

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER <u>OT905110</u>	OPENING DATE (1:00 p.m.) <u>APRIL 16, 2010</u>	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk		CITY	STATE ZIP
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ()	TOLL FREE NO. 1 - ()
		CONTACT PERSON	FAX NO. ()
REQ./INDEX NO. LDC023	BID NOTICE DATE APRIL 1, 2010	CONTRACTOR'S E-MAIL ADDRESS	
SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD)			
<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". ____%, ____ Days, Net 30 Days			
PARTICIPATING AGENCY(IES): AS LISTED HEREIN			
<p><u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:</u></p> <p>PREVENTIVE ELEVATOR MAINTENANCE</p> <p><u>TERM OF CONTRACT:</u> This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning <u>05/1/10</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>04/30/13</u> unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency.</p> <p><u>INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS</u>, Revised 10-01-07, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions. All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void.</p> <p>By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State.</p> <p>Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.ohio.gov/procure. All questions should be submitted a minimum of five (5) working days prior to the bid opening date.</p>			
PRINTED/TYPED SIGNATURE 	AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)	DATE	

The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

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"]

- 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)
- 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)
- 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)
_____(Item) _____(Country of Origin)

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):

- The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.
 Yes (Go to C) No (Go to B-2)
- Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)
 - Bidder has paid the required taxes due the state of Ohio Yes No
 - 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/>
 - Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)
 - Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)
- Border state bidder:
 Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-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://www.das.ohio.gov/Divisions/EqualOpportunity/tabid/80/Default.aspx>

D. DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA)

The Bidder being awarded this Contract must:

- review the Terrorist Exclusion List at http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf
- complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form <http://www.publicsafety.ohio.gov/links/HLS0038.pdf> and submit this with your bid response.

Failure to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form may result in the bidder being deemed not responsive and/or may invalidate any Contract award. If not submitted with the bid response, the bidder will have seven (7) calendar days, after notification, to submit the form.

SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENT TO SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS: The following Amendment to the Supplemental Contract Terms and Conditions does hereby become a part hereof. In the event that an amendment conflicts with the Supplemental Contract Terms and Conditions, the Amendment will prevail.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

SITE VISIT: Prior to submitting their bid response, the bidder should visit the facility they are bidding in order to survey the facility and to become familiar with the requirements of the bid. The bidder must contact each facility to schedule an appointment. To schedule an appointment, please call the facility contact person as listed herein. Once a contract is awarded, failure of the bidder to have requested a site visit to become familiar with the facility and requirements of the bid will be insufficient reason to support any request to be released from the contract.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by facility, with the following exceptions: Chillicothe Correctional and Chillicothe Correctional Ohio Penal Industries (OPI) will be awarded as one facility; London Correctional and London Correctional OPI will be awarded as one facility. A bidder may bid one or all facilities, but must bid all items in each facility bid.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the state will add the following:

1. The product of the monthly cost for scheduled service for each unit times the number of months in each contract year, plus the costs of ten (10) hours of Straight-Time and ten (10) hours of Overtime for each contract year.
2. For locations with Semi-Annual service, the product of the Semi-Annual cost times two to arrive at a yearly cost, plus the costs of ten (10) hours of Straight-Time and ten (10) hours of Overtime for each contract year.

Failure to bid all items for a facility may result in the bidder being deemed not responsive for that facility.

FIXED-PRICE WITH IN-SERVICE COST ADJUSTMENTS: The Contractor agrees to adjust the total monthly charges for any decrease/increase in the number of elevators to be serviced due to resident program changes and/or building destruction/construction/renovation programs for the duration of the Contract. All adjustments will be in accordance with the Contract.

SEMI-ANNUAL SERVICE: Semi-Annual service is scheduled service that is performed twice per year, at six-month intervals.

MATERIAL SAFETY DATA SHEET: The Contractor shall provide a Material Safety Data Sheet (MSDS) for any hazardous chemical used for the performance of this Contract. The MSDS shall verify the Contractor's compliance with OSHA Hazard Communications Standard 29 CFR 1910.1200. The MSDS shall be given to the facility contact person prior to use of the hazardous chemical on the facility property.

BUSINESS REFERENCES: All bidders shall submit with their bid, a list of at least three (3) companies and/or organizations with which they have had recent (within two [2] years) elevator service contracts. The Contracts must have been held the entire term of the Contract and in good standing. This list shall include the name and phone number of a contact person who will be familiar with the bidder's job performance. The State may verify the bidder's experience based upon the list of business references submitted and any other sources which the State deems appropriate.

ODRC STANDARDS OF CONDUCT FOR CONTRACTORS: All bidders for ODRC facilities shall familiarize themselves and any of their employees who will be assigned to any resultant contract, with the contents and requirements of the ODRC Standards of Conduct for Contractors. Please request a copy of this document from the managing officer of the facility.

GENERAL LIABILITY:

Paragraph S-13 (Commercial General Liability Insurance) is amended as follows:

1. If General Aggregate limit per project/per location is not available, General Aggregate limit must be increased to \$10,000,000.
2. Per Occurrence limit is increased to \$2,000,000.

SPECIAL CONTRACT TERMS AND CONDITIONS (cont'd)

USAGE REPORTS:

Every six months the contractor must submit a report indicating sales generated by this contract. The report shall list usage by customer, by line item, showing the quantities/dollars generated by this contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Road, Columbus, OH 43228-1395, Attn: Lauren Brown.

SPECIFICATIONS

I. SCOPE AND CLASSIFICATION

A. Scope: The elevator service described in this Invitation to Bid (ITB) shall apply to the facilities listed herein. The awarded Contractor shall maintain the elevators covered by this contract in accordance with the requirements of these specifications, and shall maintain their contract speed, capacity and performance at all times.

B. Classification:

1. The Contractor shall maintain elevators and their associated equipment and accessories to comply with the requirements of the applicable ASME/ANSI A.17.1 safety codes and any other rules, ordinances, or building codes that may apply. The ANSI Elevator Inspection Manual A.17.2 shall be used as a guide to establish that the equipment is operating safely.

2. Facilities:

Facility	Address
Chillicothe Correctional Institution	15802 St. Rt. 104N, Chillicothe, OH 45601
Chillicothe Correctional Institution, OPI	15802 St. Rt. 104N, Chillicothe, OH 45601
Corrections Medical Center	1990 Harmon Avenue, Columbus, OH 43223
DAS/GSD, Facilities Management	25 South Front St., Columbus, OH
DAS/GSD, Facilities Management	246 North High Street, Columbus, OH
DAS/GSD, Facilities Management	358 North Parkview, Bexley, OH
DAS/GSD, Facilities Management	35 East Chestnut Street, Columbus, OH
Dayton Correctional institution	4104 Germantown Street, Dayton, OH 45417
Hocking Correctional Facility	16759 Snake Hollow Road, Nelsonville, OH 45764
London Correctional Institution	1580 St. Rt. 56, London, OH 43140
London Correctional Institution, OPI	1580 St. Rt. 56, London, OH 43140
Marion Correctional Institution	940 Marion-Williamsport Road, Marion, OH 43302
Oakwood Correctional Facility	3200 N. West Street, Lima, OH 45801
Ohio Reformatory for Women	1479 Collins Avenue, Marysville, OH 43040
Ohio State Penitentiary	878 Coitsville-Hubbard Road, Youngstown, OH 44505
Pickaway Correctional Institution	11781 St. Rt. 762, Orient, OH 43146
Southern Ohio Correctional Facility	Lucasville-Minford Road, Lucasville, OH 45699
Toledo Correctional Institution	2001 East Central Avenue, Toledo, OH 43068
Cambridge Patrol Post	7051 Glenn Highway, Cambridge, OH 43725
Findlay Patrol Post	3201 North Main Street, Findlay, OH 45840
Wilmington Patrol Post	950 Rombach Avenue, Wilmington, OH 45177
Appalachian Behavioral Healthcare	100 Hospital Drive, Athens, OH 45701
Heartland Behavioral Healthcare	3000 Erie Street, Massillon, OH 44646
Northcoast Behavioral Healthcare System	930 Detroit Avenue, Toledo, OH 43614
Summit Behavioral Healthcare	1101 Summit Road, Cincinnati, OH 45237
Ohio Veterans Home-Sandusky	3416 Columbus Avenue, Sandusky, OH 44870-5598

SPECIFICATIONS (cont.'d)

II. APPLICABLE PUBLICATIONS:

- A. Ohio Revised Code, Chapter 4105, and latest amendments thereof
- B. Ohio Administrative Code, Chapter 4101:5, and latest amendments thereof

III. REQUIREMENTS:

A. General.

1. All periodic tests are included in this contract for full load, static, etc.
2. The Contractor shall maintain the original contract speed for each elevator car, in feet per minute, and the original performance time, which includes acceleration and retardation as designed and installed by the manufacturer. The Contractor shall perform the necessary adjustments as required to maintain the original door opening and closing time, within limits of applicable codes.
3. Signal and dispatching times shall be maintained in accordance with original manufacturer's specifications.
4. Contractor shall maintain machine room hoistway and pit equipment in a neat, clean condition at all times.
5. Contractor shall provide and use OSHA-approved barricades during any work exposed to the general public.
6. In the event that an elevator fails to operate, the Contractor shall restore that unit to service within twenty-four (24) hours of notification by the facility. Failure to restore the unit to operation within seventy-two (72) hours may result in Contract cancellation.
7. Before submitting a bid, the bidder shall make a complete inspection of the equipment and systems. The bidder shall submit with the bid an itemized list of the existing deficiencies that would require correction to bring the elevators up to an acceptable and satisfactory condition. The bidder shall submit with the bid a report whether or not any deficiencies are noted. Note: If report is not received, it is held that the bidder has not found any deficiencies, and all repair work will be at the Contractor's expense. There will be no surprise clean-up orders.

B. Scheduled Maintenance.

1. The Contractor shall maintain an Elevator Maintenance Record for each unit in accordance with ASME A17.1 of the national elevator code adopted by Ohio.

All bidders shall submit with their bid a schedule for inspection and adjustments in the form of a Check Chart, submitting one (1) chart for each different type of elevator system. The Check Chart is to indicate the preventive maintenance, routine and periodic inspections to be performed, and the frequency of those tasks. Upon award of the contract, the Contractor will, at his own expense, install a Check Chart in every machine room for each elevator included in the contract. Space will be provided on the Check Charts in which the servicing mechanics can indicate the date on which each item is serviced. During the Contract period the Check Charts will be submitted to the facility by the fifth day of the following month. At the time of each visit, the Contractor's personnel shall check in and out with the building Maintenance Dept. and/or building Security Dept. and sign the log. In addition, the Contractor's personnel shall leave a copy of the work ticket with the Building Manager which identifies repairs or maintenance performed.

2. Unless stated otherwise in a facility's specific requirements, regular routine exams and maintenance examinations shall be performed at a frequency of not less than semi-monthly for gearless equipment, and not less than monthly for geared and hydraulic equipment. During these examinations, the components listed in the Check Chart are to be checked and all necessary work performed relative to cleaning, lubrication and adjustment of the equipment. If the Check Charts are not maintained up to date, the facility will assume the work has not been completed, thus resulting in a contract deduction. The components shall be checked in accordance with the schedule shown in the Check Chart.

SPECIFICATIONS (cont.'d)

3. Contractor shall not perform any non-contract maintenance/repair without prior approval from the facility. If non-contract maintenance/repair is required, Contractor shall submit to facility, for prior approval, a written, detailed estimate of Contractor's costs to perform said maintenance/repair. If the Contractor makes non-contract maintenance/repair without prior approval from facility, that maintenance/repair shall be at the Contractor's expense.
4. The Contractor shall provide 24-hour per day call-back service. Unless stated otherwise in a facility's specific requirements, this call-back service shall consist of responding within two (2) hours to the request of a facility-authorized representative, by telephone or otherwise, at any time of any working day or as necessary, to restore any elevator service. In cases where a shutdown or emergency trouble should develop, at any time during the day or night, between regular examinations, the Contractor must have adequate personnel available to provide the emergency service twenty-four (24) hours per day, 365 days per year.
5. The Contractor will regularly and systematically examine the elevators and make necessary inspections and tests as required and shall include all routine and periodic inspection and tests as indicated on Part X of the ASME/ANSI A17.1 Safety Code. The Contractor shall maintain proper and safe operating conditions and shall furnish lubricants, materials as required.

Maintenance shall include cleaning of machines, controllers, selectors, motor generator sets, machine rooms, hoist ways, pits, and car tops; oiling, greasing, adjusting, repairing, and replacing parts as conditions require before the factor of safety has been dangerously reduced on any part of the entire elevator equipment, but not limited to: machine, motor, generator, and controller parts, including worm gears, thrusts, bearings, brake magnet coils or brake motors, brake shoes, brushes, commutators, rotating elements, contacts, coils resistance for operating and motor Index circuits, magnet frames, winding engines, signal system and light bulbs for signals; electric and mechanical appliances, hatchway rails, guides, guide shoes, traveling equipment, safety appliances, wire ropes, door equipment, pumps, pump motors, operating valves, valve motors, leveling valves, cylinder head, plunger exposed surfaces, plunger gland and packing, exposed piping, fittings, flexible pipe connections, operating control, check and relief valves, gauges, storage, discharge, pressure and vacuum tanks. Renew guide shoe gibs or guide rollers when this is necessary to insure smooth and quiet operation and, except where roller guides are used, to keep the guide rails properly lubricated. Renew all wire ropes as often as a necessary to maintain an adequate factor of safety; to equalize the tension on all hoisting ropes, and repair or replace conductor cables, and all other mechanical and electrical parts necessary to maintain the elevators in proper operating condition as per the latest edition of the American Standard Safety Code of Elevators, Dumbwaiters, Escalators, and Moving Sidewalks and the State's guidelines for the specific safety requirements covering the construction and operation of elevators, dumbwaiters, escalators, manlifts, and their hoist ways as published by the Ohio Department of Commerce, Industrial Compliance Division.

6. The Contractor, where applicable, shall maintain the original contract speed in feet per minute, the original performance time, including acceleration and retardation as designed and installed by the manufacturer, and shall perform the necessary adjustments as required to maintain the original door opening and closing time, within limits of applicable codes.
7. The Contractor, where applicable, shall check Group Supervisory and Controlling Systems and make necessary tests to insure that all circuits and time settings are properly adjusted, and that the system performs as designed and installed by the original manufacturer.
8. The Contractor shall be required to conduct, at the request of the facility, annual Esterline Recording Meter Tests and/or periodic Traffic Tests to insure that said performance levels are constantly sustained. Failing to do so and/or submit documentation satisfactory to the facility shall be considered as a breach of contract and subject the agreement to immediate termination.
9. The Contractor shall examine periodically all safety devices and governors and conduct customary annual no load tests, and, if due on any of the above elevators, perform the five year full load test, full speed test of safety mechanism, overhead speed governors, car and counterweight buffers. The car balance shall be checked and the governor set. If required, the governor shall be sealed for proper tripping speed. The Contractor shall make pressure relief test and static test on hydraulic elevators per ASME/ANSI A17.1 Safety Code.

SPECIFICATIONS (cont.'d)

10. The Contractor shall maintain the entire elevator plant as herein described, and shall employ all reasonable care to see that the elevator equipment is maintained in proper and safe operating condition.
11. All planned inspection and/or maintenance service work under these specifications shall be performed during regular working hours. If scheduled work must be done after regular working hours or on weekends or holidays, it shall be done by prior consent of the facility. Unless stated otherwise in this ITB, the facility's normal working hours for the purpose of these specifications are 7:30 AM to 4:00 PM, Monday through Friday. Deviation from the above for the Contractor's convenience may be permitted; however, it will be at no additional expense to the facility.
12. The above call-back service shall be at no additional cost to the facility during regular work hours for electrical or mechanical functions due to normal wear and use. Call-back service required to correct vandalism or misuse of equipment shall be charged to the facility. Call-back service for electrical or mechanical functions due to normal wear and use during times other than regular working hours shall be charged extra to the facility for the overtime premium portion only of the hours worked at the rate submitted by the Contractor on the bid response sheet. Overtime work must be approved by an authorized facility representative. Removal of an elevator from service shall be coordinated with the facility.
13. The Contractor shall maintain an office with continuous telephone service where he can be reached twenty-four (24) hours a day, seven (7) days a week, Sundays and Holidays included.
14. All replacement parts shall be specifically designed for the elevator on which they are to be used. The Contractor shall utilize all replacement parts from the original equipment manufacturer (OEM) of the elevator system, or from other suppliers for such original parts, provided, however, that parts purchased from suppliers other than OEM, are those which are regularly supplied to the original manufacturer and are approved by the original elevator manufacturer for use in their elevator systems. In the event the Contractor needs to utilize any non-OEM replacement parts, he shall first submit a list of such parts, and obtain a written approval from the maintenance superintendent of the facility. If use of non-OEM parts is approved, such parts shall be equal to or better than OEM parts and shall be completely compatible with the existing system in function and performance. Failure to comply may result in breach of contract.
15. The Contractor may maintain a stock of replacement parts at the building where the elevator maintenance services are to be performed. Until utilized, parts will remain the property of the Contractor. All parts replaced under the provisions of this contract shall be identical to original equipment or the equipment manufacturer's recommended replacement parts. The Contractor shall provide and install a storage cabinet with lock in the machine room for parts inventory that he maintains on-site. Removal of all waste matter, worn or broken parts, etc. from the site, shall be the responsibility of the Contractor.
16. The State reserves the right to request an invoice, issued by the Contractor's supplier, for any replacement parts that are purchased as a result of the maintenance provided on this Contract.
17. The Contractor must own and have available at all times, in stock or warehouse, for immediate delivery and installation, sufficient supply of emergency spare parts for the repair of each elevator.
18. The Contractor shall also be equipped with such special testing meters, instruments, tools, etc., so as to facilitate prompt diagnosis, correction and repair or replacement without undue delay. These tools and instruments shall include, but are not limited to, the following:
 - a. Turning tools capable of turning any of the hoisting machine commutators of the job site.
 - b. Generator turning tools capable of turning the commutators on any of the motor generator sets without removing rotating elements from generators.
 - c. Machine tools capable of turning main motor drive sheave grooves on machines.
 - d. Oscilloscopes with associated circuitry to test main motor positive acceleration and retardation.

SPECIFICATIONS (cont.'d)

19. The Contractor shall keep the elevators and all related equipment in an equivalent to new operating condition and shall maintain not less than the same performance, efficiency and safety as specified upon completion by the original manufacturer. The facility shall reserve the right, from time to time, to employ others to test the condition, speed and safety of the elevators as it may deem advisable. If it is found that the elevators are not up to standards as covered in this Contract guarantee, the facility may immediately demand that the elevators be placed in this condition, and, if not performed within reasonable length of time, the facility may enter into an agreement with others to perform such work and deduct the total cost from the Contractor's monthly charges for the maintenance performed.
20. The Contractor shall maintain good housekeeping conditions in the machine rooms at all times and clean hoist way and all related equipment at least once each year. The Contractor shall be responsible for repairing and/or replacing all electrical wiring and conductors extending to the elevator system from circuit breakers and main line switches in machine rooms and from outlets in the hoist ways.
21. The Contractor is to assume no responsibility for the following items, which are not included under this Contract: Hoistway door hinges, panels, frames, gates and sills, cabs, sump pumps, subflooring, floor coverings, cab doors, gates and removable cab panels, cab mirrors and handrails, power switches, fuses and feeders to controllers, light fixtures and lamps, cover plates for signal fixtures and operating stations, smoke detectors, cleaning of cab interiors, exposed sills and exposed escalator surfaces, plungers, casings and cylinders, all hydraulic piping and connections except that portion which is exposed in the machine room and hoistway, emergency power generators, telephones, intercom or music systems, and air conditioners or heaters. NOTE: The items excluded herein may be covered if the damage to them is due to a failure of the Contractor to perform its assigned duties; for example, car door panels which are scratched due to a failure to repair/replace defective door hanger assemblies.
22. The Contractor shall not be required to make repairs or renewals necessitated because of negligence or misuse of the machinery, equipment, car, or rendered necessary due to any other cause beyond his control.
23. The Contractor shall not be required to install new attachments on the equipment as directed or recommended by insurance companies or federal, state, municipal or other authorities. Nothing in this agreement shall be construed to mean the Contractor assumes any liability on account of accidents to persons, except those directly due to the negligent act or omissions of the Contractor's employees; and that the facility's responsibility for accidents to persons while riding on or being in or about the equipment referred to is in no way affected by this agreement.
24. Contractor will be responsible for all travel costs (both mileage and hourly) for Scheduled Service Monthly Cost and any unscheduled service performed at the Straight-Time and/or the Overtime Rate under this contract.

C. Records To Be Supplied By The Facility.

Any available drawings can be obtained from the facility on signed receipt for use, and such drawings shall be maintained on facility's premises. Applicable changes shall be noted on drawings and they shall be maintained up to date at all times. On termination or expiration of the contract, they shall be returned to the facility.

D. Qualifications.

1. The Contractor shall use trained employees directly employed and supervised by their firm. They shall be qualified to keep the equipment properly adjusted, and they shall use all reasonable care to maintain the elevator equipment in proper and safe operating condition.
2. The Contractor shall be one regularly engaged in the business of service of elevators of the type and character as herein described. If needed by the state of Ohio, the selected Contractor must demonstrate how they will meet the requirements of this Invitation to Bid.
3. All bidders shall also provide with their bid a list of their facilities, capacities, and the location which will be responsible for this Contract.

SPECIFICATIONS (cont.'d)

E. Contractor's Liability.

1. The Contractor shall not be held responsible or liable for any loss, damage, detention or delay caused by accidents, strikes, lockouts or by any other cause which is unavoidable or beyond the Contractor's reasonable control or, in any event, for consequential damages. No work, services, or liability on the part of the Contractor, other than specifically mentioned herein, is included or intended.
2. The Contractor will defend, indemnify and hold the facility harmless for all claims for personal injury, including wrongful death, and all claims for property damages which are occasioned by the acts or omissions of the Contractor or its agents in the performance of the contract.
3. The Contractor shall pay for all royalties and license fees, shall defend all suits or claims or infringements on any patent rights and shall hold the facility harmless from loss on account thereof.
4. The Contractor shall pay any fine resulting from citations and/or from any tax imposed upon the Contractor by any existing or future law and the amount of any tax imposed upon the suppliers or the Contractor under any statute, court decision, rule or regulation becoming effective after the date of this Contract which is based upon or incident to the transfer, use, ownership or possession of material or equipment involved in the performance hereof or the services rendered hereunder.

SPECIFICATIONS (cont.'d)

ELEVATORS TO BE SERVICED

CHILLICOTHE CORRECTIONAL INSTITUTION					Contact: Jane McAfee, (740) 774-7080 ext. 2277		
MONTHLY SERVICE							
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Warehouse	16054	Otis	Freight	Electric	4,000	4	
CHILLICOTHE CORRECTIONAL INSTITUTION, OPI 2440					Contact: Brendee Billings, (740) 774-7080 ext.		
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Factory	16051	General	Freight	Electric	2,500	4	

CORRECTIONS MEDICAL CENTER					Contact: Tom Ray, (614) 445-5960, ext. 2400		
MONTHLY SERVICE							
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
B Building	31266	Moseley	Passenger	Hydraulic	4,000	3	
B Building	31267	Moseley	Passenger	Hydraulic	4,000	3	

DAS/GSD, Facilities Management (25 South Front Street, Columbus, Ohio)					Contact: Brian Hammen (614) 752-0455		
MONTHLY SERVICE							
LOCATION (NO.)	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
1	7467	Otis	Passenger	Electric	3,000	9	
2	7468	Otis	Passenger	Electric	3,000	9	
3	7470	Otis	Passenger	Electric	3,000	9	
4	7469	Otis	Passenger	Electric	3,000	9	
5	7471	Otis	Passenger	Electric	5,500	9	
6	29034	Canton	Passenger	Hydraulic	3,500	3	

DAS/GSD, Facilities Management (246 North High Street, Columbus, Ohio)					Contact: Brian Hammen (614) 752-0455		
MONTHLY SERVICE							
LOCATION (NO.)	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
2	8042	Otis	Passenger	Electric	3,000	9	
3	8043	Otis	Passenger	Electric	3,000	9	
4	8044	Otis	Passenger	Electric	3,000	11	
5	8045	Otis	Passenger	Electric	3,000	9	
6	8046	Otis	Passenger	Electric	3,000	9	
7	8047	Otis	Passenger	Electric	3,000	9	
8	8048	Otis	Passenger	Electric	3,000	9	
9	8049	Otis	Freight	Electric	4000	9	
0	8040	Otis	Passenger	Electric	3,000	9	

DAS/GSD, Facilities Management (358 North Parkview, Bexley, Ohio -Governor's Residence)					Contact: Brian Hammen (614) 752-0455		
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
PE 1	N/A	Otis	Passenger	Electric	650	4	

SPECIFICATIONS (cont.'d)
 ELEVATORS TO BE SERVICED

DAS/GSD, Facilities Management: (35 East Chestnut Street, Columbus, Ohio)						Contact: Brian Hammen (614) 752-0455
LOCATION(NO.)	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
1	15632	Otis	Passenger	Electric	3500	10
2	15629	Otis	Passenger	Electric	3500	10
3	15631	Otis	Passenger	Electric	3500	10
4	15630	Otis	Passenger	Electric	3500	10
5	15628	Otis	Passenger	Electric	3500	10
6	15633	Otis	Freight	Electric	4000	11

DAYTON CORRECTIONAL INSTITUTION						Contact: David Ragland, (937) 263-0060, ext. 2153
MONTHLY SERVICE						
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
B Building	2884	Otis	Passenger	Hydraulic	2,500	2

HOCKING CORRECTIONAL FACILITY						Contact: Randy Grimm, (740) 753-1917, ext. 250
MONTHLY SERVICE						
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
Main Building	12402	Thyssen Dover	Passenger	Electric	4,000	3
Main Building	12403	Shepard	Passenger	Electric	4,000	3

LONDON CORRECTIONAL INSTITUTION						Contact: Mike Lain, (740) 852-2454 ext. 1401
MONTHLY SERVICE						
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
Main Building Front Lobby	44582	Thyssen Dover	Passenger	Hydraulic	2,000	3

LONDON CORRECTIONAL INSTITUTION, OPI 448						Contact: Robin Jago, (740) 852-2454 ext.
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
OPI Factory	10386	Warner	Freight	Electric	5,000	4

MARION CORRECTIONAL INSTITUTION						Contact: Bryan Prise, (740) 382-5781, ext. 2281
MONTHLY SERVICE						
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
Medical	02236	Capital	Passenger	Hydraulic	3,500	4
Back Dock	87223	Capital	Freight	Hydraulic	10,000	2

OAKWOOD CORRECTIONAL FACILITY						Contact: Dennis Barkimer, (419) 225-8052, ext. 2236
MONTHLY SERVICE						
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
North Wing	28084	Otis	Passenger	Hydraulic	2,500	2
North Wing	28083	Otis	Freight/Passenger	Hydraulic	4,000	3
South Wing	14639	Capital	Passenger	Hydraulic	2,500	3

SPECIFICATIONS (cont.'d)

ELEVATORS TO BE SERVICED

OHIO REFORMATORY FOR WOMEN							Contact: Jerry Henderson, (937) 642-1065, ext. 2045
MONTHLY SERVICE							
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Laundry	25482	Plunger	Freight	Hydraulic	2,600	2	
Food Service	13645	Canton Const.	Freight	Hydraulic	2,500	2	
Kennedy Dorm	40419	Otis	Passenger	Hydraulic	2,500	2	

OHIO STATE PENITENTIARY							Contact: Mitchell Jackson, (330) 743-0700, ext. 5000
MONTHLY SERVICE							
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Main Building	36001	Dover	Passenger	Hydraulic	4,000	5	
Main Building	36068	Dover	Passenger	Hydraulic	4,000	5	
Main Building	35997	Dover	Passenger	Hydraulic	3,000	2	
Main Building	35998	Dover	Passenger	Hydraulic	3,000	3	
Main Building	35999	Dover	Passenger	Hydraulic	3,000	3	
Main Building	36000	Dover	Passenger	Hydraulic	3,000	3	
Main Building	46118	Abell	Passenger	Hydraulic	3,000	3	
Main Building	46119	Abell	Passenger	Hydraulic	3,000	3	
Main Building	46120	Abell	Passenger	Hydraulic	3,000	3	
Main Building	46121	Abell	Passenger	Hydraulic	3,000	3	
Main Building	46122	Abell	Passenger	Hydraulic	3,000	5	
Main Building	46123	Abell	Passenger	Hydraulic	3,000	3	
Main Building	46124	Abell	Passenger	Hydraulic	3,000	3	
Main Building	46125	Abell	Passenger	Hydraulic	3,000	5	

PICKAWAY CORRECTIONAL INSTITUTION							Contact: Peg Brown, (614) 877-4362 ext. 560
MONTHLY SERVICE							
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Frazier Health Center	22531	Plunger	Passenger	Hydraulic	6,000	2	
Frazier Health Center	22532	Plunger	Passenger	Hydraulic	6,000	2	
A Dorm	46592	ThyssenKrupp	Passenger	Hydraulic	2,500	2	
B Dorm	46593	ThyssenKrupp	Passenger	Hydraulic	2,500	2	
OPI Print Shop	27929	Moseley	Freight	Hydraulic	4,000	2	
ISB	23393	Thyssen Dover	Passenger	Hydraulic	4,000	2	
Med/Seg Bldg	51884	Schindler	Passenger	Hydraulic	5,000	2	
Med/Seg Bldg	51913	Schindler	Passenger	Hydraulic	5,000	2	

SPECIFICATIONS (cont.'d)
 ELEVATORS TO BE SERVICED

SOUTHERN OHIO CORRECTIONAL FACILITY				Contact: James Clark, (740) 259-5544, ext. 3945		
MONTHLY SERVICE						
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
B Building	20692	Plunger	Passenger	Hydraulic	2,500	3
Infirmery	20693	Plunger	Passenger	Hydraulic	4,000	2
Laundry	20694	Plunger	Freight	Hydraulic	4,000	2
A Building						
Security Tower	20695	Plunger	DW	DW	150	2
Tower 3	20696	UNK	DW	DW	150	2
(Inclined Lifts, Stair Lifts, Porch Lift)						
Library	33825	Porchlift	VWS	SCRE	750	2
L-1 Cell Block	33826	Garaventa Accessibility	IC	RP	450	2
Library	33827	American	IC	RP	450	2
Chapel	34452	Garaventa Accessibility	IC	RS	450	2
K-1	34453	Garaventa Accessibility	IC	RS	450	2
K-8	34454	Garaventa Accessibility	IC	RS	450	2
J-3	35298	Garaventa Accessibility	IC	RS	450	2

TOLEDO CORRECTIONAL INSTITUTION				Contact: John Malay, (419) 726-7977, ext. 7265		
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
A Block	41774	Thyssen Dover	Passenger	Hydraulic	4,500	2
B Block	41775	Thyssen Dover	Passenger	Hydraulic	4,500	2
C Block	41776	Thyssen Dover	Passenger	Hydraulic	4,500	2
D Block	41777	Thyssen Dover	Passenger	Hydraulic	4,500	2
Admin N	41761	Thyssen Dover	Passenger	Hydraulic	2,500	2
Admin S	41762	Thyssen Dover	Passenger	Hydraulic	4,500	2
Master	41895	Porchlift	Wheel Chair	Screw	750	2

CAMBRIDGE PATROL POST				Contact: Lt. Jeffrey D. LaRoche, (740) 432-7089		
SEMI-ANNUAL SERVICE						
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
Main	45800	Wheel-O-Vator	Passenger	Hydraulic	1,400	2
Exceptions to Specifications for this facility: Contractor must provide copy of completed monthly checklist to the Post. Contractor must maintain sign-in log at the Post.						

FINDLAY PATROL POST				Contact: Lt. Jerrod A. Savidge, (419) 423-1414		
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
Main	44136	Concord	Passenger	Hydraulic	1,400	2
Exceptions to Specifications for this facility: Contractor must provide copy of completed monthly checklist to the Post. Contractor must maintain sign-in log at the Post.						

WILMINGTON PATROL POST				Contact: Lt. Todd E. Lee, (937) 382-2551		
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS
Main	40422	Dover	Passenger	Hydraulic	2,500	2
Exceptions to Specifications for this facility: Contractor must provide copy of completed monthly checklist to the Post. Contractor must maintain sign-in log at the Post.						

SPECIFICATIONS (cont.'d)

ELEVATORS TO BE SERVICED

APPALACHIAN BEHAVIORAL HEALTHCARE (Athens)						Contact: Andrea Bucci, (330) 559-3471	
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Main	32302	Thyssen Dover	Passenger	Hydraulic	4,000	2	
Main	32303	Thyssen Dover	Passenger	Hydraulic	4,000	2	
Main	32304	Thyssen Dover	Passenger	Hydraulic	4,000	2	

HEARTLAND BEHAVIORAL HEALTHCARE (Massillon)						Contact: Andrea Bucci, (330) 559-3471	
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Rehab	21237	Plunger	Passenger	Hydraulic	4,000	2	
Rehab	21238	Plunger	Passenger	Hydraulic	4,000	2	
Rehab	21239	Plunger	Passenger	Hydraulic	4,000	2	
Admin	43055	Thyssen Dover	Passenger	Hydraulic	2,100	2	

NORTHCOAST BEHAVIORAL HEALTHCARE SYSTEM (TOLEDO)						Contact: Jerry Walker, (419) 381-1881 ext. 4676	
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Geriatrics	20647	Kerscher	Passenger	Hydraulic	4,000	3	
Geriatrics	20648	Kerscher	Passenger	Hydraulic	4,000	3	
Geriatrics	20649	Kerscher	Passenger	Hydraulic	4,000	3	
Geriatrics	20650	Kerscher	Passenger	Hydraulic	4,000	3	

SUMMIT BEHAVIORAL HEALTHCARE						Contact: Jim O'Connor, (513) 948-3085	
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Main	47160	ThyssenKrupp	Passenger	Hydraulic	4,500	2	
Main	47161	ThyssenKrupp	Passenger	Hydraulic	6,000	2	

OHIO VETERANS HOME – SANDUSKY						Contact: Dan Sarr, (419) 625-2454. ext. 1414	
LOCATION	NO.	MFG.	TYPE	POWER	CAPACITY	LANDINGS	
Giffin Care	9245	Haughton	Passenger	Hydraulic	3,500	4	
Giffin Care	27974	Plunger	Passenger	Hydraulic	3,500	4	
Secrest Nursing	25138	Plunger	Passenger	Hydraulic	4,000	3	
Secrest Nursing	25137	Plunger	Passenger	Hydraulic	4,000	3	
Secrest Nursing	25136	Plunger	Passenger	Hydraulic	4,000	3	
Secrest Receiving Dock	25135	Plunger	Freight	Hydraulic	5,000	2	
Veterans Hall	31522	Thyssen Dover	Passenger	Hydraulic	4,000	2	
Veterans Hall	31523	Thyssen Dover	Passenger	Hydraulic	2,500	2	
Veterans Hall	31524	Thyssen Dover	Passenger	Hydraulic	2,500	2	
Veterans Hall	31524	Thyssen Dover	Passenger	Hydraulic	2,500	2	
Veterans Hall	31521	Thyssen Dover	Passenger	Hydraulic	4,000	4	
IF Mack Building	34359	Thyssen Dover	Passenger	Hydraulic	2,100	3	
O Cottage	NA	Giant	Lift	Hydraulic	UNK	2	

PRICE SCHEDULE:

CHILLICOTHE CORRECTIONAL INSTITUTION				
ITEM I.D.: 4163				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Warehouse	16054	Otis	Freight	\$ per mo.
CHILLICOTHE CORRECTIONAL INSTITUTION, OPI				
ITEM I.D.: 4164				SCHEDULED SERVICE MONTHLY COST
LOCATION	NO.	MFG.	TYPE	
Factory	16051	General	Freight	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

CORRECTIONS MEDICAL CENTER				
ITEM I.D.: 9316				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
B Building	31266	Moseley	Passenger	\$ per mo.
B Building	31267	Moseley	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

DAS/GSD, FACILITIES MANAGEMENT (25 South Front Street)				
ITEM I.D.: 4253				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION (NO.)	NO.	MFG.	TYPE	
1	7467	Otis	Passenger	\$ per mo.
2	7468	Otis	Passenger	\$ per mo.
3	7470	Otis	Passenger	\$ per mo.
4	7469	Otis	Passenger	\$ per mo.
5	7471	Otis	Passenger	\$ per mo.
6	29034	Canton	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

DAS/GSD, FACILITIES MANAGEMENT (246 North High Street)				
ITEM I.D.: 8773				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION (NO.)	NO.	MFG.	TYPE	
2969	8042	Otis	Passenger	\$ per mo.
2969	8043	Otis	Passenger	\$ per mo.
2969	8044	Otis	Passenger	\$ per mo.
2969	8045	Otis	Passenger	\$ per mo.
2969	8046	Otis	Passenger	\$ per mo.
2969	8047	Otis	Passenger	\$ per mo.
2969	8048	Otis	Passenger	\$ per mo.
2969	8049	Otis	Freight	\$ per mo.
2969	8050	Otis	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

DAS/GSD, FACILITIES MANAGEMENT (358 North Parkview)				
ITEM I.D.: 4254				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
1	47562	OTIS	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

DAS/GSD, FACILITIES MANAGEMENT (35 East Chestnut Street)				
ITEM I.D.: 4253				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION (NO.)	NO.	MFG.	TYPE	
1	15632	Otis	Passenger	\$ per mo.
2	15629	Otis	Passenger	\$ per mo.
3	15631	Otis	Passenger	\$ per mo.
4	15630	Otis	Passenger	\$ per mo.
5	15628	Otis	Passenger	\$ per mo.
6	15633	Canton	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

DAYTON CORRECTIONAL FACILITY				
ITEM I.D.: 4166				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
B Building	2884	OTIS	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

HOCKING CORRECTIONAL FACILITY				
ITEM I.D.: 9317				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main Building	12402	Thyssen Dover	Passenger	\$ per mo.
Main Building	12403	Shepard	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

LONDON CORRECTIONAL INSTITUTION				
ITEM I.D.: 9315				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main Building Front Lobby	44582	Thyssen Dover	Passenger	\$ per mo.
LONDON CORRECTIONAL INSTITUTION, OPI				
ITEM I.D.: 9315				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Factory	16051	General	Freight	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

MARION CORRECTIONAL INSTITUTION				
ITEM I.D.: 4170				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Medical	02236	Capital	Passenger	\$ per mo.
Back Dock	87223	Capital	Freight	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

OAKWOOD CORRECTIONAL FACILITY				
ITEM I.D.: 8772				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
North Wing	28084	Otis	Passenger	\$ per mo.
North Wing	28083	Otis	Freight/Passenger	\$ per mo.
South Wing	14639	Capital	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

OHIO REFORMATORY FOR WOMEN				
ITEM I.D.: 4165				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Laundry	25482	Plunger	Freight	\$ per mo.
Food Service	13645	Canton Const.	Freight	\$ per mo.
Kennedy Dorm	40419	Otis	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

OHIO STATE PENITENTIARY				
ITEM I.D.: 4167				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main Building	36001	Dover	Passenger	\$ per mo.
Main Building	36068	Dover	Passenger	\$ per mo.
Main Building	35997	Dover	Passenger	\$ per mo.
Main Building	35998	Dover	Passenger	\$ per mo.
Main Building	35999	Dover	Passenger	\$ per mo.
Main Building	36000	Dover	Passenger	\$ per mo.
Main Building	46118	Abell	Passenger	\$ per mo.
Main Building	46119	Abell	Passenger	\$ per mo.
Main Building	46120	Abell	Passenger	\$ per mo.
Main Building	46121	Abell	Passenger	\$ per mo.
Main Building	46122	Abell	Passenger	\$ per mo.
Main Building	46123	Abell	Passenger	\$ per mo.
Main Building	46124	Abell	Passenger	\$ per mo.
Main Building	46125	Abell	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

PICKAWAY CORRECTIONAL INSTITUTION				
ITEM I.D.: 9318				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Frazier Health Center	22531	Plunger	Passenger	\$ per mo.
Frazier Health Center	22532	Plunger	Passenger	\$ per mo.
A Dorm	46592	ThyssenKrup	Passenger	\$ per mo.
B Dorm	46593	ThyssenKrup	Passenger	\$ per mo.
OPI Print Shop	27929	Moseley	Freight	\$ per mo.
ISB	23393	Thyssen Dover	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

SOUTHERN OHIO CORRECTIONAL FACILITY				
ITEM I.D.: 9319				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
B Building	20692	Plunger	Passenger	\$ per mo.
Infirmary	20693	Plunger	Passenger	\$ per mo.
Laundry	20694	Plunger	Freight	\$ per mo.
A Building Security Tower	20695	Plunger	DW	\$ per mo.
Tower 3	20696	UNK	DW	\$ per mo.
(Inclined Lifts, Stair Lifts, Porch Lift				
ITEM I.D.: 4171				SCHEDULED SERVICE MONTHLY COST
Library	33825	Porchlifit		\$ per mo.
L-1 Cell Block	33826	Garaventa Accessibility		\$ per mo.
Library	33827	American		\$ per mo.
Chapel	34452	Garaventa Accessibility		\$ per mo.
K-1	34453	Garaventa Accessibility		\$ per mo.
K-8	34454	Garaventa Accessibility		\$ per mo.
J-3	35298	Garaventa Accessibility		\$ per mo.
Straight-Time Rate (During facility regular work hours)*				\$ per hr.
Overtime Rate (at other than facility regular work hours)*				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

TOLEDO CORRECTIONAL INSTITUTION				
ITEM I.D.: 9320				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
A Block	41774	Thyssen Dover	Passenger	\$ per mo.
B Block	41775	Thyssen Dover	Passenger	\$ per mo.
C Block	41776	Thyssen Dover	Passenger	\$ per mo.
D Block	41777	Thyssen Dover	Passenger	\$ per mo.
Admin N	41761	Thyssen Dover	Passenger	\$ per mo.
Admin S	41762	Thyssen Dover	Passenger	\$ per mo.
Master	41895	Porchlif	Wheel Chair	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

CAMBRIDGE PATROL POST				
ITEM I.D.: 9323				SCHEDULED SERVICE SEMI-ANNUAL COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main	45800	Wheel-O-Vator	Passenger	\$ per semi-annual service
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

FINDLAY PATROL POST				
ITEM I.D.: 4173				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main	44136	Concord	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

WILMINGTON PATROL POST				
ITEM I.D.: 4252				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main	40422	Dover	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

APPALACHIAN BEHAVIORAL HEALTHCARE (Athens)				
ITEM I.D.: 9322				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main	32302	Thyssen Dover	Passenger	\$ per mo.
Main	32303	Thyssen Dover	Passenger	\$ per mo.
Main	32304	Thyssen Dover	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

HEARTLAND BEHAVIORAL HEALTHCARE (Massillon)				
ITEM I.D.: 9325				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Rehab	21237	Plunger	Passenger	\$ per mo.
Rehab	21238	Plunger	Passenger	\$ per mo.
Rehab	21239	Plunger	Passenger	\$ per mo.
Admin	43055	Thyssen Dover	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

NORTHCOAST BEHAVIORAL HEALTHCARE SYSTEM (TOLEDO)				
ITEM I.D.: 4169				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Geriatrics	20647	Kerscher	Passenger	\$ per mo.
Geriatrics	20648	Kerscher	Passenger	\$ per mo.
Geriatrics	20649	Kerscher	Passenger	\$ per mo.
Geriatrics	20650	Kerscher	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

SUMMIT BEHAVIORAL HEALTHCARE				
ITEM I.D.: 10502				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Main	47160	ThyssenKrupp	Passenger	\$ per mo.
Main	47161	ThyssenKrupp	Passenger	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

PRICE SCHEDULE:

OHIO VETERANS HOME – SANDUSKY				
ITEM I.D.: 9324				SCHEDULED SERVICE MONTHLY COST
UNIT DESCRIPTION				05/01/10 THRU 04/30/13
LOCATION	NO.	MFG.	TYPE	
Giffin Care	9245	Haughton	Passenger	\$ per mo.
Giffin Care	27974	Plunger	Passenger	\$ per mo.
Secrest Nursing	25138	Plunger	Passenger	\$ per mo.
Secrest Nursing	25137	Plunger	Passenger	\$ per mo.
Secrest Nursing	25136	Plunger	Passenger	\$ per mo.
Secrest Receiving Dock	25135	Plunger	Freight	\$ per mo.
Veterans Hall	31522	Thyssen Dover	Passenger	\$ per mo.
Veterans Hall	31523	Thyssen Dover	Passenger	\$ per mo.
Veterans Hall	31524	Thyssen Dover	Passenger	\$ per mo.
Veterans Hall	31524	Thyssen Dover	Passenger	\$ per mo.
Veterans Hall	31521	Thyssen Dover	Passenger	\$ per mo.
IF Mack Building	34359	Thyssen Dover	Passenger	\$ per mo.
O Cottage	NA	Giant	Lift	\$ per mo.
* Straight-Time Rate (During facility regular work hours)				\$ per hr.
* Overtime Rate (at other than facility regular work hours)				\$ per hr.

* 10 hours will be used for evaluation purposes only.

BIDDER DISCLOSURE STATEMENTS:

The Bidder must provide a declarative (yes/no) answer regarding the following questions. If any answer is affirmative, the Bidder must provide full details about the matter. While not an automatic cause for disqualification, an affirmative answer may result in an evaluation of the Bidder's responsibility. A decision will then be made based on the seriousness of the matter, the matter's possible impact on the performance of the contract, and the best interests of the State. Within the past five (5) years:

ITEM	DISCLOSURE STATEMENT	YES	NO
A.	Has the Bidder and/or subject company had a contract terminated for default or cause?		
B.	Has the Bidder and/or subject company been assessed any penalties, including liquidated damages, under any of its existing or past contracts with any organization or governmental entity?		
C.	Has the Bidder and/or subject company been the subject of any governmental action limiting the right of the Bidder and/or subject company to do business with that entity or any other governmental entity?		
D.	Has trading in the stock of the subject company ever been suspended? Give date and explanation.		
E.	Has the Bidder and/or subject company previously operated as a like-kind business under any other business name and/or taxpayer identification number?		
F.	Has the Bidder and/or subject company, any company officer, or any owner of a twenty (20%) percent interest or greater in the subject company, filed bankruptcy, reorganization, a debt arrangement, moratorium, or any proceeding under any bankruptcy or insolvency law, or any dissolution or liquidation proceeding?		
G.	Has the Bidder and/or subject company, any company officer, or any owner of a twenty (20%) percent interest or greater in the company, been convicted of a felony or is currently under indictment on any felony charge?		
H.	Has the Bidder and/or subject company, any company officer, or any owner of a twenty (20%) percent interest or greater in the company, had a finding for recovery action issued by the Ohio Auditor of State for a sum of funds due the state of Ohio?		

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate.

This completed form should be returned as part of the bid response. Failure to complete this page may deem your bid not responsive.

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

- Bidder/Broker ("The Contractor") or their Subcontractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of \$500,000.00.
- Goods/Services will be delivered via common carrier.
- No employee or representative of the Contractor will have cause to be on state property to make deliveries or to perform services.

DISCLOSURE OF SERVICE PROVIDERS (See Standard Contract Terms and Conditions, Section [Roman Numeral] V. General Provisions., Paragraph G.): [For Services Contracts]

Bidders seeking to enter into a service contract shall disclose the following:

a) Principal location of business for the Contractor (Name/City/State/Country)

b) Location where services will be performed (Name/City/State/Country)

c) Location where any State data, applicable to the Contract, will be maintained or made available (Name/City/State/Country)

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors, locations where services will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

OBM – OHIO SHARED SERVICES

Vendor and Accounts Payable Forms may be downloaded from this website:

<http://ohiosharedservices.ohio.gov/Vendors.aspx?Page=2>

Except for Electronic Funds Transfer (EFT) forms, all completed forms should be returned to Shared Services via e-mail, fax, or mail. EFT forms must be mailed.

All contact information is available at the above link.

**AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY
MANDATORY PLAN REGISTRATION**

Notice to Bidders

Equal Employment Opportunity: The Contractor will comply with all State and Federal laws regarding equal employment opportunity, including Ohio Revised Code Section 125.111 and all related Executive Orders.

Before a Contract can be awarded or renewed, an Affirmative Action Program Verification Form must be completed using the Ohio Business Gateway Electronic Filing website <http://business.ohio.gov/efiling/>. Bidders must register before completing an Affirmative Action Verification Form.

Approved Affirmative Action Plans can be found by going to the Equal Opportunity Departments web site: <http://odnapps01.odn.state.oh.us/das-eod/bmswebaavp.nsf/b2aee95274adf1028525735a005c938d>

Failure to complete these required forms may deem your Bid not responsive.

The remainder of this page is intentionally left blank.

BID SUBMISSION CHECKOFF LIST

SUBMITTED

REQUIRED

REQUIRED WITH THE BID RESPONSE

_____	Declaration Regarding Material Assistance (Page 2)	<u>YES</u>
_____	Business References (Page 3)	<u>YES</u>
_____	Bidder Disclosure Statements (Page 28)	<u>YES</u>
_____	Bid Automobile Liability Checklist (Page 29)	<u>YES</u>
_____	Vendor and Accounts Payable Forms (Page 30) (Submit these forms directly to Ohio Shared Services)	<u>YES</u>
_____	Affirmative Action Program Verification Form (Page 30)	<u>YES</u>
_____	Workers' Compensation Certificate (S-12)	<u>YES</u>
_____	Insurance Certificate (Page 3) and (S-13)	<u>YES</u>

MANDATORY WITH THE BID RESPONSE

_____	Bid Cover Page, Signed in blue ink (Page 1)	<u>YES</u>
_____	Buy Ohio and Domestic Preferences (Page 2)	<u>YES</u>
_____	Price Schedule (Pages 13-27)	<u>YES</u>
_____	Disclosure of Service Providers (Page 29)	<u>YES</u>

Note: In addition to the information normally provided on the Insurance Certificate, the state of Ohio specifically requires the following:

- a. Verification of Ohio Stop Gap Employer's Liability coverage with at least \$1,000,000 limit.
- b. Verification that the policy is endorsed to include a Waiver of Subrogation.
- c. Verification that coverage is primary over all other applicable insurance.
- d. Verification that the policy designates the state of Ohio as an additional insured.
- e. Certificate holder should be listed as follows:

State of Ohio
Office of Procurement Services
Bid No. OT905110
4200 Surface Road
Columbus, OH 43228

This checkoff list is provided solely for the Bidder's benefit. Submission of the mandatory/required materials does not guarantee that the Bidder will be deemed compliant with all of the specifications and requirements as stated in this bid. Completing the checkoff list does not absolve the Bidder's responsibility to thoroughly review and understand all of the specifications and requirements as stated in this bid.