



**REQUEST FOR PROPOSALS #21340**

**FOR**

**FACILITIES AND TRADES TERM VENDORS  
For Providing Commercial Industrial Services, Supplies, and Related  
Materials**

**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 OPERATIONS DIVISION FOR THE BOARD OF EDUCATION OF THE  
CLEVELAND METROPOLITAN SCHOOL DISTRICT CUYAHOGA COUNTY, OHIO**

## Table of Contents

Part I: NOTICE OF REQUEST FOR PROPOSAL #21340 .....	3
Section I: Instructions to Proposers .....	4
Part II: DISTRICT RELATED FORMS .....	8
Required Purchasing Division Documents and Instructions .....	8
Section I: Addendum Acknowledgement Form for RFP #21340 .....	9
Section II: Acknowledgement .....	10
Section III: Vendor Request Form.....	11
Section IV: Taxpayer ID Form .....	12
Section V: No Bid/Proposal Form.....	13
Section VI: Certificate of Debarment .....	14
Section VI: Certificate of Debarment Pg. 2.....	15
Section VII: Conflict of Interest Form.....	16
Section VIII: Bidder/Proposer Qualifications Form.....	18
Section IX: Sample Certificate of Liability Insurance .....	22
Section X: Non-Collusion Affidavit.....	23
Section XI: Diversity Business Enterprise Program and Participation Forms .....	24
<b>DBE Form A</b> .....	28
Section XII: EOA Contractual Declaration Forms .....	29
CMSD Affirmative Action Program .....	29
Form 1: Vendor Contract Compliance Form.....	31
Form 2: Compliance Declaration.....	32
Form 3: Employment Data Form.....	35
Part III: “Scope of Work and Requirements” and Forms .....	36
Scope of Work and Proposal Requirements.....	37
Evaluation Criteria.....	46
Contract Period and Award .....	47
Cost Proposal and Pricing Signatory Page .....	48
Attachment A: Vendor/Supplier/Trades Classifications Forms.....	49

## Part I: NOTICE OF REQUEST FOR PROPOSAL #21340

### FACILITIES AND TRADES TERM VENDORS For Providing Commercial Industrial Services, Supplies, and Related Materials

Separate Sealed Proposals for the requirement set forth below will be received in the Cashier's Office of the Cleveland Metropolitan School District located at 1111 Superior Avenue E, Cleveland, Ohio 44114, until **1:00 pm current local time on March 18, 2022**. **Mailing of RFP responses are encouraged. However, hand deliveries will only be accepted from 12:00 PM to 1:00 PM on March 18, 2022. PPE IS REQUIRED TO BE WORN FOR ENTRANCE TO AND WHILE IN THE BUILDING.** Responses will not be opened publicly.

Copies of Instructions to Proposers, Specifications, and Drawings may be obtained directly from the District's Webpage. Go to [clevelandmetroschools.org/purchasing](http://clevelandmetroschools.org/purchasing) and click on the RFP number. If you require assistance, please email [seletha.thompson@clevelandmetroschools.org](mailto:seletha.thompson@clevelandmetroschools.org).

There will be a Pre-Proposal Conference on **February 25, 2022 at 10:00 AM**. The Pre-Proposal Conference will be at the **Cleveland Metropolitan School District, East Professional Center, located at 1349 East 79<sup>th</sup> Street, Cleveland, Ohio 44103**. Attendance at the Pre-Proposal Conference is encouraged but not mandatory.

All questions and correspondence related to this RFP must be submitted in writing **ONLY** by **12:00 pm on March 2, 2022** at the email address given above. All answers to corresponding questions and concerns will be sent directly to those submitting the question. A comprehensive question and answer list will also be posted at [clevelandmetroschools.org/purchasing](http://clevelandmetroschools.org/purchasing). Any errors and/or omissions reported will be addressed via Addenda. Addenda will be issued no later than **March 8, 2022**.

No proposal may be withdrawn for at least ninety (90) days after the deadline for submittal.

The Cleveland Metropolitan School 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.

The Cleveland Metropolitan School District does not discriminate in educational programs, activities or employment on the basis of race, color, national origin, sex, age, religion or disability.

The new Uniform Grant Guidance, 2 CFR200 (UGG) went 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 has implemented the new federal guidelines regarding procurement utilized with federal grants.

Proposers on this work shall be required to comply with all applicable requirements pertaining to fair labor, state and local government.

M. Angela Foraker  
Executive Director, Strategy, Sourcing, & Supports  
February 18, 2022

## Section I: Instructions to Proposers

### **Facilities and Trades Term Vendors** **For Providing Commercial Industrial Services, Supplies, and Related Materials**

1. All responses shall be made upon the Form(s) furnished. All information requested in the RFP must be filled in legibly and completed with blue ink signatures, or the Response may be considered non-responsive. No oral, telephonic, or telegraphic proposals or modifications will be considered. **Proposals shall be submitted in an opaque envelope with the RFP name and number clearly legible on the outside envelope (including on any shipping labels).**
2. Responses are due at the Cashier's Office of the Board of Education, Cleveland Metropolitan School District, Administration Building, 1111 Superior Avenue E, Suite 1800, Cleveland Ohio, 44114, on or before **1:00 p.m.** current local time on **March 18, 2022**. **Mailing of RFP responses is encouraged. Hand deliveries will be accepted only from 12:00 PM to 1:00 PM on March 18, 2022. Personal Protective Equipment (PPE) IS REQUIRED TO BE WORN FOR ENTRANCE TO AND WHILE IN THE BUILDING.** Responses will not be opened publicly.
3. All submissions must include **one (1) original, with blue ink signatures, two (2) copies (stapled), and one (1) electronic copy on a USB flash drive.** Vendors not complying with this requirement will be notified that they have twenty-four (24) hours in which to comply with this requirement or their submission will be **disqualified**. This applies to **copies only**.
4. No Response may be withdrawn for at least ninety (90) days after receipt of Response at **1:00 p.m.** current local time, on **March 18, 2022**.
5. Written questions may be directed to the Purchasing Division via email to: [seletha.thompson@clevelandmetroschools.org](mailto:seletha.thompson@clevelandmetroschools.org) **no later than 12:00 pm March 2, 2022**. The District will **NOT ACCEPT** any telephone calls regarding any of the submittals. Under no circumstances should any firm interested in providing the services identified in this document, their designees, or anyone affiliated with their firm, contact any other District employee or official during the RFP process, in an attempt to lobby or influence the selection of a vendor pursuant to this RFP. No oral, telephonic, telegraphic, or electronic modifications will be considered.
6. The Cleveland Metropolitan School 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.
7. Proposer understands and agrees that subsequent to submission of the proposal, any District resolution authorizing the award of a contract or agreement does not vest any contractual rights in the proposer.
8. Proposer understands and agrees that any such District resolution operates only to encumber funds necessary for the projects and does not create a binding contract.

9. Proposer further acknowledges and agrees that any such District resolution may be revoked, at any time prior to execution of a formal, written contract.
10. Proposer acknowledges and agrees that it has no vested contractual right until such time as a purchase order and contract have been issued.
11. Proposer 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 for acceptance of the proposal.
12. Proposer 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 in the "Specifications" and within the time frame required.
13. The District reserves the right to award the response in whole or in parts, by item, by group of items, to a single vendor, or to multiple vendors, where such action serves the best interests of the District.
14. Forms - This RFP response should be submitted before **1:00 p.m.** current local time, **March 18, 2022** to the Cleveland Metropolitan School District, Cashiers Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Suite 1800 Cleveland, Ohio 44114, the submission is to include the following CMSD Forms:
  - a. Addendum Acknowledgement Form for RFP #21340
  - b. Signed Acknowledgement for Instructions to Proposers
  - c. Vendor Request Form
  - d. Taxpayer Identification Form (W-9)
  - e. Completed Certificate of Debarment
  - f. Signed Conflict of Interest Form
  - g. Completed and Notarized Proposer Qualifications Form
  - h. Certificate of Liability Insurance
  - i. Completed and Notarized Non-Collusion Affidavit
  - j. Completed and Notarized Diversity Business Enterprise (DBE) Participation Forms
  - k. Completed and Notarized EOA Compliance Declaration documents
15. Security - Vendor's workers, supervisors, other personnel, and subcontractors on CMSD site will be required to meet Cleveland Metropolitan School District security requirements. Contractor must issue personnel I.D. badges. Any worker not complying with CMSD security requirements will immediately be ordered off project and without prejudice or recourse to CMSD. Vendor agrees to

successfully complete background checks on all of its employees, agents, and subcontractors who provide services under this Agreement at 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).

16. Insurance - Vendors, their subcontractors and suppliers of labor and/or materials for projects, including organizations having personnel, equipment and vehicles on District property and acting on behalf of the Cleveland Metropolitan School District, shall provide evidence of insurance as follows:

- a. Commercial General Liability: Including limited contractual liability  
\$1,000,000.00 Limit of Liability  
(Per occurrence)
- b. Umbrella/Excess Liability: \$1,000,000.00/\$2,000,000.00  
(Per occurrence/in the aggregate)
- c. Automobile Liability: Including non-owned and hired  
\$1,000,000.00 Limit of Liability  
(per occurrence)
- d. Workers Compensation: Workers Compensation and  
employer's insurance to the full extent as  
required by applicable Law

This requirement must be fulfilled by providing the Purchasing Office of the District 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) days of Notice of Intent to Award Agreement. The certificates of insurance shall contain a provision that the policy or policies shall 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 and must be financially acceptable to the Administration of the Cleveland Municipal School District.

The District is not liable for vandalism which results in damage(s) to the property or vehicles of the vendor. The 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.

17. The Diversity Business and Vendor Contract Compliance Programs shall make every good faith effort to ensure that certified Diversity Business Enterprises (DBE) in the Cleveland Metropolitan School's relevant geographic market area shall be afforded the maximum opportunity to compete for contracts for services, equipment purchases, goods and supplies related to the maintenance, construction and repair of District facilities.

18. Responses will be evaluated, first, as responsive or non-responsive to the specifications. A preliminary review will be conducted of all responses submitted on time to ensure the proposal

adheres to the mandatory requirements specified in the RFP. Responses that do not meet the mandatory requirements will be deemed non-responsive and may be rejected. CMSD reserves the right to select the proposer(s) which most closely meet(s) the requirements specified in the RFP. Second, the responses will be evaluated based on the information presented in the RFP. The RFP will be awarded to responsive and responsible vendors as per requirements.

19. CMSD reserves the right to reject all responses and deviate from this purchasing process to utilize other purchasing mechanisms available to the District under Ohio law. Scope review and follow-up discussions with the responders may be requested. CMSD reserves the right to interview or to seek additional information related to criteria already specified after opening the responses prior to issuance of a certified Purchase Order or Supplier Contract.

## **Part II: DISTRICT RELATED FORMS**

### **Required Purchasing Division Documents and Instructions**



**Section I: Addendum Acknowledgement Form for RFP #21340**

Having read and examined the Request for Proposal Documents, including the specifications, prepared by the Cleveland Metropolitan School District for the above-referenced Project, and the following Addenda:

Addendum Number

Date of Receipt

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

The undersigned vendor proposes to perform all work for the applicable contract, in accordance with the contract document according to the proposed pricing/fee structures.

***Failing to acknowledge a published Addendum may cause your response to be rejected.***

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

## Section II: Acknowledgement

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

Hereby acknowledges receipt of this Request for Qualifications and the reading of these Instructions to Proposers. We further agree that if awarded the contract, we will submit the required Performance Bond (if required) 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(s). We understand, however, that a formal written contract will need to be executed and purchase order issued by the District before we have any vested contractual rights. We agree to commence the work as required and complete the project(s) pursuant to the Specifications.

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

Date \_\_\_\_\_

Section III: Vendor Request Form

**VENDOR INFORMATION**

VENDOR TAX ID \_\_\_\_\_  
VENDOR NAME \_\_\_\_\_  
ADDRESS LINE 1 \_\_\_\_\_  
ADDRESS LINE 2 \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
*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 \_\_\_\_\_ FAX \_\_\_\_\_  
*(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 IV: Taxpayer ID Form

**PLEASE NOTE: FAILURE TO UTILIZE THE MOST CURRENT TAXPAYER ID FORM (DATED October 2018) MAY CAUSE YOUR RESPONSE TO BE REJECTED**

<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>
<p>Print or type. See Specific Instructions on page 3.</p>	<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  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>Note: 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.</small>  <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><small>(Apply to accounts maintained outside the U.S.)</small></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>

**Part I Taxpayer Identification Number (TIN)**

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 *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

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:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*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.*

## Section V: No Bid/Proposal Form

### RFP #21340

**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 future RFPs, place a check mark in the box to the left. Complete the name and address section below and return this letter to the Purchasing Department.

\_\_\_\_\_ (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 the Purchasing Department.

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

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

Address\_\_\_\_\_

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

Telephone\_\_\_\_\_

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

Email\_\_\_\_\_

Date\_\_\_\_\_

## Section VI: 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 VI: 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 VII: Conflict of Interest Form

### Statement of Potential Conflicts of Interest

Vendor Name	Primary Contact
Address Line 1	Telephone
Address Line 2	Fax
City	Email
State/Zip Code	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 and, if applicable, provide 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.

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 VIII: Bidder/Proposer Qualifications Form

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

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

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

TITLE \_\_\_\_\_

TELEPHONE (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_

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

1. What type of organization? (i.e. corporation, partnership, sole proprietor, 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 (if applicable)
  - 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 establishment
  
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 (if applicable and required) by the City of Cleveland?
  
10. Has your organization ever been (i) declared by a customer to be in default under a contract and/or (ii) sued by a customer for failure to complete 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 failed to complete, in a timely manner, 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, provide a list of major customers (from the last five years) for whom your organization has provided the type(s) of service(s) you are proposing. (Include owner's name and short description 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 coverage limit of your firm's General (CLS) Liability Insurance?
 

Name of insurer \_\_\_\_\_

Policy number \_\_\_\_\_
  
16. What is the coverage limit of your firm's Automotive Liability Insurance?
 

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

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

Name of insurer \_\_\_\_\_

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

17. List the name and address of every person having an interest in this RFP.
  
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' owners current in payment of personal property taxes (if applicable)?
  
20. The prospective vendor certifies, by submission of this RFP, that neither it nor its principals/owners 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 governmental department or agency.
  
21. Where the prospective vendor is unable to attest to any of the statements in this certification, such prospective participants shall attach an explanation to this RFP.

## 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 IX: Sample Certificate of Liability Insurance

### Sample: Acord Certificate of Insurance



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER   INSURED	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 30%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A:															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPI/OP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>   	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
---------------------------------------	--

**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 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 that 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 propose for contracts. The Cleveland Municipal School District geographic market is Cuyahoga, Summit, Lake, Lorain and Medina 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 (DBE) 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 contract, subcontract or indirect subcontract awarded to 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 venture will be counted toward the applicable goal. (PLEASE RETURN DBE FORM E)
  - c. Only expenditures to DBEs that perform a commercially useful function in the work of a contract, 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 for 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 vendor's goals, as set forth in this Notice, shall express the vendor'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 vendor meets the goals established by this Notice.
4. The vendor 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 vendor receives District approval.

5. The vendor'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 of companies.
6. The vendor'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 a joint venture with DBE firms. If the vendor 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 DBEs that their interest in the contract is solicited, and follow-up contact to determine whether the DBEs 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 DBEs that were contacted.
    - ii. A description of the information provided to DBEs regarding the plans and specifications for their portion of the work to be performed; and
    - iii. A statement of why additional agreements with DBEs were not reached.
    - iv. Completion of (Form E) if DBEs are not involved in the RFP.
  - f. List of each DBE the supplier/vendor contacted but rejected as unqualified and the reasons for the supplier's/vendor's conclusion.
  - g. Efforts made to assist the DBEs contacted to obtain 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 DBEs.
7. Suppliers/vendors that fail to meet DBE goals and/or fail to demonstrate sufficient good faith efforts are not eligible for contract awards.
8. The District, through its Diversity Officer, will review the vendor's DBE involvement efforts during performance of this contract. Such review will include, but not be limited to, vendor'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). If the vendor meets its goal or if the vendor demonstrates that every reasonable effort has been made to meet its goal, the vendor shall be presumed to be in compliance. Where the Diversity Officer finds that the vendor has failed to comply with the requirements of this Notice, said

Diversity Officer shall inform the Purchasing Director who shall immediately notify the vendor to take corrective action. If the vendor fails or refuses to comply promptly, then the Purchasing Director, upon approval of the District, shall issue an order stopping 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 vendor. When the District proceeds with such formal action it has the burden of proving that the vendor 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 vendor is found to have failed to exert every good faith effort to involve DBE in the work provided, the District may declare that the vendor is ineligible to receive further District funds, whether as a vendor, contractor, subcontractor, or as a consultant, for a period of up to three (3) years.

9. The vendor 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 vendors 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.

DBE Form A

Name of DBE Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

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

\_\_\_\_\_

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
(printed)

Title \_\_\_\_\_

DO NOT COMPLETE BELOW THIS LINE

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

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

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

## Section XII: EOA Contractual Declaration Forms

### CMSD Affirmative Action Program

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; 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, 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 Diversity Officer 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(s) 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 Diversity Officer 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. 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 or 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 \_\_\_\_\_

Fax \_\_\_\_\_

Standard Metropolitan Statistical Area (SMSA) \_\_\_\_\_

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

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

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

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

Name (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 ensure 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, demotion, or 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 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, superintendents, and 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, teachers 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 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 III: “Scope of Work and Requirements” and Forms

**RFP #21340**

**FACILITIES and TRADES TERM AGREEMENT VENDORS**

For the  
Cleveland Metropolitan School District

## Scope of Work and Proposal Requirements

*The specifications for RFP # 21340 Facilities and Trades Services/Term Vendors are described below. Vendors are required to provide all requested information in **Attachment A** as well as complete the Required Purchasing Documents.*

The intent of this RFP is to attract quality proposals from experienced businesses who can provide various services for 90 schools and administrative buildings operated by the District. This RFP process will include evaluating proposals and selecting multiple vendors in each category so as to maintain an active list of vendors who can provide services in a timely and cost-effective manner.

The narrative of the Scope of Work statement must present the following information and be organized under the following headings and/or submitted in the forms provided in **Attachment A**.

1. **Transmittal Cover Letter** - A letter on business letterhead that identifies:
  - business's legal name
  - primary location address and phone number
  - internet website address (URL)
  - email address and signature of person with authority to obligate the business
  - summary information about the firm's legal structure (sole proprietorship, LLC, C-Corp, S-Corp)
  - statement on business's ability to commit to multi-year agreement
  - statement that the proposal is valid for ninety (90) days
  
2. A completed set of **Required Purchasing Division documents** as set forth in **Part II** above.
  
3. **General Information**
  - **Firm History and Background** - A brief history of the firm including years in business, general description of client base and approach to servicing clients as a term vendor.
  
  - **Firm Qualifications** - Summary qualifications statement that includes:
    - brief staff biographies/resumes (vendor owner(s) and/or company officers, project managers, and on-site project leaders);
    - if applicable, copies of professional licenses which are required by local, state or federal laws to perform the services presented in the qualifications statement;
    - if applicable, copies of industry credentials, proprietary training and/or OEM certifications that demonstrate a vendor's qualifications to service/repair equipment using in-depth product knowledge or other exceptional competencies/experience;
    - industry awards;
    - membership/participation in cooperative purchasing programs; and
    - community involvement.

- **Client References and Experience** - List three (3) relevant client references with a service history similar to CMSD's scope of work; and a minimum of three (3) contracts (scope of work) descriptions and fee structure(s) for the Work Categories the firm would like to be considered for approval as a term vendor. Attachment A should be used for each description of services and references. Multiple forms can be included in the proposal.
- **Pricing** - Overview of staffing model with detailed cost of labor and other customary fees for service, roles/responsibilities for customer service, scoping of work/preparation of quotes (including a general company price list for labor and parts for standard repairs and services), health and safety protocol, warranty servicing and QA/QC, accounts receivables processing [including capacity to provide invoices electronically and receive electronic (ACH) payments].

Once selected, vendors will be required to present the estimates for all work which clearly delineates costs of labor (time) and materials. An agreed-upon dispute resolution mechanism must be defined prior to becoming a term vendor. *(Note: There is no guarantee of any minimum level of services that may be requested during the term of the contract.)*

- **Security and Risks** - Overview of firm's:
    - policies, practices, and standards for maintaining the confidentiality and integrity of client information;
    - approach to managing challenges and risks associated with specified services and suggestions for mitigating risk including, but not limited to, managing procurement of equipment, supplies, labor supply, accounts receivables, etc. and
    - inventory control practices for protecting delivery of parts and equipment.
4. **Certifications in DBE programs** - The District's prioritizes selecting small businesses located in the City of Cleveland and/or Cuyahoga County, and places emphasis on attracting firms that are certified as DBEs in Ohio including the State of Ohio's EDGE-certification program, City of Cleveland, Cuyahoga County and Northeast Ohio Regional Sewer District. In addition to completing "Section XI: DBE Program and Participation Forms", copies of Certificates of Participation in all relevant programs should be included in this section.

## 5. Statement of Acceptance of General Requirements

- **Equipment** - The contractor shall be responsible for providing all customary equipment necessary to fulfill work requests. In no event shall the Cleveland Metropolitan School District be responsible for any damages to the contractor's equipment either damaged, destroyed, lost or stolen.
- **On-Site Lead Person** - The contractor shall always provide a working lead person or project manager who shall be responsible to accept and execute such instructions as are conveyed by CMSD's designated representative during the contract period. Instructions conveyed verbally or in writing shall be binding upon the contractor.

- **Apparel** - The contractor's employees engaged on site shall wear company uniforms readily identifiable to all CMSD employees and the public. In the event, the company does not require employees to wear uniforms, the employees shall have displayed on them at all times a company-issued name tag/credential (see Background Checks).
- **Background Checks** - All personnel assigned to the contractor's team, including subcontractors, who will be working on District property will be required to meet Cleveland Metropolitan School District security requirements. Background checks are conducted on an annual basis. Vendor agrees to successfully complete background checks on all of its employees, agents and subcontractors who provide services under this Agreement. Vendors must issue personnel I.D. badges once an employee passes a background check. Any worker not complying with CMSD security requirements will be immediately ordered off the project and without prejudice or recourse to CMSD. 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 federal government.
- **Damage to Property** - The vendor shall preserve from damage to all property along the line of work, or which is in the vicinity of or is in any way affected by the work. This applies to, but not limited to, public and private property, vehicles, utilities, trees, shrubs, grass, signs, grounds including sprinkler systems, etc. Whatever such property is damaged due to the activities of the vendor, it shall be immediately restored, at the vendor's expense, to a condition equal to or better than the existing condition before such damage was done.
- **Work Deficiencies** - If at any time before the commencement or during the progress of the work, the personnel, equipment or supervision of the project appear to CMSD-designated representative(s) to be insufficient, inefficient, or inappropriate to perform the quality of work required, meet project milestones and/or completion dates, CMSD's designated representative may order the contractor to correct such deficiencies in a punctual manner to the satisfaction of CMSD. Failure of the CMSD-designated representative to require such correction shall not relieve the contractor of the obligation to provide the quality and quantity of work required within the time required by the contract.

## **6. *Technical Specifications (Scope of Services)***

Present a clear list of services the vendor intends to provide. Submit relevant forms provided in Attachment A in order that evaluators may assess the vendor's ability to provide services. Paraphrasing the RFP statement will not be sufficient data for the evaluation and may be considered a non-responsive submittal.

## **Specific Requirements**

Cleveland Metropolitan School District is seeking proposals from firms to perform in the following categories of work required for the maintenance and life safety of approximately 90 school and administrative buildings in the District.

### **Asphalt Paving**

Parking Lots  
Walking/Running Paths

### **Athletic Facilities**

Wood Flooring  
VCT Flooring  
Permanent Equipment Fixtures for Sports  
Turf (Maintenance, Winterizing, Replacement)  
Running Track (Maintenance/Replacement)  
Spectator Stands  
Swimming Pool Maintenance/Repair  
Outdoor Lighting

### **Audiovisual and Presentation Equipment/Rental/Set-up**

Stage set-up (temporary stages, stairs, screening, etc.)  
Presentation equipment (projection equipment, audio systems, screens, microphones, lighting, etc.)

### **Building Audio**

PA Systems  
Primex Bell System  
Cafeteria and Athletic Field Sound Systems

### **Building Automation Systems (BAS)**

Controllers (Installation and Maintenance)  
Regular Inspections and Monitoring  
Equipment Replacement and Testing

### **Carpentry, Plaster and Flooring**

Dry Wall Installation/Repair  
Plaster Maintenance/Repair  
Stucco Maintenance/Repair  
Ceiling Tile Maintenance/Repair  
Building Board-up Services (24-hour service requirement)  
Interior Door Repair/Replacement (wood, metal)  
Exterior Door Repair/Replacement (wood, metal)  
Wood floor Maintenance/Repair  
Cove base (rubber baseboard)



**Concrete (flatwork)**

Parking areas  
Loading dock areas  
Sidewalk Maintenance/Repair  
Driveway Maintenance/Repair  
Curb Maintenance/Repair  
Ramps including ADA ramps  
Exterior Stairs and Landings  
Waterproofing  
Poured Footers and Walls

**Custodial/Cleaning Supplies/Personal Protective Equipment**

Institutional Cleaning Supplies  
Sanitizing Supplies and Equipment  
Hand Sanitizers  
Paper Towels  
Cleaning Towels  
Power-washing  
Graffiti Removal  
Anti-COVID/Anti-Viral Disinfectants  
Personal Protective Equipment (Masks, Gloves, Disposable gowns, Face Shields)

**Electrical Services/Lighting/Generators**

Generator Maintenance/Repair  
Generator Annual Inspections  
HVAC Electrical Systems  
Building Lighting Systems (interior)  
Building Lighting Systems (exterior)  
Public Streetlight Repair

**Elevators**

Elevator Installation/Warranty Service  
Elevator Repair/Maintenance  
Elevator Inspections  
Elevator Phone Maintenance/Repair  
Lift Maintenance/Repair

**Environmental Services**

Air Quality Testing  
Air Quality Purifying (portable equipment)  
Asbestos Abatement/Disposal  
Chemical Disposal  
Fluorescent Tube Disposal  
Insulation Installation/Disposal  
Lead Paint Disposal  
Lead Testing (water, paint)

### **Fire Suppression and Alarm Systems (including Electrical Services)**

Annual Inspections - fire pumps  
Annual Inspections - kitchen hoods  
Annual Inspections - sprinkler systems  
Fire Suppression Systems Installation/Maintenance/Repair  
Fire Alarm Testing/Repair

### **Fire Extinguishers**

Installation/Replacement  
Maintenance/Repair  
Annual Inspections

### **Flooring**

Carpet Removal/Installation  
Carpet Cleaning  
VCT Installation  
Wood Cleaning  
Wood Maintenance  
Ceramic Tile Installation  
Ceramic Tile Cleaning  
Concrete Stair/Riser Repair/Cleaning  
VCT stair/Riser Repair/Cleaning

### **Glass**

Interior Glass Repair  
Exterior Glass Repair  
Door Lite/Transom Repair  
Safety Glass Installation/Repair  
Curtain Wall Glass Repair  
Skylight Repair  
Plexi-glass Repair

### **Hazardous Material and Abatement**

Air Quality Testing  
Air Quality Purifying (portable equipment)  
Asbestos Abatement/Disposal  
Mold Abatement  
Chemical and Flammable Material Disposal  
Fluorescent Tube Disposal  
Insulation Installation/Disposal  
Lead Paint Disposal  
Lead Testing (water, paint)

## **Heating, Ventilation and Air Conditioning (HVAC)**

HVAC and Building Automation Systems (BAS)

HVAC only

BAS only

A/C Air Handling Unit (AHU) inc. filter

A/C circulating pump

A/C compressor

A/C controls

A/C heat pump

A/C motor

A/C rooftop unit

A/C startup

A/C supply/return line

A/C thermostat

A/C traps

A/C uni-vent

A/C VAV

A/C VFD

Chiller

Cooling Tower

Heating Air Handling Unit (AHU) inc. filter

Heating boilers

Heating circulating pump

Heating compressor

Heating controls

Heating furnace

Heating heat pump

Heating holding tanks

Heating motor

Heating radiators

Heating rooftop unit

Heating supply/return line

Heating thermostat

Heating traps

Heating uni-vents

Heating VAV

Heating VFD

Univent repairs

## **Landscaping**

Lawn Mowing [small, medium and large (over .5 acres) areas]

Shrub and flower bed management

Tree management

Prep and maintenance of natural grass soccer, baseball/softball and practice fields

Design of irrigation systems

Design and maintenance of swales and water retention ponds

Weed and invasive species management

### **Locksmith/Electronic Lock Systems**

Manual keys  
Replace and Maintain Lock Sets  
Install Lock Sets  
Interior Door (electronic lock systems)  
Exterior Door (electronic lock systems)  
Student Locker Installation, Maintenance/Repair  
Window/screen Lock Installation/Repair/Replacement

### **Masonry**

Interior Walls  
Chimneys and Parapets  
Window/door Lintels  
Exterior Walls  
Window Wells  
Parking Area and Sidewalk Repair  
Tuckpointing  
Curtain Walls/Exterior Walls  
Brick Maintenance/Repair  
Quarry Tile/Marble  
Ceramic Tile  
Miscellaneous Concrete Repairs

### **Painting**

Interior  
Exterior  
Sandblasting and Powder-coating Outdoor Fixtures  
Graffiti Removal

### **Pest Control**

Quarterly Inspections and Treatments  
Insects (interior)  
Insects (exterior)  
Rodent (interior)  
Rodent (exterior)

### **Plaster/Stucco**

Plaster/Stucco Maintenance/Repair/Replacement

### **Playgrounds**

Fencing  
Mulch  
Rubberized Surface and Decking Maintenance/Repair/Replacement  
Equipment Installation/Maintenance/Repair  
Equipment Inspections  
Graffiti removal

## **Plumbing**

Backflow Devices Inspections/Maintenance/Repairs)

Replacing Steam Lines

Water Meter/Pit Access/Repairs

Water Leak Detector Technology

Sewer Cleaning and Maintenance (jetting sewer lines, snaking pipes and removing blockages)

Slip-lining and/or replacing underground pipes (water and sewer)

Snaking Roof Drains and Downspouts

Kitchen Equipment Maintenance (Multi-compartment Sink Installation/Maintenance)

Hot Water Tank Installation

Grease Trap Installation/Cleaning

Hand Sink Installation/Cleaning

## **Roofing**

Roofing Systems

Asphalt Shingles

Roof Liners

Skylight Repairs

## **Sheetmetal, Welding and Fencing**

Duct Work

Exhaust Fans

Student Lockers

Restroom Partitions

Outdoor Metal Fixtures

Outdoor Fences and Gates

Security Gates and Bollards (Exterior)

Security Gates (Interior)

Automated Garage Doors

Roll-down Metal Window and Door Shutters

## **Small Equipment Repair**

Lawnmowers and Weed Whackers

Hedge trimmers

Scissor Lifts

Floor Scrubbers

Snow Blowers

Lawn Tractors

Commercial Vacuums

Scissor Lifts

Bobcats

## **Snow Removal**

Parking lot snow removal

Sidewalk snow removal (w/snowblower)

Salting/de-icing parking lots

Salting/de-icing sidewalks

## Evaluation Criteria

Proposal responses will be evaluated, first, as responsive or non-responsive to the RFP's specifications. A preliminary review will be conducted of all responses submitted on time to ensure the responses adhere to the mandatory requirements specified in the RFP. Responses that do not meet the mandatory requirements will be deemed non-responsive and may be rejected.

In the event that all vendors responses do not meet one or more of the mandatory requirements, CMSD reserves the right to continue the evaluation of the responses and to select the response(s) which most closely meet(s) the requirements specified in the RFP.

The primary attributes the District seeks in a vendor include, but are not limited to:

- Demonstrated experience and success of vendor in providing services
- Firm capacity and other resources necessary to perform the services
- A demonstrated understanding of District needs as reflected in sample work/references
- Availability and flexibility to meet District needs
- Ability to utilize local resources to meet CMSD needs
- Consistent and competitive pricing structure for work to be performed

Proposal responses will be evaluated based on the information presented in the response, and on any additional information obtained by the District during the evaluation process. Responses will be evaluated based on the following weighted criteria and must meet the following mandatory requirements:

- Timely Submission of Required Documents (15%)
  - Transmittal Cover Letter
  - Required Purchasing Division Documents
- General Information Statements (55%)
  - Firm History and Background
  - Firm Qualifications
  - Client References and Experience - see "Attachment A" forms
  - Pricing (cost of labor and other fees for service)
  - Security and Risks
- Firm Certifications in DBE Programs (25%)
- Statement of Acceptance of General Requirements (5%)

Evaluations are based on the submitted proposal. CMSD reserves the right to request follow-up discussions with proposers, verify references, or seek additional information related to criteria specified in the RFP after opening the proposals and prior to entering into a contract. CMSD reserve the right to reject any or all proposals. CMSD reserves the right to award a contract to multiple vendors as the District deems necessary to meet its needs, and will select the responses deemed to be most advantageous when price and other criteria factors are considered.

## **Contract Period and Award**

The contract period is for one (1) year with the option by CMSD to renew for two (2) one-year renewal options. The first term will be from July 1, 2022 to June 30, 2023; renewal option 1 is for the 2023-2024 School Year from July 1, 2023 to June 30, 2024; and renewal option 2 is for the 2024-2025 School Year from July 1, 2024 to June 30, 2025.

## Cost Proposal and Pricing Signatory Page

### **RFP #21340 – Facilities and Trades Term Vendors For Providing Commercial Industrial Services, Supplies, and Related Materials**

The undersigned proposes to provide Facilities and Trades Services in accordance with the Specifications and to the entire satisfaction of, and acceptance by, the District and for the following prices. The contract period is for one (1) year with the option by CMSD to renew for two (2) one-year renewal options. The initial term will be from July 1, 2022 to June 30, 2023; renewal option 1 is for the 2023-2024 School Year from July 1, 2023 to June 30, 2024; and renewal option 2 is for the 2024-2025 School Year from July 1, 2024 to June 30, 2025.

CMSD reserves the right to request additional pricing from the awarded vendors for services not identified herein. Vendor shall provide the best rates for services later identified by CMSD based on the request and in accordance with the specifications and requirements outlined herein. The District does not guarantee utilization of services or make any commitment as to minimum amount of services through the term of any awarded agreement.

#### **Vendors must complete the signatory requirement below:**

#### **VENDOR INFORMATION**

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

Address (Primary Location): \_\_\_\_\_

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

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

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

Company website URL: \_\_\_\_\_

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

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

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



**Attachment A: Vendor/Supplier/Trades Classifications Forms**

**(Complete the Respective Trade/Supplier Form(s) and Return with Response)**

## Attachment A

### Vendor/Supplier/Trades Classifications Forms

<u>Vendor/Supplier/Trades Classifications</u>	<u>Page Number</u>
Asphalt Paving	2
Athletic Facilities	4
Audiovisual and Presentation Equipment/Rental/Set-up	6
Building Audio	8
Building Automation Systems (BAS)	10
Carpentry, Plaster and Flooring	12
Concrete (Flatwork)	14
Custodial/Cleaning Supplies/Personal Protective Equipment	16
Electrical Services and Lighting	18
Elevators	20
Environmental Services	22
Fire Extinguishers	24
Fire Suppression and Alarm Systems (including Electrical Services)	26
Flooring	28
Glass	30
Hazardous Material and Abatement	32
Heating, Ventilation and Air Conditioning (HVAC)	34
Landscaping	36
Locksmith/Electronic Lock Systems	38
Masonry	40
Painting	42
Pest Control	44
Plaster and Stucco	46
Playgrounds	48
Plumbing	50
Roofing	52
Sheetmetal, Welding and Fencing	54
Small Equipment Repair	56
Snow Removal	58

### VENDOR INFORMATION - Asphalt Paving

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Asphalt Paving</b> (Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)  Parking Lots Walking/Running Paths			
<b>COST STRUCTURE</b> (Complete all that apply. Attach additional company documents as necessary.)	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #2**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #3**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Athletic Facilities

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>ATHLETIC FACILITIES</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Wood Flooring VCT Flooring Permanent Equipment Fixtures for Sports Turf (Maintenance, Winterizing, Replacement) Running Track (Maintenance/Replacement) Spectator Stands Swimming Pool Maintenance/Repair Outdoor Lighting			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #2**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #3**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**



**VENDOR INFORMATION - Audiovisual and Presentation Equipment/Rental/Set-up**

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>	<b>Company Website URL</b>		
<b>POC Phone Number (work)</b>	<b>POC Phone Number (mobile)</b>		
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>	<b>Company Fax Number</b>		
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Audiovisual and Presentation Equipment/Rental/Set-up</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Stage set-up (temporary stages, stairs, screening, etc.) Presentation equipment (projection equipment, audio systems, screens, microphones, lighting, etc.)			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. Fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. Fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			



**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #2**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #3**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

### VENDOR INFORMATION - Building Audio

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Building Audio</b> (Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)  PA Systems Primex Bell System Cafeteria and Athletic Field Sound Systems			
<b>COST STRUCTURE</b> (Complete all that apply. Attach additional company documents as necessary.)	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**VENDOR INFORMATION - Building Automation Systems (BAS)**

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>	<b>Company Website URL</b>		
<b>POC Phone Number (work)</b>	<b>POC Phone Number (mobile)</b>		
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>	<b>Company Fax Number</b>		
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Building Automation Systems (BAS)</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Controllers (Installation and Maintenance) Regular Inspections and Monitoring Equipment Replacement and Testing			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

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**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Carpentry, Plaster and Flooring

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Carpentry, Plaster and Flooring</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Dry Wall Installation/Repair Plaster Maintenance/Repair Stucco Maintenance/Repair Ceiling Tile Maintenance/Repair Building Board-up Services (24-hour service requirement) Interior Door Repair/Replacement (wood, metal) Exterior Door Repair/Replacement (wood, metal) Wood floor Maintenance/Repair Cove base (rubber baseboard)			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**VENDOR INFORMATION - Concrete (flatwork)**

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Concrete (flatwork)</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Parking areas Loading dock areas Sidewalk Maintenance/Repair Driveway Maintenance/Repair Curb Maintenance/Repair Ramps including ADA ramps Exterior Stairs and Landings Waterproofing Poured Footers and Walls			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			



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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Custodial/Cleaning Supplies/Personal Protective Equipment

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Custodial/Cleaning Supplies/Personal Protective Equipment</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>			
Institutional Cleaning Supplies Sanitizing Supplies and Equipment Hand Sanitizers Paper Towels Cleaning Towels Power-washing Graffiti Removal Anti-COVID/Anti-Viral Disinfectants Personal Protective Equipment - PPE - (Masks, Gloves, Disposable gowns, Face Shields)			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Electrical Services and Lighting

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Electrical Services/Lighting</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Generator Maintenance/Repair Generator Annual Inspections HVAC Electrical Systems Building Lighting Systems (interior) Building Lighting Systems (exterior) Public Streetlight Repair			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

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**Client Contact**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Elevators

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Elevators</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Elevator Installation/Warranty Service Elevator Repair/Maintenance Elevator Inspections Elevator Phone Maintenance/Repair Lift Maintenance/Repair			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Environmental Services

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Environmental Services</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Air Quality Testing Air Quality Purifying (portable equipment) Asbestos Abatement/Disposal Mold Abatement Chemical and Flammable Material Disposal Fluorescent Tube Disposal Insulation Installation/Disposal Lead Paint Disposal Lead Testing (water, paint)			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			



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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Fire Extinguishers

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Fire Extinguishers</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Installation/Replacement Maintenance/Repair Annual Inspections			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

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**Client Contact**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**VENDOR INFORMATION - Fire Suppression and Alarm Systems (including Electrical Services)**

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>	<b>Company Website URL</b>		
<b>POC Phone Number (work)</b>	<b>POC Phone Number (mobile)</b>		
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>	<b>Company Fax Number</b>		
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Fire Suppression and Alarm Systems (including Electrical Services)</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Annual Inspections - fire pumps Annual Inspections - kitchen hoods Annual Inspections - sprinkler systems Fire Suppression Systems Installation/Maintenance/Repair Fire Alarm Testing/Repair			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

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**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

### VENDOR INFORMATION - Flooring

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Flooring</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Carpet Removal/Installation Carpet Cleaning VCT Installation Wood Cleaning Wood Maintenance Ceramic Tile Installation Ceramic Tile Cleaning Concrete Stair/Riser Repair/Cleaning VCT stair/Riser Repair/Cleaning			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #2**

**Client Name**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**VENDOR INFORMATION - Glass**

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Glass</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Interior Glass Repair Exterior Glass Repair Door Lite/Transom Repair Safety Glass Installation/Repair Curtain Wall Glass Repair Skylight Repair Plexi-glass Repair			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			



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**Client Contact**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Hazardous Material and Abatement

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Hazardous Material and Abatement</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Removal of Flammable Materials Removal of Asbestos Removal of Lead Paint and Pipes			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

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**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #3**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**VENDOR INFORMATION - Heating, Ventilation and Air Conditioning (HVAC)**

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Heating, Ventilation and Air Conditioning (HVAC)</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>			
HVAC and Building Automation Systems (BAS) HVAC only BAS only A/C Air Handling Unit (AHU) inc. filter A/C circulating pump A/C compressor A/C controls A/C heat pump A/C motor A/C rooftop unit A/C startup A/C supply/return line A/C thermostat A/C traps A/C uni-vent A/C VAV A/C VFD Chiller Cooling Tower		Heating Air Handling Unit (AHU) inc. filter Heating boilers Heating circulating pump Heating compressor Heating controls Heating furnace Heating heat pump Heating holding tanks Heating motor Heating radiators Heating rooftop unit Heating supply/return line Heating thermostat Heating traps Heating uni-vents Heating VAV Heating VFD Univent repairs	
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

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**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**



## VENDOR INFORMATION - Landscaping

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Landscaping</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Lawn Mowing [small, medium and large (over .5 acres) areas] Shrub and flower bed management Tree management Prep and maintenance of natural grass soccer, baseball/softball and practice fields Design of irrigation systems Design and maintenance of swales and water retention ponds Weed and invasive species management			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

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**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**



## VENDOR INFORMATION - Locksmith/Electronic Lock Systems

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Locksmith/Electronic Lock Systems</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Manual keys Maintain Lock Sets Install Lock Sets Interior Door (electronic lock systems) Exterior Door (electronic lock systems) Student Locker Installation, Maintenance/Repair Window/screen Lock Installation/Repair/Replacement			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

**CLIENT REFERENCE #2**

Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

**CLIENT REFERENCE #3**

Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

## VENDOR INFORMATION - Masonry

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Masonry</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Interior Walls Chimneys and Parapets Window/door Lintels Exterior Walls Window Wells Parking Area and Sidewalk Repair Tuckpointing Curtain Walls/Exterior Walls Brick Maintenance/Repair Quarry Tile/Marble Ceramic Tile Miscellaneous Concrete Repairs			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #2**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

### VENDOR INFORMATION - Painting

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Painting</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Interior Exterior Sandblasting and Powder-coating Outdoor Fixtures Graffiti Removal			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Pest Control

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Pest Control</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Quarterly Inspections and Treatments Insects (interior) Insects (exterior) Rodent (interior) Rodent (exterior)			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

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**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**



### VENDOR INFORMATION - Plaster and Stucco

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Plaster and Stucco</b> (Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)  Plaster/Stucco Maintenance/Repair/Replacement			
<b>COST STRUCTURE</b> (Complete all that apply. Attach additional company documents as necessary.)	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

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Client Contact

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Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

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Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

## VENDOR INFORMATION - Playgrounds

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Playgrounds</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Fencing Mulch Rubberized Surface and Decking Maintenance/Repair/Replacement Equipment Installation/Maintenance/Repair Equipment Inspections Graffiti removal			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

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**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Plumbing

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Plumbing</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Backflow Device Inspections/Maintenance/Repairs Supplementary plumbing support for backflow inspections and repair  Sewer Cleaning and Maintenance (jetting sewer lines, snaking pipes and removing blockages) Replacing Steam Lines Water Meter/Pit Access/Repairs Water Leak Detector Technology Slip-lining and/or replacing underground pipes (Water and Sewer pipes) Snaking Roof Drains and Downspouts		Kitchen Equipment Maintenance (Multi-compartment Sink Installation/Maintenance) Hot Water Tank Installation Grease Trap Installation/Cleaning Hand Sink Installation/Cleaning	
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #2**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #3**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

## VENDOR INFORMATION - Roofing

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Roofing</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Roofing Systems Asphalt Shingles Roof Liners Skylight Repairs			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #2**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #3**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**



### VENDOR INFORMATION - Sheetmetal, Welding and Fencing

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Sheetmetal and Welding</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Duct Work Exhaust Fans Student Lockers Restroom Partitions Outdoor Metal Fixtures Outdoor Fences and Gates Security Gates and Bollards (Exterior) Security Gates (Interior) Automated Garage Doors Roll-down Metal Window and Door Shutters			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

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**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

**CLIENT REFERENCE #3**

**Client Name**

**Client Contact**

**Client Email**

**Client Phone Number (Mobile)**

**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**

### VENDOR INFORMATION - Small Equipment Repair

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Small Equipment Repair</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Lawnmowers Weed Wackers Hedge trimmers Scissor Lifts Floor Scrubbers Snow Blowers Lawn Tractors Commercial Vacuums Other Commercial Equipment			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

**CLIENT REFERENCE #1**

Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

**CLIENT REFERENCE #2**

Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

**CLIENT REFERENCE #3**

Client Name

Client Contact

Client Email

Client Phone Number (Mobile)

Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).

**VENDOR INFORMATION – Snow Removal**

<b>Company Name</b>			
<b>Primary Point of Contact (POC)</b>			
<b>POC Email</b>		<b>Company Website URL</b>	
<b>POC Phone Number (work)</b>		<b>POC Phone Number (mobile)</b>	
<b>Street Address (Primary Location)</b>			
<b>City, State, Zip Code</b>			
<b>Company Phone Number</b>		<b>Company Fax Number</b>	
<b>Authorizing Company Officer Email</b>			
<b>Authorizing Company Officer (Signature)</b>			
<b>Authorizing Company (Printed Name)</b>			<b>Date</b>
<b>Snow Removal</b> <b>(Circle and/or bold all services that apply. Submit a separate sheet for services where cost structures are different.)</b>  Parking lot snow removal Sidewalk snow removal (w/snowblower) Salting/de-icing parking lots Salting/de-icing sidewalks  All snow removal vendors must be able to respond to snow removal requests for service on a 24-hour basis, 7 days a week regardless of the existing weather conditions or predicted snowfall amounts.			
<b>COST STRUCTURE</b> <b>(Complete all that apply. Attach additional company documents as necessary.)</b>	<b>2022-2023 SY</b>	<b>2022-2023 SY</b>	<b>2024-2025 SY</b>
<b>Hourly Rate – Regular Business Hours</b> Inclusive of all labor, call-out and admin. fees			
<b>Hourly Rate – Nights and/or Weekends</b> Inclusive of all labor, call-out and admin. fees			
<b>Daily Rate – Truck/Equipment Rate</b> Inclusive of all transportation costs			
<b>Response Time (Terms and Conditions)</b>			
<b>Optional Pricing Structure(s)</b>			
<b>Policy(ies) on Contingencies and Special Circumstances</b>			

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**Client Contact**

**Client Email**

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**Brief summary of client engagement, length of relationship, typical work performed, average cost(s) per service call, etc. (75 words maximum).**