

# Ohio Department of Mental Health & Addiction Services

Heartland Behavioral Healthcare  
3000 Erie Street South  
Massillon, Ohio 44646

## Request for Proposal for Nuisance Wild Animal Control

**Request for Proposal Number:** MHA14157  
**Request for Proposal Issued:** November 21, 2013  
**Request for Proposal Due:** December 13, 2013 before 2:00 p.m.

- A. Project Overview** - Ohio Department of Mental Health and Addiction Services, Heartland Behavior located in Massillon, Ohio, is currently negotiating for the proper removal and exclusion of bats, squirrels, groundhogs, and raccoons from the interior/exterior perimeter of the historical Superintendent Mansion on grounds. There will be mandatory pre-bid meeting to conduct a visual inspection of scope of work at 10:00 a.m. on (Wednesday) November 27, 2013 report to Visitors Entrance, see Switchboard Area. All bidders should be equipped with personal safety attire as needed.

This Invitation to Bid will cover services which can commence between December 16, 2013 and January 2, 2014 at the discretion of Heartland Behavioral Healthcare.

- B. Scope of Work** – All services will be provided on the grounds of Heartland Behavioral Healthcare (HBH) at the historical Superintendent Mansion in accordance to Ohio Division Natural Resource Wildlife Division O.R.C. 1531.40 and HBH Policy No. 3.89. The contractor will identify all points of access to interior of the Superintendent Mansion to determine proper removal of nuisance wildlife in accordance to. Under these guidelines, any bats identified will be removed using non-lethal methods. Comply with proper disposal of bat waste (guano). Upon determination of bats entry and exit areas which includes roof, chimney, gables vents, or other potential access points, recommendations using proper methods for exclusion of bats, squirrel, birds, or other nuisance animal will be presented to Heartland Behavioral Healthcare Supervisor/Designee for review and approval to complete work.

The contractor will identify all exterior points of access surrounding Superintendent Mansion related to groundhogs, raccoons, and other nuisance wildlife to determine dwellings for live trapping purposes. All traps are to be inspected on a daily basis. Prior to removal of nuisance wild animals, HBH Supervisor/Designee will be notified. Recommendations for proper methods of exclusion will be presented to HBH Supervisor/Designee to review and approve.

The contractor will provide protection (i.e. drop clothes, plastic, and safety barriers) to all identified areas, (see floor plans enclosed).

Prior to any interior or exterior structural alterations for exclusion purposes, the HBH Supervisor/Designee will be informed for approval to ensure no damage to historical property.

**C. Vendor Requirements for Bid Proposal**

- Identify hourly rate for services
- Identify number of hours to complete service
- Provide estimated timeframe date to complete services
- Provide Nuisance Wild Animal Control Operator Certification
- Corporate or Individual name and billing address
- Tax identification number
- Brief summary of any other contracts with the State of Ohio, Dept. of Mental Health or other Ohio State Departments from 07/01/13 through 06/30/14.
- Provide individual qualifications and at least 5 years work experience
- Provide three (3) references
- Name and telephone number of primary contact
- Provide proof of Worker’s Compensation coverage
- Complete and return all attached documents by filing deadline – failure to meet the minimum requirements and required submittals may deem your bid non-responsive and no further consideration for award shall be given
- Total number of employees in Ohio and Nationwide
- Percentage of Female employees
- Percentage of Minority employees

**D. Evaluation of Proposals**

Proposals will be scored and point values given by ODMHAS Heartland Behavioral Healthcare based on the following criteria below to further evaluate award of contract services.

<b>Technical Criterion</b>		<b>Rating ( 0 – 4 )</b>	<b>Weighted Score</b>
<b>Valid Ohio Licensure</b>	<b>Weight</b>	<b>Rating Score</b>	<b>16 (possible) per line criteria</b>
Nuisance Wild Animal Control Operator Certification	4		
(3) References			
Proof of Insurance (liability & workers compensation)			
<b>Knowledge and Experience</b>	<b>Weight</b>	<b>Rating Score</b>	<b>16 (possible) per line criteria</b>
Qualifications and at least 5 years work experience	4		
			<b>12 (possible) per line criteria</b>
History of successfully managing state or federal contracts	3		
<b>Request for Proposal (RFP) Duration of Services</b>	<b>Weight</b>	<b>Rating Score</b>	<b>16 (possible) per line criteria</b>
Provided number of hours to complete services	4		

<b>Cost Effectiveness</b>	<b>Weight</b>	<b>Rating Score</b>	<b>12 (possible) per line criteria</b>
Contractor is providing pricing comparable to competitive market	3		
<b>Total Technical Score</b>			

**E. General Requirements of Work**

Successful bidder will furnish all tools, labor, material and equipment to perform the work required.

Employees of contractor (awarded bidder), must comply with all areas of the Code of Federal Regulations (Labor and Construction) which are applicable to the project. Examples include, but are not limited to, control over tools, parts and hazardous material, protective equipment (if warranted), housekeeping supplies and chemicals, etc. Discuss with the site supervisor all equipment that will be used on hospital property during the project.

All contract work is to be completed during the hours 7:00 am to 3:30 p.m., Monday thru Friday unless prior arrangements are made with the designated project supervisor. Contractor shall be required to notify designated supervisor of the project no less than 48 hours prior to arriving on site.

All contract work completed on the campus must be completed by individuals at least 18 years of age and older. Identification will be required upon request and contractor badges will be provided by the hospital and must be worn during the entire length of the project. The contractor must contact the appropriate project supervisor’s office upon arrival on the job site each day. Daily the awarded vendor must sign in and out at the Main Entrance of the Hospital.

The contractor will keep the work area safe at all times and erect necessary barriers and danger signals or signs where required. Be aware of your environment and safeguard all tools, equipment, etc. at all times during the project. If you are issued hospital keys safeguard them and keep them from patients.

The contractor will be responsible for providing Material Safety Data Sheets (MSDS) for any hazardous products that are brought onto State of Ohio Facility property and (per OSHA Standard CFR 1910.1200). A copy must be provided to the Safety office before any product may be used.

Contract staff should identify themselves to staff in the work area and let them know you are in the area to complete a project. Your hospital issued badge should be prominently displayed on the front of your shirt at all times. Contract staff must check to be sure all equipment and supplies are removed at the end of each day.

If a patient becomes agitated or if a Code Violet is called near your location, move to a safe location and follow the directions of the hospital staff. Do not enter a patient unit or hospital area where a Code Violet has been announced; wait for the overhead announcement to clear the code.

Do not share personal information with patients or give them money. If a patient requests something from you, please direct them to the nearest staff person.

Contraband is not permitted on Heartland property. These items include, but are not limited to, weapons including firearms, knives, stun guns, alcoholic beverages and tobacco products, and illicit substances. Check with the hospital Safety Officer for a complete listing of items or for clarification. Cameras and recording devices are not permitted on hospital grounds. If a need arises to document project information please contact your hospital site supervisor to discuss this need.

ODMHAS Heartland Behavioral Healthcare is a Smoke Free Environment. Use of tobacco products of any type is prohibited anywhere on the hospital grounds, including buildings, bathrooms, personal vehicles, parking lots, grassy areas and any other hospital property.

### **Privacy and Confidentiality**

Privacy is a basic ethical and legal right of our patients. It is your responsibility to help safeguard that right. Do not discuss what you see or hear with others, unless you need to discuss a work related issue with the unit staff. Heartland Behavioral Healthcare complies with all Federal Health Insurance Portability and Accountability Act (HIPAA) guidelines regarding privacy.

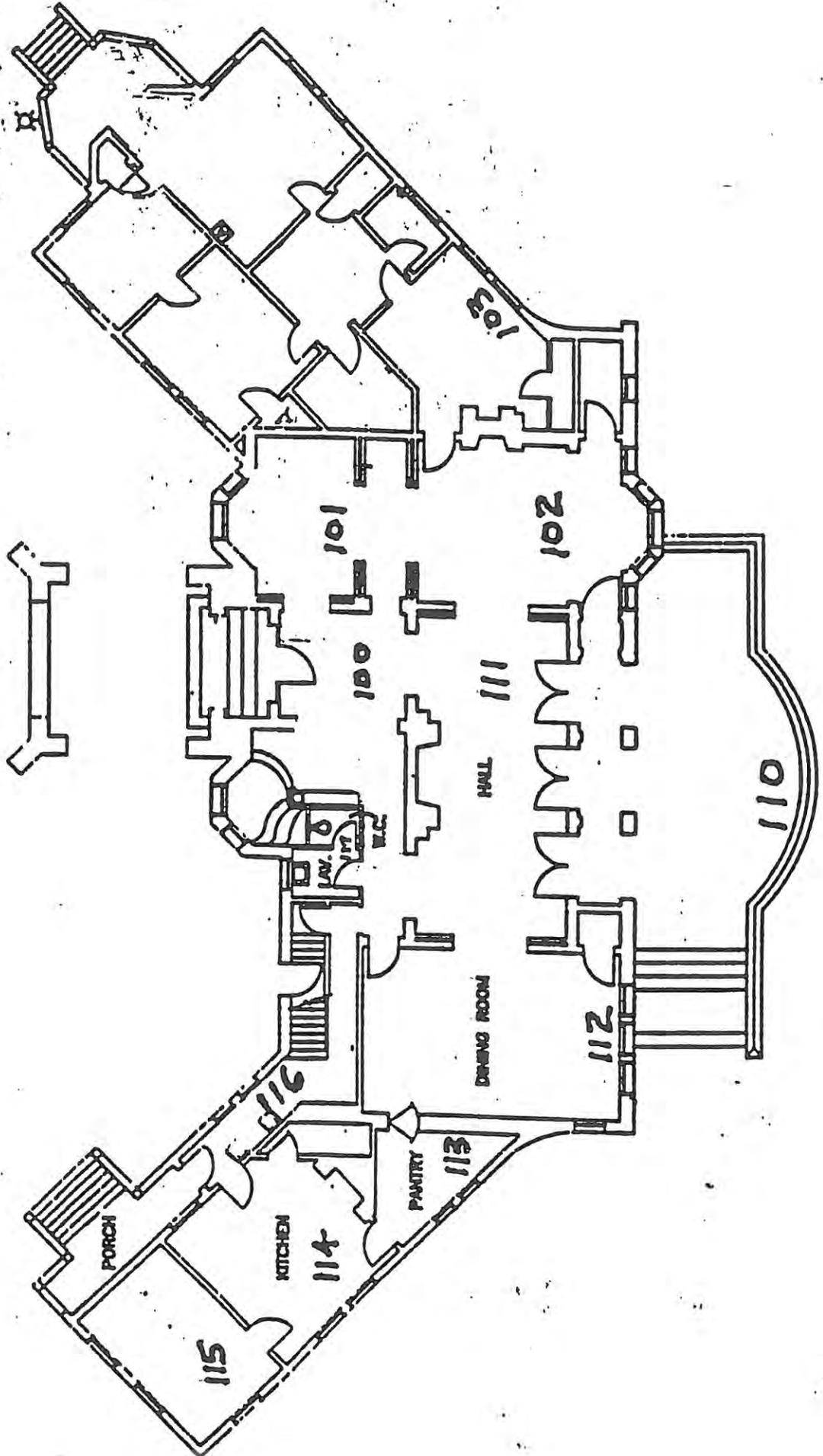
### **Submission of Proposal**

Email bids to [OhioMHASBidOpportunity@mha.ohio.gov](mailto:OhioMHASBidOpportunity@mha.ohio.gov). Otherwise original bid may be sent via U.S. mail to:  
Attn: Fiscal Services, Heartland Behavioral Healthcare, 3000 Erie Street South, Massillon Ohio 44646

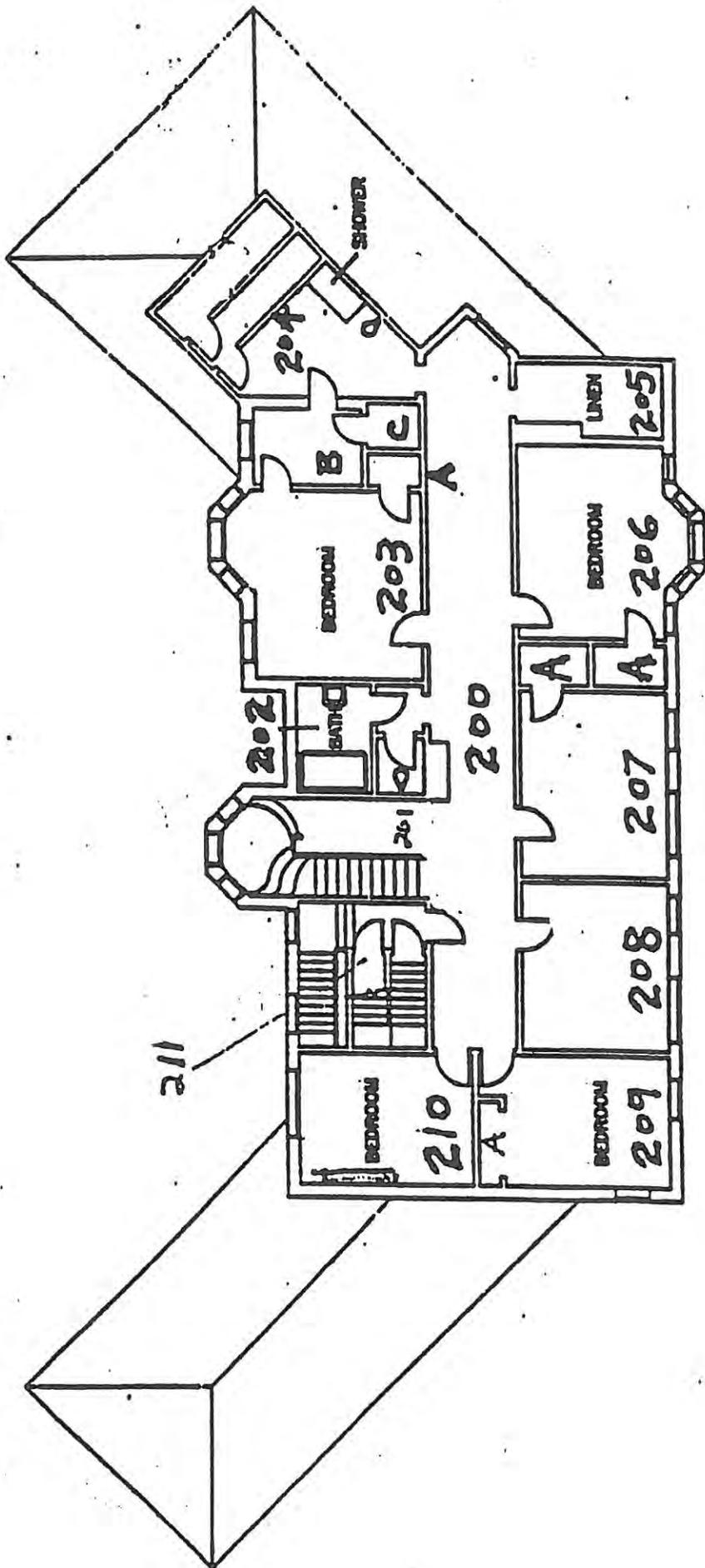
Bids are to be submitted on your company's letterhead before 2:00 PM on Friday, December 13, 2013.

Bids must include: vendor name, address, Federal Tax Identification number, contact person, phone number, and signature, separate costs for hourly labor/materials, and documentation identifying experience relevant to proposals.

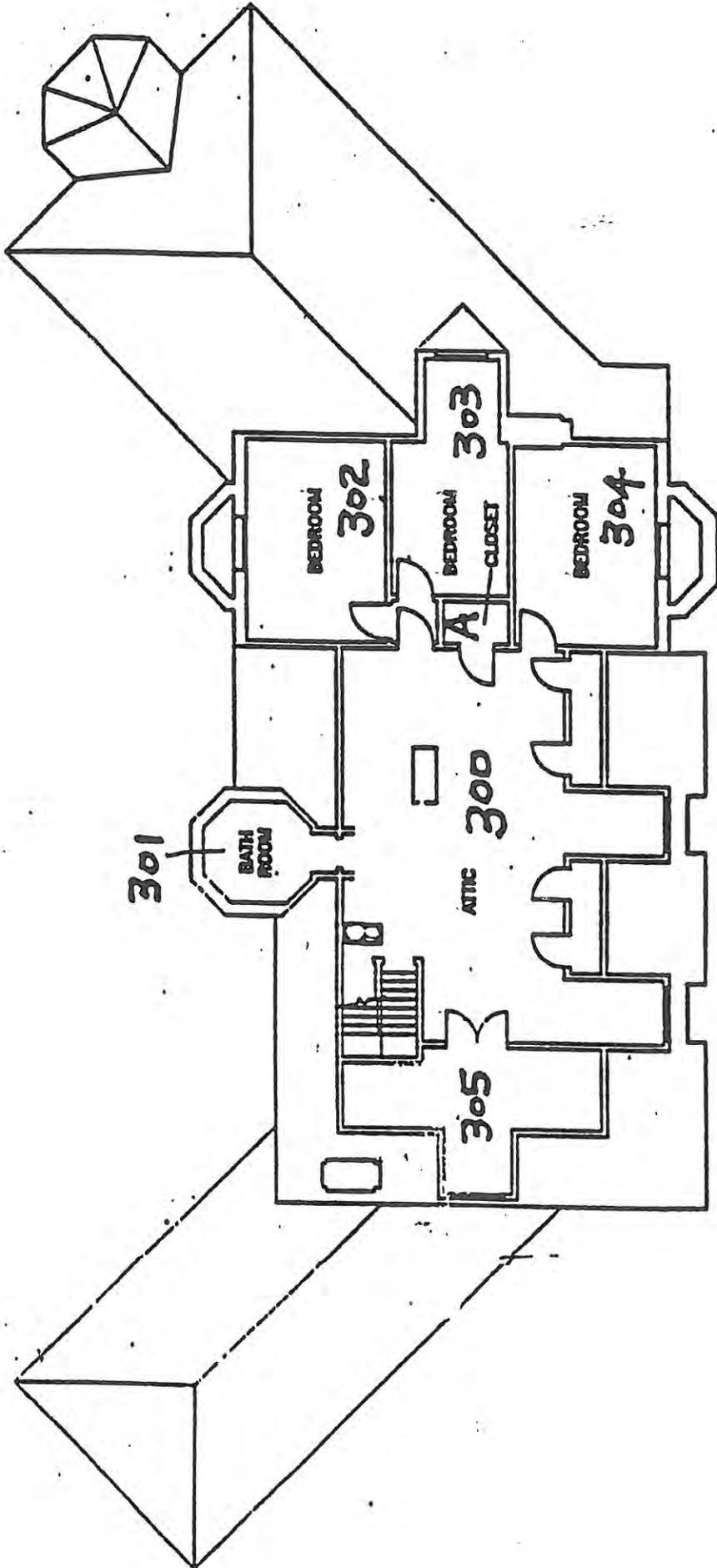
Questions regarding the Request for Proposal must be sent via the State of Ohio Procurement Website [www.ohio.gov](http://www.ohio.gov) under the Request for Proposal submit inquiry.



FIRST FLOOR PLAN



SECOND FLOOR PLAN  
SCALE 1/8" = 1'-0"



ATTIC AND ROOF PLAN

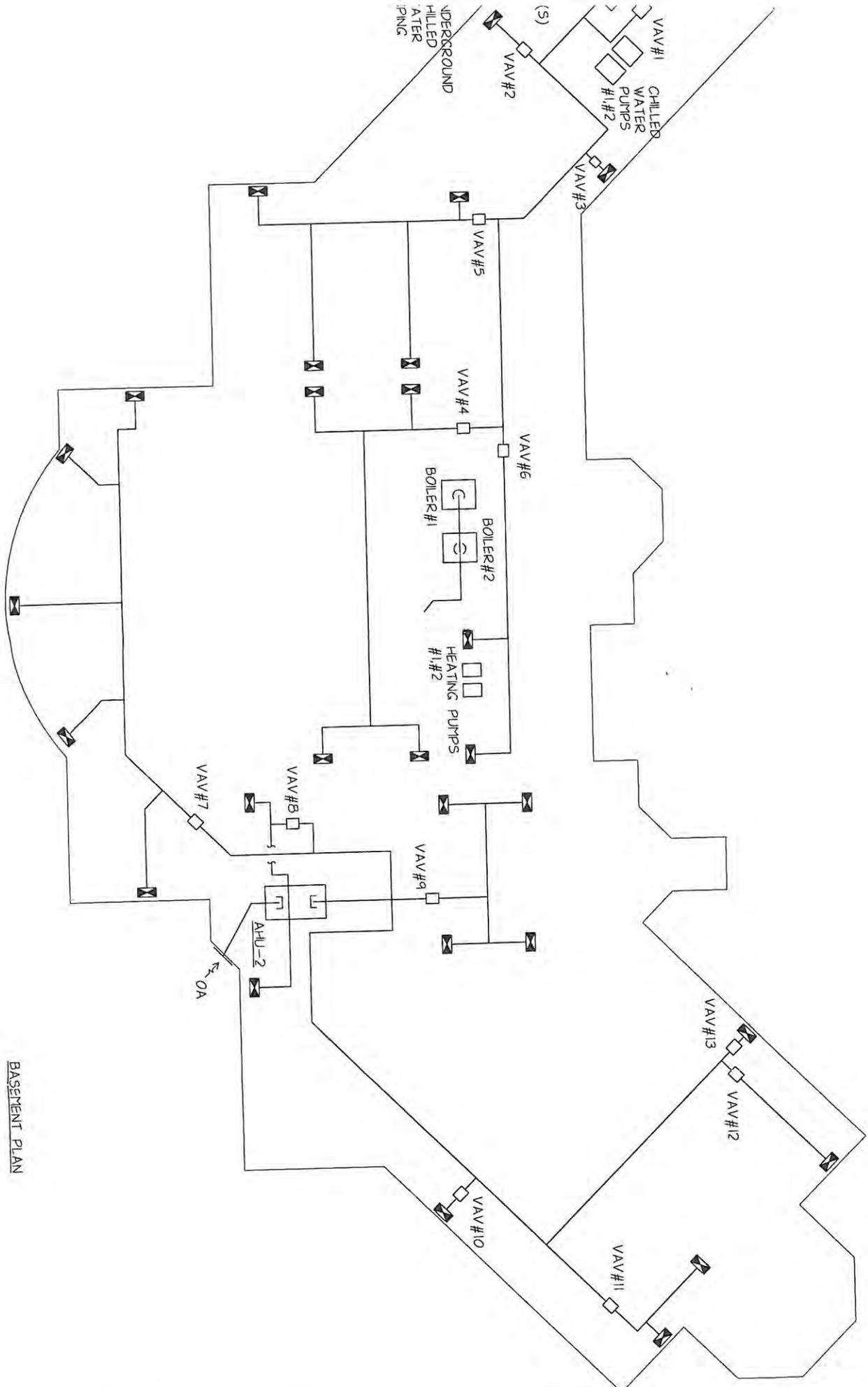


FIGURE M-1  
SCALE: N/A

BASEMENT PLAN

## 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 type="text"/>		COUNTY: <input type="text"/>
CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>

## SECTION 4 – PLEASE PROVIDE COMPLETE ADDRESS 2

ADDRESS: <input type="text"/>		COUNTY: <input type="text"/>
CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input 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](mailto:vendor@ohio.gov)

**QUESTIONS? PLEASE CONTACT:**

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

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	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.

<b>Sign Here</b>	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.