

CONTRACT
FOR SERVICES UNDER \$50,000

ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.

This Contract for wayfinding signage services is entered into by and between Quality Custom Signs LLC (herein referred to as “Contractor”), and the City of Columbus, Department of Health (herein referred to as “City”).

WITNESSETH

WHEREAS, the City has a need for wayfinding signage services; and

WHEREAS, the Contractor has the necessary experience and expertise to provide said service; and

NOW, THEREFORE, in consideration of the mutual promises as hereinafter set forth, the parties agree as follows:

ENTIRE AGREEMENT

This Contract sets forth the entire agreement between the parties with respect to the subject matter hereof. Understandings, agreements, representations, or warranties not contained in this Contract, or as written amendment hereto, shall not be binding on either party. Except as provided herein, no alteration of any terms, conditions, delivery, price, quality, or specifications of this Contract shall be binding on either party without the written consent of both parties. This Contract is subject to the Ohio Public Records Act.

1. Contract Term

The term of this Contract shall be from 12/25/2025 to 5/31/2026. This Contract shall not automatically renew.

2. Maximum Obligation

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$28,000.00 unless additional funds are appropriated and authorized.

3. Pricing and Scope of Services

The Contractor agrees to perform and invoice the Scope of Services as set forth **ON ATTACHED EXHIBIT A*** and as contained in the bid specifications, which are expressly incorporated herein.

*Contract is NOT valid if the Scope of Services is NOT attached.

No other costs, rates, or fees shall be payable to the Contractor for services performed hereunder. The terms and conditions specified in this Contract constitute the entire contract governing the purchase of services by the City from the Contractor, and shall supersede any terms and conditions which may accompany Contractor’s invoice/bid/estimate. Any and all verbal representations are superseded by this Contract. The terms of this Contract shall prevail over any conflicting or deficient terms or conditions listed in any attachments from Contractor.

4. Equal Opportunity Clause

Contractor agrees to abide by all of the terms, conditions and requirements set forth in Columbus City Code Section 3906.02, Equal Opportunity Clause. Failure or refusal of a Contractor or Subcontractor to comply with the provisions of Title 39 may result in cancellation of this Contract.

5. Taxes

Federal or State taxes are not to be included on invoices for the described services. Contractor will be provided an exemption certificate, if needed.

6. **City's Contract Administrator/Contract Administration**

Makeda Porter will manage the Contract on behalf of the City and will be the principal point of contact for the City concerning the Contractor's performance under this Contract.

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law shall only be effective if it is in writing, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Services as first-class certified mail, postage prepaid and return receipt requested, to the parties at the following addresses:

(List names and addresses of City and Contractor contact persons below.)

Makeda Porter, Columbus Public Health, 240 Parsons Avenue, Columbus, OH 43215

Jenny Robertson, Quality Custom Signs LLC, 651 Lakeview Plaza Blvd Suite F, Worthington, OH 43085

7. **Contractor as an Independent Contractor**

The Contractor shall be and shall remain an Independent Contractor with respect to all services performed hereunder and neither Contractor nor its employees shall be considered "public employees" for purposes of OPERS membership. Contractor agrees to and does hereby accept full and exclusive liability for the payment of any and all contributions or taxes for Social Security, unemployment insurance or old age retirement benefits, pensions or annuities now or hereafter imposed under any state or federal law which are measured by the wages, salaries or other remunerations paid to the Contractor or persons employed by the Contractor for work performed under the terms of this Agreement and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now, or hereafter may be, issued or promulgated under said respective laws.

Individuals utilizing a personal social security number for tax identification purposes and business entities with four (4) or fewer employees must complete and submit, as Exhibit D, the OPERS independent contractor acknowledgment form. THIS FORM CAN BE FOUND AT WWW.OPERS.ORG

8. **Applicable Law, Remedies**

This Agreement shall be governed in accordance with the laws of the State of Ohio and the ordinances, statutes and provisions of the Columbus City Code and Charter; specifically including, but not limited to Charter Sections 159 and 161. All claims, counterclaims, disputes and other matters in question between the City, its agents and employees, and the Contractor arising out of or relating to this Agreement or its breach will be decided in a court of competent jurisdiction within the County of Franklin, State of Ohio.

Chapter 377 of the Columbus City Codes is hereby incorporated into the contract and Contractor is required to comply with said chapter. This includes, but is not limited to reporting requirements and the obligation to review the commission list of contractors and subcontractors that received an adverse determination. Penalties for failure to comply with the labor commission include suspension for three years, up to permanent disbarment.

9. **Payment/Invoice Submittal**

Fees shall be paid for services rendered following: (1) the City's receipt of a correct invoice, which designates the specific applicable charges, and (2) issuance of a certified purchase order. The City will not be subject to any late payment charges. Rates shall be firm during the term of this Contract. The City will process correctly documented invoices for payment and Contractor should receive payment for such invoice within thirty (30) days from receipt and approval by the City.

Invoices: All invoices shall be submitted to the address listed on the Purchase Order.

10. Modifications

No modification, amendment, alteration, addition or waiver of any section or condition of this Contract shall be effective or binding unless it is in writing and signed by an authorized representative of the City and the Contractor and approved by the appropriate City authorities.

11. Contract Termination

If either the City or the Contractor violates any material term or condition of this Contract or fails to fulfill in a timely and proper manner its obligations under this Contract, then the aggrieved party shall give the other party (the “responsible party”) written notice of such failure or violation. The responsible party will correct the violation or failure within thirty (30) calendar days or as otherwise mutually agreed. If the failure or violation is not corrected, this Contract may be terminated immediately by written notice from the aggrieved party. The option to terminate shall be at the sole discretion of the aggrieved party.

When it is in the best interest of the City, the City may terminate this Contract, in whole or in part by providing seven (7) calendar days written notice to the Contractor prior to the effective date of termination. If this Contract is so terminated, the City is liable only for payments required by the terms of this Contract for services received and accepted by the City.

12. Nonexclusive Remedies

The remedies provided for in this Contract shall not be exclusive but are in addition to all other remedies available under the law.

13. Survivorship

All services executed pursuant to the authority of this Contract shall be bound by all of the terms, conditions, prices discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Contract, or any extension thereof. Further, the terms, conditions, and warranties contained in this Contract that by their sense in context are intended to survive this completion of the performance, cancellation or termination of this Contract, shall so survive.

14. Save Harmless/Indemnification

Contractor shall protect, indemnify and save the City harmless from and against any damage, cost, or liability, including reasonable attorneys’ fees, resulting from claims for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of Contractor, its officers, employees, agents, or Subcontractors. The City will not indemnify the contractor and is prohibited from doing so.

15. Severability

If any term or condition of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions for the Contract are declared severable.

16. Assignment

This Contract may not be assigned or otherwise transferred to others by the Contractor without the prior written consent of the City. If this Contract is so assigned, it shall inure to the benefit of and be binding upon any respective successors and assigns (including successive, as well as immediate, successors and assignees) of the Contractor.

17. Authority to Bind

The signatories to this Contract represent that they have the authority to bind themselves and their respective organizations to this Contract.

18. Worker’s Compensation

The Contractor shall comply with all Workers’ Compensation laws of the State of Ohio. **Proof of coverage shall be attached to this Contract AS EXHIBIT B.**

19. Insurance

Contractor shall carry at least the minimum amounts listed below of Commercial Liability Insurance (Bodily Injury and Property Damage) naming the City as an additional insured. **Contractor must attach a copy of the Certificate of Insurance to this Contract AS EXHIBIT C:**

Bodily Injury Liability:

Each Person	\$500,000
Each Accident	\$1,000,000

Property Damage Liability:

Each Accident	\$500,000
All Accidents	\$1,000,000

20. Campaign Contributions

Contractor hereby certifies the following: that it is familiar with Ohio Revised Code (“O.R.C.”) Section 3517.13; that it is in full compliance with Divisions (I) and (J) of that Section; that it is eligible for this contract under the law and will remain in compliance with O.R.C. Section 3517.13 for the duration of this contract and for one year thereafter.

21. City Income Taxes


Contractor hereby further agrees to withhold and pay all city income taxes due or payable under the provisions of Chapter 362, Columbus City Codes, for wages, salaries and commissions paid to its employees and further agrees that any of its subcontractors shall be required to agree to withhold and pay any such city income taxes due under said chapter for services performed under this Contract. If it has been determined by the Columbus Income Tax Division that Contractor, or any of its subcontractors, owes city income taxes, the Contractor agrees that the City may withhold the amount due to the City from any amount due to the Contractor for services performed under this Contract notwithstanding paragraph 9 hereinabove.

IN WITNESS WHEREOF, the parties have executed this Contract as of the day and year written below.

EXHIBITS A, B AND C MUST BE ATTACHED HERETO.

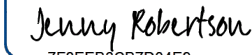
ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.

CITY OF COLUMBUS

DocuSigned by:
 12/8/2025

5631545F188F46E...
 Mysheika W. Roberts, MD, MPH Date
 Health Commissioner, Columbus Public Health
 Federal Tax ID Number: 316400223

CONTRACTOR

DocuSigned by:
 12/8/2025

7F8EEB6CB7D04E9...
 Signature Date
 Jenny Robertson CEO/Owner
 Printed Name and Title
 Federal ID Number: 83-3685889

Please list remit address below:

651 Lakeview Plaza Blvd Ste F
 Worthington, OH 43085

REQUEST FOR QUOTE

Exterior and Interior Sign Fabrication and Installation (CPH Wayfinding Project)

PROJECT OVERVIEW

Columbus Public Health (hereinafter referred to as CPH) is requesting quotes to fabricate and install signage in accordance with wayfinding design plans for our facility. Contractor must finalize and implement the wayfinding design collaboratively with CPH and as specified in Appendix A.

Project location: 240 Parsons Ave, Columbus, OH 43215

TIMELINE:

Request for Quotes (RFQ) Issued	October 24, 2025
Last Day to Submit Questions <i>questions must be submitted via vendor portal</i>	October 30, 2025, at 12 PM (noon)
Quote Submission Deadline	November 4, 2025, at 4 PM
Award Notification	November 12, 2025
Deadline for Project/ Final Installation	February 28, 2026

PROJECT GOALS

Signage fabrication and installation

The goal of this project is to help ensure CPH visitors can locate the main entrance and needed services inside the building with ease. CPH is seeking a qualified contractor to fabricate and install updated signage, in English and Spanish, in accordance with the sign standards and bid package specifications in Appendix A. Project is to be completed by February 28, 2026.

BUDGET

The maximum budget allocated for this project is **\$28,000**.

QUESTIONS

Questions must be submitted electronically by October 30, 2025, at 12:00pm noon (EST).

QUOTE SUBMISSION DEADLINE

All bids must be submitted electronically. Paper and email bids will not be accepted.

SCOPE OF SERVICES

1. Introduction

It is the responsibility of the Sign Contractor(s) to

- a. Design elements for proposed signage that have not yet been designed. Examples include the design for WIC Clinic dimensional lettering and the Immunization Clinic 2-sided overhead sign
- b. Fabricate and install signage per the specifications detailed in Appendix A.
- c. Become thoroughly familiar with the nature of the signage work to be performed. Site walk-throughs will be coordinated with CPH.

2. Scheduling

CPH will establish any scheduling priorities for installation of signs.

3. Design Intent Documentation

The design intent drawings included in this document provide fabrication and installation standards. All dimensions contained in this design intent document are based on information available at the time of standards publication. Written dimensions on the drawings shall take precedence over scaled dimensions.

4. Field Verification

The Sign Contractor shall have total responsibility to confirm sign locations and quantities, as well as to field verify all dimensional information prior to commencing fabrication drawing/proofs.

5. Message Schedule and Signage Location Plan Comments, and Content/Message Proofs

It is the responsibility of the Sign Contractor to provide CPH with the following:

- a. Comments on the Message Schedule and Signage Location Plan with the goal of identifying cost-saving approaches to fabrication or installation, and materials.
- b. Color proofs of all sign art generated prior to fabrication. These can be in print or PDF form. No project can proceed to fabrication without sign-offs from CPH.

6. Fire Code Compliance/Life Safety Signage

- a. Prior to production, the Sign Contractor shall obtain all required approvals from the Fire Marshal for fire code compliance.
- b. Signage specified with tactile and Grade II Braille must comply with the latest Federal legislation guidelines established by the Americans with Disabilities Act (ADA) for both fabrication and installation requirements.
- c. Evacuation maps, where required, are the responsibility of the Owner. These will be provided in required quantity and location as required by the Fire Marshal. Final approval is required by CPH prior to installation

7. Quality Assurance

- a. The Sign Contractor is responsible for the quality and delivery of all materials, workmanship and installation work required for the successful completion of the contract. The Sign Contractor will be responsible for providing their subcontractors with complete up-to-date drawings and all project support information.
- b. The Sign Contractor shall notify CPH of any discrepancies in these design intent drawings, as well as in field dimensions or conditions. Issues regarding message fit (line length) or accurate reproduction of CPH's logo/brand must be brought to the attention of CPH prior to execution.

8. Samples/Submissions

The Sign Contractor will be required to produce actual sign samples to ensure conformity to the overall design intent as presented. These samples must be approved by CPH prior to proceeding with fabrication.

9. Materials

- a. All materials utilized in the construction of signage must conform with the specifications noted in this design intent document. Sign materials selected beyond

what is specified in this document must include manufacturer's performance criteria for approval, along with finished samples, prior to fabrication.

- b. Akzo Nobel Paint and Matthews Paint are the preferred paint system for CPH. All exposed finishes are to be matte.
- c. 3M, Avery and Oracal Vinyl is specified for all opaque, translucent and reflective graphic film applications.

10. Finishes and Corners

All sharp corners and edges must be softened to prevent injuries to visitors and staff.

11. Site Preparation, Installation and Completion

The Sign Contractor is required to clean up after themselves and return the work areas to the same or better condition existing before the installation.

12. Digital Control Drawing and Artwork Files

The City of Columbus and Columbus Public Health official signage logos, symbols and custom design graphic components will be furnished to the selected Sign Contractor as the original native vector (Illustrator) files.

QUOTE PROPOSAL FORMAT

Bidders are to use the following format:

Format

Theme font is to be Calibri or Times New Roman, 12-point, single-spaced.

Bidder Information

Submit name, address, contact person, telephone number, fax number, e-mail address and federal identification number.

Company Background

Provide your firm's history and expertise in signage fabrication and installation for similar scale wayfinding projects.

Project Description

Describe your plan for timely fabrication and installation- including proposed timeline. Proposal must include a detailed plan for signage fabrication and installation per Appendix A including equipment, if required, for exterior signage installation

References- Recent Projects

Please provide at least 2, not more than 3 references for similar work completed within the most recent 3 years. Please include project location, size, project team, signage fabrication and installation budget, and an owner reference for each.

Proposed Fee

The cost of the services [including the furnishing of all materials, equipment and computers, labor (includes paint/ painting), and any required insurance] shall be based upon this stipulated sum for all services as outlined in this Request for Quote and will be billed against the services

rendered for a given calendar month. Contractor shall attach a “not to exceed” lump sum fee to their quote. An itemized breakdown of activities that sum the total of the cost proposed must be provided.

Invoices

Please verify that Columbus Public Health can be invoiced properly. The awarded vendor must provide electronic invoices to Columbus Public Health on a monthly basis. Invoices must be received no later than 30 days prior to the due date.

EVALUATION CRITERIA

The following criteria will be used to review the quotes. The scoring criteria are outlined below (total 100 points).

- **EXPERIENCE/ REFERENCES** (50 points):
 - Proposer’s experience to perform the proposed services of DESIGN, FABRICATION AND INSTALLATION.
 - Previous experience working with the Center for Public Health Innovation
 - Ability of bidder to provide design consultation and expertise, as well as fabrication and installation and/or leverage partner or subcontracted relationships to provide this service.
 - Experience working with CPH and/or other City of Columbus departments preferred.
 - Ability to provide all requested criteria
- **COST AND PRICE** (25 points):
 - Evaluation of the Bidder’s cost and pricing submission and plans to control costs as necessary
- **TIMELINESS** (25 points) Bidder’s demonstrated capability to provide the required services in a timely manner. This includes the ability to meet deadlines outlined by CPH. The bidder should also demonstrate the ability to anticipate and address potential delays to fabrication and installation of products, as well as overall responsiveness to client needs.

RESOURCES:

APPENDIX A

Sign Standards and Bid Package

APPENDIX B

Interior Building Maps- 1st and 2nd floors- services and programs

Quality Custom Signs & Graphics
651 Lakeview Plaza Blvd Ste F
Worthington, OH 43085
614/580-7233
jenny@qcsigns.net
83-3685889

Our company provides custom interior and exterior signage including design, fabrication, project management and installation. Our nineteen employees have experience in graphic and signage design, ADA compliance, value engineering, project management, signage engineering and installation. We have completed large-scale signage and wayfinding projects including The Columbus Convention Center, OSUWMC James Cancer Hospital, Franklin Park Conservatory and many more.

Our timeline for this project includes 2 weeks for submittals, 4-5 weeks for fabrication and 2-3 weeks for installation. We would complete demo of the signage that requires removal, drywall repair and paint while replacement and added signs are in fabrication. No equipment should be required for installation of the exterior scope. Timely review of submittals will be key to staying on schedule.

Recent Project References:

Upper Arlington Community Center

Interior and Exterior Signage and Wayfinding, contract value \$305,275
Continental Building Company and Elford Construction/MSA Design
Adam Muth

Columbus Convention Center Wayfinding Updates

Interior signage updates and exterior loading dock wayfinding, \$54,500
Greater Columbus Convention Center Authority
Scott Reed

ADAMH

Interior and Exterior Signage and Wayfinding, contract value \$414,500
Elford Construction/Corna Kokosing Construction/NBBJ
Franklin County
Justin Flores



QUOTATION & PURCHASE CONTRACT

Quality Custom Signs LLC
 Job #1398
 12/02/2025

BILL TO
 Columbus Public Health
 Address not found

651 Lakeview Plaza Blvd Suite F
 Worthington, OH 43085
 United States
 Phone: 614-580-7233

QUANTITY	DESCRIPTION	UNIT COST	COST
1	per itemized scope of work included in RFP documents. Changes in scope of work may adjust pricing up or down. Paint match will be completed as close as possible but exact matches are not possible. Assumes site access during regular business hours.	\$28,000	\$28,000
	1 Dimensional letters	\$3,600	
	1 Room signs, Flag signs and inserts	\$3,260	
	1 Overhead signs	\$1,750	
	1 Vinyl changes and additions	\$4,375	
	1 Design Fees	\$5,200	
	1 Nov 24 changes - 4 restroom signs, 38 text changes	\$770	
	1 Any escalation will be substantiated with official documentation from suppliers. The Contractor shall provide written notice of any price adjustments prior to procurement of affected materials.	\$1,295	
	1 Sign/dim letter removal, drywall repair and paint	\$4,750	
	1 Installation of new signage	\$3,000	

THIS AGREEMENT IS ACCEPTED AND APPROVED BY:

Columbus Public Health

Quality Custom Signs LLC

Sign: _____

Sign: _____

Print: _____

Print: _____

Date: _____

Date: _____

Subtotal \$28,000

Total Tax \$0

TOTAL CONTRACT \$28,000

Required Deposit \$13352.50

FINAL BALANCE \$14,647.50

Quote valid for 30 days. Please make all checks payable to: Quality Custom Signs LLC. By signing, Customer accepts Company's proposal for the Job and agrees to all of the terms of the purchase contract. 50% of material cost is required to begin project with balance due upon completion. All credit card payments are subject to a 2% fee.



**Bureau of Workers'
Compensation**

30 West Spring Street
Columbus, Ohio 43215-2256

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jim Tressel, Lt. Governor Stephanie McCloud, Administrator/CEO

04/18/2025
Date Mailed

#BWNFVSQ

Jennifer K Robertson
Quality Custom Signs LLC
651 LAKEVIEW PLAZA BLVD STE F
WORTHINGTON OH 43085-4774

IMPORTANT DOCUMENT: REMOVE AND POST



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
80064519

Period Specified Below
07/01/2025 to 07/01/2026

Quality Custom Signs LLC
651 LAKEVIEW PLAZA BLVD STE F
WORTHINGTON OH 43085-4774



www.bwc.ohio.gov
Issued by: BWC

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.

Policy Information

Policy Information for the policy period beginning from 12:01 AM on 07/01/2025 to 12:01 AM on 07/01/2026.

Policy Number and Employer	MCO
80064519 Quality Custom Signs LLC 651 LAKEVIEW PLAZA BLVD STE F WORTHINGTON OH 43085-4774	Sedgwick Managed Care Ohio P.O. BOX 1040 DUBLIN OH 43017

Additional Insured's Name and Address	Effective Date	Expiration Date

Individuals Eligible for Elective Coverage		
Individuals Eligible for Elective Coverage	Covered (Yes/No)	Elective Coverage Type
Jennifer K Robertson	Yes	Elective - Owner

**Please refer to our website for reporting guidelines/requirements.

Corporate Officer	Effective Date	Expiration Date
No officers listed for this policy.		

**Please refer to our website for reporting guidelines/requirements.

Employee Class Codes and Descriptions	
Class Code	Class Code Description
4299	PRINTING.
9521	HOUSE FURNISHINGS INSTALLATION NOC & UPHOLSTERING.
9554	SIGN INSTALLATION, MAINTENANCE, REPAIR, REMOVAL, OR REPLACEMENT NO

The information noted above is as of 04/18/2025. For the most current information on the policy or to update your account information, please log into your account at www.bwc.ohio.gov. You may also call 1-800-644-6292 to speak with a customer service representative.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER Morgan Hubble Smith Insurance Agency Inc 1721 Bethel Rd Columbus, OH 43220 P 614-785-0611 F 614-436-3722 E info@hubblesmith.com	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Erie Insurance Exchange</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Erie Insurance Exchange		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER C:													
INSURER D:													
INSURER E:													
INSURED Quality Custom Signs LLC 651 Lakeview Plaza Blvd Ste F Worthington, OH 43085													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q412250932	5/22/2025	5/22/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	Y	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	Q412250932	5/22/2025	5/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	Y	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ 0	Q292270408	5/22/2025	5/22/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N If yes, describe under SPECIAL PROVISIONS below	Q412250932	5/22/2025	5/22/2026	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		OTHER Rented / Leased Equipment	Q412250932	5/22/2025	5/22/2026	\$100,000 limit, Repl Cost, Comp perils, \$2500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is also an automatic Additional Insured if required by contract.

CERTIFICATE HOLDER Columbus Public Health 240 Parsons Ave Columbus OH 43215	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>JEFFREY M CLAWE</i>
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Reset Fields

VENDOR DETERMINATION FORM

Vendor Name: Quality Custom Signs LLC

Grant Name and number: State Health Subsidy G508001

Contract Description: Wayfinding signage update

Contract Amount: \$28,000 PO number: TBD

Section 1 – SUBRECIPIENT (FEDERAL FUNDS ONLY)

Description: A subaward is for the purpose of carrying out a portion of the city’s Federal award and creates a Federal assistance relationship between the city and the outside entity. Outside entities that include one or more of these characteristics are responsible for adherence to applicable Federal program requirements specified in the Federal award.

Characteristics which support the classifications of the outside entity as a subrecipient include when the outside entity:

- Determines who is eligible to receive what Federal assistance;**
- Has its performance measured in relation to whether objectives of a Federal program were met; (example, CPH will rely on subrecipient’s data to submit it’s own data)**
- Has responsibility for programmatic decision making;**
- In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.**

For profit agency- Use standard contract, under/over 50K (over 50K must be legislated)

Not for profit agency-Use Subrecipient Agreement- Not For Profit Service Contract. Object class: 03/63920. Do not complete page 2.

Section 2 – BENEFICIARY (CARES/ARPA FUNDS) FISCAL MANAGER USE ONLY

Description: A benefit is granted for purpose of maintaining standard operations and may be used for operating costs including personnel, supplies, equipment, rent, etc. Characteristics indicative of a beneficiary relationship between the city and an outside entity are when the outside entity:

- Is facing reduced revenues and difficulty maintaining standard operations;**
- Requires assistance for operating costs including payroll, rent, supplies, etc;**
- Provides goods or services that are ancillary to the operation of the Federal program.**
- Is receiving funding from the American Recovery Plan Act**

Section 3 – CONTRACTOR

Description: A contract is for purpose of obtaining goods and services for the city’s own use and creates a procurement relationship with the outside entity. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

- Provides the goods and services within normal business operations; providing a service NOT provided by the city agency**
- Provides similar goods or services to many different purchasers;**
- Normally operates in a competitive environment;**
- Provides goods or services that are ancillary to the operation of the Federal program.**

For profit- Use standard service contract, under/over 50K (over 50K must be legislated)

Not for profit agency- Go to page 2 to determine template to use

FINAL DETERMINATION:

- SUBRECIPIENT** **BENEFICIARY** **CONTRACTOR**

NOT FOR PROFIT AGENCIES

Section 1 – GRANT AGREEMENT

Description: When financial assistance to a non-for-profit that provides general operating support to accomplish a particular **public purpose**. Characteristics which support the classifications of the outside entity as a grant agreement include when the outside entity:

- The recipient is planning on doing the work anyway;**
- The amount of funding is determined by the City, typically in a response to a request;**
- Agreements that include advance payments**
- Providing funds for the purpose of distributing all or a portion of funds to residents in the forms of stipends, incentives, vouchers or other direct payments.**

All Not-For-Profit agreements **over \$5,000 must be legislated** and must use the Grant Agreement Template. *insurance/workers comp not required*. Use Object Class 05 / 65026 (funds must be appropriated there)

Section 2 – NOT FOR PROFIT SERVICE CONTRACT

Description: Agreement for the delivery of services to the public, which are NOT currently preformed or provided by an existing city agency. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

- Obligation from the not for profit to provide a service or product to the public;**
- Work that is being done is provided solely on the result of being paid;**
- Funding is calculated off of fair market;**
- Organization will submit detailed invoices for services/products rendered.**

Not for profit service contracts use the not-for-profit standard services contract. Over \$50K has to be legislated. Under \$50K does not have to be legislated. Insurance and Workers Comp are required. Use Object class 03/63920

FINAL DETERMINATION:

Grant Agreement over \$5k **Grant Agreement under \$5k** **Not-for-profit Service contract**

Explanation of Determination if not clearly made by the criteria above:

FUNDING SOURCE OF CONTRACT

- CPH General fund**
- Grant funded- State, private or local**
- Grant funded- Federal -Query of findings from sam.gov and ohioauditor.gov attached**

Signed by: Charlie Yang 12/8/2025

248FFEF81508D4CE
Employee Signature _____ Date _____

Signed by: Katie Pettiford 12/8/2025

1E8340E794344E7
Supervisor Signature _____ Date _____

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Entity#: 4297180
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY
Original Filing Date: 02/22/2019
Location: ---
Business Name: QUALITY CUSTOM SIGNS & GRAPHICS, LLC

Status: Active
Exp. Date: -

Agent/Registrant Information

JENNIFER ROBERTSON
 651 LAKEVIEW PLAZA BLVD STE F
 WORTHINGTON OH 43085
 10/01/2025
 Active

Filings

Filing Type	Date of Filing	Document ID
OHIO LLC - ARTICLES OF ORGANIZATION	02/22/2019	201905301830
SUBSEQUENT AGENT APPOINT/LIMITED/LIABILTY/PARTNERS	10/01/2025	202527402622
TRADE NAME/ASSIGNMENT	10/01/2025	202527402696
OHIO LLC - AMENDMENT	10/01/2025	202527402748

Prior Business Names

Prior Business Name	Effective Date
QUALITY CUSTOM SIGNS LLC	10/01/2025

Mon Dec 08 2025

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th of December, A.D. 2025

Ohio Secretary of State

A handwritten signature in blue ink that reads "Frank LaRose".