



QUOTE PACKET

For Solicitation

2026-1807 LAUNDRY VENDING SERVICES

ATTENTION: ELECTRONIC PROPOSALS MUST BE SUBMITTED TO PROCUREMENT@cintimha.com AND DREW.KENDALL@cintimha.com. THE EMAIL TITLE MUST HAVE THE SOLICITATION NUMBER AND NAME (2026-LAUNDRY VENDING SERVICES) AND THE VENDOR NAME IN THE SUBJECT LINE.

**IF YOU DO NOT RECEIVE PROCUREMENT
ACKNOWLEDGEMENT OF YOUR PROPOSAL WITHIN 24
HOURS OF SUBMISSION. PLEASE EMAIL [PROCUREMENT](mailto:PROCUREMENT@cintimha.com)
AND DREW.KENDALL@cintimha.com TO CONFIRM
RECEIPT.**

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 response to the technical questions 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

2026-1807 Laundry Vending Services

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 and QSP Document	
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 three years. However, the contract shall not exceed \$75,000.

Cincinnati Metropolitan Housing Authority

Date: _____



QSP 2026-1807
Laundry Vending Services

Attachment B: Contractor's Commission Rate Submission Form

Performance Standards:

Commission rates will be increased 5% per location for the month for any service not meeting these requirements.

Commission rates will be increased 1% per day for each day the Contractor fails to submit the monthly remittance in accordance with the Contract.

The Procurement Director may waive the commission increases at his discretion after discussing extenuating circumstances with the Contractor. Such waiver shall be in writing at the time of the service.

Pricing:

The proposed rates are all-inclusive of all related costs including but not limited to all labor, materials and equipment required in the scope of work. The Contractor is responsible for providing firm, fixed costs as specified in the table below.

If Contractor is awarded a contract for this solicitation, this Commission Submission Form may be used as an Exhibit to the Contract. The completion of the form is no guarantee of a contract or the award of any services.

Proposed Commission Rate: CMHA intends to enter into a 3-year contract with the selected Contractor utilizing the following proposed rates based. Offeror shall provide commission rates for a period of one year with two one-year options of renewal. The rates shall be identified by a percentage premium for each year.

	Year 1	Option Year 2	Option Year 3
Commission Rate	_____ %	_____ %	_____ %

Proposed Rates: Offeror shall provide the rates to be charged to residents for use of the equipment for a period of one year with two one-year options of renewal. These rates will include the installation and maintenance of coin-operated, energy efficient washers and dryers and be consistent for all the CMHA properties listed in the scope of work.

WASHER Cost/load		DRYER Cost/load	
Amount	Amount	Dry Time	
\$	\$		Minutes



**QSP 2026-1807
Laundry Vending Services**

Commissions shall be paid to the Authority monthly by the last day of the following month (i.e., commissions from laundry vending machine sales in December shall be paid by January 31).

Commission statements shall be submitted to Finance monthly. The statement shall reference Contract No. 2026-1807 and describe and document to the Authority's satisfaction a description of sales and commissions per location.

Mailing Address: Finance Department
 Attn: Dionne Winch
 Cincinnati Metropolitan Housing Authority
 1635 Western Avenue
 Cincinnati, Ohio 45214

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)



**Solicitation 2026-1807;
Laundry Vending Services
Attachment B-1**

EQUIPMENT SPECIFICATIONS

Describe below the machines your company proposes to install if it is selected as the successful proposer. It is desirable that all washers and dryers are the same make and model for each CMHA site. If the machine types will vary by location a separate form should be completed for each type of machine indicating the location where those machines will be used.

CMHA Property Name:		
	WASHER	DRYER
Manufacturer		
Model Number		
Load Capacity		
Length of Cycles		
RPM of High-Spin Cycle		N/A
Speed and Variable Settings		
Energy and Water-Saving Rating		N/A
Estimated Gallons of Water Used Per Washer Load		N/A
Estimated Drying Time per Average Load	N/A	
Description of Coin Mechanisms and Vault		
Please provide samples of brochures and specifications for Proposed Machines (attach to this sheet)		
In what languages(including Braille) do you have the equipment operations signs translated and available for installation?	<ul style="list-style-type: none">●●●●●	