

**SPECIFICATIONS FOR LAUNDRY SERVICE AT
NORTHWEST OHIO PSYCHIATRIC HOSPITAL (NOPH)
TOLEDO, OH**

I. SCOPE:

The specifications are to provide: rental laundry services, including inventory procurement; pick-up of soiled laundry, cleaning, sanitizing, and packaging/wrapping and delivery/placement of clean laundry for Northwest Ohio Psychiatric Hospital (NOPH), 930 S. Detroit Avenue, Toledo, OH 43614.

II. CLASSIFICATION:

Laundry shall consist of: fitted sheets, pillow cases, blankets, wash cloths, bath towels, bed spreads, laundry bags, wet/dust mops and miscellaneous items (rags, patient clothing if sent to the laundry erroneously).

III. BID SUBMITTAL REQUIREMENTS:

- A. The **Contractor** will comply with all pertinent Federal, State, and Local regulations including the Healthcare Laundry Accreditation Council (HLAC) and Joint Commission on Accreditation Healthcare Organizations (JCAHO) requirements. The successful Contractor will be required to forward to the facility a copy of the Contractor's internal laundry procedures to ensure compliance with facility standards.
- B. Failure to meet the minimum requirements and required submittals may deem your bid non-responsive and no further consideration for award shall be given.
- C. **Contractor** shall be able to immediately meet *ICF/MR and **JCAHO accreditation standards, and all state and local health department requirements (Copies of ICF/MR and JCAHO standards can be obtained from the facility).
- D. **Contractor** shall submit with the bid three (3) references of health care facilities (e.g., hospital, ICF/nursing home or mental health facility) they have provided laundry services for in the past five (5) years. References shall include facility name, contact person, phone and fax number(s), dollar amount and length of service. Failure to submit references with current phone numbers may result in disqualification of your bid.
- E. The **Contractor** shall submit with the bid a copy (preferably on CD in PDF format) of their current company's Operation & Procedure Manual and Quality Assurance (QAP) manual that is currently being used in a health care facility. Contractor shall also submit with the bid a written policy and procedure regarding replacement of lost articles.

IV. CONTRACTOR'S SERVICE RESPONSIBILITIES:

- A. The **Contractor** will return the same count of linen as was initially picked up for cleaning. **Contractor** shall provide a written account of all items at time of pick-up and will provide a copy to designated Hospital staff prior to leaving grounds. This "count of items picked up for laundry service shall be performed by the Contractor or his representative, per pick-up site, and a member of NOPH staff. A second written report of items picked up per pick-up site shall be provided when laundry is returned upon cleaning. A copy shall be provided to the Hospital's designee and returned laundry counted prior to contractor leaving the premises.

- B. **Contractor** will assist in storing linen in linen closets. Prospective Contractor shall view these areas when performing on-site survey visit.
- C. The **Contractor** shall be responsible to replace all worn out items listed, due to normal wear and tear; however, **NOPH** will be responsible for the replacement value of the items lost or damaged by the negligence of patients and/or **NOPH** employees. If it is found that the items were lost or damaged while in the Contractor's possession, then the state will not be held responsible for the payment.
- D. The **Contractor** will be responsible for the replacement value if the items are lost or damaged while in the **Contractor's** possession. If the supply of rental linens stored with the contractor is destroyed due to unforeseen events such as fire, tornado, etc. the contract laundry services will be responsible for replacement of all lost/damaged items. The items will be of like kind as approved by **NOPH**.

If for any reason the contract laundry is inoperable, it will be the responsibility of the **Contractor** to maintain normal service for **NOPH**. The bidder must state how they will maintain normal service if the contract laundry is inoperable.

- E. **Contractor** shall treat all linen as contaminated per universal standards, in accordance with State, Federal or local sanitation standards. Delivered laundry that is unacceptable (which includes, but not limited to spotting, fraying, yellow or gray whites/dull colors) will be returned and reprocessed at no extra cost. **Contractor** shall be responsible for replacement of linens damage due to processing. Contaminated linen will be placed in specially marked bags and identified by the hospital staff.
- F. Soiled laundry is to be picked up three (3) days per week, and clean laundry delivered three (3) days per week, (Monday, Wednesday & Friday between the hours of 7:00 a.m. and 1:00 p.m. In weeks during which a holiday falls, delivery days will need to be adjusted to facilitate three (3) deliveries during the holiday week. Adjustments will be established as mutually agreed upon by **NOPH** and Contractor. Sundays and holidays excluded. Legal holiday exclusions are:

New Year's Eve	December 31 st
New Year's Day	January 1 st
Martin Luther King Day	3 rd Monday in January
Presidents' Day	3 rd Monday in February
Memorial Day	4 th Monday in May
Independence Day	July 4 th
Labor Day	1 st Monday in September
Columbus Day	2 nd Monday in October
Veterans' Day	November 11 th
Thanksgiving Day	4 th Thursday in November
Christmas Day	December 25 th

Deliveries shall encompass needed items for the holiday period.

Delivered laundry that is unacceptable (yellow or gray whites/dull colors) will be returned and re-processed at no extra cost.

- G. **Contractor** shall iron all bedspreads, sheets, pillow cases aprons and patient gowns before sort-wrapping, folding and/or tying laundry into manageable bundles, in accordance with acceptable standards of Medicare, Medicaid and The Joint Commission.
- H. The **Contractor's** account manager shall meet with the Operations Director or designee at least once per quarter (four (4) times per year) to evaluate compliance with the contract and to address any other issues which may arise during the contact period. In addition, the account manager shall conduct surprise inspections of the laundry service no less than three (3) times per year as a quality control mechanism. A report of those findings shall be submitted to the Operations Director or designee within three (3) working days of the inspection.

V. PREPARATION OF LINEN CARTS

- A. **NOPH** will call and/or fax to the contractor the type and quantity of linens required for each: patient living area, clinic, physician’s on-call room, and prior to 8:00 am the day of the delivery of clean linen. If requested by the Contractor, **NOPH** will call/fax their requests the day prior to service. If the Contractor cannot meet the timeframe(s) set forth within this bid at the time of the bid opening, the **Contractor** shall be responsible for stating so in their bid or may be found non-compliant.
- B. The **Contractor** shall place the quantity and type of linens requested by the hospital in carts, provided by the **Contractor**.

VI. LINEN TO BE PROCURED RENTED AND PROCESSED FOR CLEANING

- A. Sheets, fitted for -36” x 80” mattress, knit 60/40 blend, weight 21 oz. white.
- B. Pillow cases -21” x 29”, 55% cotton, 45% polyester blend, T-130, import
- C. Bath towels - 24” x 48”, 100%, woven plain terry; 8# dozen, import
- D. Wash cloths-12” x 12”, 100% Cotton Woven plan terry, 1# per dozen, import
- E. Laundry bags - 30” x 37” x 18”, envelope hood, fluid resistant, 100% polyester, must have an elastic opening
- F. Gowns - standard patient gown
- G. Wet/dust mops/rags

The **Contractor** shall furnish the following supply of assorted linens and service linens at these estimated levels.

DESCRIPTION

Fitted sheets	<u>500</u>
Pillow Cases	<u>300</u>
Gowns	<u>100</u>
Wash cloths	<u>400</u>
Bath Towels	<u>700</u>
Laundry Bags	<u>84</u>
Wet/dust mops/rags	<u>10</u>
Flat Sheets	<u>400</u>

Expected Commencement Date:

July 1, 2013 (The term of this contract will be for two (2) years commencing on July 1, 2013 and completion on June 30, 2015).

Contact Information:

Steve Taylor, Environmental Services Supervisor; 930 S. Detroit Ave., Toledo, OH 43615; (P) 419-381-1881; (F) 419-389-1967.

Tours/Walk Through:

March 4, 2013 – March 8, 2013 (by appointment only)

Bids received:

All bids must be received by March 18, 2013 (postmarked and/or date & time-stamped)

Award Date:

May 15, 2013

If any provision of this Contract is held unenforceable, then such provision will be modified to reflect the parties' intention. All remaining provisions of this Contract shall remain in full force and effect.

SIGNATURES

Authority to Bind: The persons signing on behalf of the parties to this Contract warrant that they have the legal authority to execute the Contract.

Executed by:

Contractor

Date

James Skolmowski
Chief of Operations

Date

Dr. Mychail Scheramic
Chief Executive Officer

Date

/tlh

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICA): [Not applicable to "Excepted Products"]

1. Where is each product/services being offered mined, raised, grown, produced or manufactured?

United States: _____(State) Canada Mexico (Go to B-1)

Other: (Specify Country)_____ (Go to A-2)

2. End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.

Yes (Go to Section B-1) No (Go to Section A-3)

3. The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.

_____ (Item) _____ (Country of Origin)

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A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

1. The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.

Yes (Go to C) No (Go to B-2)



2. Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)

a) Bidder has paid the required taxes due the state of Ohio Yes No

b) Bidder is registered with the Ohio Secretary of State

Yes (Charter/Registration No.: _____) No

Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:

<http://www.sos.state.oh.us/>

c) Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)

d) Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)

3. Border state bidder:

Yes (Specify which state then go to B-2c): KY MI NY PA IN) No (Go to B-4)

4. Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at:

<http://das.ohio.gov/Eod/Edge/Index.htm>



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor and returned to Ohio Shared Services. The information must be legible.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED) CHANGE OF CONTACT PERSON/INFORMATON
- ADDITIONAL ADDRESS (PLEASE PROVIDE COPY OF INVOICE OR LETTER OF EXPLANATION)
- CHANGE OF ADDRESS – ENTER OLD ADDRESS
- CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE, WHICH INCLUDES OLD TIN, IS REQUIRED)
- CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE IS REQUIRED)
- CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER _____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED):

BUSINESS ENTITY: (IF A SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME) **CHECK ONE:**

INDIVIDUAL/SOLE PROPRIETOR CORPORATION S CORPORATION PARTNERSHIP TRUST/ESTATE

LIMITED LIABILITY COMPANY **CIRCLE THE TAX CLASSIFICATION** (C=CORPORATION, S= S CORPORATION, P=PARTNERSHIP) _____

OTHER (PLEASE EXPLAIN)

SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS 1 (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS: <input style="width: 95%; height: 25px;" type="text"/>		COUNTY: <input style="width: 95%; height: 25px;" type="text"/>
CITY: <input style="width: 95%; height: 25px;" type="text"/>	STATE: <input style="width: 95%; height: 25px;" type="text"/>	ZIP CODE: <input style="width: 95%; height: 25px;" type="text"/>

SECTION 4 – PLEASE PROVIDE COMPLETE ADDRESS 2

ADDRESS: <input style="width: 95%; height: 25px;" type="text"/>		COUNTY: <input style="width: 95%; height: 25px;" type="text"/>
CITY: <input style="width: 95%; height: 25px;" type="text"/>	STATE: <input style="width: 95%; height: 25px;" type="text"/>	ZIP CODE: <input style="width: 95%; height: 25px;" type="text"/>

SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEBSITE:

PHONE:

FAX:

E-MAIL:

**SECTION 6 - STRATEGIC SOURCING CONTACT INFO (PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS)
THE USER ID & PASSWORD TO COMPLETE STRATEGIC SOURCING REGISTRATION WILL BE SENT TO E-MAIL ADDRESS BELOW.**

NAME::

E-MAIL:

PHONE NUMBER:

SECTION 7 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)

MBE (MINORITY BUSINESS ENTERPRISE) EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY) N/A

SECTION 8 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 9 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (NOTE: APPLICABLE FOR VENDORS THAT RECEIVE PO ONLY (INPUT E-MAIL ADDRESS OR FAX NUMBER BELOW)

E-MAIL OR FAX:

SECTION 10 – PLEASE SIGN AND DATE

PRINT NAME:

DATE:

SIGNATURE:

SECTION 11 – STATE OF OHIO AGENCY CONTACT INFORMATION (AGENCY WHERE GOODS OR SERVICES ARE DELIVERED)

AGENCY NAME: **OHIO DEPARTMENT OF MENTAL HEALTH**

E-MAIL: Lucille.Fuller@mh.ohio.gov

PHONE NUMBER: 614-466-7697

COMMENTS:

Note: This document does contain sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

SUBMIT FORM TO:

Mail: Ohio Shared Services
P.O. Box 182880 Cols., OH 43218-2880
Fax: (614) 485-1052
E-mail: vendor@ohio.gov

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO-SS1 (1-877-644-6771)
1 (614) 338-4781
E-mail: vendor@ohio.gov

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<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 the "Name" line 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.

Social security number									
				-			-		

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

Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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 ▶
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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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.