



REQUEST FOR PROPOSAL

#21350

For

HIGH SPEED BACKUP INTERNET SERVICE

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 INFORMATION TECHNOLOGY DIVISION OF THE BOARD OF EDUCATION OF THE
CLEVELAND METROPOLITAN SCHOOL DISTRICT - CUYAHOGA COUNTY, OHIO

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Part I: OVERVIEW, BACKGROUND & SCOPE OF WORK

Section A: Overview

The Cleveland Metropolitan School District (hereafter the “District”) under RFP #21350 is seeking service providers to provide High Speed Backup Internet Service to the District.

The District intends to contract with a qualified vendor to provide High Speed Backup Internet Service in support of the needs of the District. The service must be highly reliable and scalable, offering to the greatest practical degree physical resiliency, dynamic switching, web filtering and caching. The District’s primary Data Center is located at 1111 Superior Avenue. The District is planning for a secondary Data Center.

To facilitate submission and evaluation of proposals, the following provides relevant background information, scope of work requirements, and instructions for service providers to submit their proposal responses to this RFP. Service providers may submit a proposal in response to the scope of work outlined below.

Section B: Background

The District is a large urban school system with over 100 instructional and non-instructional sites, approximately 6,000 teachers and administrative staff, 36,000 District students, and 3,500 classrooms.

The Department of Information Technology’s mission is to provide technology services that enables our students to succeed in a global society with support from our educators and community. The Department of Information Technology strategy seeks to enable and support growth, innovative teaching and learning, enhancing technology systems and infrastructure, information transparency, and easily accessible enterprise services. In pursuing the strategy, there are principles that promote industry best practices, encourage common approaches that enable integration and interoperability, and assure accountability in all aspects of IT implementation and operation.

Section C: Scope of Work & Requirements

The Respondent shall furnish all labor, materials, software, hardware, and other equipment necessary to provide implementation and on-going maintenance of the service. The successful respondent will include a detailed implementation plan to include timelines, and other milestones.

The minimum requirements of the Backup Internet Service Provider Service Provider are:

- i.** Minimum of 20 Gbps throughput up to a Maximum of 40 Gbps
- ii.** Service to include scalable capacity in increments of 100 Mbps
- iii.** Burstable service up to the next whole Gbps for a 1-to-3-day period without additional cost
- iv.** Industry standard and best practices for network security
- v.** Provide DDoS protection and mitigation services
- vi.** Provide an optional web filtering solution which satisfies requirements of the Children’s Internet Protection Act (CIPA)
- vii.** 24/7 availability with monitoring and reporting services

Part II: RFP SUBMISSION & PROCESS REQUIREMENTS

Part II of the RFP provides a detailed set of directions which the service provider will use to prepare the response.

Schedule for Posting and Service Provider(s) Selection for the High Speed Backup Internet Service RFP #21350:

Step	Date*
RFP Posted	May 25, 2022
All final questions from service providers to the District	June 3, 2022
Answers to service providers from the District and all addenda issued (if necessary)	June 7, 2022
RFP Responses Due	June 22, 2022
Service Provider(s) selection	June 24, 2022
Contract negotiation	June 27-June 30, 2022
Contract Start	July 1, 2022

*Dates listed are subject to change at the discretion of the District. Service providers will be notified of changes to the schedule, as appropriate

Section A: Proposal Submission & Format Requirements

i. Proposal Submission Requirements

- a. In order for the District to evaluate proposals fairly and completely, service providers should follow the format set forth herein and provide all of the information requested. The District discourages overly lengthy and costly proposals.
- b. All proposals shall include all proposal format requirements found below. All information requested in the district related forms must be filled in legibly and completely with blue ink signatures, or the proposal may be considered non-responsive. **Proposal Name: High Speed Internet Service and #21350 must be on the outside of the envelope of submittals including shipping labels.**
- c. Proposals are due at the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Ave E. Cleveland, Ohio 44114 on or before **1:00 pm** current local time on **June 22, 2022. Mailing of Proposals are encouraged. However, hand deliveries will be accepted from 12:00 pm to 1:00 pm on June 22, 2022.**
- d. All submissions must include **one (1) original with blue signatures, one (1) copy, and one (1) electronic proposal on a USB B Flash Drive.** Service providers not complying with this requirement will be notified that they have twenty-four (24) hours in which to comply with this requirement or their proposal may be disqualified. This applies to **copies only.** All materials submitted are as is.
- e. All written questions shall be directed to the Purchasing Division via email to: amanda.joyce@clevelandmetroschools.org. Written questions will be accepted via email until **12:00 pm on June 3, 2022.** Under no circumstances should any firm interested in providing the services identified in the RFP, 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 service provider pursuant to this RFP.

- f. The District reserves the right to reject any and all proposals, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional proposals. Each Proposer is liable for all proposal errors or omissions. A proposer shall not be permitted to alter or amend any proposal documents after the Proposal deadline time and date detailed in the RFP unless such is formally requested, in writing, by the District.
- g. Proposals must remain open and valid for ninety (90) days from the opening date, unless the time for awarding the contract is extended by mutual consent of the District and service provider. Service providers may withdraw their proposals any time before proposal opening date by providing written notice to the Purchasing Department before the time and date set for the proposal opening.

ii. Proposal Format Requirements

- a. The High Speed Backup Internet Service scope of work for RFP #21350 is described in Part I. Service Providers are required to provide the information below as well as complete the District Related Forms in Appendix A. The narrative part of the proposals must present the following information, be organized with the following headings and respond to the requested information and questions presented in the RFP scope of work. For evaluation purposes, each heading should be clearly marked in the proposal response.

- b. Proposal responses are to be divided into sections as follows:

- i. **Transmittal Cover Letter:** Prepare a letter transmitting the proposal on business letterhead. The letter should identify the business name, phone number, and business web address along with the name, phone number and email address of the key contact person. The letter must have the signature of a person with authority to obligate the business. The transmittal letter shall also contain a statement that the proposal is a firm offer for a ninety (90) day period.

- ii. **General Information Section**

- 1. **Executive Summary:** Information about the service provider’s history, structure, organizational metrics, and qualifications for fulfilling the District’s requirements
- 2. **Business Health:** information about the service provider’s financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.
- 3. **Experience:** information about the service provider’s current and previous contracts, particularly those with organizations similar to the District.
- 4. **General Narratives** about at least three clients using services similar to those being proposed for the District.
- 5. **Management support services:** information about staff, project, issue, performance, quality, and risk management methodology.
- 6. **Security:** information about the service provider’s policies, practices, and standards for maintaining the confidentiality and integrity of client’s data, intellectual property, and trade secrets.
- 7. **Risks:** service provider’s evaluation of the greatest challenges and risks associated with the particular services and suggestions for mitigating risk.
- 8. **Dispute resolution:** information about the service provider’s standard dispute resolution methodologies.

- iii. **Response to Scope of Work Section:** The Response to Scope of Work Section of the proposal shall specifically address the manner in which the proposer will meet scope and requirements described in the **Scope of Work & Requirements Section of Part I.**

The proposal shall provide enough information so that the evaluators will be able to determine the proposer's ability to meet the scope of work, requirements, and minimum qualifications. Simply paraphrasing the RFP statement of requirements will not be sufficient data for the evaluation and may be considered as a non-responsive proposal response.

- iv. Cost Proposal Form**
- v. Completed District Related Forms** set forth in Appendix A of this RFP.

Section B: Proposal Constraints

- i.** The service provider must comply with all laws, rules and regulations dictated by the Board of Education of the Cleveland Metropolitan School District, City of Cleveland, the State of Ohio and the United States Federal Government.
- ii.** 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 District implemented the new federal guidelines regarding procurement utilized with federal grants immediately.
- iii.** The District will only accept proposals that cover all of the major components requested in the RFP.
- iv.** Service provider shall not include Ohio Sales Tax in the price quoted. The District will provide tax exempt certificate to the successful Proposer.
- v.** Service provider's personnel and subcontractors on the District site will be required to meet security requirements. Service provider agrees to successfully complete background checks on all of its employees, agents and subcontracts, if necessary, who provide services on site under this scope of work. Each person on site must wear an identification badge that clearly identifies and makes visible the person's name and company.
- vi.** The successful Service provider and their subcontractor(s), including organizations having personnel, equipment and vehicles on District property, shall provide evidence of insurance as follows:
 - a. Commercial General Liability Including limited contractual liability
\$2,000,000.00 Limit of Liability
(Per occurrence)
 - b. Automobile Liability Including non-owned and hired
\$2,000,000.00 Limit of Liability
(Per occurrence)
 - c. Worker's Compensation Worker's compensation and employer's insurance
to full extent required by applicable law
- vii.** This requirement must be fulfilled by the successful service provider providing 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.
- viii.** The required insurance must be provided by a company licensed by the State of Ohio and be financially acceptable to the District.
- ix.** In submitting a proposal, service providers agree, unless specifically authorized in writing by an authorized representative of the District on a case by case basis, that it shall have no right to use, and shall not use, the name of Cleveland Metropolitan School District, its officials or employees, in

any advertising, publicity, promotion, nor to express or imply any endorsement of service provider's services.

- x. The District has a Diversity Business Enterprise and Affirmative Action Program in effect. Information about this program is set forth at <https://bit.ly/3wvVApK>. Forms related to this program are set forth in Appendix A. Service providers submitting a proposal must complete the appropriate forms and submit same with their proposal.

Section C: Evaluation Process

- i. **Responsiveness:** Proposals will be evaluated, first, as responsive or non-responsive to the RFP's instructions. A preliminary review will be conducted of all proposals submitted on time to ensure the proposal adheres to the material submission requirements specified in the RFP. Proposals that do not meet the material submission requirements may be deemed non-responsive and rejected. In the event that all proposers do not meet one or more of the submission requirements, the District reserves the right to continue the qualitative evaluation of the proposals and select proposal(s) which most closely meets the scope of work specified in the RFP. Proposal responses must include, or meet, the following submission requirements:
 - a. Timely Submission
 - b. Transmittal Cover Letter
 - c. General Information Section
 - d. Response to Scope of Work
 - e. Cost proposal form
 - f. District Related Forms
- ii. **Qualitative Evaluation-** proposals will next be evaluated based on the information presented in the proposal and on additional information obtained during the evaluation process. Responses will be evaluated based on the following weighted criteria:
 - a. Price of proposed services **(35%)**
 - b. Meeting overall requirements **(50%)**
 - c. Experience and past performance with similar customers providing similar services **(10%)**
 - d. Demonstrated quality of service **(5%)**
- iii. Evaluations are based on the submitted proposal. Follow-up discussions with the proposer's best suited to complete the work may be requested. The District reserves the right to interview or to seek additional information related to criteria already specified in the RFP after opening the proposals and prior to entering into a contract, to reject any or all proposals, and to award a contract to one or multiple service providers as the District deems necessary. The District also reserves the right to check references identified by any proposer from any service provider that submitted a proposal. The evaluation process is designed to identify the service provider that is the "best value," which is the best combination of attributes based upon the evaluation criteria, not necessarily to the service provider with the lowest cost.

Section D: All District Related Forms

There are a number of REQUIRED forms in Appendix A of the RFP that must be completed and submitted with the proposal response. These forms include:

- a. Addendum Acknowledgement
- b. Certificate of Debarment

- c. Conflict of Interest
- d. Proposer Qualification Form
- e. Non-Collusion Affidavit
- f. DBE Forms – A, B, C, D, E F, G & H
- g. EOA Contractual Declaration Forms
- h. References

Section E: Award of Contract

- i. The contents of the RFP, including all appendices and addenda thereto, and the commitments set forth in the proposals shall be considered contractual obligations. Failure to accept these obligations may result in cancellation of the award.
- ii. The contract award will not be final until the District and the selected Service Provider execute a mutually satisfactory contractual agreement.
- iii. The Contract Documents consist of the following:
 - a. District Contract
 - b. Response to Scope of Work
 - c. RFP Submission Requirements
 - d. Cost Proposal Form
 - e. All Required District related forms set forth in Appendix A
 - f. All applicable addenda
- iv. The service provider shall perform all work described in the Contract Documents, including without limitation, all terms and conditions of the scope of work and specifications contained herein or otherwise stated in the Contract Documents reasonably inferable there from by the service provider as necessary to produce the results intended therein

Part III: COST PROPOSAL AND PRICING

The undersigned proposes to provide High Speed Backup Internet Service for the District in accordance with the Proposal response, Scope of Work, and Requirements to the entire satisfaction and acceptance of the District for the period July 1, 2022 through June 30, 2023 with two (2) renewal options. The first renewal option is from July 1, 2023 through June 30, 2024. The second renewal option is July 1, 2024 through June 30, 2025. These renewal options will be under the same terms and conditions as the initial contract and the following cost(s). Undersigned also agrees to hold their cost firm for ninety (90) days from date of submission.

Service providers should use the following template to ensure details are provided and may be fully executed by the District.

High Speed Backup Internet Service Cost Proposal Form

Must fill out the entire cost proposal sheet

	Monthly Rate (month to month)	Monthly Rate (1Year term)	Monthly Rate (2Year term)	Monthly Rate (3Year term)	Monthly Rate (1 year extension)	Monthly Rate (2 year extension)
ISP Service at 20 GBPS						
ISP Service at 30 GBPS						
ISP Service at 40 GBPS						
Implementation Charges						
Optional Web Filtering Solution						

The district will consider subsidies that reduce the cost of the service.

Subsidy Program Name	Subsidy Program Eligibility Description	Total Benefit Cost
	Attach a brief description	

Additional Costs: Service Providers should provide any cost that is not outlined above that should be considered when evaluating the proposal:

Service providers must complete the signatory requirement below

COMPANY NAME: _____

REPRESENTATIVE: _____
PRINT (TITLE)

SIGNATURE: _____

ADDRESS: _____

CITY: _____ STATE: _____

TELEPHONE: () _____ FAX NO: () _____

E-MAIL ADDRESS: _____

DATE: _____

Appendix A: District Related Forms

Addendum Acknowledgement Form for RFP #21350

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 Service provider proposes to perform all work for the applicable contract, in accordance with the contract document for the proposed sums.

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

Signature: _____ Date: _____

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

Certificate of Debarment Continued

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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.

Conflict of Interest Form
Statement of Potential Conflicts of Interest

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

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

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

Yes _____ No _____

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

Name: _____

Position: _____

If **yes**, and if the CMSD employee, CMSD board member, or immediate family member owns share of any stock in the service provider 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 service provider?

Yes _____ No _____

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

Name: _____

Job Duties: _____

If **Yes**, please describe the contact that the service provider 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: _____

Proposer Qualifications Form

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

PROPOSER NAME: _____

ADDRESS: _____

CITY; STATE: _____ ZIP: _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE: () _____ TOLL FREE: () _____

TAXPAYER IDENTIFICATION NUMBER: _____

1. What type of organization? (i.e. corporation, partnership, etc.)

2. How many years has your organization been in business?

3. How many years has your organization been in business under its current name?

4. List any other aliases your organization has utilized in the last two years and the form of Business

5. If you are currently a corporation, list the following:

a. State of incorporation

b. Date of incorporation

c. President's name

d. Secretary's name

e. Treasurer's name

f. Statutory agent's name

g. Name of shareholders, if less than 10

h. Principal place of doing business

6. If you are currently in a partnership, list the following:

a. Name and address of all general and limited partners.

b. Original name and date of organization's inception

7. If you are neither a corporation nor a partnership, please describe your organization and list principals.

8. Are you legally qualified to do business in the State of Ohio?

9. Are you legally qualified to do business in Cuyahoga County and licensed by the City of Cleveland?

10. Has your organization ever been (i) declared by a customer to be in default under a contractor and/or (ii) sued by a customer for failure to completely a contract or properly perform services in a timely manner? If yes, please state where, when, and why.

11. Has your organization ever been cited by a local, county, state, or federal authority for violation of a regulation or statute or failing to timely complete a contract in accordance with specifications? If yes, please state date, agency, and final disposition.

12. Has your organization ever filed for bankruptcy? If yes, please state where, when and why?

13. On a separate sheet, list the major customers for whom your organization has provided this type of equipment or service in the past five years. Include owner's name and type of work performed.

14. Has your organization ever been sued by a supplier for failure to timely pay for materials or equipment provided? If yes, please provide details.

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

Name of insuring company: _____

Policy number: _____

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

Owned vehicles _____

Non-Owned vehicles _____

Name of insuring company _____

Policy number _____

17. List the name and address of every person having an interest in this 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' principals current in payment of personal property taxes?

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

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

Non-Collusion Affidavit

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

NON-COLLUSION AFFIDAVIT
State of Ohio, Cuyahoga County

_____, being first duly sworn, deposes and says that

he/she is _____ of _____

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

Affiant

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public in and for Cuyahoga County, Ohio

My commission expires: _____

**Diversity Business Enterprise Forms
DBE Form A**

Name of Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Type of Business (Product or Service): _____

Date of Proposed Contract Award: _____

Amount of Proposed Contract Award: _____

Diversity Business Enterprise Subcontractor(s): _____

Dollar Amount Subcontract Award: _____

Percent of Subcontract Award: _____

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

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

Name of EEO Officer: _____

(Signature of owner, partner, or authorized officer)

Name: _____ Dated: _____
(printed)

Title: _____

DO NOT COMPLETE BELOW THIS LINE

___ Compliant ___ Compliance Pending ___ Non-Compliant

Compliance Date: _____

(signature, DBE Department)

(date)

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

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

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

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

Proposer: _____

Date: _____

By: _____

Title: _____

Definition of DBE: A Diversity Business Enterprise (DBE)

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

DBE Form C
SCHEDULE MBE/FBE PARTICIPATION

Project Name: _____

Name of Non-DBE Contractor: _____

Identification Number: _____

Location: _____

Name of Minority Contractor: _____

Address: _____

City, State, Zip: _____

Type of work to be performed and work hours involved:

Projected commencement and completion dates for work:

Agreed price in dollars or percentage:

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

TO BE RETURNED WITH THE PROPOSAL

Signature of Non-DBE Prime Contractor

Date: _____

DBE Form D
DBE LETTER OF INTENT

To: _____
Non-DBE Prime or General Proposer

Project: _____

NON-DBE PRIME OR GENERAL PROPOSER

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

an individual a corporation a partnership a joint venture

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

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

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

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

Items _____

Projected Commencement Date _____

Projected Completion Date _____

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

Date

Name of DBE Firm (where applicable)

Signature of DBE (where applicable)

Signature of MBE Firm

(TO BE RETURNED WITH RFP)

Name of FBE Firm

Signature of FBE Firm

DBE Form E
DBE Unavailability Certification

I, _____,
Name *Title*

Of _____, certify that on _____
Date

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

Board Project: _____

Minority Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

Female Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

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

Signature, Non-DBE prime Proposer *Date*

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

Signature, Non-DBE Prime Proposer

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

Signature, Non-DBE prime Proposer

DBE Form F
Non-Minority Prime Affidavit For DBE

STATE OF }
COUNTY OF } SS.

AFFIDAVIT

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

Name of Firm: _____

Signature: _____

Name and Title: _____

Date: _____

STATE OF }
COUNTY OF } SS.

On this _____ day of _____ 20____, before me appeared _____

_____, to me personally known, who being duly sworn,

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

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

(Seal)

Notary Public _____

Commission expires _____

DBE Form G

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

- 1. Name of Joint Venture: _____
- 2. Address of Joint Venture: _____
- 3. Phone Number of Joint Venture: _____
- 4. Identify the firms which comprise this joint venture. (The DBE partner must complete DBE Form A or have current DBE Certification)

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

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

5. Nature of Joint Venture's Business: _____

6. Provide a copy of the Joint Venture Agreement.

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

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

a. Profit and loss sharing: _____

b. Capital contributions, including equipment: _____

c. Other applicable ownership interest: _____

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

a. Financial decisions: _____

b. Management decisions, such as:

i. Estimating: _____

ii. Marketing and Sales: _____

iii. Hiring and firing of management personnel: _____

iv. Purchasing of major items or supplies: _____

c. Supervision of field operations: _____

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

DBE Form H

Non-Minority Prime Affidavit (Joint Venture)

STATE OF OHIO

CUYAHOGA COUNTY

AFFIDAVIT

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

Name of Firm (Prime)

Name of Firm (DBE)

Signature

Signature

Name and Title

Name and Title

Date

Date

STATE OF _____] COUNTY OF _____]SS.

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

(Seal)

Notary Public

Commission expires

EOA Contractual Declaration Forms

Information about the District's Affirmative Action Program can be found at <https://bit.ly/3wvVApK>.

Service Provider Contract Compliance Form

Name of Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Standard Metropolitan Statistical Area: _____

Recruitment Area: _____

Type of Business (product or service): _____

Name of EEO Officer: _____

Signature of Owner, Partner, or Authorized Officer: _____

Name (type or print): _____

Date: _____ Title: _____

Do not complete below this line

Status of Service provider:

Compliance Conditional Compliance

Non-Compliance Compliance Pending

Comments: _____

Date: _____ Signature: _____

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 or demotion, selection for training including apprenticeship rates of pay or other forms of compensation, layoffs or termination.

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

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

(Name of Company)

_____ Date: _____
(Signature of Company Official)

STATE OF ()
COUNTY OF ()SS.

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

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

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

day of _____, 20__.

Employee 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. Descriptions of the job categories below can be found at <https://bit.ly/3wvVApK>

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	INDIGENOUS OR ALSKAN NATIVE	HISPANIC	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	ASIAN AMERICAN OR PACIFIC ISLANDE	INDIGENOUS 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: _____

References

Include below three references of equal or larger size to this current RFP project. Public sector experience is preferred, but not required. Please attach relevant supporting documentation, such as project plans, scope of work.

Reference #1:

Company/School Name: _____

Address: _____

Type of Business: _____

Contact Person: _____

Telephone and Fax#: _____

Dates of Service: _____

Description of Services Provided: _____

Reference #2:

Company/School Name: _____

Address: _____

Type of Business: _____

Contact Person: _____

Telephone and Fax #: _____

Dates of Service: _____

Description of Services Provided: _____

Reference #3:

Company/School Name: _____

Address: _____

Type of Business: _____

Contact Person: _____

Telephone and Fax#: _____

Dates of Service: _____

Description of Services Provided: _____
