



REQUEST FOR PROPOSAL

Contract for Linen Service

Federal and Municipal Jail

**City of Jennings
2120 Hord Avenue
Jennings, MO 63136
(314) 388-1164
www.cityofjennings.org**



**CITY OF JENNINGS
REQUEST FOR PROPOSALS**

Linen Service– RFP #02-19

The City of Jennings is seeking proposals for linen service to provide City for the Federal and Municipal Jail Facility at 5445 Jennings Station Road, Jennings MO 63136.

Bid specifications may be obtained from Jennings City Hall, 2120 Hord Avenue, Jennings, Mo., 63136, or via the City's website (www.cityofjennings.org) on or after May 14, 2019 between the hours of 8:30 a.m. and 5:00 p.m. (CST).

Sealed bids proposals shall be delivered to the above address no later than 11:00 a.m. CST, May 31, 2019, at which time they will be publicly read aloud in the Council Room at City Hall.

One original and ten (10) photocopies of the proposal shall be furnished. If sent by mail, the sealed envelope containing the proposals must clearly identify the contractor and be addressed to the City at the location listed above.

Facsimile ("fax") machine transmitted proposals will not be accepted, nor will the City transmit the RFP documents to prospective Contractors via fax or any other electronic means.

The Jennings City Council reserves the right to reject any and all bids and to waive all irregularities. Final decision on the award of the bid will be made by the City Council.

Please contact, Deletra Hudson, City Clerk, at 314-388-1164 or cityclerk@cityofjennings.org if there are any questions or to request additional information.

BID SCHEDULE

The City expects to adhere to the following time schedule:

| | |
|--|--------------------------|
| * Issue RFP: | May 14, 2019 |
| * Deadline for Receipt of Written Questions: | May 20,2019 |
| * City Response/Addenda to be sent by: | May 22,2019 |
| * Proposals Due By: | May 31,2019 |
| * Opening of Proposal: | May 31, 2019, 11:00 a.m. |
| * Regular Council Meeting | June 24, 2019, 7:00 p.m. |
| * Award of Contract | June 25, 2019 |
| * Commencement of Contract Services | July 1, 2019 |

REQUEST FOR PRICE QUOTATION

SUBMITTED BY:

(please print)

Company: _____

Address: _____
street

city, state, zip code

Contact: _____

Signature: _____

Title: _____

Phone: _____

City of Jennings
BID SPECIFICATIONS
Federal and Municipal Jail
Linen Service

| Federal Jail | # Needed Weekly |
|---------------------|------------------------|
| Flat Sheets | # 270 |
| Face Towels | # 260 |
| Bath Towels | # 260 |
| Pillowcases | #150 |
| Blankets | # 150 |

| Municipal Jail | # Needed Weekly |
|-----------------------|------------------------|
| Blankets | # 120 |
| Face Towels | #120 |
| Bath Towels | #260 |

The Supplier must have weekly delivery every Friday before 7:00 a.m. All items must be white.

Term of Contract to be three (3) years, commencing July 1, 2019 to June 30, 2022, with the option for two 1-yr extensions.

Bid Form

| Federal Jail | Weekly Usage | Item Price | Weekly Total |
|---------------------|---------------------|-------------------|---------------------|
| Flat Sheets | #270 | | |
| Pillow Case | #150 | | |
| Bath Towel | #260 | | |
| Face Towel | #260 | | |
| Thermal Blanket | #150 | | |

| Municipal Jail | Weekly Usage | Item Price | Weekly Total |
|-----------------------|---------------------|-------------------|---------------------|
| Blankets | #120 | | |
| Face Towel | #120 | | |
| Bath Towel | #260 | | |

Total Weekly Bid \$ _____

Service charges or any other additional charges shall be incorporated into bidders above pricing.

COMPANY INFORMATION SHEET

| | |
|-----------------|--|
| Company Name | |
| Company Address | |
| | |
| | |
| Contact Name | |
| Contact Title | |
| Contact Phone | |
| | |

How long has your company been in business? _____

How long has your company provided this product? _____

Please provide references from at least three clients for whom you have, within the past 18 months, procured comparable or substantially similar system and performed similar services. The City will contact references only if you are a finalist in the evaluation process.

I, _____, representing the Bidder in an official capacity understand that the information furnished to the City of Jennings is true and correct and any misinformation may result in the cancellation of a purchase award. I have reviewed this bid packet and understand the products and services to be provided. I also understand that the City has sole discretion to reject or accept any or all portions of the proposal.

Signature and Title of Authorized Representative

Date

LIST OF MUNICIPAL OR GOVERNMENT REFERENCES

1. Name of entity: _____
Contact person: _____
Address: _____
Phone: _____
Type of services performed: _____

2. Name of entity: _____
Contact person: _____
Address: _____
Phone: _____
Type of services performed: _____

3. Name of entity: _____
Contact person: _____
Address: _____
Phone: _____
Type of services performed: _____

4. Name of entity: _____
Contact person: _____
Address: _____
Phone: _____
Type of services performed: _____

5. Name of entity: _____
Contact person: _____
Address: _____
Phone: _____
Type of services performed: _____

ANTI-COLLUSION STATEMENT: The signed bidder has not divulged to, discussed or compared the bid with other bidders and has not colluded with any other bidder or parties to a bid whatever. (NOTE: No premiums, rebates or gratuities to employees or officials of the City are permitted either with, prior to, or after any delivery of product(s) or service(s). Any such violation will result in cancellation and/or return of the item(s) (as applicable) and removal from Bid List(s.)

TO THE CITY CLERK OF THE CITY OF JENNINGS, MISSOURI: We (I), the signed, hereby agree to furnish the following product(s) or service(s) at the price(s) and terms stated subject to all instructions, conditions, specifications, and all attachments hereto. We (I) have read all attachments including Specifications and fully understand what is required. By submitting this signed Proposal, we (I) hereby agree that we (I) will make available for audit to appropriate City Officials any applicable records pertinent to a resulting order and/or contract for verification of pricing per terms of purchase agreement.

MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE) APPLICATION FORM

DEFINITIONS:

Service-Disabled Veteran (SDV) is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.

Service-Disabled Veteran Business Enterprise (SDVE) is defined as a business concern:

- a. not less than fifty-one (51) percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than fifty-one (51) percent of the stock of which is owned by one or more service-disabled veterans; and
- b. the management and daily business operations of which are controlled by one or more service-disabled veterans.

STANDARDS:

The following standards shall be used by Purchasing in determining whether an individual, business, or organization qualifies as a SDVE:

- a. Doing business as a Missouri firm, corporation, or individual or maintaining a Missouri office or place of business, not including an office of a registered agent;
- b. Having not less than fifty-one percent (51%) of the business owned by one (1) or more service-disabled veterans (SDVs) or, in the case of any publicly-owned business, not less than fifty-one percent (51%) of the stock of which is owned by one (1) or more SDVs;
- c. Having the management and daily business operations controlled by one (1) or more SDVs;
- d. Having a copy of the SDV's Certificate of Release or Discharge from Active Duty (DD Form 214), and a copy of the SDV's disability rating letter issued by the Department of Veterans Affairs establishing a service connected disability rating, or a Department of Defense determination of service connected disability; and
- e. Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.

If an individual/business/organization meets the standards of a qualified SDVE as stated above, the individual/business/organization **must** provide the following to be considered as a qualifying SDVE by Purchasing:

- a. a copy of the SDV's Certificate of Release or Discharge from Active Duty (DD Form 214),
- b. a copy of the SDV's disability rating letter issued by the Department of Veterans Affairs establishing a service connected disability rating or a Department of Defense determination of service connected disability, and
- c. a completed copy of this application form.

(NOTE: For ease of evaluation, please attach a copy of the SDV's Certificate of Release or Discharge from Active Duty (DD Form 214), and a copy of the SDV's disability rating letter issued by the Department of Veterans Affairs establishing a service connected disability rating or a Department of Defense determination of service connected disability to this application form. The SDV's Certificate of Release or Discharge from Active Duty (DD Form 214) and the SDV's disability rating letter issued by the Department of Veterans Affairs or Department of Defense determination of service connected disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE) APPLICATION FORM

DESCRIPTION OF PRODUCTS/SERVICES:

Describe the general area of products/services the SDVE provides below:

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business enterprise as defined in section 34.074, RSMo. I further certify that I meet the standards of a qualifying SDVE as listed above pursuant to 1 CSR 40-1.050.

Service-Disabled Veteran's Name
(Please Print)

Service-Disabled Veteran Business Enterprise Name

Service-Disabled Veteran's Signature

Missouri Address of Service-Disabled Veteran
Business Enterprise

Phone Number

Website Address

Date

E-Mail Address

(NOTE: A qualified SDVE will be added to the SDVE listing maintained on Purchasing's website [<http://oa.mo.gov/sites/default/files/sdvelisting.pdf>] for up to three (3) years from the date listed above. However, if it has been determined that the SDVE at any time no longer meets the requirements stated above, Purchasing will remove the SDVE from the listing.)

PREFERENCE TO MISSOURI CORPORATIONS, FIRMS and INDIVIDUALS WHEN LETTING CONTRACTS OR PURCHASING PRODUCTS

The bidders attention is directed to Section 34.076 RSMO 2000 which gives preference to Missouri corporations, firms, and individuals when letting contracts or purchasing products.

Bids/Quotation/Proposals received will be evaluated on the basis of this legislation.

All vendors submitting a bid/quotation/proposal must furnish ALL information requested below.

FOR CORPORATIONS: State in which incorporated: _____

FOR OTHERS: State of domicile: _____

FOR ALL VENDORS:

List address of Missouri offices or places of business:

THIS SECTION MUST BE COMPLETED AND SIGNED:

FIRM NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BY AUTHORIZED SIGNATURE (signature required): _____

Federal Tax I.D. #: _____

NOTE: For bid/quotation/proposal to be considered this form must be completed and submitted.

Project: _____

Date: _____

INSURANCE RESPONSIBILITY

The successful bidder will be required to furnish the City of Jennings a satisfactory Certificate of Insurance on which the minimum limits shall be as follows

A. WORKMEN'S COMPENSATION INSURANCE:

Coverage A-Statutory

Coverage B-Employers Liability-\$500,000.

B. COMPREHENSIVE GENERAL LIABILITY

Bodily Injury and Property Damage Liability

\$1,000,000. Per Occurrence

\$2,000,000. Aggregate

Products and Completed Operations

\$2,000,000. Aggregate

C. COMPREHENSIVE AUTOMOBILE LIABILITY

Bodily Injury and Property Damage Liability-

\$1,000,000. Per Occurrence

THE CERTIFICATE OF INSURANCE SHALL NAME THE CITY OF JENNINGS AS ADDITIONAL INSURED AND INCLUDE THE ENDORSEMENT.

A HOLD HARMLESS AGREEMENT MUST BE SIGNED BEFORE THE COMMENCEMENT OF WORK.

HOLD HARMLESS AGREEMENT

Date: _____

We, _____, agree to protect, indemnify save and keep harmless, the Jennings Special Business District, against and from any and all loss, cost, and damage or expense, arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomsoever and whatsoever and will protect, indemnify and save and keep harmless the above mentioned parties from any and all claims, costs or expense arising out of any failure of the contractor in any respect to comply with and perform all the requirements and provisions agreed to and required by any law or ordinance, during period commencing _____ at the premises of _____ located at _____, Jennings, Missouri.

Signature

Name (Printed or typed)

Title