

**The City of Cuyahoga Falls, Ohio**

**Request for Proposals  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Residential Senior Snow Removal Program

**Issued**

**August 14, 2017**

**Due**

**September 14, 2017**

**4:00pm**

**Request for Proposals**

**Residential Senior Snow Removal Program**

1. **General Information**  
     
   The City of Cuyahoga Falls, Ohio is soliciting proposals from qualified contractors for the Residential Senior Snow Removal Program. All such proposals must respond to the “Scope of Services” section of the Request for Proposals. Proposals will be accepted until 4:00pm on September 14, 2017 and should be submitted to the following address:  
     
    The Cuyahoga Falls Community Development Department  
    2310 Second Street  
    Cuyahoga Falls, Ohio 44221  
    Attn: Kelli Crawford-Smith, CDBG/Entitlement Administrator

**Email –** [**Crawford-Smith@cityofcf.com**](mailto:Crawford-Smith@cityofcf.com)  
  
Please submit one (1) hard copy and a .PDF to the addresses listed above.

The contract for these services will be between **one** lowest and/or best contractor and the City of Cuyahoga Falls. Services will be financed with Community Development Block Grant (CDBG) funds provided to the City by the Department of Housing and Urban Development (HUD) as part of its entitlement grant.

Section 3 of the Housing and Urban Development Act of 1968 requires that to the greatest extent feasible, new opportunities for employment arising from this CDBG contract will be provided to low-income persons residing in the Cuyahoga Falls service area.

The City is required to follow federal regulations in the procurement of these services. Since the City is seeking a service, which may be available from many qualified providers, it has elected to follow the lowest and/or best competitive price method. Under this method of selection, the City will receive quotations from interested parties until the date and time printed above. Final selection will be made by the Cuyahoga Falls Community Development Department with approval of the Cuyahoga Falls Board of Control.  
  
The City reserves the right to reject any and all proposals.

1. **Scope of Services**

The City of Cuyahoga Falls is seeking quotations from qualified contractors for the Residential Senior Snow Removal Program. The City will be offering complimentary driveway snow removal vouchers to ***income qualified*** seniors 65 and over and disabled residents for the 2017/2018 winter season. The selected contractor will be provided a list of eligible residents before the 2017/2018 winter season begins. The City anticipates assisting approximately 40 residents this season.

Eligible residents will call the contractor directly when they need their drive plowed. It is the contractors’ responsibility to ask the resident for one (1) voucher after the drive is plowed. The homeowner must sign the voucher acknowledging service rendered.

Within 12 hours after a call for service, the contractor must guarantee the driveway is plowed.   
  
It is the contractors’ responsibility to maintain proper documentation on each address such as the date/time of the plow and the voucher. Plowing services are valid at eligible addresses only. Reimbursement shall only occur if the City is presented with supporting documentation in the form of an invoice and signed voucher.

Contractor is not responsible for snow removal on sidewalks or for providing salt. The contractor is responsible for plowing the driveway edge to edge.

Only residents with concrete or asphalt drives are eligible. Residents will sign a waiver holding contractor harmless.

Contractor shall invoice the City at the end of each month for the plows performed that month. An invoice with supporting documentation (signed vouchers) is required in order to be compensated. All invoices and supporting documentation must be emailed to [Crawford-Smith@cityofcf.com](mailto:Crawford-Smith@cityofcf.com) or hand delivered to the Development Department in care of Kelli Crawford-Smith, CDBG Entitlement Administrator.

**III. Insurance Requirements**

The successful contractor shall procure and maintain during the life of this contract the following insurance: (1) Workmen's Compensation Insurance as required by the State of Ohio for all the employees engaged in work at the site of the project; (2) Comprehensive General Liability Insurance; and (3)

Automobile Liability Insurance for all vehicles and equipment in an amount not less than $500,000.   
  
Contractor must ensure any of its subcontractors maintain the same insurance set forth in the above paragraph.  The contractor shall furnish the City with certificates showing the type, amount, class of operations covered, effective dates and date of expiration of policies. The City of Cuyahoga Falls must be included as an additional insured. Contractor must provide the City with ten (10) days advance written notice in the event the insurance coverage is cancelled or materially modified in any manner.

1. **Coordination**The contract for services will be with the City of Cuyahoga Falls, Ohio. All coordination will be through the Cuyahoga Falls Community Development Department.
2. **Proposal Format**The following is a format which should be followed:
3. Cover letter
4. Understanding the Scope

This section should demonstrate the contractor’s understanding of the scope of services, summarize the key activities to be undertaken and explain how the City’s needs will be fulfilled.

C. Related Experience of the Contractor  
  
This section should discuss the contractor’s previous work on projects similar  
in scope and character. References and a client list with a contact person  
and telephone number should be provided.

E. Cost of Analysis  
  
Description of the total cost associated with each address, edge to edge plow and the administration of appropriate documentation based on the aforementioned scope of service. See bid sheet attached.   
  
Please ensure to return the completed bid form, business owner questionnaire and a copy of valid snow plow permit from the City of Cuyahoga Falls Human Resource Department. Please contact the Human Resource Department for proper permits.

**Local Preference**

The City of Cuyahoga Falls shall apply a Local Preference to this invitation as follows:

Proposers having established their principal place of business, defined as a business with a significant economic and physical presence in Cuyahoga Falls for two (2) successive calendar years prior to the Proposal due date, shall be given a local preference of three percent (3%), with an upper limit of ten thousand dollars ($10,000.00), on the their Cost of Service Proposal.(For instance, if a Proposer's Cost of Service proposal is $10,000.00, a local preference would presume that the amount of $9,700.00 had been proposed for purposes of assessing points to the RFP. If chosen, the proposer would be awarded a contract with a $10,000.00 value.)

To qualify for local preference, Proposers shall state on the bid form their principal place of business, the business address where work will be administered (post office boxes will not be accepted in lieu of a street address) and the date of establishment. Each Proposer shall have only one principal place of business.

1. **Final Section**

The contract to be awarded will be between the City of Cuyahoga Falls and the contractor and must conform to all applicable federal, state and local laws and regulations.

All proposals serve as the basis for selecting a contractor. The City of Cuyahoga Falls will exercise its rights to negotiate the terms of the proposal in its best interest to allow the best available price.

All questions should be addressed to Kelli Crawford-Smith, CDBG/Entitlement Administrator via e-mail at [Crawford-Smith@cityofcf.com](mailto:Crawford-Smith@cityofcf.com) . All questions or requests for information must be made in writing and will be answered via email.

The City of Cuyahoga Falls is an Equal Opportunity Employer. Section 3, Minority and Women’s Business Enterprises are encouraged to apply.

** The City of Cuyahoga Falls**

**Senior Snow Removal Program**

Firm/Individual Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of employees available for this program \_\_\_\_\_\_\_\_\_\_

Date of establishment if claiming local preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snow plowing, edge to edge, per address including maintaining and submitting proper documentation as specified in the RFP.

$\_\_\_\_\_\_\_\_\_\_\_\_ per address/per edge to edge plow/per voucher

Signature of official authorized to bind the firm/individual to the provisions of the RFP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**To qualify for local preference**, Proposers shall state on the bid form their principal place of business, the business address where work will be administered (post office boxes will not be accepted in lieu of a street address) and the date of establishment. Each Proposer shall have only one principal place of business.

**Business Owner Questions**

**Federal funds are being utilized for this contract.**

**Please answer the following questions**

Business Owner- Racial/Ethnic Report (enter number from below) \_\_\_\_\_\_\_\_\_\_\_

1 – White American

2 – Black/African American

3 – Asian

4 – American Indian/Alaskan Native

5 - Native Hawaiian/Other Pacific Islander

6 – American Indian/Alaskan Native and White

7 – Asian and White

8 – Black/African American and White

9 - American Indian/Alaskan Native and Black

10 - American Indian/Alaskan Native and Black/African American

11. Other Multi-racial

The business owner is Hispanic (yes/no)\_\_\_\_\_\_\_\_\_

The business owner is non- Hispanic (yes/no)\_\_\_\_\_\_\_\_

The business owner is female (yes/no) \_\_\_\_\_\_\_\_\_\_

Prime Contractor Identification Number/EIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 3 Business (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will additional employees be hired to complete this contact (yes/no)\_\_\_\_\_\_\_\_