



QUOTE PACKET

For Solicitation

2024-1875 Maintenance, Repair and Operating Supplies

Submitted by

Company Name: _____



QUOTE PACKET CHECKLIST

Instructions: Unless otherwise specifically required, the items listed below must be completed and included in the quote packet. Please complete this form by marking an “X,” where provided, to verify that the referenced completed form or information has been included within the quote submittal submitted by the proposer.

X=ITEM INCLUDED	SUBMITTAL ITEMS
<input type="checkbox"/>	Proof of Insurance and Licensing
<input type="checkbox"/>	Professional References and Experience Summary
<input type="checkbox"/>	Contract Award and Acceptance Form
<input type="checkbox"/>	Fee Submission Form

Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Ohio, or any local government agency within or without the State of Ohio? Yes No
 If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

Disclosure Statement: Does this firm or any principals thereof have any current or past personal or professional relationship(s) with any Commissioner, Officer or employee of the Cincinnati Metropolitan Housing Authority (the Authority)? Yes No
 If "Yes," please attach a full detailed explanation, including dates, circumstances and current status

Non-Collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against the Authority or any person interested in the proposed contract; and that all statements in said proposal are true.

PROPOSER’S STATEMENT

The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this quote submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the Authority discovers that any information entered herein to be false, such shall entitle the Authority to not consider or make award or to cancel any award with the undersigned party. Further, by completing and submitting the quote, the undersigned proposer is thereby agreeing to abide by all terms and conditions pertaining to this QSP as issued by the



Authority, either in hard copy or on the noted Internet System. Upon issuance of award to proposer, CMHA is accepting Contractor's offer contained in the quote submittal and Best and Final Offer (if applicable). No other contractual documents will be necessary or accepted unless specifically expressed in the Contract Acceptance and Award. Pursuant to all QSP Documents and all attachments, and pursuant to all completed Documents submitted, including these forms and all attachments, the undersigned proposes to supply the Authority with the services described herein for the fee(s) submitted pertaining to this QSP.

Signature

Date

Printed Name

Company

E-mail

Phone



Proof of Insurance and Licensing

Attach proof of insurance coverage as required by the Terms and Conditions (re-stated below) and any licenses required for the scope of work.

12. Insurance: Contractor shall obtain and maintain during the performance under this Agreement the following insurance and the amount of such coverage shall be in an amount to cover all indemnity obligations and shall include, but not necessarily be limited to, the following:

12.1. Commercial general liability insurance, including a contractual liability endorsement, in an amount not less than: \$1,000,000 each occurrence; \$2,000,000 general aggregate; \$50,000 damage to premises and fire damage; and \$5,000 medical expenses for any one person.

12.1.1. The Authority and its affiliates must be named as an Additional Insured and as the Certificate Holder.

12.1.2. Commercial General Liability Insurance shall cover premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability.

12.1.3. If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, the Contractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to CMHA a certificate of insurance showing compliance with this provision.

12.2. Professional liability and/or “errors and omissions” coverage with a limit not less than \$1,000,000.

12.2.1. This is required for vendors who render observational services to the Authority such as appraisers, inspectors, attorneys, engineers, or consultants.

12.2.2. The coverage shall be not less than \$1,000,000 each occurrence and \$1,000,000 general aggregate.

12.2.3. The Authority and its affiliates must be named as an Additional Insured and be a Certificate Holder.

12.2.4. If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, the Contractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to CMHA a certificate of insurance showing compliance with this provision.

12.3. Automobile Liability Insurance with CMHA named as an additional insured and as the Certificate Holder with minimum limits as follows: \$1,000,000 combined single limit; \$50,000/\$100,000 for vehicles utilized during the contract if such vehicles are not owned by the Contractor or any agent, owner, or employee of the Contractor (i.e., rental vehicles); \$5,000 medical pay.

12.3.1. This is required of any contractor who will be doing hands on work at the Authority properties.



- 12.4. Workers' Compensation Insurance** as required by state statute and **Employer's Liability Insurance** covering all of Contractor's employees acting within the course and scope of this Contract.

 - 12.4.1.** Worker's Compensation is required for any contractor made up of more than one person.
 - 12.4.2.** Employer's Liability Insurance must cover all of Contractor's employees acting within the course and scope of this Contract. Employer's Liability limit is \$500,000 bodily injury for each accident, \$500,000 bodily injury by disease for each employee, and \$500,000 bodily injury disease aggregate. The Authority and its affiliates must be a Certificate Holder.
- 12.5.** Excess Liability Insurance (Umbrella Policy): may compensate for a deficiency in general liability or automobile insurance coverage limits.
- 12.6.** The coverages provided to CMHA shall be primary and not contributing to or in excess of any existing CMHA insurance coverages.
- 12.7.** The Insurance shall contain provisions preventing cancellation or non-renewal without at least 45 days' notice to CMHA and stating that the carrier will waive all rights of recovery, under subrogation or otherwise, against CMHA, its office, agents, employees or Board of Commissioners.
- 12.8.** Contractor shall provide certificates evidencing the coverage required under this Provision of this Agreement to CMHA upon execution of this Agreement and annually thereafter evidencing renewals thereof. At any time during the term of this Agreement, CMHA may request, in writing, and the Contractor shall thereupon within 10 days supply to CMHA evidence satisfactory of compliance with the provision of this section.

 - 12.8.1.** The Contract may be terminated if the insurance lapses.
- 12.9.** Provide evidence of deductibles. If awarded a contract, CMHA may require lower deductibles depending on the risk to the Agency.
- 12.10.** Coverage required of this Contract will be primary over any insurance or self-insurance carried by CMHA.



Professional References and Experience Summary

CMHA must be referenced if previous work has been provided to the Authority
References should be relevant to the scope of work of this solicitation.

1	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
2	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
3	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
4	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
5	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	

Experience Summary

Please provide a summary of your company's relevant experience, quality assurance plan, and on-line purchase and delivery capabilities (per Section 3.2, Attachment A-Scope of Work as requested in Section 4 of the QSP document.

Answer in the space below or attach a response to your quote submittal.

CINCINNATI METROPOLITAN HOUSING AUTHORITY

CONTRACT ACCEPTANCE AND AWARD

FOR

2024-1875 Maintenance, Repair and Operating Supplies

Note: The vendor should complete the vendor authorized signatures as part of the solicitation response. If the vendor is awarded a contract, then the bottom portion of this form will be completed by CMHA and sent to the vendor.

Vendor

Full business legal name: _____

(Note: Full business legal name should match the name registered with the Secretary of State or should be the owner's name followed by dba then the business name.)

I acknowledge receipt of this form which will become the contract if I am awarded and the following exhibits which are incorporated herein.

Attachment	Contractor's signature
Attachment A: Statement of Work	
Fee Submission Form	
Attachment B: General Terms and Conditions	
Addendum ___ Dated _____	
Addendum ___ Dated _____	
Addendum ___ Dated _____	
Addendum ___ Dated _____	
Addendum ___ Dated _____	

The undersigned hereby proposes and agrees to furnish goods and/or services in strict compliance with the terms, specifications and conditions at the fees proposed. The undersigned further certifies that he/she is an officer of the company and has authority to negotiate and bind the company named below and that the company is qualified and authorized to perform all services as set forth.

Further, by completing and submitting this form and the response, the undersigned is thereby agreeing to abide by all terms and conditions pertaining to this solicitation as issued by CMHA. Upon issuance of award to proposer, CMHA is accepting Contractor's offer contained in the submittal. No other contractual documents will be necessary or accepted. The Contract commences upon CMHA's signature and issuance of Award on this form. Pursuant to this Contract Acceptance and Award including attachments, and pursuant to all Documents submitted, the undersigned proposes to supply the Authority with the services described herein for the fee(s) submitted pertaining to this solicitation.

Date: _____

Company: _____

By: _____
(Authorized Signature)

By: _____ Title: _____
(Print Name)

Award by CMHA

Term of Contract _____ to _____

Unless otherwise stated, this contract is good for a period of one year with an option to renew annually for an additional two years at CMHA's sole discretion. However, the contract shall not exceed \$75,000.

Cincinnati Metropolitan Housing Authority

Date: _____



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Attachment B: Contractor’s Fee Submission Form

The fees shall be a firm fixed price inclusive of all elements required to deliver the services, including but not limited to: employee costs and benefits, clerical support, supplies, materials, licensing, insurance, travel, fuel surcharges, franchise fees, etc. Please note that such cost is inclusive of all elements required to provide these services as specified herein and each fee proposed shall be fully “burdened” with profit and overhead costs.

The Authority has selected the top commonly used items from the 22 commodities as examples of the types of parts, supplies and materials we will utilize during the term of any ensuing contract agreements. **Vendors are requested to only complete the commodities for which you currently provide parts, supplies and materials and wish to be considered for award.** Any commodity items left blank will not be considered for award but will not negatively impact the overall evaluation of the vendor. If a Vendor wishes to quote an item that is similar in nature to an item described but is not listed, the Vendor may do so but must clearly indicate it as a different item from what is provided.

For each item, the unit of measure (u/m) will be 1 (e.g., 1 each, 1 pack, 1 roll, etc. - specify for each quote what u/m applies).

DISCOUNT OFFERED FOR EARLY PAYMENT: _____ % if invoice paid within ____ days of properly submitted invoice as stated in the Scope of Work.

1. APPLICANCES (REFRIGERATORS, MISC.):

Discount Percentage deducted from list price for parts _____ %

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
GASKET, DOOR HTPT-14FT WR24X48					
CONDENSER MOTOR WR60X10241					
GASKET TOP DOOR WR24X10228					
DEFROST HEATER CONDUCTION WR51					



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FOAM DUCT WR02X12019					
Crisper Shelves					
Refrigerator					
Dishwasher					
Garbage Disposal					
Range Hood					

2. APPLICANCE (STOVES):

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
IGNITOR SPARK FR316489402					
DOOR SCREW OVEN FR316001009					
IGNITOR OVEN GEWB2X9998					
DOOR END CAPS OVEN FR316137003					
FLEXLINE-RANGE CONNECTOR,48"- 1					
Universal Knobs					

4. CABINETS:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
MOLDING, 3/4" X 8 FEET					
FILLER, TRIM WOOD 3" X 96"					



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CABINET, BASE 12", 1 DOOR, 1					
CABINET, BASE 33" SINK					
COUNTERTOP 112" LONG BUTCHER					

5. DOORS:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
DOOR, HOLLOW FLUSH- HARWOOD, 24					
DOOR, HOLLOW FLUSH- HARWOOD, 24					
SCREEN DOOR 30X80					
SCREEN DOORS WHITE 36" ANDERS					
SCREEN DOORS WHITE 36" ANDERS					
Door Closers					
Screen Door handles					
Chain Locks					

6. ELECTRICAL:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
SMOKE DETECTOR IONIZATION					



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PHOT**					
PLATE O/L, NYLON DPLX 1- GANG I					
FLOUR LAMP/QUAD- TUBE #FDS13E27					
SW PLATE, NYLON 1-GANG IVORY/H					
CONDUIT, 1" EMT X 10' LG					
SMOKE DETECTOR IONIZATION PHOT/Carbon Monoxide Detector Combo**					
GFCI					
Single Pole Outlets					
Zip Ties					

****Must have a 10 year sealed battery****

7. EXTERMINATION:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
SPRAYWAY 16 OZ GOODNIGHT BED					
FIREBACK AEROSOL					
TRAPPER INSECT MONITORS					
ADVION ROACH GEL					



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AVERT GEL					
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8. FLOORING:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
FL.TILE MUSHROOM 12X12 CONGOLE					
COVE BASE 4" X 4'#CB-49-1 BEIG					
COVE BASE, 4"BLACK-JOHNSONITE-					
COVE BASE, 4"BROWN-JOHNSONITE-1					
ADHESIVE-FLOOR ,XL4000 MULTIPUR					
LVT Flooring					
Carpet (Berber)					
Carpet					

10. GROUNDS:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
6.8 LB ROUND UP QUICK PRO DRY					
CLEAN MELT 50# BAG					
SALT ROCK 50# BAG					
SHOVEL 24" POLY SNOW PUSHER					



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SHOVEL 18" COMBO MOVER					
Triple Shred Black Gold Mulch (1/2 Yard)					
Triple Shred Black Gold Mulch (1 Yard)					
Graffiti Remover (Elephant Snot)					

11. Assistive Devices:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
Doorbell Signaler					
Vibrating and flashing smoke and carbon monoxide detectors					
Captioned Phones					
Handrails					
Raised Toilet Seats					
Hand Held Shower					
Shower Seats					

12. HVAC:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
FILTER, FURNACE- 16" X 20" X 2					
FILTER, FURNACE- 16" X					



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25" X 1					
FILTER, FURNACE- 14" X 25" X 1					
FILTER FURNANCE 18X20X1					
FILTER, FURNACE- 14" X 20" X 1					

13. JANITORIAL:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
Purell Hand Sanitizer, 8 oz					
Clorox Toilet Cleaner, 24 oz					
Softsoap hand soap, Aloe, 7.5oz					
Toilet paper, ultimate soft bath, 2 ply, 16 pk					
Air Fresheners					
Large Toilet Paper dispenser					
Floor Stripper					
Scrub brush					
Niagara Pads					
Baseboard Stripper					
Wax with 25% solid					
Center Pull Paper Towels					
Spray Buff (Snap Back)					



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Buffing Pads					
Burnishing Pads					

14. LIGHTING:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
FIX/2 BULB WHITE GLASS P3015-3					
FLOURESCENT, TUBE F13T5/CW(G.E					
FIX. FLOUR 4 TUBE P3011- 30/75W					
13W OUTSIDE LIGHT FIXTURE W/PH					
LAMP SYL 382D/827/4P					
Puff Lights					

17. PARTS/SUPPLIES:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
EAR PLUG FOAM MAX/LITE#LPF30					
DRILL BIT, HI- SPEED- SIZE 35					
WATER HOSE- VINY/ 5/8"X 50"					
BLADE, SAW ZALL, 6" WOOD, MOR					
BULB, FLASHLITE-					



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18. PLASTER:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
STRUCTULITE MIX-LITE/50 lb bag					
JOINT COMPOUND, TOPPING MUD					
CONCRETE MIX #80 #1101					
DURA BOND 45 PLASTER 18 LB. B					
JOINT COMPOUND, PLUS-3 LITE 4					

19. PLUMBING:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
HANDLE, GERBER #94-404 LAVATOR					
SHOWER HEAD, ST. STL. ADJ. SPR					
FAUCET STEM-COLD-KIT & BATH GE					
STOPPER-ALL SIZES/SEX-061671					
TOILET SEAT, CENTOCO #200					
"O" RINGS-KITCHEN FAUCET SPOUT					



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21. STRUCTURAL:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
WALL PROTECTO 5"					
CLOSER, SCREEN DOOR WRIGHT #V21					
CAULK, TUB @TILE/DAP KWIK SEAL					
LATCH, SCREEN DOOR-WRIGHT #VC3					
STAIR TREADS, 36" X 12" BRWN #3					

23. Pest Control Supplies:

Discount Percentage deducted from list price for parts _____%

Supply	Part Number	Manufacturer	List Price Prior to Discount	Discount Percentage	Price after Discount
Bait Stations					
Roach gel					
Ant Gel					
Transport mikron					
Demon max					
Nuvan prostrips					
Wasp freese					
Protectalp rat					
Zenprox					
Clearzone					



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d-force					
Maxforce bait system belt					

PARTS/SUPPLIES AND MATERIALS (Only for items not priced above):

Description	Percentage added to Contractor's wholesale cost
Supplies and Parts	_____ %
Equipment	_____ %
"On Shelf" Products	_____ %

Does discount include drop ship items? ___ Yes ___ No

Notes and Exclusions:



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PROPOSER'S STATEMENT

The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the Authority discovers that any information entered herein to be false, such shall entitle the Authority to not consider or make award or to cancel any award with the undersigned party. Pursuant to all QSP Documents including attachments, this Fee Submission Form, and pursuant to all Documents submitted, the undersigned proposes to supply the Authority with the services and/or products described herein for the fee(s) submitted pertaining to this QSP.

Date: _____

Company: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____