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Lucas Metropolitan Housing Authority
435 Nebraska Avenue, PO Box 477
Toledo, Ohio 43697-0477
419-259-9400 Fax 419-259-9494
TDD 419-259-9529
www.lucasmha.org

QUOTATIONS FOR SMALL PURCHASES (QSP) QSP #13-Q017 Commodity Delivery Services

Issue Date: October 23, 2013

Due Date: November 6, 2013, 11am ET

Expected Begin Date: November 2013

Overview

The Lucas Metropolitan Housing Authority is seeking written quotations for all labor, material, transportation, equipment, tools, etc. required for one or more licensed entities to provide pick-up and delivery services that will be necessary to ensure food commodities are delivered once monthly to the sites as on the attached schedule. The rates provided by the offeror should be a float rate inclusive of all fees, charges, administrative, insurance costs and any other costs involved in the . Additionally, the LMHA will not provide for any costs incurred in the development of the quote offered.

Scope of Work

It is anticipated that the service will include:

- Lifting of heavy boxes (though the current provider may utilize mechanical crane to deposit boxes if the successful vendor utilizes a flatbed truck to haul boxes.
- Pick-up time at Seagate Food Bank – between 8:30am – 10:30am each day.
- Additional time will be required to allow for current food distributor, Seagate Food Bank, to load boxes from their warehouse into the vehicle and for the successful offeror to transport and unload boxes onto the vehicle, haul boxes from the truck into each identified facility and connect with the site coordinator to obtain sign-off on receipt of boxes.
- The attached schedule may be flexible based on needs of residents in each facility, and the schedule of successful offeror.
- Pick-up and Delivery times are listed with an anticipated 10 – 15 minute window to allow for staff or resident leader to move to get to the community rooms at the various sites.

Please review the following attachments for additional required information:

1. Contractor / Vendor Qualification Statement
2. LMHA Section 3 Forms (*complete **and** notarize*)

Linnie B. Willis, *Director-Secretary*
Board of Commissioners

William J. Brennan, *Chairman*, Barbara J. Fuqua, *Vice Chairman*, Hugh W. Grefe, James L. Jones, James A. Peppers



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General Information

Minimum qualifications of individuals assigned to this project

Possess all appropriate licenses as required by the State of Ohio to fulfill the obligations of this solicitation.

Proof of Insurance for Contractors and Vendors

Workers Compensation:

1. LMHA requires that contractors and vendors supply LMHA with a current Workers Compensation Certificate.
2. LMHA requires that the Workers Compensation Certificate be valid for the term of the contract.
3. Contractors and vendors will immediately provide verification of coverage for the contract term.

General Liability:

1. Contractor agrees to name LMHA as an **additional insured** on its general liability policy, which shall be primary to and non-contributory to LMHA's general liability policy.
2. Contractor agrees to provide proof of General Liability Insurance coverage with combined single limit for bodily injury and property damage not less than \$1million per occurrence.

Insurance Commercial Liability:

1. LMHA requires that the contractors and vendors supply LMHA with a current Certificate of Insurance listing LMHA as an additional insured to their commercial general liability policy.
2. Such coverage must be maintained for the term of the contract.
3. LMHA requires that the contractors and vendors' general liability policy such insurance be primary to LMHA's general liability policy.
4. Insurance limits for contractors and vendors' policies shall be no less than \$500,000/\$1,000,000 for personal injury and property damage.

Insurance Automobile Liability

Contractor also agrees to provide proof of Automobile insurance of owned and non-owned vehicles used on the sites or in connection therewith for a combined single limit for bodily injury and property damage not less than \$500,000 per occurrence.

Indemnity:

Contractors and vendors agree to indemnify LMHA, to the fullest extent provided by law, for any and all claims arising out of their performance of the contracts.



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Processing:

LMHA's Manager of Procurement shall be responsible for obtaining proof of the listed above documents and ensuring that LMHA contracts have the appropriate indemnifications.

Contract Period – Funding & Invoicing

The contract period will be for one (1) year with the option by LMHA to extend for two (2) additional one-year periods. The offeror(s) can claim payment only for services already provided, in amount determined by the negotiated rate. No advance payment will be made. Payment by the LMHA is made within 30 days of receipt of invoices and any required documentation.

Type of Contract

An Indefinite Delivery/Indefinite Quantity (IDIQ or ID/IQ) contract provides for an indefinite quantity of supplies or services during a fixed period. Should an IDIQ be issued, this type of contract does NOT require the LMHA to order a specific maximum quantity of supplies or services.

Confidentiality & Security

Any vendor that has access to confidential information will be required to keep that information confidential.

Availability of Funds

This QSP and all agency contracts are contingent on the availability of funds. If, during the QSP process, funds are not available for the proposed services, the QSP process will be canceled. The vendor will be notified at the earliest possible time. LMHA is not required to compensate the vendor for any expenses incurred as a result of the QSP process.

Non-Appropriation Clause

The proposed services will be subject to termination in the subsequent fiscal years if the sufficient funds are not appropriated and budgeted or are not otherwise available to continue making payments for the equipment of other services performing similar functions and services.

Termination

LMHA reserves the right to terminate an agreement without prior notification for reasons it deems in the best interest of LMHA. If terminated, LMHA will notify the contractor of the termination in writing by certified mail, return receipt requested, and shall pay contractor for services rendered prior to contractor's receipt of the Notice of the Agreement Termination.



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General Information and/or Requirements

Successful offeror(s) must provide the LMHA with:

- Attachments completed in full (and notarized if required).
- Qualifications (to include copies of any certifications/licenses)
- Current copy of its Ohio Workers' Compensation Certificate (if applicable)
- Current copy of general liability insurance certificate **naming the LMHA as an additional insured**, which shall be made "primary" to LMHA's general liability policy.
- Copy of W-9 form

The contract award will be made to the offeror(s) whose quotation is most advantageous to the LMHA, considering price and qualifications. This solicitation may be canceled and all quotations that have already been received may be rejected if the services are no longer required or the price exceeds available funds and for good cause when it is in the best interests of the LMHA.

The LMHA will take affirmative measures to ensure that all respondents are treated without regard to their age, race, religion, color, national origin, ancestry, sex, sexual orientation, handicap/disability or military status in consideration for award of any contract entered into pursuant to this notice.

This Request for Price Quotation is not an offer to buy, and shall not be assumed as such.



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Forward Quotations and Qualifications To:

Cynthia Tetterton-Williams, Manager of Procurement and Contracts

Lucas Metropolitan Housing Authority

435 Nebraska Avenue

Toledo, Ohio 43604

Fax: (419) 259-9494

E-mail: ctetterton-williams@lucasmha.org

For Scope of Services-Related Questions, Please Contact:

Delores Williams, Manager of Resident and Special Services

Lucas Metropolitan Housing Authority

Phone: 419-259-9524, Fax: 419-259-9481

E-mail: dwilliams@lucasmha.org

For Section 3-Related Questions, Please Contact:

Martice Bishop, Administrative Assistant

Lucas Metropolitan Housing Authority

Phone: 419-259-9462, Fax: 419-254-4373

E-mail: mbishop@lucasmha.org

Quotes Must Be Received No Later Than Wednesday, November 6, 2013, at 11:00a.m. ET



Lucas Metropolitan Housing Authority
435 Nebraska Avenue
Toledo, Ohio 43604
Fax 419-259-9494
TDD 419-259-9529
www.lucasmha.org

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Quotation Request Form

Offeror: _____ _____ _____	Terms: N30 Quote Expiration Date: _____
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To Whom It May Concern:

We are currently developing a program of vendor sources. Therefore, we would appreciate a quote from you on the service listed within the **Quotations for Small Purchases (QSP) #13-Q017 / Commodity Delivery Services. Due no later than Wednesday, November 6, 2013 at 11:00a.m. ET.** Please forward this form and all documentation to mailing address, email, or fax listed. List flat rates. Use additional sheet if necessary. Indicate when your price quote shall expire.

Thank you,

Cynthia Tetterton-Williams, CPP, CPPM
Manager of Procurement and Contracts
Lucas Metropolitan Housing Authority
ctetterton-williams@lucasmha.org

Description of Services	Rate(s)

Federal I.D. # _____ Phone #: _____ Date: _____

Authorized Signature: _____

Title: _____

LMHA Commodities – 2013-14 Calendar

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WK 1					Parqwood 11 - 12		
WK 2		Northern Hts. 11-1		Vistula 9:30-11:30 Harry Hansen 11-1 Pulley Homes 11-1		Ten Eyck 11-1	
WK 3		Flory 10am-12	Birmingham 11-12 Spieker 9:30- 11:30 Weiler Homes 10:00 - 11:30		Ravine 11-12 Ashley Arms 11-12		
WK 4				Dorrell 10-11	Glendale 10-11	McClinton Nunn 11-12	
WK 5							

Ravine Park - 55 Poplar St, Toledo 43605
 Pulley Homes/ Harry Hansen – 406 Suder 43611
 Spieker Terrace - 601 Fasset St 43605
 McClinton Nunn - 435 Nebraska Ave. 43604
 Dorrell Manor - 5836 Southwyck, 43614
 Weiler Homes - 601 Fassett St 43605
 Birmingham Terrace - 2100 Consaul St

Flory Gardens 3425 Nebraska, Toledo 43607
 Vistula Manor – 615 Cherry St. Toledo 43604
 Parqwood Apartments - 2125 Parkwood Ave. Toledo 436240
 Glendale Terrace – 3200 Glendale, Toledo, 43614
 Ashley Arms - 1950 W Bancroft Toledo, 43607
 TenEyck Towers - 240 21 St. Toledo, m43624

Contractor/Vendor Qualification Statement

(Page 1 of 2)

1. Prime _____ Sub-contractor _____ (This form must be completed by and for each)

2. Name of Firm: _____ Telephone: _____ Fax: _____

3. Street Address, City, State, Zip: _____

4. Please attach a brief biography/resume of the company, including the following information:
 A. Year Firm Established; B. Year Firm Established in [City/County/State]; C. Former Name and Year Established (if applicable); D. Name of Parent Company and Date Acquired (if applicable).

5. Identify Principals/Partners in Firm (submit under Tab No. 5 a brief professional resume for each):

NAME	TITLE	% OF OWNERSHIP

6. Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Tab No. 5 a brief resume for each. (Do not duplicate any resumes required above):

NAME	TITLE

7. **Proposer Diversity Statement:** You must check all of the following that apply to the ownership of this firm and enter where provided the correct percentage (%) of ownership of each:

- Caucasian American (Male) _____%
 Public-Held Corporation _____%
 Government Agency _____%
 Non-Profit Organization _____%

Resident Owned- (RBE), Minority Owned- (MBE), or Woman-Owned (WBE) Business Enterprise

(Qualifies by virtue of 51% or more ownership and active management by one or more of the following):

- Resident-Owned _____%
 African American _____%
 Native American _____%
 Hispanic American _____%
 Asian-Pacific American _____%
 Hasidic Jew _____%
- Asian-Indian American _____%
 Woman-Owned (Caucasian) _____%
 Woman-Owned (MBE) _____%
 Disabled Veteran _____%
 Other (Specify): _____%

WMBE Certification Number: _____

Certification Agency: _____

(NOTE: CERTIFICATION/NUMBER NOT REQUIRED TO PROPOSE- PLEASE ENTER IF AVAILABLE)

Signature Date Printed Name Company

Contractor/Vendor Qualification Statement
(Page 2 of 2)

8. Federal Tax ID No.: _____
9. [APPROPRIATE JURISDICTION] Business License No.: _____
10. State of _____ License Type and No.: _____
11. Worker's Compensation Insurance Carrier: _____
Policy No.: _____ Expiration Date: _____
12. General Liability Insurance Carrier: _____
Policy No.: _____ Expiration Date: _____
13. Professional Liability Insurance Carrier: _____
Policy No.: _____ Expiration Date: _____
14. Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of _____, or any local government agency within or without the State of _____? Yes No
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
15. Disclosure Statement: Does this firm or any principal(s) thereof have any current, past personal or professional relationship with any Commissioners or Officers of the HA? Yes No
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
16. Non-Collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and 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 to 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 of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against the HA or any person interested in the proposed contract; and that all statements in said proposal are true.
17. Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the HA discovers that any information entered herein is false, that shall entitle the HA to not consider nor make award or to cancel any award with the undersigned party.

Signature

Date

Printed Name

Company



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SECTION 3 SOLICITATION INSTRUCTIONS

Overview

Lucas Metropolitan Housing Authority's Section 3 policy requires that when the Section 3 regulation is triggered by a need for new hires (whether individual employees, contractors or sub-contractors), every effort within the contractor's disposal must be made to the greatest extent feasible to offer all available employment and contracting opportunities to its residents based on resident categories. Only when the regulation is triggered by a contractor and they are unable to offer employment or contracting, the contractor may offer employment related training to the Authority residents.

Instructions:

All general contractors, primes and subcontractors **MUST** complete either form 1008, 1009, or 1010. Subcontractors **MUST** submit their completed forms to the general contractor or prime.

SECTION 3 BUSINESS CONCERNS:

Section 3 Business Concerns requesting preference **MUST** submit the Section 3 Business Concern Preference Form (1008) with the bid, offer, or proposal.

NON-SECTION 3 BUSINESS CONCERNS:

Non-Section 3 Business who triggers the Section 3 Regulation by doing subcontracting or hiring **MUST** submit the Section 3 Business Concern Compliance Option Form (1009) with the bid, offer, or proposal.

NOT TRIGGERING THE SECTION 3 REGULATION:

Not triggering the Section 3 Regulation means that your business does not anticipate the following:

- I do not anticipate any new hires on this contract and/or
- I do not anticipate any new contracting by my firm on this contract.

Businesses who do not anticipate triggering the Section 3 regulation **MUST** submit the Section 3 Non-Trigger Option Form (1010).



Lucas Metropolitan Housing Authority

**Section 3 Business Concern
Preference Option Form**

I am certifying as a Section 3 Business Concern and requesting Preference accordingly. *I have selected ONE of the following preference options that best defines my business:*

OPTION #	OPTION DESCRIPTION	INITIAL
ROB PREFERENCE 1	A business claiming status as a Section 3 Resident-Owned Business Concern (ROB) entity. ATTACH COPY OF ROB CERTIFICATION LETTER ISSUED BY LMHA.	
30% + WORKFORCE PREFERENCE 2	A business claiming Section 3 status, because at least 30% of the existing or newly hired workforce for this specific contract will be Section 3 residents throughout the entire contract period. If a Prime or General Contractor is electing this option, the 30% employment requirement will be for the entire project including all the sub-contractors employees: Check all methods you will employ to secure Section 3 Residents/Persons <input type="checkbox"/> Distribute Flyers door-to-door to ALL local public housing authorities <input type="checkbox"/> Run multiple advertisements in the local paper announcing the hiring opportunities <input type="checkbox"/> Post signs at the entrance to the job site that it is a Section 3 covered project <input type="checkbox"/> Notify residents and local community organizations including shelters and churches <input type="checkbox"/> Defer to any list of Employment Readiness trained residents provided by the Authority <input type="checkbox"/> Other: _____ I anticipate my total number of employees for this contract to be ____ and ____ will be qualified Section 3.	
25% SUBCONTRACTING PREFERENCE 3	A business claiming Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 Business: <input type="checkbox"/> Provide a list of intended subcontract Section 3 business(es) with subcontract amount <input type="checkbox"/> Provide certification & all supporting documentation for each planned subcontract Section 3 Business	

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying Section 3 compliance.

Company Name: _____ Company Address: _____

Name: _____ Title: _____

Type of Business (Check One): Corporation Partnership Sole Proprietorship Other

Location of work: _____

Signature: _____ Date: _____

Notary Signature and Seal: _____



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**Non-Section 3 Business Concerns
 Compliance Option Form**

Non-Section 3 Business Concerns are businesses who trigger the Section 3 Regulation by doing subcontracting or hiring. **Non-Section 3 Business Concerns must select ONE of the following compliance options:**

OPTION #	OPTION DESCRIPTION	INITIAL
COMMITMENT TO HIRING 1	<p>I commit to hiring and maintaining throughout the life of any contract awarded as part of this solicitation (Including and changes or modifications). Only if no Category 1 Residents can be secured, the contractor may hire from Category II or Category III in that order. Sufficient justification will be required as to why no Category I Resident(s) could be hired. _____ New Hires are required for this contract as authorized by LMHA.</p> <p>Check all methods you will employ to secure Section 3 Residents/Persons:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Distribute Flyers door-to-door to ALL public housing apartments <input type="checkbox"/> Run multiple advertisements in the local paper announcing the hiring opportunities <input type="checkbox"/> Post signs at the entrance to the job site that it is a Section 3 covered project <input type="checkbox"/> Notify residents and local community organizations including shelters and churches <input type="checkbox"/> Defer to any list of Employment Readiness trained residents provided by the authority <input type="checkbox"/> Other: _____ 	
COMMITMENT TO TRAIN 2	<p>I will commit to funding, from my contract, a qualified Section 3 training in place of Employment or Contracting in the amount of 3% or more of my total contract award as required by the authority's policy. That training will be commenced within ten (10) days of my contract start. My training will be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employment Readiness Related Training - 40 hours Classroom for up to [] residents <input type="checkbox"/> Employment Skills w/Readiness-Classroom Only 80 - hours Classroom for up to [] residents <input type="checkbox"/> Employment Skills w/Readiness-Classroom and Job Site for a minimum of [] residents <input type="checkbox"/> Other: _____ <p><i>(Contractor understands that if Job Site training is completed by having the trainee complete work comparable to HUD defined employment categories, then the trainees must be paid Davis-Bacon wages and covered under their workers' compensation insurance)</i></p>	
COMMITMENT TO EDUCATION FUND 3	<p>I will provide a single payment to the Lucas Metro Housing Authority equal to three (3%) percent \$ [] of my total contract award \$ [] to assist the authority in facilitating employment related training. That payment will be payable from the first payment issued on the contract. The funds may be a part of the mobilization funding requested by me/my firm if any. I further agree that if there are any increases to the value of my contract, I will make additional payments to this fund that will maintain the listed percentage level at all times including any final incentives or additional payments. The authority will be fully responsible for soliciting, managing and paying for the selected training services under this part and I will have fully met my obligation to comply with the Section 3 regulation. If for entire Contract Value please explain.</p> <p>Small contractors or service vendors receiving single payments or undeterminable payment cycles based on services on request, the LMHA will arrange for any payment into the fund based on the terms of each agreement independently.</p>	

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying Section 3 compliance.

Name: _____ Title: _____

Company Name: _____

Signature: _____ Date: _____

Notary Signature and Seal: _____



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NON-TRIGGER SECTION 3 REGULATION AFFADAVIT

If Contractor **does not** anticipate triggering the Section 3 regulation, check the appropriate box according.

Not triggering the Section 3 regulation means that your business does not anticipate the following:

- I do not anticipate any new hires on this contract and/or
- I do not anticipate any new contracting by my firm on this contract.

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying Section 3 compliance.

Company Name: _____ Company Address: _____

Name: _____ Title: _____

Type of Business (Check One): Corporation Partnership Sole Proprietorship Other

Location of Work Being Performed: _____

Signature: _____ Date: _____

Notary Signature and Seal: _____ Date: _____