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Bid/Quote/RFP#

Q7405

Des Moines Public Schools
Division of Purchasing
1915 Prospect Rd., Suite 1200
Des Moines, IA 50310
Phone (515)242-7751
Fax (515)242-7550

The Des Moines Public Schools is seeking to exercise its renewal option for the above mentioned bid. This is for the contract period beginning July 1, 2017 and ending on June 30, 2018. The District reserves the option to renew the original contract with the successful bidder(s) for up to four additional years. The amount of the contract for the second through fifth years shall be negotiated at the close of each preceding year. The renewal option may not be exercised if not in the District's best interests. The contract may be cancelled by either party on 90 days written notice during the contract period.

Enclosed is a 2017-2018 Renewal Spreadsheet of your pricing detailing the items which were on this bid. We ask all suppliers to review their pricing structures prior to submitting renewal proposals on the spreadsheet. The District will again consider any program that may reduce its costs through process improvement, ordering methodology, patterns, etc. Conversely, any planned increase may require the District to employ its option to place the product category out for bid solicitation.

***New:** In order to streamline the process all suppliers must submit their renewals electronically via this link. A hard copy or faxed copy will be rejected by the District. Should you need a computer the District will have one available Monday-Friday from 8:00 a.m. - 4:30 p.m. please contact us at the above number to make arrangements. Please submit the renewal within 10 calendar days and upload the 2017-2018 Renewal Spreadsheet and Certificate of Insurance if applicable.

The District appreciates your past service. We look forward to continuing our business relationship with you in the months and years to come.

Do you wish to renew for fiscal year 2017-2018? *

☒ Yes

☐ No

Please confirm the Bid, Quote or RFP# you are renewing. * ?

Q7405

Please confirm the Bid, Quote or RFP# you are terminating. * ?

To terminate the renewal click NEXT and complete your company information.

▲ 1 (Rules) / 2 ▼

Acknowledgement & Certification

Respondent is providing services to the Des Moines Independent Community School District ("District") as a contractor, vendor, supplier, provider or sub-provider and/or is operating or managing the operations of a contractor, vendor, supplier or provider. The services provided by the Respondent may involve the presence of the Respondent's employees upon the real property of the District.

The Respondent acknowledges that Iowa law prohibits a sex offender who has been convicted of a sex offense against a minor from being present upon the real property of the District. The Respondent further acknowledges that, pursuant to Iowa law, a sex offender who has been convicted of a sex offense against a minor shall not operate, manage, be employed by, or act as a contractor or volunteer at the District.

The Respondent hereby certifies that no one who is an owner, operator or manager of the Respondent has been convicted of a sex offense against a minor. The Respondent further certifies and agrees that it shall not permit any person who is a sex offender convicted of a sex offense against a minor to provide any services to the District in accordance with the prohibitions set forth above.

The Respondent further certifies that the Respondent has completed a satisfactory background check on the Respondent's employees. The Respondent hereby agrees to provide the District with the Respondent's background screening procedures including specific context and infractions that are reviewed by the Respondent. The District reserves the right to, but does not have the obligation to, conduct a District background check on Respondent employees as determined by the District in its sole discretion. The District reserves the right to restrict access of any Respondent employee upon the real property of the District if such employee does not clear the District's background check.

The District reserves the right, but does not have the obligation to, to audit the Respondent's background screening program at any time, whether announced or unannounced. The Respondent hereby agrees that the Respondent shall, upon request, permit an authorized District representative to review background screening records, including those of individual Respondent employees, in order to conduct a compliance review, audit or investigation, to the fullest extent permitted by law.

The Respondent shall ensure that the provisions of this Acknowledgement and Certification are extended to any and all subcontractors, consultants, or others the Respondent may engage if such engagement involves their presence upon the real property of the District.

The Respondent understands and agrees that violation of any of the provisions of this Acknowledgement and Certification shall constitute sufficient grounds for termination of any contract or subcontract without damages or penalty to the District.

This Acknowledgment and Certification is to be construed under the laws of the State of Iowa. If any portion hereof is held invalid, the balance of the document shall, notwithstanding, continue in full legal force and effect.

Have you reviewed Acknowledgement and Certification Form? *

☒ Yes

Form of Proposal

BIDS/QUOTES SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED WILL BE RECEIVED AT THE ABOVE OFFICE UNTIL, BUT NOT LATER THAN, THE DATE AND TIME ABOVE STATED AND THEN PUBLICLY OPENED FOR FURNISHING THE FOLLOWING SUPPLIES, EQUIPMENT AND/OR SERVICE F.O.B. DESTINATION.

Mark Mattiussi, Purchasing Agent

The undersigned bidder certifies, by responding to this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal, State or Local department or agency. Further, it is the policy of the Des Moines Community School District not to illegally discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you believe you have been discriminated against or treated unjustly, please contact the Equity Coordinator, Isaiah McGee at 2323 Grand Avenue, Des Moines, IA 50312, 515-242-7662 Isaiah.mcgee@dmschools.org Section 504 34 CFR 104.8, Title IX 34 CFR 106.9, OCR Guidelines IV.O and V.C. Also the District plans to pay Seller using a procurement or virtual credit card, or may make payments by electronic funds transfer and recommends that Seller accept one of these forms of payment. Finally by signing this document the Seller and their agent(s) have read, understand and will comply with the District's Acknowledgement & Certification requirements as detailed herein. Delivery shall be made between the hours of 7:30 a.m. and 3:00 p.m. at DMPS 1915 Prospect Road, Des Moines IA 50310.

Will you extend the same pricing for fiscal year 2017-2018? * ?

☒ Yes

☐ No

Please upload the 2017-2018 Renewal Spreadsheet with your changes. *

Was a Certificate of Insurance requested in the 2017-2018 Renewal Spreadsheet? *

☐ Yes

☒ No

Please upload a Certificate of Insurance. *

Company Name *

Representative Name *

Representative Title *

Sales Representative

Address 1 *

2800 Delaware Ave

City *

Des Moines

State *

Iowa

**Zip Code ***

50317

Phone Number *

515-265-8030

Fax Number *

515-265-7649

Email Address *

djrobinson@iafire.com

Date *

04-04-2017



In signing the Form of Proposal of the renewal document, the person signing on behalf of the Respondent hereby acknowledges that he/she has read this entire document that he/she understands its terms, and that he/she not only has the authority to sign the document on behalf of the Respondent, but has signed it knowingly and voluntarily. Also, the undersigned bidder agrees to the general terms and conditions, specifications and special terms and conditions associated with this bid.

Please use the mouse to sign this renewal. *[clear](#)

SUBJECT TO THE TERMS AND CONDITIONS @

<http://www.dmschools.org/departments/operations/purchasing-central-stores/purchasing/open-proposals/>.

THIS FORM AND EACH ADDITIONAL FORM OF PROPOSAL, IF ANY, MUST BE SIGNED.

CLOSE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER LMC Insurance & Risk Management 4200 University Ave., Suite 200 West Des Moines IA 50266-5945 | | CONTACT NAME: Jodi Abens PHONE (A/C, No., Ext): 515-237-0149 E-MAIL ADDRESS: jodi.abens@lmcins.com FAX (A/C, No): 515-244-9535 | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------------------|--|--------|--|--|-------|--|--|-------|---|--|-------|-------------|--|--|-------------|--|--|-------------|--|--|
| INSURED IOWAFIR-01 Iowa Fire Equipment Company 2800 Delaware Des Moines IA 50317 | | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td colspan="2">INSURER A : Scottsdale Insurance Company</td><td>41297</td></tr><tr><td colspan="2">INSURER B : Charter Oak Fire Insurance Company</td><td>25615</td></tr><tr><td colspan="2">INSURER C : The Phoenix Insurance Company</td><td>25623</td></tr><tr><td colspan="2">INSURER D :</td><td></td></tr><tr><td colspan="2">INSURER E :</td><td></td></tr><tr><td colspan="2">INSURER F :</td><td></td></tr></tbody></table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : Scottsdale Insurance Company | | 41297 | INSURER B : Charter Oak Fire Insurance Company | | 25615 | INSURER C : The Phoenix Insurance Company | | 25623 | INSURER D : | | | INSURER E : | | | INSURER F : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A : Scottsdale Insurance Company | | 41297 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B : Charter Oak Fire Insurance Company | | 25615 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C : The Phoenix Insurance Company | | 25623 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 486340352**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:\$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | BCS0033708 | 2/1/2016 | 6/1/2017 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Drv Oth Car <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | DT - 810 - 8F319720 - COF | 6/1/2016 | 6/1/2017 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | XLS0098903 | 2/1/2016 | 6/1/2017 | EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A | | | DTN - UB - 8F31972 - 0 - | 6/1/2016 | 6/1/2017 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Des Moines Public Schools
Joanne Khounlo-Philavanh - Purchasing Specialist
1915 Prospect Rd. Suite 1200
Des Moines IA 50310

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Khounlo Philavanh, Joanne

From: Jodi Abens <jodi.abens@lmcins.com>
Sent: Tuesday, April 4, 2017 1:45 PM
To: Khounlo Philavanh, Joanne
Subject: RE: IA Fire COI for Q7405
Attachments: Des Moines Public Schools (002).pdf

Yes, the policies listed on the attached COI are all valid and enforce. Thank you.

Jodi Abens, CISR

Account Manager
jodi.abens@lmcins.com
(515) 237-0149
(515) 244-9535 Fax



Insurance & Risk Management

4200 University Avenue, Suite 200
West Des Moines, IA 50266-5945
www.lmcins.com

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From: Khounlo Philavanh, Joanne [mailto:Joanne.KhounloPhilavanh@dmschools.org]
Sent: Tuesday, April 04, 2017 1:14 PM
To: Jodi Abens
Subject: IA Fire COI for Q7405

Hello,

Part of our process requires us to verify all contract documents. Please confirm via this email that the policies as described in the COI#486340352 (attached) are valid and enforce for Iowa Fire Equipment and Des Moines Public School as certificate holder.

Thanks,

JoAnne Khounlo-Philavanh
Purchasing Specialist
1915 Prospect Rd, Suite 1200
Des Moines, IA 50310
Phone (515) 242-7962
Fax (515) 242-7550
JoAnne.KhounloPhilavanh@dmschools.org