

# Request for Proposal

## **Carpet and Installation - Administrative Building Ohio Department of Developmental Disabilities (DDD) at Tiffin Developmental Center**

Tiffin Developmental Center, a residential facility for 138 developmentally disabled adults, is seeking a proposal for installation of new carpeting for the Administration Building hallways and meeting rooms (2), including integrated wipe off carpeting at each building entrance.

- Installation will include three styles of carpeting with 25 year warranty or greater, equivalent to Shaw broadloom with moisture barrier backing and Johnsonite rubber base.
- The proposal will assume standard final prep. Existing carpeting and cove molding will be removed by the owner. VCT tile removal or replacements necessary will be done by the owner.
- Floor condition will be reviewed prior to installation and determined acceptable by the installer.
- All pricing is to be based on field measurements; however the following are estimated measurements that may vary with pattern repeats, etc.

Field carpet	668 sq. yds.
Border in conference rooms	93 sq. yds.
Walk-off carpeting	68 sq. yds.
Wall base	1100 linear ft

- The vendor will provide 3 – 5 color and pattern schemes for the owner's choice. One scheme set will be selected that coordinates hallway and 12" to 16" conference room border, conference room field, and walk-off carpeting.
- All furniture will be moved by the owner.
- The State of Ohio is tax exempt.

**Proposals will be accepted until 12:00 noon on June 7, 2010.**

**If interested in submitting a proposal, please submit it to Donn Pummell, Operations Director, Tiffin Developmental Center, 600 N. River Road, Tiffin, Ohio 44883.**

**The proposals need to be provided on company letterhead and include the completion of the Contractor Information Form below. Yardage and linear feet of each type of material must be specified, with a subtotal of cost for both labor and materials.**

CONTRACTOR INFORMATION

**THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL.**

Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

1. Number of contracts with the State of Ohio (including ODMR/DD). Specifically,

State Agency: \_\_\_\_\_

Contracted Services: \_\_\_\_\_

Duration of Contract: \_\_\_\_\_

Amount/Rate: \_\_\_\_\_

(Attach additional sheets if necessary.)

2. Provide the following current information on both a corporate-wide basis (including Ohio) and, if a multi-state corporation, the corporation's Ohio-based operations:

<u>Ohio Offices</u>	<u>Nationwide (incl. Ohio offices)</u>
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Total Employees: _____	_____
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% Women: _____	_____
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% Minorities: _____	_____
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3. What is your TAX IDENTIFICATION number? \_\_\_\_\_

4. If your billing address is different from your mailing address, please list it below:

Billing Address:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date