# REQUEST FOR PROPOSAL (RF

NUMBER20190502BOE

## SUMNER COUNTY BOARD OF EDUCATION

This solicitation document serves as the written determination of the SCS Purchasing Supervisor that the use of Ceralipetitive S Proposals for this solicities in the best interest of SCS.

RFP Title: Pest Control

## **Purchasing Staff Contact:**

| Chris Harrison                   | Janice Wright                   |
|----------------------------------|---------------------------------|
| Purchasing Supervisor            | Purchasing Coordinator          |
| 615-451-6560                     | 615-451-6569                    |
| chris.harrison@sumnerschools.org | janice.wright@sumnerschools.org |

| Release DateApril 11, 2019  | Proposal Due Date 2, 2019 @ 10:00 a.m.     |
|-----------------------------|--|
| Release Bate spill 11, 2015 | 1 10p03ai Duc Datwiay 2, 2013 @ 10.00 a.m. |

Any altercations to this document made by the proposer may be grounds for rejection of proposals, cancellation of any subsequent award, or are other legal remedies available to the Sumner County Board of Education.

## **NOTICE TO PROPOSERS**

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#### 1. Introduction/Overview

## 1.1. Purpose

The Sumner County Board of Education (SCS) is requesting sealed proposatis fontrol services

#### 1.2. Contact Information

Unauthorized contact regarding this RMH employees or officials of SCS other than therefore Supervisoriamed below may result in disqualification from this procurement process.

Interested parties must direct all communication aeding this RFP to the Purchasing Supervisor is SCSs only official point of contact for this RFP.

| RFP Procedures                   | RFP Specifications |
|----------------------------------|--------------------|
| Chris Harrison                   |                    |
| Purchasing Supervisor            |                    |
| 1500 Airport Road                |                    |
| Gallatin, TN 37066               |                    |
| chris.harrison@sumnerschools.org |                    |

## 2. Requirements

## 2.1. Contract Term

It is the intention of SCS to awar 6-month contractfrom August 1, 2019 thru July 31, 2020 the option to renew the contract for two (2) on ear terms contingent upon funds availability and Board approxial request for price adjustment will be accepted prior to the end of the contract term. Price adjustments are subject to agreement by both parties.

2.2. Scopeof Work / Specification 45002 Tw /LBoram 8 Tw 0.2 (t3 (s)-1.3 (t)6 (n)-6.8 (.7 2 (e)] TJ k (19)1 (c)1.1t10.5 0

#### D. SERVICE TECHNICIANS

- 1. The service technician must be certified for a minimum period of two years. Proof must be provided (i.e. catification card issued by the Agriculture Department).
- 2. The service technician must enter and exit any location thru the front office. School/cafeteria locations require that any individual entering the premises chiecknd checkout utilizing the LobbyGard Visitor Management System. A State issued photo identification will be required.
- 3. The service technician must wear a uniform and I.D. Badge with a picture on school premises. The name on the I.D. Badge must correspond with the certification card.
- 4. Theservice technician will report to the School Nutrition Manager (cafeteria area only) and school administration (remaining school area) and review the log book. When service is complete, the service technician will submit a service form for signature to the Old Nutrition Manager (for services completed in the cafeteria area only) and to school administration (for services completed in the remaining school area). A copy of the form must be given to the School Nutrition Manager and school administratione Service form must include: location, date and time, specific problems areas and treatment performed.

#### E. BID PRICES

Bid prices must remain firm throughout the contract period.

#### F. INVOICE

- 1. The contract amount will be paid in 36 equal installmeAtsy additional services shall be invoiced separately by location.
- Separate invoices will be issued to the Board of Education and to the School Nutrition Program on a monthly basis.
- 3. A copy of the service form must be included with the invoice.
- 4. Invoices arto be submitted no later than the both the month following the service.
- 5. The Sumner County Board of Education is ækæmpt organization.
- 6. Invoices shall be submitted as follows:

| Cafeteria/Kitchen Areas | Sumner County Board of Education |
|-------------------------|----------------------------------|
|                         | School NutritiorProgram          |
|                         | 695 East Main Street             |
|                         | Gallatin, TN 37066 .             |
|                         | ·                                |

#### G. CODE OF CONDUCT

The following conduct wibe expected of all persons who are engaged in the awarding and administration of contracts supported by School Fund and Nutrition Programs Funds.

- 1. No employee, officer or agent of named School Food Authorities shall participate in the selection or in the ward or administration of a contract supported by program funds if a conflict of interest, real or apparent, would be involved.
- 2. Conflicts of interest arise when one of the following has a financi (o)-6.6 (n)2.2 (flic)-18-2.2 (.1 (a

## J. LOCATIONS

| LOCATION                  | ADDRESS  | CAFETERI | SCHOOL /<br>ADMINSTRATIVI |
|---------------------------|--|----------|---------------------------|
| Beech Elementary          | 3120 Long Hollow Pike, Hendersonville, TN 37   | Х        | X                         |
| Beech High                | 3126 Long Hollow Pike, Hendersonville, 37/0175 | Χ        | X                         |
| Beech High Annex          | 3126 Long Hollow Pike, Hendersonville, TN 37   |          | Χ                         |
| Gene Brown Elementary     | 115 Gail Drive, Hendersonville, TN 37075       | Χ        | Χ                         |
| George Whitten Elementary | 140 Scotch Street, Hendersonville, TN 37075    | Χ        | Χ                         |
| Hendersonville High       | 123 Cherokee Road, Hendersonville, TN 3707     | Χ        | Χ                         |
| Indian Lake Elementary    | 505 Indian Lake Road, Hendersonville, TN 370   | Χ        | X                         |
| JackAnderson Elementary   | 250 Shutes Lane, Hendersonville, TN 37075      | Х        | X                         |

| H.B. Williams Elementary          | 115 S Palmers Chapel Rd, White House, TN 3  | X | Χ |
|-----------------------------------|---|---|---|
| White House Middle                | 2020 Highway 31W, White House, TN 37188     | Х | Х |
| White House High                  | 508 Tyree Springs Rd, White House, TN 37188 | Х | X |
| White House High Annex            | 111 Meadow Road, White House, TN 37188      | Х | X |
| Central Office Building           | 695 East Main Street, Gallatin, TN 37066    |   | Х |
| E.B. Wilson Building              | 695 East Main Street, Gallatin, TN 37066    |   | X |
| Hawkins Building                  | 695 East Main Street, Gallatin, TN 37066    |   | X |
| Teacher Center                    | 695 East Main Street, Gallatin, TN 37066    |   | X |
| Riggsbee Support Services Buildin | 1500 Airport Road, Gallatin, TN 37066       |   | X |
| Material Center                   | 1500 Airport Road, Gallatin, TN 37066       |   | X |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sektycliage; or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large printaudiotape, American Sign Language, etc.), should contact the Agency (State or local) wher they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)839. Additionally, program information may be made available in languages other than English.

To file a program compliant of discrimination, complete the USDA Program Discrimination Compliant Form, (AD3027) found online at: <a href="http://www.ascr.usda.gov/complaint-filing-cust.htm">http://www.ascr.usda.gov/complaint-filing-cust.htm</a> dat any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the compilet form, call (866) 632992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington. D.C. 202599410;

(2) fax: (202) 6907442; or

(3) email:program.intake@usda.gov

This institution is an equal opportunity provider.

#### 3. Source Selection and Contract Award

- Award(s), if made, will be made to the Responsive and Responsible proposates proposal is most
  advantageous to SCS, taking into consideration price and the other evaluation criteria set forth in the RFP
  - o General Criteria to be determined "Responsive"

Does the proposal include all required information, included completed attachment forms and affidavits?

Was the proposal delivered on or before the stated deadline? Did it include the required number of copies (hard & electronic)?

General Criteria to be determined "Responsible"

Does the Proposer demonstrate an understanding of SCSs needs and proposed approach to the project?

Does the Proposer possess the ability, capacity, skill and financial resources to provide the service?

Can the Proposer take upon itself the responsibilities set forth in the RFP and produce the required outcomes in a timely fashion?

Does the Proposer have the character, integrity, reputation, judgement, experience and efficiency required for the project?

- SCS reserves the right to enter into discussions with Proposers which have submitted proposals determine
  to be reasonably like of being considered for selection to assure a full understanding of and responsiveness
  to the RFP requirements. Every effort shall be afforded to assure fair and equal treatment with respect to
  the opportunity for discussion and/orevision of their respective proposals. Revisions may be permitted
  after the submission and prior to the award for the purpose of obtaining the best offers.
- SCS reserves the right to negotiate price and contract terms and conditions with the most qualified proposer(s) to provide the requested service. If a mutually beneficial agreement with the lowest responsive and responsible Proposere a (en)5.3 -3.3 (en2 (e)3.2 (o)7.2 l)2.7 -0. o-2.7 (d)5.3 ,sSm r(s)12.6 (er)3.2 (v)83 xt li.3 (e)(o)-3.6 asPropserandeconiu this16.5 phroessuntinoa(r)-2.8 (e)-6 et entsreache.
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The outside of the proposal pande must be labeled as follows (if applicable):

- 1. Name of Company and **Rai**pal Owner, Business License Number, Expiration Date and License Classification.
- 2. In addition to Item 1, the same is applicable to masonry contractors if the work performed is > \$100,000.
- In addition to Item 1, the same is applicable to HVAC, electrical, plumbing or A/C contractors if the work performed is > \$25,000.
- 4. In addition to Item 1, the same is applicable plus the Department of Environment & Conservation License Number and Classification, applicable to geothermal contractors if the work performed is \$25,000.
- 5. If the prime contractor performs the masonry portion of the project or any of the above listed contractor skill sets and the work performed is > \$100,000; it must be so designated.
- 6. Only one (1) contractor in each classification listed shall be written on the bid envelope.

5.6. D,,nt m3 (n-1p (a)-3.3 (m)-9.33 (n-1-3.68(h)2.3 (2A0 Td (> )Tj 0.008 Td 32.2 (,).478 )Tj E (n)5.3 (6 (i/TTl0y << (

- Compensation/Price Data
  - o Address all costs associated with performance of the contracted services.
- Past Performance and References
  - o Provided a minimum of hree (3) client references for similar projects in size and scope successfully completed by Proposer within the last three (3) years. Attachment 6

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## ATTACHMENT.16-Contact Information

| Company Legal Name:  |                                 |    | <br> |
|--|---------------------------------|----|------|
| Company Official Address:  |                                 |    |      |
|  |                                 |    |      |
| Company Web Site (URL):  |                                 |    |      |
| ,                            |                                 |    |      |
|  |                                 |    |      |
| Contact Person for project 2nd | 1 <b>770£3t</b> ation504952170C | e: |      |



Attn: Purchasing Supervisor 1500 Airport Road Gallatin, TN 37066

# ATTACHMENT.26—Bid Form/Certification 20190502BOE Pest Control

| Date   |                    |             |
|--|--------------------|-------------|
|  | PRICE PER LOCATION | EXTENDED TO |
| CAFETERIA / KITCHEN LOCATION                             |                    |             |
| SCHOOL / ADMINISTRATIVE LOCATION                         |                    |             |
| ADDITIONAL SERVICES                                      |                    |             |
| BEDBUGS  |                    |             |
| Classroom Trea   |                    |             |
| Office Treat   |                    |             |
| Other Areas Trea   | tment              |             |
| TERMITES   | .                  |             |
| Price for inspection s                                   | service            |             |
| Price for spot treatment up to 90 linear feet of treatme | nt area            |             |
| Price per linear foot exceeding 90 line                  | ear feet           |             |
| BROWN RECLUSE & BLACK WIB                                | PNOVERS            |             |
| Classroom Trea   | utment             |             |
| Office Treat   | tment              |             |
| Other Areas Trea   | tment              |             |
|  |                    |             |
| Authorized Signature                                     |                    |             |
| Title  |                    |             |
| Printed Name   |                    |             |
| Vendor LegaName  |                    |             |
| Address  |                    |             |
| (street)   | (city, state, zip) |             |

## ATTACHMENT.36—School Nutrition Program €ontract Agreement

## CONTRACT AGREEMENT

We have carefully examined and fully understand the scope of work in furnishing the Sumner County Board of Education School Nutrition Program Pest Control Services at the bid price for items requested.

In compliance with the contract awards and subject to all terms and conditions listed in the scope of work, the undersigned offers and agrees to sell to the Sumner County Board of Education School Nutrition Program all items as quoted. It is understood that all prices quoted include any and all delivery charges and are not subject to finance charges.

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## ATTACHMENT.56- Certification Regarding Debarmen Suspension, Ineligibility and Voluntary Exclusion Eewer Tier Covered Transaction

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its Principals is presently debarred, suspended, proposed fdebarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statement in this Certification, such prospective participant shall attach an explanation to this proposal.

| Organization Name                                    | Bid Number |
|--|------------|
| Name(s) and Title(s) of Authorized Representative(s) |            |
| Signature(s)   | Date       |

## Instructions for Certification

- (1) By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
- (2) The certification in this clause is a material representation of fact upon which reliance was placed when this transactionered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other medies available to the Federal Government, the department or agency with which this transaction originated many-pawailable remedies, including suspension and/or debarment.
- (3) The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (4) The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant" primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out ifinition Dend Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this propulsatilities for assistance in obtaining a copy of those regulations.
- (5) The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be intheir exhall 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 with which this transaction originated.
- (6) The prospective lowetier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntarily Exclusionwer Tier Covered Transactions", without modification, in all Idies covered transactions and in all solicitations for lower tier covered transactions.
- (7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covresactive that it is not debarred,

## ATTACHMENT 67. – Certificate of Independent Price Determination

- (A) By submission of this offer, the offeror certifies and in the case of a joint offer, each part thereto certifies as to its own organization, that in connection with this procurement:
  - (1) The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor;
  - (2) unless othewise required by law, the prices which have been quoted in this offer have not been knowingly disclosed by the offeror and will not knowingly be disclosed by the offeror prior to bid opening in the case of an advertised procurement or prior to award incase of a negotiated procurement, directly or indirectly to any other offeror or to any competitor; and
  - (3) no attempt has been make or will be made by the offeror to induce any person or firm to submit or not to submit, and offer for the purpose of restricting competition.
- (B) Each person signing this offer certifies that:
  - (1) He or she is the person in the offeror's organization responsible within the organization for the decision as to the prices being offered herein and he or she has not participated, anoth will n participate, in any action contrary to (A)(3) above; or
  - (2) he or she is not the person in other offeror's organization responsible within the organization for the decision as to the prices being offered herein, but that he or she has been authorizeding two act as agent for the persons responsible for such decision in certifying that such person have not participated and will not participate, in any action contrary to (A)(1) through (A)(3) above, and as their agent does hereby so certify; and he oe shas not participated, and will not participate, in any action contrary to (A)(1) through (A)(3).

| Signature of Vendor's Authorized Representative |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   | /P <2 (_j /6-3 001641riz)2.7 (e)-3 (d)2.3 ( R) |

## ATTACHMEN6.8 – Attestation Re Personnel

## ATTESTATION RE PERSONSED IN CONTRACT PERFORMANCE

| CONTRACTOR LEGAL ENTITY NAME:                                   |      |
|---|------|
| FEDERAL EMPLOYER IDENTIFICATION NUM (or Social Security Numb)er | BER: |

The Contractor, identified above, does hereby attest, certify, warrant and assure that the Contractor shall not knowingly

## ATTACHMEN6.9 - Drug Free Workplace Affidavit

The Sumner County Board of Education committed to maintaining a safe and productive work environment for its employees and to providing high quality service to its citizens. The goal of this policy is for Sumner Board to Education employees and contractors to remain, or become and remain, -thereg Abuse and dependency on alcohol and/or drugs can seriously affect the health of employees, contractors and citizens, jeopardize personal safety, impact to safety of others and impaiolo performance.

| STATE OF  |  |
|-----------|--|
| COUNTY OF |  |
|           | d, principal officer of<br>five (5) or more employees contracting with Sumner County Board of Ed <b>uchai<u>n</u> 6016e(@</b> F10.)11tla80 <u>76</u> |
| 43.7 C    | n(3)j( 8.6 (f4)- j 0.005 (n)-0.8( C <u>2.</u> 2 (d- ( 0d00 <u>o(</u> 9 ((3) ( 7.3 6 <u>.</u> 3 6 .3)44.a) <u>3)</u> 2-j 0.009 (ip)2(io)-6.6vll a2)10 |

## ATTACHMENT160-W9

2. OPEN RECORDS.