

# **REQUEST FOR QUOTES (RFQ)**

**FOR**

**Contractor Home**

**Repair services for**

**Adult Protective**

**Services (APS)**

**Consumers**

**KB02-23Q**

**Due Date: June 16, 2023**

**1:00 P.M. EST**

**Issued by**

**THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES  
(HCJFS)  
CINCINNATI, OHIO 45202**

Quotes may be sent to Kris Bullock at  
[Hamil\\_ContractServicesProcurementBullock@jfs.ohio.gov](mailto:Hamil_ContractServicesProcurementBullock@jfs.ohio.gov) on or before June 16th, 2023,  
1:00 P.M. EST.

## **Introduction (ARPA Info)**

### **Overview**

Adult Protective Services (APS) works with Hamilton County's elderly residents aged 60 and older who are identified to be at risk for abuse, neglect and/or exploitation. The goal is to keep elderly adults living in the community, in a safe environment.

APS workers work with families, social service agencies and other community resources to meet the elderly adult's needs and improve their living situation where necessary and appropriate. Very often, the elderly adult's home is in need of cleaning and repair. HCJFS is seeking quotes from businesses who can provide necessary cleaning, decluttering and home repairs to improve the living conditions of the APS client.

### **Scope of Service**

The contracted entities will provide services and necessary repairs to identified APS client homes at the request of the APS worker/manager, after the preliminary invoice for those services is approved by the APS section chief. The APS client must agree to the home repairs and will be included in the decision-making process to the extent possible. Such services may include, but are not limited to:

- Decluttering (in hoarding and self-neglect situations)
- Home Modification/Repairs (wheelchair ramps, window repair, plumbing/electrical repairs)

### **Contract Term**

A contract will be written for approximately fifteen (15) months. The anticipated start date of July 1, 2023 and the contract will terminate September 30, 2024. HCJFS reserves the right to award a contract to multiple bidders.

## **Population**

Hamilton County's elderly residents with an open APS case.

HCJFS is accepting quotes for **home repair services for elderly individuals who have an open case with Hamilton County Job & Family Services Adult Protective Services (APS)**. The purpose of this RFQ is to select a vendor who can best meet the requirements of the RFQ at the lowest cost for the specified time periods. The Vendor selected from this RFQ process shall provide these services, as defined hereafter. The proposed solution must meet the specific needs of HCJFS. The details of the services needed are further defined in **Section 6 Requirements and Specifications**.

### **1. CONTACT PERSON:**

The contact for this quote is:

**Kris Bullock**

**Contract Specialist HCJFS  
222 E. Central Pkwy.  
Cincinnati, Ohio 45202**

**All questions regarding this quote must be presented by e-mail to:**

**[Hamil\\_ContractServicesProcurementBullock@jfs.ohio.gov](mailto:Hamil_ContractServicesProcurementBullock@jfs.ohio.gov)**

(Quote number should be entered in the subject line of the e-mail)

<b>Deadline for Receiving Final RFQ Questions</b>	<b>June 6, 2023 1:00 p.m. EST</b>
<b>Deadline for Issuing Final RFQ Answers</b>	<b>June 9, 2023 4:00 p.m. EST</b>
<b>Deadline for Quote to be Received by Contract Specialist</b>	<b>June 16, 2023 1:00 p.m. EST</b>

**2. Delivery of Quotes:**

Quotes may be sent to Hamil\_ContractServicesProcurementBullock@jfs.ohio.gov no later than 1:00 PM, EST on June 16, 2023.

**3. Acceptance and Rejection of Quotes:**

HCJFS reserves the right to:

- Award a quote received on the basis of individual items, or on the entire list of items
- Award based on amount of initial term or on initial term plus optional renewal year(s)
- Award or not award any portion of this contract
- Award to multiple Vendors
- Reject any or all quotes, or any part thereof
- Waive any informality in the quotes
- Eliminate conditions or terms that are not in the best interest of HCJFS, Hamilton County and its residents
- HCJFS makes no representations or guarantees as to any minimum amounts being purchased by HCJFS or if HCJFS will purchase through this quote.

**4. Contract Period, Funding and Invoicing:**

The contract will be written for a period of fifteen (15) months. Contract reimbursement is based on successful completion and approval of all equipment and services over the period of the contract. The Vendor can claim payment only for services already provided. HCJFS will make every effort to provide payment within thirty (30) days after verification and acceptance of invoices presented by the Vendor and any required documentation.

## **5. References:**

Offeror must list at least three (3) references\* external to your organization and/or parent organization.

Each reference must be accompanied by (Available Electronically):

- Company Name
- Address
- Phone Number and Fax Number
- Contact Person
- Nature of Relationship and Service Performed
- Time Period of Contract

***\*If references cannot be provided, explain why.***

## **6. Personnel Qualifications:**

For key personnel who will be working on the Program described herein, please submit a detailed work history with the following (Available Electronically):

- Industry Certification(s) and Educational Background
- Work History

## **7. Distinguishing Characteristics:**

Offerors are encouraged to identify their distinguishing characteristics. These distinguishing characteristics may be beyond the services described herein, if the Offeror deems they would provide value to the Program.

## 8. Contract Requirements:

**Please see attached draft contract for required Terms and Conditions.**

The selected vendor will be required to obtain a background check before beginning work for any HCJFS consumer. The details of the background check are listed in the sample contract.

## GENERAL CONDITIONS AND INSTRUCTIONS TO VENDORS

1. HCJFS reserves the right to reject any or all quotes and, unless otherwise specified by the vendor, to accept any item in the quote. In case of error in extending the total amount of the quote, the unit price will govern.
2. HCJFS will make the final payment when the materials, supplies, equipment, or the work performed has been fully delivered or completed to the full satisfaction of HCJFS.
3. Prices must be stated in units or quantities specified (ex. Per hour – plus materials).
4. Quotes submitted shall be irrevocable.
5. Whenever a reference is made in the specifications or in describing the materials, supplies, or services required, of a particular trade name or manufacturer's catalog or model number, the vendor, if awarded the contract, will be required to furnish the particular item referred to in strict accordance with the specifications and descriptions **UNLESS** a departure or substitution is clearly noted and described in the quote by the vendor and accepted by the County.
6. The vendor, if awarded a contract, agrees to protect, defend, and hold harmless HCJFS, the Board of County Commissioners against any demand for payment for the use of any patented material, process, article, or device that may enter into the manufacture, construction, or from a part of the work covered by either order or contract. He/she further agrees to indemnify and hold harmless HCJFS and the Board of County Commissioners from suits or actions of every nature and description brought against it for or on account of any injuries or damages received or sustained by any party or parties by or from any acts of the contractor, his/her servants or agents. To this extent, the vendor or contractor agrees to furnish adequate Public Liability and Property Damage Insurance, the amount of which will be determined by the Board of County Commissioners wherever such insurance, in the opinion of the Board, is deemed necessary.

7. The vendor, if awarded a contract, will be required to obtain and keep during the term of the contract the following insurance coverage and limits. **Please review the requirements discuss with an insurance agent and consider the cost before submitting your quote.**

## **INSURANCE**

Vendor agrees to procure and maintain for the term of this Contract the insurance set forth herein. The cost of all insurance shall be borne by Vendor. Insurance shall be purchased from a company licensed to provide insurance in Ohio. Insurance is to be placed with an insurer provided an A.M. Best rating of no less than A-: VII. Waiver of subrogation shall be maintained by Vendor for all insurance policies applicable to this contract, as further defined in paragraph F. 7. of this section and as required by ORC 2744.05. Vendor shall purchase the following coverage and minimum limits:

- A. Commercial general liability insurance policy with coverage contained in the most current Insurance Services Office Occurrence Form CG 00 01 or equivalent with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and One Million Dollars (\$1,000,000.00) in the aggregate and at least One Hundred Thousand Dollars (\$100,000.00) coverage in legal liability fire damage. Coverage will include:
1. Additional insured endorsement;
  2. Product liability;
  3. Blanket contractual liability;
  4. Broad form property damage;
  5. Severability of interests;
  6. Personal injury; and
  7. Joint venture as named insured (if applicable).

Endorsements for physical abuse claims and for sexual molestation claims must be a minimum of Three Hundred Thousand Dollars (\$300,000.00) per occurrence and Three Hundred Thousand Dollars (\$300,000.00) in the aggregate.



B. Umbrella and excess liability insurance policy with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and in the aggregate, above the commercial general policy and containing the following coverage:

1. Additional insured endorsement;
2. Pay on behalf of wording;
3. Concurrency of effective dates with primary;
4. Blanket contractual liability;
5. Punitive damages coverage (where not prohibited by law);
6. Aggregates: apply where applicable in primary;
7. Care, custody and control – follow form primary; and
8. Drop down feature.

The amounts of insurance required in this section for General Liability, and Umbrella/Excess Liability may be satisfied by Vendor purchasing coverage for the limits specified or by any combination of underlying and umbrella limits, so long as the total amount of insurance is not less than the limits specified in General Liability, Business Auto Liability and Umbrella/Excess Liability when added together.

C. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.

D. The Vendor further agrees with the following provisions:

1. All policies, except workers' compensation and professional liability, will endorse as additional insured the Board of County Commissioners Hamilton County, Ohio and its officials, employees, agents and volunteers and the Hamilton County Department of Job & Family Services, and its officials, employees, agents, and volunteers. The additional insured endorsement shall be on an ACORD or ISO form.

2. The insurance endorsement forms and the certificate of insurance forms will be emailed to the Hamilton County Risk Manager at [COI@hamilton-co.org](mailto:COI@hamilton-co.org) and to Agency at [HAMIL\\_ContractServicesCommunication@jfs.Ohio.gov](mailto:HAMIL_ContractServicesCommunication@jfs.Ohio.gov). The forms must state the following: "Board of County Commissioners Hamilton County, Ohio and its officials, employees, agents, and volunteers and the Hamilton County Department of Job & Family Services, and its officials, employees, agents, and volunteers are endorsed as additional insured as required by Agreement on the commercial general, business auto and umbrella/excess liability policies."
3. Each policy required by this clause shall be endorsed to state that coverage shall not be canceled or materially changed except after thirty (30) days prior written notice given to: Hamilton County Risk Manager at [COI@hamilton-co.org](mailto:COI@hamilton-co.org) and to Agency at [HAMIL\\_ContractServicesCommunication@jfs.Ohio.gov](mailto:HAMIL_ContractServicesCommunication@jfs.Ohio.gov).
4. Vendor shall furnish the Hamilton County Risk Manager and HCJFS with original certificates and amendatory endorsements effecting coverage required by this clause.

**NOTE: If Vendor offers Limited contractual liability instead of Blanket contractual liability as listed in (A)(3) and (D)(4) above, the following language must be added to the paragraph above:**

**All certificates of insurance shall reference the project/Contract number for which the insurance is being provided.**

5. Hamilton County reserves the right at any time to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications.

Failure of HCJFS to demand such certificate or other evidence of full compliance with these insurance requirements or failure of HCJFS

to identify a deficiency from evidence provided shall not be construed as a waiver of Vendor's obligation to maintain such insurance.

6. Vendor shall declare any self-insured retention to Hamilton County pertaining to liability insurance. Vendor shall provide a financial guarantee satisfactory to Hamilton County and HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses for any self-insured retention.
7. If Vendor provides insurance coverage under a "claims-made" basis, Vendor shall provide evidence of either of the following for each type of insurance which is provided on a claims-made basis: unlimited extended reporting period coverage which allows for an unlimited period of time to report claims from incidents that occurred after the policy's retroactive date and before the end of the policy period (tail coverage), or; continuous coverage from the original retroactive date of coverage. The original retroactive date of coverage means original effective date of the first claim-made policy issued for a similar coverage while Vendor was under Contract with the County on behalf of HCJFS.
8. Vendor will require all insurance policies in any way related to the work and secured and maintained by Vendor to include endorsements stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against the County and HCJFS. Vendor will require of subcontractors, by appropriate written contracts, similar waivers each in favor of all parties enumerated in this section.
9. Vendor, the County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating and audit procedures.

10. Vendor's insurance coverage shall be primary insurance with respect to the County, HCJFS, their respective officials, employees, agents, and volunteers. Any insurance maintained by the County or HCJFS shall be excess of Vendor's insurance and shall not contribute to it.
  11. If any of the work or Services contemplated by this Contract is subcontracted, Vendor will ensure that any subcontractors comply with all insurance requirements contained herein.
- 
8. Samples, when requested, are returned at the vendor's expense.
  9. Concealed weapons, whether with or without a permit, are not allowed in any Hamilton County Building. ORC states that "Unless otherwise authorized by law, pursuant to the Ohio Revised Code, no person shall knowingly possess, have under the person's control, convey, or attempt to convey a deadly weapon or dangerous ordnance onto these premises."
  10. As a governmental body we are tax exempt.
  11. This purchase and any modifications, amendments, or alterations, shall be governed, construed, and enforced under the laws of Ohio

## COST SHEET

### RFQ

KB02-23Q

**Contractor shall not include any federal unallowable costs in its cost sheet.**

**Be sure to include all cost you may incur to do business with HCJFS.**

Expense Category	Cost*
Salaries	
Equipment	
Supplies	
Utilities/Telephone	
Marketing	
Other:	
Other:	
Other:	
Other:	

**Total Cost:**     -

**\*Attach all supporting back-up documentation.**

Name    of    Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_