

REQUEST FOR QUOTATION

The Lorain County Facilities Management Department is requesting written quotations for the inspection of mechanical fire dampers at:

Lorain County Justice Center
225 Court Street
Elyria, Ohio 44035

Lorain County Administration Building
226 Middle Avenue
Elyria, Ohio

SCOPE OF WORK

The contractor shall furnish all labor, equipment, supplies and materials required to locate and visually inspect all fire dampers found on the blueprints (Exhibit A and Exhibit B) to identify any damaged or missing parts if accessible. Exhibit A and B will be provided at the mandatory walk through. Additional requirements include:

1. Through the duct access door, check the damper linkage, check and test the physical operation of the damper by opening and closing. Check the fire link, and clean/lubricate the damper tracks.
2. All inspections must be performed by qualified ANSI and ICB certified inspectors. The contractor shall submit copies of the required certification for all individuals conducting the testing.
3. A written and accurate record must be kept documenting the testing and inspection of each fire damper. The initial report will consist of three operational conditions: Pass, Fail or Inaccessible Damper. If a damper fails or is inaccessible, provide an itemized written quote to bring the damper into compliance. If additional fire dampers are located, the County of Lorain, Ohio agent must be contacted for further action.
4. All inspections and related testing must be in accordance to NFPA 80 and NFPA 90A guidelines.
5. It is expected that most of the work will be accomplished DURING normal working hours, however, any work that would interfere with the daily operation of court proceedings will be scheduled after hours or on weekends at no additional cost.
6. Any permits, licenses, etc. that might be required are the sole responsibility of the Contractor.

7. There will be a mandatory walkthrough of the buildings on Tuesday, August 26, 2014 PROMPTLY at 2:30 PM. We will meet in the lobby of the County Administration building; 226 Middle Avenue, Elyria, Ohio. Copies of the building mechanical plans will be available at the meeting. Any contractor not in attendance at the meeting will be excluded from quoting the work. Walk through will conclude at 4:30 PM. Attendees should arrive prepared to observe and access areas of interest.

SAFETY REQUIREMENTS

The contractor, its employees, agents, representatives, and any other party working on its behalf shall comply with all applicable terms of the Occupational Safety Health Act, 29 U.S.C. 651 et. seq. and any applicable related regulations, including, but not limited to those stated in 29 CFR 1910 and 29 CFR 1926 and shall comply with all applicable terms of the Ohio Revised Code Chapter 4167. This compliance shall include, but shall not be limited to, at a minimum, providing all employees working on the project with the necessary training before the work is performed and providing all safeguards, safety devices, and protective equipment. The contractor further shall take any and all other actions reasonably necessary to protect the life and health of employees of the contractor and of the county and to protect property in connection with the performance of the work under this agreement.

INDEMINIFICATION

The contractor shall indemnify and save the County harmless from all claims or liabilities of any type or nature to any person, firm or corporation arising from, resulting from, or attributable to the work done under this agreement by the contractor itself or acting with others.

OTHER REQUIREMENTS

- Quotation must be submitted on form provided
- Proof of General Liability Insurance in an amount of not less than \$1,000,000.00
- A copy of an unexpired State of Ohio Certificate of Workers' Compensation.
- A signed Declaration of Personal Property Tax Delinquency Form (furnished by the county).
- A signed Affirmative Action Certificate for E.E.O (furnished by the county)
- A signed agreement containing the terms put forth above

Quotes should be submitted no later than 9:00 AM September 29, 2014 to:

Lorain County Commissioners
Attention: Karen L. Davis, Facilities Director
226 Middle Avenue
Elyria, OH 44035

Questions concerning the project may be directed, in writing, to: Karen L. Davis,
Facilities Director at: kdavis@loraincounty.us.

AFFIDAVIT

State of Ohio
County of _____

I, _____, _____ swear that on _____, 20____, I/we
(name of signing party) (title)
submitted a competitive bid for a contract with Lorain County, Ohio for _____.
(Project Name)

NON-COLLUSION

_____ its agents, officers, or employees have not directly or indirectly
(Insert name of individual, partnership, corporation)
entered into any agreement, participated in a collusion, or otherwise taken any action in restraint of free
competitive bidding in connection with this proposal.

ANTI-DISCRIMINATION STATEMENT

_____ does hereby agree that in the hiring of employees for the
(Insert name of individual, partnership, corporation)
performance of work under this contract or any subcontract hereunder, no contractor or sub-contractor or any
person acting on behalf of such contractor shall by reason of race, creed or color, or handicap, discriminate against
any citizen of the State of Ohio in the employment of laborers or workers who qualify and who are available to
perform the work to which this contract relates.

_____ further agrees that no contractor, subcontractor nor any person
(Insert name of individual, partnership, corporation)
acting in his behalf shall in any manner discriminate against or intimidate any employee hired for the performance
of work under this contract on account of race, creed or color, or handicap.

PERSONAL PROPERTY TAX DISCLOSURE

_____ hereby state:
(Insert name of individual, partnership, corporation)

- 1. That on _____, 20____, I/we received an award from Lorain County for the contract.
- 2. That at the time the competitive bid was submitted I/we had/had not been charged with delinquent personal property taxes on general tax list of personal property of Lorain County, Ohio.
- 3. That the amount of due and unpaid delinquent taxes is \$_____.
- 4. And that the amount of due and unpaid penalties and interest is \$_____.

REAL ESTATE TAX DISCLOSURE

_____ hereby state:
(Insert name of individual, partnership, corporation)

- 1. That on _____, 20____, I/we received an award from Lorain County for the contract.
- 2. That at the time the competitive bid was submitted I/we had/had not been charged with delinquent Real Estate taxes on any parcel of real estate within Lorain County, Ohio.
- 3. That the amount of due and unpaid delinquent taxes is \$_____.
- 4. And that the amount of due and unpaid penalties and interest is \$_____.

(Signature - Title)

(Company Name)

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

Notary Public

SAFETY POLICY STATEMENT

_____ does hereby agree that all employees for the performance of work under this contract or any subcontract hereunder, shall comply with all Federal, State, County and Local safety standards, policies and procedures.

_____ further agrees to submit a copy of the company's safety standards, policies and procedures upon request.

Date: _____ By: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| List account number(s) here (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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | |
|--|----|
| Social security number : : : : | or |
| Employer identification number : : : : | |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your 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 on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,