REQUEST FOR PROPOSAL

RFP# 21302

For

REMEDY FORCE

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 DEPARTMENT OF INFORMATION TECHNOLOGY FOR THE BOARD OF EDUCATION OF THE CLEVELAND METROPOLITAN SCHOOL DISTRICT CUYAHOGA COUNTY, OHIO
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Part I: Notice of Request for Proposal #21302

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 June 26, 2020. Mailing of RFP responses are encouraged. However, hand deliveries will only be accepted from 11:00 AM to 1:00 PM June 26, 2020. This RFP will not be publicly opened.

REMEDY FORCE

Copies of Instructions to Proposers, Specifications, and Drawings may be obtained directly from the District’s Webpage. Go to clevelandmetroschools.org/purchasing and click on the RFP number. If you require assistance, please email seletha.thompson@clevelandmetroschools.org or (216) 838-0418.

There will be a Pre-Proposal Conference for this RFP on May 28, 2020 at 11:00 AM. The Pre-Proposal Conference will be held via Conference Call. Please dial in at 888-273-3658; Access Code 7728891. Attendance is not mandatory but encouraged.

All questions and correspondence related to this RFP must be submitted in writing ONLY by 12:00 pm on June 1, 2020 at seletha.thompson@clevelandmetroschools.org. All questions with corresponding answers will be sent to every prospective vendor and posted on the website no later than June 12, 2020. Any errors and/or omissions reported will be addressed via Addenda.

No proposal may be withdrawn for at least ninety (90) days after the deadline for submittal.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 of Procure to Pay
May 19, 2020
Section I: Instructions to Proposers

SCOPE: REMEDY FORCE

1. All proposals shall be made upon the proposal Form(s) furnished. All information requested in the RFP must be filled in legibly and complete with blue ink signatures, or the Proposal may be considered non-responsive. No oral, telephonic, or telegraphic proposals or modifications will be considered. Proposals shall be submitted in an opaque envelope, and the RFP name and number must be on the outside envelope of submittals including shipping labels.

2. Proposals are due at the Cashier’s Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Cleveland, Ohio 44114, before 1:00 pm. current local time on June 26, 2020. Mailing of RFP responses are encouraged. However, hand deliveries will only be accepted from 11:00 AM to 1:00 PM June 26, 2020. Proposals will not be opened publicly.

3. All submissions must include one (1) original, with blue ink signatures, three (3) paper copies of the proposal, and one (1) electronic copy of the proposal on a flash drive. Vendors who do not comply with this requirement will be notified that they have twenty-four (24) hours in which to comply with this requirement or their Proposal will be disqualified. This applies to copies only.

Proposals that are submitted must include:

a. Completed Proposal Form(s) including evidence of State certification to perform the work required.

b. Signed Acknowledgement for Instructions to Proposers

c. Signed and notarized Proposer’s Qualification Form.

d. Completed Addendum Acknowledgement Form acknowledging all addenda issued (if applicable).

e. Signed Conflict of Interest Form.

f. Completed and notarized Non-Collusion Affidavit.

g. Completed and notarized EOA Compliance Declaration documents.

h. Completed and notarized Diversity Business Enterprise Participation Forms.

i. Completed addendum acknowledgement form acknowledging all addenda issued (if applicable).

j. Properly executed Affidavit and/or Company Board of Directors Resolution authorizing certain person(s) to sign legal documents such as the Proposal Form, Proposer’s Qualification Form, etc.
4. **Proposer acknowledges that all material and information responsive to the specifications must be furnished or the proposal may be deemed non-responsive and not considered.**

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

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 RFP.**

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 within the time frame required.**

13. **Proposer shall not include Ohio Sales tax in the price quoted. The Cleveland Metropolitan School District will provide a tax exempt certificate to the proposer upon request.**

14. **SECURITY:** Vendor’s workmen, foremen, other personnel, and subcontractors who will be working on District property will be required to meet Cleveland Metropolitan School District security requirements. Vendor must issue personnel I.D. badges. Any worker not complying with CMSD security requirements will immediately be ordered off the 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 to CMSD facilities. Vendor agrees to warrant that it will not at any time hire or utilize any individual to provide services under this Agreement on CMSD premises where such person has been convicted of, or pleaded guilty to, any criminal offense enumerated in O.R.C. 3319.39(B) or equivalent provisions under the laws of another state or the Federal Government.

15. **INSURANCE:** The successful company, their subcontractors and suppliers of labor and/or materials for this project on behalf of the Cleveland Metropolitan School District, including organizations having personnel, equipment, and vehicles on District property, shall provide evidence of insurance as follows:
a. **Commercial General Liability:** Including limited contractual liability
$1,000,000.00 Limit of Liability
(Per occurrence)

b. **Automobile Liability:** Including non-owned and hired
$1,000,000.00 Limit of Liability
(per occurrence)

c. **Workers Compensation:** Workers compensation and
employer’s insurance to the full extent as required
by applicable Law

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

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

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

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

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

Non-diversity vendors will have their diversity business participation counted toward their goal attainment only with minority vendors who are certified and demonstrate previous experience in the respective business classification of the prime contractor. Only direct participation in the subcontract will be counted toward diversity business enterprise goal attainment.

Vendors shall refer to Section V of this RFP for further information and requirements on the District’s diversity goals.

**The diversity business goal for this RFP is: 15% for Services**

17. **REQUESTS FOR CLARIFICATIONS:** Questions regarding interpretation of the content of this RFP must be directed to: seletha.thompson@clevelandmetroschools.org. Answers to any questions shall be in writing and shall be sent to all firms who are on record with the District as having received a copy
of this RFP. It is therefore imperative that firms provide full and accurate contact information to the District. The name of the party submitting the question will not be identified in the answers. Firms considering responding to this RFP are strictly prohibited from communicating with any member of District’s staff or representatives of the Owner except as set forth in this section.

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

19. The Vendor authorizes the District and its representatives to contact the owners and professionals on projects on which the Vendor has worked, and Vendor authorizes such owners and professionals to provide the District with a candid evaluation of the Vendor’s performance. By submitting its proposal, the Vendor agrees that if it or any person, directly or indirectly, on its behalf or for its benefit brings an action against any of such owners or professional or the employees of any of them as a result of or related to such candid evaluation, the Vendor will indemnify and hold harmless such owners and professionals and the employees of any of them from any claims whether or not proven that are part of or are related to such action and from all legal fees and expenses incurred by any of them arising out of or related to such legal action. This obligation is expressly intended for the benefit of such owners and professionals, and the employees of each of them.
Part II: District Related Forms

Required Purchasing Division Documents and Instructions
Section I: Addendum Acknowledgement Form for RFP #21302

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:

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Proposer: __________________________________________________________

The undersigned Vendor 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: ____________________________
Section II: Acknowledgement

(Name of Company)

Hereby acknowledges receipt of this Request for proposal and the reading of these Instructions to Proposers.

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

By: ______________________________

(Name and Title)

Date: ________________________________
Section III: Vendor Request Form

VENDOR INFORMATION

VENDOR NUMBER
(If applicable) ____________________________

VENDOR NAME ____________________________________________

ADDRESS LINE 1 ____________________________________________

ADDRESS LINE 2 ____________________________________________

CITY __________________________________ STATE ______ ZIP ______

TELEPHONE NO. ________________________ FAX NO ________________________

Area Code Number Area Code Number

E-MAIL ADDRESS ____________________________________________

PRIMARY CONTACT PERSON ____________________________________________

REMIT TO (If different from above)

VENDOR NAME ____________________________________________

ADDRESS LINE 1 ____________________________________________

ADDRESS LINE 2 ____________________________________________

CITY __________________________________ STATE ______ ZIP ______

TELEPHONE NO. ________________________ FAX NO ________________________

(Area Code) Number (Area Code) Number

PRIMARY SERVICE, PRODUCT, OR SPECIALTY:

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

PLEASE INDICATE WHERE APPLICABLE

DIVERSITY BUSINESS ENTERPRISE: YES [ ] NO [ ]

MINORITY BUSINESS ENTERPRISE: YES [ ] NO [ ]

FEMALE BUSINESS ENTERPRISE: YES [ ] NO [ ]
Section IV: Taxpayer ID Form

Form W-9
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. 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.

   - Individual/sole proprietor or single-member LLC
   - Corporation
   - Partnership
   - Trust/estate
   - Qualified intermediary (QI)
   - Financial institution
   - Tax payer identification number (TIN)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

   (Applies if account maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

Requestor’s name and address (optional)

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.

Social security number

or

Employer identification number

Part II Certification
Under penalties of perjury, I certify that:

1. 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
2. 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 on my 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.

Sign Here
Signature of U.S. person
Date

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.

Purpose of Form
An individual or entity (Form W-9 requestor) 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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-K (miscellaneous income and certain other transactions by brokers)
- Form 1099-INT (interest earned or paid)
- Form 1098 (mortgage interest paid, 1098-E (student loan interest), 1098-T (tution)
- 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 may be subject to backup withholding. See What is backup withholding, later.
Section V: No Proposal Form

RFP #21302

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

To all prospective bidders/proposers:

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

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

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

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

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

Name of Company:__________________________________________________________

Company Representative:____________________________________________________

Address:____________________________________________________________________

City, State:____________________________ Zip Code:___________________________

Telephone Number:__________________________

Fax Number:______________________________

Date:______________________________________
Section 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, 1986 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 debarment, 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

SBA Form 1623 (10-88) Printed on Recycled Paper

This form was electronically produced by Etta Federal Forms, Inc.
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 8 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

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<th>Vendor Name:</th>
<th>Primary Contact:</th>
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<td>Address 1:</td>
<td>Telephone #:</td>
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<td>Address 2:</td>
<td>Fax #:</td>
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<td>City:</td>
<td>Email:</td>
</tr>
<tr>
<td>State, Zip:</td>
<td>Website:</td>
</tr>
</tbody>
</table>

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

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

   Yes______  No______

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

   Name:________________________________________

   Position:______________________________________

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

   ______%  

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

   Yes______  No______

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

   Name:________________________________________

   Job Duties:________________________________________________________________________

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

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

NOTARIZED STATEMENT

____________________________ being duly sworn and deposes says

That he/she is the _____________________________ of

____________________________ (title)

____________________________ (organization), and answers to all the 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: 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

_________________________________________________, and answers to all the

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

_______________________________________________

________________________________________________________

(organization)

________________________________________

________________________________________

(signature)

Subscribed and sworn before me this _____ day of ________________, 20____

Notary Public:________________________________________

My commission expires:________________________________________
CERTIFICATE OF COMPLIANCE

As Superintendent of Insurance of the State of Ohio, I

do hereby certify that ________________________________

a corporation located at ________________________________

in the State of ________________________________

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

authorized to transact in this state its appropriate

business of insurance as prescribed under Section 3941.02.

of Ohio, including Fidelity Insurance.

From __________________________ 20____, until __________________________

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

Superintendent of Insurance of Ohio
## Section X: Sample Certificate of Liability Insurance

**CERTIFICATE OF LIABILITY INSURANCE**

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).

<table>
<thead>
<tr>
<th>PRODUCER</th>
<th>INSURED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>INSURER A:</td>
</tr>
<tr>
<td>PHONE</td>
<td>INSURER B:</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>INSURER C:</td>
</tr>
<tr>
<td>EMAIL</td>
<td>INSURER D:</td>
</tr>
<tr>
<td>TAX I.D.</td>
<td>INSURER E:</td>
</tr>
<tr>
<td>NAIC #</td>
<td>INSURER F:</td>
</tr>
</tbody>
</table>

### COVERAGES

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 exclusion or condition of such policies, limits shown may have been reduced by paid claims.

### REVISION NUMBER:

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td>EACH OCCURRENCE</td>
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<td></td>
<td>PERSONAL INJURY</td>
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<tr>
<td></td>
<td>PROPERTY DAMAGE</td>
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<td></td>
<td>AUTOMOBILE LIABILITY</td>
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<td>ANY AUTO</td>
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<td>SCHEDULED AUTO</td>
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<tr>
<td></td>
<td>NONOWNED AUTO</td>
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<td></td>
<td>UMBRELLA LIABILITY</td>
</tr>
<tr>
<td></td>
<td>EXCESS LIABILITY</td>
</tr>
<tr>
<td></td>
<td>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

(Attach ACORD 191, Additional Endorsement Schedule, if more space is required)

**CERTIFICATE HOLDER**

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**

© 1988-2010 ACORD CORPORATION. All rights reserved.
Section XI: Non-Collusion Affidavit

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

NON-COLLUSION AFFIDAVIT
State of Ohio, Cuyahoga County

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

____________________________________
Affiant

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

____________________________________
Notary Public in and for Cuyahoga County, Ohio

My commission expires: ______________________
Section XII: Diversity Business Enterprise Participation Forms

PROGRAM OVERVIEW

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

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

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

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

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

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

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

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

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

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

Definition of DBE: A Diversity Business Enterprise (DBE)

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

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

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

Definition of FBE: Female Business Enterprise (FBE)

“Female-owned small business concern” means a small business concern:

1. Which is at least fifty-one (51) percent owned by one or more women; or, in the case of any publicly owned business, at least fifty-one (51) percent of the stock of which is owned by one or more women and;

2. Whose management and daily business operations are controlled by one or more women.

TERMS

1. DBE participation will be counted toward meeting the goals outlined in the notice as follows:
   a. The total dollar value of a correct contract or subcontract indirect subcontract awarded toward a certified DBE will be counted toward the applicable goal.

   b. In the case of a joint venture, certified by the Cleveland Municipal School District, the portion of the total dollar value of the contract equal to the percentage of the ownership and control of the DBE partner in the join vendor will be counted toward the applicable goal. (PLEASE RETURN DBE FORM E)

   c. Only expenditures to DBE that perform a commercially useful function in the work of a contract or subcontract indirect subcontract will be counted toward DBE goals. A DBE is considered to perform a commercially useful function when it is responsible for execution of a distinct element of work of a contract or subcontract and carries out its responsibilities by actually performing, managing, and supervising the work involved. If a DBE contractor subcontracts a significantly greater portion of the work of the contract than would be expected on the basis of normal industry practices, the DBE is presumed not to be performing a commercially useful function. The DBE may present evidence to rebut this presumption.

   d. The total dollar value of materials and supplies obtained from DBE suppliers and manufacturers will be counted toward DBE goals if the DBE assumes the actual and contractual responsibility for the provision of the materials and supplies.

2. A proposer who fails or refuses to complete and return this Notice may be deemed a non-responsive proposer.
3. The contractor's goals as set forth in this Notice shall express the contractor's commitment to the percentage of DBE utilization during the term of this contract. The contract shall be deemed to have met its commitment for DBE utilization if the DBE utilization rate of the contractor meets the goals established by this Notice.

4. The contractor must receive the approval of the District before making substitutions for any subcontractors listed in the Notice. Substitution of DBE is not allowed unless the contractor receives District approval.

5. The contractor's commitment to a specific goal is to meet the DBE objectives and is not INTENDED and shall not be used to discriminate against any qualified company or group or companies.

6. The contractor's commitment to a specific goal for DBE utilization as required by this Notice shall constitute a commitment to make every good faith effort to meet such goal by a subcontracting to or undertaking to joint venture with DBE firms. If the contractor fails to meet the goal, it will carry the burden of furnishing sufficient documentation as part of the proposal response of its good faith efforts to justify a grant of relief from the goals set forth in this Notice. Such justification will take the forms of a detailed report which will document at least the following information:
   a. Attendance at the pre-proposal meeting, if any, scheduled by the District to inform DBE's of Subcontracting opportunities under a given solicitation.
   b. Advertisement in general circulation media, trade association publications, and minority-focus media for at least twenty (20) days before bids or proposals are due. If twenty (20) days are not available, publication for a shorter reasonable time is acceptable.
   c. Written notification to DBE that their interest in the contract is solicited, and follow-up contact to determine whether the DBE's were interested.
   d. Efforts made to select portions of the proposed work to be performed by DBE in order to increase the likelihood of achieving the stated goals.
   e. Efforts to negotiate with DBE for specific sub-proposal, including at a minimum:
      i. The names, addresses, and telephone numbers of DBE's that were contacted.
      ii. A description of the information provided to DBE regarding the plans and specifications for portion of the work to be performed; and
      iii. A statement of why additional agreements with DBE were not reached.
      iv. Completion of (Form E) if DBE's are not involved in the RFP.
   f. Concerning each DBE the supplier/contractor contacted but rejected as unqualified, the reasons for the supplier's/contractor's conclusion.
   g. Efforts made to help the DBE's contacted that needed assistance in obtaining required bonding, lines of credit, or insurance.
   h. Use of the services of minority community organizations, minority contractor's groups, governmental minority business assistance offices, and other organizations that assist in the recruitment and placement of DBE's.
7. Suppliers/contractors that fail to meet DBE goals and fail to demonstrate sufficient good faith efforts are not eligible for contract awarded.

8. The District, through its Diversity Officer will review the contractor's minority business enterprise involvement efforts during performance of this contract. Such review will include, but not be limited to, contractor's quarterly statement of income from the District and what portion of said income went to the DBE enterprise(s) as evidenced by affirmation of the DBE enterprise(s) which the contractor hereby agrees to supply each quarter during the term of its contract with the District. If the contractor meets its goal or if the contractor demonstrates that every reasonable effort has been made to meet its goal, the contractor shall be presume to be in compliance. Where the Diversity Officer finds that the contractor shall be presume to be in compliance. Where the Diversity Officer finds that the contractor has failed to comply with the requirements of this Notice, said Diversity Officer shall inform the Purchasing Director who shall immediately notify the contractor to take corrective action. If the contractor fails or refuses to comply promptly, then the Purchasing Director, upon approval of the District, shall issue an order shopping all or part of the work until satisfactory corrective action has been taken. No part of the time lost due to any such stop orders shall be made subject of claim for extension of time or for excess costs or damages by the contractor. When the District proceeds with such formal action it has the burden of proving that the contractor has not met the requirements of coming forward and showing that it has met the good faith requirements of the Notice, specifically including paragraph 7 hereof. Where the contractor is found to have failed to exert every good faith effort to involve DBE in the work provided, the District may declare that the contractor is ineligible to receive further District funds, whether as a contractor, subcontractor, or as a consultant, for a period of up to three (3) years.

9. The contractor will keep records and documents for three (3) years following performances of this contract to indicate compliance with this Notice. These records and documents, or copies thereof, will be made available at reasonable times and places for inspection by any authorized representative of the District upon request together with any other compliance information which such representative may require.

10. Proposers and contractors are bound by all requirements, terms and conditions of this Notice.

11. Nothing in this Notice shall be interpreted to diminish the present contract compliance review
1: DBE Form A

Name of Firm:_____________________________________________________

Address:_________________________________________________________

City, State, Zip Code:________________________________________________

Telephone Number:_________________________________________________

Type of Business (Product or Service):__________________________________

Date of Proposed Contract Award:_____________________________________

Amount of Proposed Contract Award:___________________________________

Diversity Business Enterprise Subcontractor(s):

Dollar Amount Subcontract Award:_____________________________________

Percent of Subcontract Award:_________________________________________

D.B.E. Participation:__________________ $__________________

F.B.E. Participation:__________________ $__________________

Name of EEO Officer:_________________________________________________

____________________________________________________________

(Signature of owner, partner, or authorized officer)

Name:__________________________ Dated:__________________________

(printed)

Title:______________________________

DO NOT COMPLETE BELOW THIS LINE

___Compliant    ___Compliance Pending    ___Non-Compliant

Compliance Date:_____________________

__________________________________________    ________________

(signature, DBE Department)    (date)
NOTICE OF REQUIREMENT TO ENSURE
DIVERSITY BUSINESS ENTERPRISE (DBE) OPPORTUNITY

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

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

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

Proposer: ___________________________________________________________

Date: __________________________________________________________________

By: ___________________________________________________________________

Title: __________________________________________________________________

Definition of DBE: A Diversity Business Enterprise (DBE)

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

<table>
<thead>
<tr>
<th>Items</th>
<th>Projected Commencement Date</th>
<th>Projected Completion Date</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Items</th>
<th>Projected Commencement Date</th>
<th>Projected Completion Date</th>
</tr>
</thead>
</table>

____________________________% (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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of DBE Firm (where applicable)</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of DBE (where applicable)</th>
<th>Signature of MBE Firm</th>
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(TO BE RETURNED WITH RFP)

<table>
<thead>
<tr>
<th>Name of FBE Firm</th>
<th>Signature of FBE Firm</th>
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<tbody>
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</tbody>
</table>
5: DBE Form E

DBE Unavailability Certification

I, ____________________________________________, ______________, certify that on _______ ______ ______, 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_________________________

__________________________________________________ ________________________________Non-DBE Prime Proposer

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

Signature, Non-DBE prime Proposer

Non-DBE Prime Proposer

Signature, Non-DBE Prime Proposer
Non-Minority Prime Affidavit for DBE

STATE OF } 
COUNTY OF } SS. AFFIDAVIT

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

Name of Firm:________________________________________________________

Signature:____________________________________________________________

Name and Title:________________________________________________________

Date:_____________________________________

STATE OF } 
COUNTY OF } SS. 

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

(Seal)

Notary Public___________________________

Commission expires______________________
7: DBE Form G

This form need not be completed if all 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 vendor is a subcontractor.
Non-Minority Prime Affidavit (Joint Venture)

STATE OF OHIO    CUYAHOGA COUNTY    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 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
Section XIII: EOA Contractual Declaration Forms

CMSD Affirmative Action Program

Vendor Contract Compliance, Procedures and Guidelines

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

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

A. SUBMISSION OF VENDOR EMPLOYMENT PRACTICE REPORT

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

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

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

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

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

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

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

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

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

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 of Manager of Diversity will inform the vendor of reason(s) for non-compliance. Vendors found not in compliance will be given ten (10) business days from the time of notification by the Purchasing Director or Manager of Diversity to submit an acceptable affirmative action program to the Diversity Officer.

3. If the vendor which has been found not in compliance submits an acceptable affirmative action plan to the Diversity Officer within ten (10) business days of notification, the vendor may be given conditional approval.

C. AFFIRMATIVE ACTION PLAN

1. Vendor found not in compliance with the District’s equal employment opportunity standards are expected to develop and implement affirmative action programs if they expect to be eligible to successfully propose for District contracts.

2. While it is the vendor’s responsibility to develop an affirmative action program which will result in equal employment opportunity for persons from all sectors of the community, the Officer in Charge of the Diversity Program may refer prospective proposers to resources which may be of assistance in developing affirmative action programs.

3. In the event that a vendor who has been awarded a District contract does not make satisfactory progress toward goals in the affirmative action program, the District will not negotiate a new contract until the vendor assures the Diversity Officer that significant progress will be made.

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

1. Vendor fails to submit completed and signed EEO documents with proposal or other requested information in a timely manner.

2. The vendor is found not to be in compliance with EEO laws, regulations and District policy, and does not have an acceptable Affirmative Action Program, or if the vendor has an acceptable Affirmative Action Program but the Diversity Officer determines the vendor has not made satisfactory progress toward goals in the plan and shows no promise of achieving the goals.

3. Any inconsistencies of misrepresentation of the facts in any of the requested information designed to portray the vendor in a more favorable position with respect to Equal Employment Opportunity Compliance will be grounds for cancellation of the contract by the Purchasing Director upon recommendation by the Diversity Officer and confirmation by the Cleveland Municipal School District.
Form 1: Vendor Contract Compliance Form

Name of Firm:______________________________________________________________

Address:____________________________________________________________________

City, State, Zip Code:_________________________________________________________

Telephone Number:___________________________________________________________

Standard Metropolitan Statistical Area:___________________________________________

Recruitment Area:____________________________________________________________

Type of Business (product or service):___________________________________________

Name of EEO Officer:__________________________________________________________

Signature of Owner, Partner, or Authorized Officer:______________________________

Name (type or print):___________________________________________________________

Date:_________________________ Title:___________________________________________

Do not complete below this line

Status of Vendor:

___ Compliance                     ___ Conditional Compliance

___ Non-Compliance                  ___ Compliance Pending

Comments:____________________________________________________________________

____________________________________________________________________________

Date:_________________________ Signature:_______________________________________
Form 2: Compliance Declaration

The following must be filled out completely:

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

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

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

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

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

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

________________________________________________
(Name of Company)
________________________________________________
(Date:____________________)
(Signature of Company Official)

STATE OF ( )
COUNTY OF ( )SS.

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

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

IN TESTIMONY WHEREOF, I have hereto set my hand and affixed seal at ____________________________, this day of ________ , 20___.
DESCRIPTION OF JOB CATEGORIES

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

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

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

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

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

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

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

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

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

APPRENTICES
Persons employed in a program including work training and related instruction to learn a trade or craft which is traditionally considered an apprentice, regardless of whether the program is registered with a Federal or State agency.
**Part III: 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 | MALES | FEMALES | MALES | FEMALES | MALES | FEMALES | MALES | FEMALES | MALES | FEMALES | MALES | FEMALES | MALES | FEMALES | MALES | FEMALES | MALES | FEMALES |
|----------------------------------------|---------------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|
| 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:** ______________________________
This Term Agreement is made and entered into by and between the Cleveland Metropolitan School District (the “District”), 1111 Superior Avenue E, Suite 1800, Cleveland, Ohio 44114 and Vendor Name, Vendor Address, City, State, Zip (the “Vendor”) for Remedy Force for the Cleveland Metropolitan School District.

Vendor agrees to adhere to all terms and conditions contained within the specifications and documentation of RFP #21300 and fully understands that their services and/or products will be based according to the Proposal Form(s) submitted by the Vendor.

The Cleveland Metropolitan School District does not commit to any specific dollar figure or quantity amount being awarded to the Vendor for this Term Agreement or possible renewal periods. If Vendor is providing a specific service, vendor agrees to maintain all required insurance, without interruption, during the period of this Term Agreement.

The term of this agreement will begin on July 1, 2020 through June 30, 2021 with two (2) renewal options. The First Renewal Option is for the 21-22 School Year (July 1, 2021 through June 30, 2022). The Second Renewal Option is for the 22-23 School Year (July 1, 2022 through June 20, 2023). These renewal options will be under the same terms and conditions as the current contract year and at the discretion of the District. The initial contract term start date (July 1) is subject to change at the discretion of the District with written notice to the awarded vendor(s).

Initial Term Agreement rates and/or prices and renewal option rates and/or prices are listed in Attachment “A”, vendors submitted cost proposal, included and made a part herein. Vendor further agrees and understands that all pricing submitted with their proposal is non-negotiable, including renewal option periods.

Either party may cancel this Term Agreement by giving a thirty (30) day written notice to the other party.

Insurance – Vendor, at all times during the term of this Agreement, shall, at its sole cost and expense, obtain and keep in full force and effect:

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Liability Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>$1,000,000.00 Limit of Liability (per occurrence)</td>
</tr>
<tr>
<td>Umbrella/Excess Liability</td>
<td>$1,000,000.00/$2,000,000.00 (per occurrence/in the aggregate)</td>
</tr>
<tr>
<td>Automobile Liability</td>
<td>$1,000,000.00 Limit of Liability (per occurrence)</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>Workers compensation and employer’s insurance to the full extend as required by law</td>
</tr>
</tbody>
</table>
All insurance policies shall be issued by an insurance company licensed to do business in the State of Ohio, and is satisfactory to the District, and contains an additional insured policy endorsement name with District as an additional insured.

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

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

Indemnification and Hold Harmless – The Vendor shall indemnify, defend, and hold harmless the District, all of its members, officers, employees, and agents, from and against any and all liability (whether real or asserted), claims, demands expenses, costs (including legal fees), and causes of action of any nature whatsoever for injury or death of persons, or damage or destruction of property which may result from or arise out of the negligence or intentional misconduct of the Vendor or its employees, officers, or agents, in the course of the Vendor’s performance of this Agreement or the Vendor’s failure to perform. This indemnification and hold harmless obligation survives the term of this Agreement.

No Damages for Delay - The District shall not be held responsible for any loss, damage, costs, or expenses sustained by the Vendor as the result of any project delays, disruptions, suspensions, work stoppages, or interruptions of any kind, whether reasonable or unreasonable or whether occasioned by changes ordered in the work or otherwise caused by an act or omission of the District, its agents, employees, or representatives, or by any cause whatsoever beyond the control of the Vendor.

Criminal Background Check - Vendor agrees to successfully complete a criminal background check on any of its employees who provide services under this Agreement in the school district and who are required by Ohio Revised Code Section 3319.39, 3319.31 or 3319.392, as amended. A copy of all such background checks shall be provided by the Vendor to the District at vendor’s expense.

Damage to Buildings, Equipment, and Vegetation - The Vendor shall use reasonable care to avoid damaging existing buildings, equipment, and vegetation on the District premises. If the Vendor’s failure to use reasonable care causes damage to any District property, the Vendor shall replace or repair the damage at no expense to the District as the District directs. If the Vendor fails or refuses to make such repair or replacement, the Vendor shall be liable for the cost, which may be deducted from the contract price.

Default – Any of the following events constitute default by the Vendor

a. Non-performance of any term, covenant, or condition of this Agreement by Vendor within the time period
b. Any act of insolvency by Vendor or the filing of any petition under any bankruptcy, reorganization, insolvency, receivership, or moratorium law, or any law for the relief of or relation to debtors
c. Failure of vendor to pay a third party(ies) resulting in any claim(s) against the District or the filing of Liens on Public funds

Effect of Default – In the event of any default by Vendor, the District may do any one or all of the following:

a. Terminate the contract and withhold funds due, if any, to satisfy any third-party claims
b. Sue for and recover all damages arising out of Vendors default
c. Cure the default and obtain reimbursement from Vendor
d. Exercise any other rights available to it in law or equity
Miscellaneous -

a. Vendor represents and warrants that she possesses the qualification and personnel, if required, to provide the services agreed to herein.

b. Neither party may assign, modify, or sub-contract this Agreement, or any right or interest herein, without the prior written consent of the other party.

c. This Agreement shall be binding upon and inure to the benefit of the Parties, their successors, and permitted assigns.

d. To the extent that the terms of this Agreement materially conflict with or render ambiguous any provision of the Vendor’s (Bid/Proposal), the terms of this Agreement shall govern.

e. The paragraph headings are for convenience only and shall not affect the interpretation of this Agreement.

f. This validity, construction of this Agreement shall be determined in accordance with the laws of the State of Ohio.

g. The vendor and all subcontractors shall comply with all local, state and federal laws, rules, regulations and ordinances.

h. No travel expense reimbursement is authorized unless specifically stated in this contract. If so stated, the meals, travel, and lodging are reimbursable only in strict compliance with the Ohio Auditor of State Technical Bulletins, Guidance and Rules and Regulations and, if this contract is federally funded in whole or in part, in strict compliance with all rules, regulations and guidance of the U.S. Office of Management and Budget and any other federal office or agency having jurisdiction over federally funded contracts.

i. This Agreement contains the entire agreement between the parties with respect to the services to be provided hereunder, and there are no representations, understandings or agreements, oral or written, which are not included herein.

Conflict of Interest - The Vendor represents that he/she is not an employee or board member of the Cleveland Metropolitan School District. The Vendor further represents that no employee or board member of the Cleveland Metropolitan School District has any ownership interest in or fiduciary duties to the Vendor or any of its parent affiliations and is not on the board of directors of the Vendor or hold any officer position with the Vendor. The District’s signatory to this agreement represents that neither he/she or any family member have any ownership interest in or fiduciary duties to the Vendor or any of its parent affiliations and are not on the board of directors of the Vendor or hold any officer position with the Vendor.
Agreed to and signed this _____ day of ________________, 2020

VENDOR NAME

________________________________________  __________________________

Title

CLEVELAND METROPOLITAN SCHOOL DISTRICT

________________________________________  __________________________

Chief Executive Officer  Date

________________________________________  __________________________

Chief Financial & Administrative Officer  Date

Approved as to Form: __________________________  __________________________

Chief Legal Counsel  Date
Part III: Specifications and Scope of Work

RFP #21302

REMEDY FORCE

FOR THE

CLEVELAND METROPOLITAN SCHOOL DISTRICT
The Services. Cleveland Metropolitan School (CMSD), also known as Cleveland Municipal School District, hereby solicits submissions of written proposals on a competitive basis from qualified respondents to provide CMSD the services described herein all in accordance with the terms and conditions detailed herein. In particular, the services sought by CMSD will require the respondent to submit proposals for:

The following general service requirements apply to this RFP and are in addition to any component or service-specific requirements presented.

- Proposals must follow the order, sectioning and numbering displayed in the CMSD RFP proposal response format (see Appendix A).
- All pricing must be in a separate sealed envelope using the RFP pricing form (Appendix H).
- All prices must be line itemized, where applicable (Appendix H).
- An agreed-upon dispute resolution mechanism must be defined.
- There is no guarantee of any minimum amount of services that may be requested during the term of the contract.
- A response is considered valid when it is at least one full sentence and does not simply acknowledge the subject as in, “Understood”, “Will Comply”, “Agreed” etc.
- Each page of your response must be numbered consecutively without any breaks or restarts, starting with page 1. If you need to reference un-numbered pages such as graphics, charts etc. They must be included in an appendix and clearly identified by section, heading and reference note.

SECTION II: PROPOSAL PROCESS

The proposal process will proceed along the following guidelines, for which pertinent dates are presented in the RFP transmittal letter and respective RFP:

- Posting of RFP on CMSD Procurement webpage
- Notice in local newspaper regarding RFP posting
- Partner submission of written questions
- On-line publication of written questions and responses
- Issuance of addendum, as necessary
- Receipt of partners’ intent to propose or not propose
- Receipt of proposals at CMSD
- Evaluation Committee review
- Notification of proposal award to selected partner(s) and notification of non-award to other partners
- Contract negotiation(s) with selected partner(s)
• Contract finalization with selected partner, final signatures obtained

All questions must be written and directed to Seletha.Thompson@clevelandmetroschools.org. All questions received and responses thereto will be distributed via the District’s website and to all partners expressing intent to propose.

All information received by the District shall become the property of CMSD. The District reserves the right to accept or reject any or all proposals without explanation.

Proposers should note that the following Request for Proposals is general in nature to express a wide-ranging need. Proposers should feel free to define and specify in detail their services and products.

SECTION III: CONTRACT PERIOD & AWARD

The term of the Agreement shall commence on the date that the Agreement is executed by all parties thereto. Thereafter, unless earlier terminated, the term of the Agreement shall continue for an initial term of 1 year, with the contract commencing July 1, 2020. The Agreement shall reserve for CMSD the unilateral option of extending the term of the Agreement with a second and third renewal option under the same terms and conditions as the initial agreement. (Hereinafter, the period from the time of commencement of the term of the Agreement until the time of expiration of the term of the Agreement shall be referred to as the “Agreement Term”). Note: All contracts are based on funding and approval of CMSD Board.

SECTION IV: EVALUATION CRITERIA

Proposals will be evaluated, first, as responsive or non-responsive to the RFP’s specifications. A preliminary review will be conducted of all proposals submitted on time to ensure the proposal adheres to the mandatory requirements specified in the RFP. Proposals that do not meet the mandatory requirements will be deemed non-responsive and may be rejected. In the event that all proposers do not meet one or more of the mandatory requirements, CMSD reserves the right to continue the evaluation of the proposals and to select the proposal(s) which most closely meets the requirements specified in the RFP. Responsive proposals to this RFP must include, or meet, the following mandatory requirements:

1. Timely Submission
2. Transmittal Cover Letter
3. Responses to proposal requirements
4. Experience and qualifications to provide the services
5. Cost proposals
6. Signature acknowledgement of authorized representative
7. References
8. Addendum Acknowledgement Form acknowledging all Addenda issued
Second, the proposals will 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 criteria:

1. 35% Cost services
2. 25% Demonstrated capability providing services to organizations similar in size and structure to CMSD
3. 25% Quality of services
4. 10% References
5. 5% Minority Business Enterprises (MBE)

CMSD reserves the right to interview or to seek additional information related to criteria already specified in the request after opening the proposals, but prior to entering into a contract, to reject any or all proposals, and to award a contract to one or multiple partners as CMSD deems necessary to meet its objectives.

CMSD also reserves the right to check references provided by the respondent. CMSD will select the proposal(s) deemed to be most advantageous, with price and other criteria factors considered.
SECTION V: PROPOSAL REQUIREMENTS

The specifications for RFP# are described below. Partners are required to provide the information below as well as complete the Compliance Section Part I (Purchasing Documents). The narrative part of the proposals must present the following information and be organized with the following headings. Each heading should be separated by tabs or otherwise clearly marked.

Proposal responses are to be divided into sections as follows:

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

2. A completed set of Required Purchasing Division documents set forth in Part 1 of this RFP.

3. General Information Section
   a. Executive Summary: Information about the firm’s history, structure, organizational metrics, and qualifications for fulfilling CMSD’s requirements
   b. Business Health: Information about the firm’s financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.
   c. Experience and Expertise: Information about the firm’s current and previous contracts, particularly those with organizations similar to CMSD.
   d. General narratives about at least two clients using services similar to those being proposed for CMSD (Appendix D).
   e. Management Support Services: Information about staff, project, issue, performance, quality, and risk management methodology.
   f. Security: Information about the firm’s policies, practices, and standards for maintaining the confidentiality and integrity of client’s data, intellectual property, and trade secrets.
   g. Risks: Firm’s evaluation of the greatest challenges and risks associated with the particular services and suggestions for mitigating risk

Dispute Resolution: Information about the firm’s standard dispute resolution methodologies.

4. Technical Section
The Technical Section of the proposal shall specifically address the manner in which the proposer will meet the minimum terms present in Section VII. Proposer shall address the quantitative and qualitative resources to the accomplishment of these requirements listed below. The proposal shall provide enough information so that the evaluators will be able to determine the proposer’s ability to meet each requirement set forth below. 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.
SECTION VI: SCOPE OF SERVICES

1. Introduction

The Cleveland Metropolitan School District (CMSD) continues to execute the Cleveland Plan and other district initiatives. The Department of Information Technology (DoIT) is committed to maintain the District’s vision for technology and services. Our IT service delivery strategy is to enhance and increase service management and customer satisfaction. The service delivery model will include a multifaceted platform to improve efficiency and effectiveness through IT strategic themes such as strategic information management, building an intelligent workplace, enhancing IT service excellence and delivering cloud service solutions.

2. Background

The Department’s goal is to deliver efficient and effective IT services. IT Business and Service Management over the years has tremendously exploded using industry best practices. There is a need to streamline business processes via automation, improving data integrity, enhancing system and data integration, and implementing an enhanced IT operational delivery model for excellent service. Building on the Cleveland Plan and Portfolio Schools Strategy, the expectations for innovative capabilities within CMSD has risen. To improve and enhance services the awarded partner must help us transition from a Level 1 to a Level 2 service delivery maturity model.

3. District Profile

The Cleveland Metropolitan School District is a large urban school system with nearly 103 instructional sites, approximately 6,500 teachers and administrative staff, approximately 36,000 students, and nearly 6,300 classrooms. There are approximately 32,000+ personal computers, 15,000+ mobile devices, and 100+ software applications within the District. The vision for the Cleveland Metropolitan School District is to provide every student with the opportunity to have access to a quality education. This mission is being accomplished by implementing a school-by-school instructional plan, community involvement and participation, and support from businesses and academic partners.

4. Objectives

CMSD is seeking a long – term partner that can assist in achieving the following behaviors:

- Provide pricing and acquisition of BMC Helix Remedy Force Information Technology Service Management (ITSM) system
- Implementation and configuration of BMC Helix Remedy Force ITSM system in accordance with CMSD’s Service Delivery strategy
- Provide basic/administrative training for IT support staff on the BMC Helix Remedy Force ITSM system
- Ongoing support after implementation
5. **Scope of Work**

**The Services:** CMSD hereby solicits submissions of a written Statement of Work (SOW) on a competitive basis from qualified partners to provide services described in accordance with the terms and conditions detailed within the proposal.

CMSD plans to complete the transition from its current system, BMC Footprints, to BMC Helix Remedy Force by September 1, 2020. Items in this scope of work were created to ensure successful transition within this time frame, and to the full satisfaction of the District’s vision and strategic goals.

**Part 1: BMC Helix Remedy Force subscription**

CMSD will purchase BMC Helix Remedy Force licenses through the selected partner. For comparison purposes, response to this RFP must include prices of 27 user licenses, and 80 casual user licenses. The residual license options for trade in credit. Include the prices in the following format:

<table>
<thead>
<tr>
<th>Licenses type</th>
<th>Quantity</th>
<th>Price per license</th>
<th>Total price for one year</th>
<th>Total Price for three years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition, add the total prices of licenses to the total proposal price using the proposal price form (see Appendix G).

**Part 2: Implementation**

The scope of implementation covers installing and configuring BMC Helix Remedy Force as well as migrating data from BMC Footprints to BMC Helix Remedy Force. The selected respondent will provide a communications plan sample as part of the organizational change management.

**Phase I (0-12 months)**
- Service Level Management
- Incident Management
- Service Request Management
- Change Management
- Knowledge Management
- Task Management
- Problem Management
- Release Management
- Reporting and Dashboards
- Virtual Assistant
- Mobile Apps
Phase II (1-3 years)
- Configuration Management
- Asset Management (device, hardware reporting)
- Agentless Discovery
- Remote Management

The implementation will include integrations with other CMSD systems. (E.g. Workday, Active Directory)

Response to this RFP must include details on all proposed phases of implementation. Refer to Appendix B. The proposed implementation plan must include:

- All phases of implementation (e.g. Examine, Initiate, Plan, Execute, Transition, Close)
- A dependency-driven implementation schedule that includes detailed breakdown of tasks, Finish-to-Start dependencies between tasks, and duration of each task. The schedule must indicate which tasks are performed by CMSD’s internal Staff
- A description of the tasks that will be performed by CMSD’s staff
- A description of how the selected partner will be managing, and performing the implementation. Include logistics and project management activities such as on-site visits, virtual meetings, update reports...etc.

**Part 3: Training**

Respondents must include a training plan in their response that includes the following:
- Training for Administrators
- Training for agents (i.e. users and casual users) on all installed modules
- Orientation for customers in a large session setting
- Demonstrated skills assessment
- Material and presentations to communicate for end users

The training plan must demonstrate appropriate knowledge base to CMSD staff. Price of training must be included in the price form using the template in Appendix G.
6. Minimum Capability Requirements

Respondents should include all necessary components required to implement the solution. The following constitutes the minimum capabilities expected to implement the solution.

- Understand CMSD’s business requirements
- Breakdown of BMC’s licensing structure
- Provide an experienced team to implement the SaaS
- Implementation methodology
- Provide implementation schedule
- Testing
  - Integration
  - User Acceptance Testing (UAT)
- Must be able to understand and support various web browsers during implementation
- Integration trouble shooting
  - Solution defects and fixes
  - Critical problems or issues that impact the implementation schedules
  - Identified product bugs and provide resolutions
- Training
  - Knowledge transfer
  - Train the trainer
  - Technical support training
- Service Level Agreements (SLA’s)
- Quality Assurance Metrics
- Present and provide in-depth documentation
- Provide customer support
  - Structure
  - Availability

7. Minimum Implementation Requirements

Partner must demonstrate adherence to the following implementation requirements.

- Success Criteria for a turnkey solution
  - Project delivered all items within the agreed scope
  - User and training manuals are delivered
    - Knowledge transfer
    - User training
    - Technical support training
- Provide results of implementation testing conduct user acceptance testing (UAT).
- District’s workload
  - Must supplement the schedule with a detailed estimation of the workload expected from District resources to satisfy the phase’s timeline
Must include the type of resource (e.g. Executive Stakeholders, SME, process owners, admins…etc.), expected hours per resource, and the part of the schedule each resource will be involved in.

8. Vendor Profile Minimum Requirements

Successful proposal will provide the following attributes to be considered for evaluation:

- Must have successfully implemented BMC Helix Remedy Force in the last 5 years
- Must have successfully implemented BMC Helix Remedy Force to clients of similar size to the District
- Must have a stable financial performance over the last 5 years with steady or growing profit
- Must have highly trained professionals with the following mix of skills and experience:
  - Certified in BMC Helix Remedy Force implementation
  - 6 years or more of testing experience of market leading SaaS systems
  - 6 years or more of testing experience of BMC Helix Remedy Force

9. Required Minimum Information

Below are minimum requirements that must be included in a respondents reply in order to be complete:

**Maintenance Licensing & Warranty**

- Subscription/Licensing terms should be detailed
- Integration of Remedy Force with other Enterprise Systems

**Software Lifecycle**

CMSD requires the BMC Helix Remedy Force Partner to describe the software lifecycle of products in their proposal including version control and any planned future releases and functionality. CMSD is looking for a long-term, sustainable partner that will meet the growing demands and changes at CMSD. Therefore, the partner must not be limited in its ability to grow and change over time. CMSD wants to engage with a partner that uses standard product development and implementation practices.

**Security**

A high level of system and data security is a critical attribute of all CMSD’s systems. Proposers should describe their security policies and protocols to ensure CMSD’s data is protected in the cloud. Any issues with software BMC will address. Configuration issues will by supported by 3rd party vendor.

This must include, where applicable:

- How to protect systems from viruses
- Backup procedures
- Access logs
- Data store and transfer processes
- Accessibility of audit trails
10. Additional Considerations

The following points will be taken into consideration during evaluation:

- Partner provides no-cost training sessions for District employees around the solution
- Partner provides webinars

11. Business Assumption

The following list includes several key requirements for the selected solution partners. CMSD will not be directly billed for the following:

a. Lodging  
b. Long distance charges  
c. Cell phone cost  
d. Office supplies  
e. CMSD required background checks  
f. Attendance at meetings  
g. Other similar items that are part of doing business  
h. Meeting expenses  
i. Shipping of any kind  
j. Any transportation costs  
k. Overtime  
l. Partner training, education, and/or certification costs or hours to study

12. Service Level Agreement

Response to this RFP will be evaluated based on the SLA’s submitted and credits structure. Partner must use the Form in Appendix B to provide the applicable service level credits
Questions pertaining to this RFP will be addressed at the highly recommended Pre-proposal conference. Additional questions will be accepted per the schedule below after the Pre-proposal conference. All questions pertaining to this RFP must be emailed to: seletha.thompson@clevelandmetroschools.org, no later than, 2020. Refer to the schedule below for specific deadlines. All questions must be in writing. Questions and answers will be distributed to all potential Partners of record in order to avoid any unfair advantage. These guidelines for communication have been established to ensure a fair and equitable process for all Partners. Any attempt to bypass the above lines of communication may be perceived as establishing an unfair or biased process and could lead to your disqualification. This schedule may change depending on the results of the responses.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post of RFP</td>
<td>May 19, 2020</td>
</tr>
<tr>
<td>Vendor's Conference</td>
<td>May 28, 2020</td>
</tr>
<tr>
<td>Deadline for Written Questions</td>
<td>May 29, 2020</td>
</tr>
<tr>
<td>CMSD Issues Addendum</td>
<td>June 9, 2020</td>
</tr>
<tr>
<td>Responses due from Vendors</td>
<td>June 23, 2020</td>
</tr>
</tbody>
</table>

Notice: A highly recommended pre-proposal conference will be held, May 28, 2020 at 2:00 PM, via Conference Call. Please dial in at 888-273-3658; Access Code 7728891.

The purpose of this conference is to allow CMSD the opportunity to provide clarification, respond to questions from potential Partners relative to any facet of this solicitation and to entertain suggestions for improvement of this document and/or the program. Any statements made by CMSD representatives at the pre-proposal conference or otherwise do not modify the terms, conditions, and specifications of this RFP. Any changes to this RFP will be issued in a written addendum to the solicitation.
APPENDIX A: CMSD RFP RESPONSE STRUCTURE AND FORMAT

Your response to RFP# must be presented in the format outlined on this page for it to be considered a valid response. All sections and subsections (if present) listed here must be completed.

Your response should also conform to the following requirements without exception:

1. Responses to each section must be in your own words and should not be a rewrite of the CMSD wording.
2. Responses must follow the order, sectioning and numbering displayed below.
3. Only the section headings and subheadings shown below must accompany your responses. Do not include CMSD’s Description of the requirement.
4. A response is considered valid when it is at least one full sentence and does not simply acknowledge the subject; as in, “Understood”, “Will Comply”, “Agreed” etc....
5. Each page of your response should be numbered consecutively without any breaks or restarts, starting with page 1. If you need to reference un-numbered pages such as graphics, charts etc.... they should be included in an appendix and clearly identified by section, heading and reference note.
6. All responses are expected to be submitted in three ring binders (3 whole punched) and tabbed according to Section. Sub-section headings should be clearly presented within each parent section

**** IMPORTANT ****

The following template/information is provided as a strict guide as to how a response is to be structured. All sections must be present and complete. All provided forms must be completed. Missing information may constitute an incomplete response and risk not being considered by CMSD.

SECTION I: TRANSMITTAL COVER LETTER

See page 55 “Section VI: Proposal Requirements”

SECTION II: PURCHASING DIVISION INFORMATION

A complete set of Required Purchasing Division Documents as set forth in Part I of this RFP
SECTION III: GENERAL REQUIREMENTS

- **Sub-section A: Executive Summary** – Information about the firm’s history, structure, organizational metrics, and qualifications for fulfilling CMSD’s RFP requirements

- **Sub-section B: Business Tenure and Financial Stability** – Describe, in years, your company’s business tenure. Include information about the company’s financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.

- **Sub-section C: Customer References** – Provide 3 customer references that directly relate to the services outlined in this RFP. If your company does not have any direct related references, provide 3 closely related services customer references.

- **Sub-section D: Management Support Services** – Provide information about staff, project, issue, performance, quality, and risk management methodology

- **Sub-section E: Security** – Provide information about your company’s policies, practices, and standards for maintaining the confidentiality and integrity of client’s data, intellectual property, and trade secrets.

- **Sub-section F: Risks** – Provide your company’s evaluation of the greatest challenges and risks associated with the particular service(s). Include suggestions for mitigating risk.

- **Sub-section G: Dispute Resolution** – Provide detailed information about your company’s standard dispute resolution methodologies.

- **Sub-section H: Experience** – Detail your company’s direct experience in the K-12 education industry. If your company does not have any experience in K-12, provide information for direct or indirect experience in the education or government industries.

SECTION IV: SCOPE OF WORK

- Please make sure to specifically address each of the requirements listed in the RFP.
- Please include information for any standard Service Level Agreements.
- Please place any information on any Service Level agreement credits in the cost section of the RFP.
- Failure to do so may constitute an incomplete response
SECTION V: COST OF SERVICE

1. All prices must be line itemized, where applicable over a three-year period.
2. All pricing should be in a separate sealed envelope using the RFP Price Form.
3. Provide time phased implementation schedule with detailed activities and resource allocations.
# APPENDIX B: SERVICE LEVEL AGREEMENT FORM

Use the two tables below to provide estimates of time frames to implement each item.

## Phase 1: (0-12 month implementation)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Incident Management (incoming calls, email, chat support, walk-up)</th>
<th>Service Request Management (incoming calls, email, chat support, walk-up)</th>
<th>Problem Management</th>
<th>Virtual Assistance (BOT) (status updates, ticket creation)</th>
<th>Knowledge Management (documents, videos, live chat)</th>
<th>Reporting and Dashboard Analytics (custom reports, canned reports)</th>
<th>Mobile Apps for Android and IOS (location assistance)</th>
<th>Task Management</th>
<th>Service Level Management (manage services, internal services, call center)</th>
<th>Release Management</th>
<th>Change Management</th>
</tr>
</thead>
</table>

## Phase 2: (1-3 year implementation)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Configuration Management</th>
<th>Asset Management (devices, hardware, reporting)</th>
<th>Agentless Discovery</th>
<th>Remote Administration</th>
</tr>
</thead>
</table>

Use the table below to provide targets for service level agreements. Three main SLA targets have been included in the table.

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Target</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finish implementation on time</td>
<td>Max. 5 days over the proposed target finish date</td>
<td></td>
</tr>
<tr>
<td>Response time (pertains to license related issues)</td>
<td>1 Hour</td>
<td></td>
</tr>
<tr>
<td>Resolution time (pertains to license related issues)</td>
<td>Max. 2 business days</td>
<td></td>
</tr>
</tbody>
</table>
### VENDOR CERTIFICATIONS

<table>
<thead>
<tr>
<th>Certifications</th>
<th># Employed Staff</th>
<th># Contracted Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITIL v3 Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v3 Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v3 Intermediate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v3 Expert</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v3 Master</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Specialist: Create Deliver Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Specialist: Drive Stakeholder Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Specialist: High Velocity IT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Strategist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Managing Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITIL v4 Strategic Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMC Certified Expert</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMC Certified Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMC Certified Associate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D

PROPOSED PARTNER QUESTIONS

Partners must complete the questions below in their entirety using additional pages if necessary. In addition, partners may include diagrams or illustrations.

1. Describe how the vendor will add value to the client’s organization.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Describe vendor’s approach to project management.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Describe the method that the vendor uses to keep the customer informed of relevant information about their solution, such as release updates.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. Describe the total quality management framework as it relates to customer service support, including the escalation process that the vendor uses.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

APPENDIX E

SERVICE PARTNER: REFERENCE FORM

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: ________________________________________________
APPENDIX F

SOLUTION PARTNER: EXPERIENCE HISTORY FORM

The following questions shall be answered by the Partner for use in evaluating the proposal.

EXPERIENCE:

Years in business under present name: ________________________________

Years performing BMC Helix Remedy Force implementation: -

Licenses currently valid in force: _______________________________________

Company Name: _______________________________________________________________________

Authorized Representative’s Signature _______________________________________________________________________

APPENDIX G

PROPOSAL PRICE FORM

(TO BE SUBMITTED WITH THE PROPOSAL BUT IN A SEPARATE SEALED ENVELOPE)

Partners must separate out cost via line item and use the table provided below.

- Interested service partners must engage in tracking service costs

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation Cost</td>
<td></td>
</tr>
<tr>
<td>Licensing Cost</td>
<td></td>
</tr>
<tr>
<td>Training Cost</td>
<td></td>
</tr>
<tr>
<td>Support Cost</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

All price quotations must include all labor, materials and equipment, applicable taxes, shipping and miscellaneous charges that are necessary to provide Cleveland Metropolitan School District with a complete solution.

The signer of this proposal guarantees, as evidence of the affidavit required herein, the truth and accuracy of all statements and information hereinafter provided. The undersigned hereby authorizes any public official, surety company, bank depository, material, or equipment manufacturer or distributor or any person or firm or corporation to furnish any pertinent information requested by the CMSD or their representative, deemed necessary to verify the information provided and statements made regarding the standing and general reputation of the applicant.
Receipts of the following Addenda are hereby acknowledged: (List all Addenda Dates)

Addenda No. _______ Dated ____________ Addenda No. _______ Dated ____________
Addenda No. _______ Dated ____________ Addenda No. _______ Dated ____________
Addenda No. _______ Dated ____________ Addenda No. _______ Dated ____________

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

Company Name: ______________________________________________________________

Address: __________________________________________________________________

City, State, Zip Code: _________________________________________________________

Telephone Number: _____________________________ Fax Number: __________________

Email Address: ______________________________________________________________

Signature: __________________________________________________________________

Printed Name: ______________________________________________________________

Date: ________________________________

<table>
<thead>
<tr>
<th>Person</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Vendors must complete the signatory requirement below:

Company Name:________________________________________________________________

Address:______________________________________________________________________

City, State, Zip Code:____________________________________________________________

Telephone Number: _____________________________ Fax Number: _____________________

Email Address:_________________________________________________________________

Signature: ______________________________________________________________

Printed Name: ___________________________________________________________

Date: __________________________