

CUYAHOGA COUNTY  
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BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

**REQUEST FOR QUOTATIONS FOR  
SNOW REMOVAL SERVICES  
FOR THE  
CUYAHOGA COUNTY BOARD OF HEALTH**

**Background**

The Cuyahoga County Board of Health (CCBH) seeks a qualified contractor to provide snow plowing, removal and deicing services for its property located at 5550 Venture Drive, Parma, Ohio 44130.

Our goal is to provide a safe, functional, and accessible environment for our visitors and employees.

**Duration of Services**

The Cuyahoga County Board of Health is seeking services commencing November 1, 2019 through April 30, 2021.

**Specifications**

1. Snow plowing, removal and deicing services will be performed five (5) days per week (Monday through Friday), excluding holidays. Saturday, Sunday, and holiday services shall be performed when necessary to assure surfaces are clear for Monday building operations.
2. All snow removal services should be completed by 6:30 am to accommodate the arrival of employees and visitors.
3. The lots are to be plowed when snow accumulates at 2 inches or higher unless otherwise specified by CCBH personnel.
4. Deicing material shall be applied to front and rear parking lots and all entrance and exit avenues (includes four walkways), in sufficient quantities to melt any frozen precipitation when slippery and/or icy conditions warrant.

Deicing shall be applied as needed, but no more than every six hours. It is the contractor's responsibility to monitor site conditions to see if additional applications are needed. If additional applications are needed, contractor must contact proper CCBH personnel for approval of additional applications.

- Calcium chloride or magnesium chloride shall be used for all concrete walkways.
- Salt rock or a combination of salt/sand mix shall be used on parking lots.

5. If CCBH has to supply services and/or contract to another company, the costs associated will be charged back to the contractor.
6. Snow must be properly placed to minimize loss of parking spaces and piles may not exceed four feet in height.
7. Removal of snow stockpiles, as requested by CCBH.
8. The CCBH parking lot is not designated for heavy truck traffic. Therefore, the contractor shall utilize appropriate equipment.

Equipment required for this work shall meet the following minimum sizes:

- Snow plowing parking lots - 4-wheel drive (4 x 4) with 8' plow
  - Snow removal and hauling - 2 cubic yard front end loader
  - Dump truck(s) with 5 yard capacity box minimum
  - Skid steer loaders as required
  - Hand labor with snow blower(s) or other equipment to be determined
9. Quotes should include an outline of the total cost for the services described above including all labor and materials. Provide a price breakdown as follows:
    - Snow plowing services should be quoted on a per push basis.
    - Sidewalk maintenance should be quoted on a per service basis.
    - Deicing services should be quoted on a per application basis and separately quoted for parking lot and sidewalks.
    - Optional work should be identified separately by category and include task and cost.

### **Other Information Requested**

1. Business establishment date.
2. Describe the method of providing emergency response and standard response time.
3. Equipment and staffing information.
4. Three references (CCBH form attached)

### **Insurance Requirements**

During the full term of the contractual agreement, the contractor shall have in effect and maintain such insurance as defined herein. Where applicable, to be determined by the Board's General Counsel, the applicable insurance shall name the Board and its employees as a co-insured or additional insured.

This insurance shall protect the contractor, the Board and its employees and any subcontractor performing work covered by the contractual agreement against: 1) general auto liability claims; 2) professional liability claims; 3) personal injury claims; 4) accidental death claims; 5) property damage claims; 6) economic loss claims; 7) general liability claims; and such other types of claims including but not limited to D&O, employee dishonesty, workers compensation claims which may arise from operations under the contractual agreement whether such operations be by the contractor or by any subcontractor or by anyone directly or indirectly employed by either of them.

An exact copy of such insurance policy or policies and any declarations pages shall be made available to the contracting authority for review at or before the time of execution of the contract. Such insurance shall include coverages for general liability, professional liability (where deemed necessary), workers compensation, D&O coverage and employee dishonesty (if deemed applicable) in such reasonable and adequate amounts as shall be determined by the General Counsel at the time of negotiation of the contract.

The common coverage and amounts that have been requested from prior contractors for these types of services is as follows:

- a) General Liability - the contractor shall carry comprehensive general liability insurance, occurrence version, in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
- b) Professional Liability - the contractor shall carry professional liability insurance, occurrence version, providing single limit coverage in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
- c) Workers' Compensation.

### **Submission of Quotes**

Quotation documents are due by Tuesday, September 11, 2019 at 4:30 pm.

Quotations and supporting documents may be mailed or emailed to the following:

Cuyahoga County Board of Health  
Attention: Becki Burke, Executive Assistant  
5550 Venture Drive  
Parma, Ohio 44130  
(216)201-2001 ext. 1101  
[bburke@ccbh.net](mailto:bburke@ccbh.net)

**REFERENCE SHEET**

**INSTRUCTIONS:**

List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

<b>ORGANIZATION'S NAME:</b>	<b>CONTACT PERSON'S NAME:</b>
<b>ORGANIZATION'S FULL ADDRESS:</b>	<b>CONTACT PERSON'S TELEPHONE NUMBER:</b>  <b>DATE SERVICE(S) PROVIDED:</b>
<b>SPECIFY THE SERVICES PROVIDED:</b>	
<b>ORGANIZATION'S NAME:</b>	<b>CONTACT PERSON'S NAME:</b>
<b>ORGANIZATION'S FULL ADDRESS:</b>	<b>CONTACT PERSON'S TELEPHONE NUMBER:</b>  <b>DATE SERVICE(S) PROVIDED:</b>
<b>SPECIFY THE SERVICES PROVIDED:</b>	
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<b>SPECIFY THE SERVICES PROVIDED:</b>	