\_

Dates of Installation \_\_\_\_\_

Description of system \_\_\_\_\_

**Reference #3**

Company/School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone and Fax #'s \_\_\_\_\_

Dates of Installation \_\_\_\_\_

Description of system \_\_\_\_\_