## **EXPENDITURE CONTRACT ROUTING COVER SHEET**

## SEE PAGE 2 FOR INSTRUCTIONS TO BE COMPLETED BY DEVELOPMENT PROGRAM MANAGER

VENDOR ACCOUNT NO. 040111 CONTRACT COMPLIANCE END DATE: 11/10/2023  CONTRACT TYPE Service Contract (see legislation and select from the drop down menu)  FUND NAME [and Program Name, if grant funded]: Healthy Homes  ORIGINAL AMOUNT: \$ 14,612.50  MOD/RENEW 1 AMOUNT: ORD. #:  MOD/RENEW 3 AMOUNT: ORD. #:  MOD/RENEW 3 AMOUNT: ORD. #:  **TOTAL CONTRACT AMOUNT: \$ 14,612.50  **TOTAL CONTRACT AMOUNT: \$ 14,612.50  **Original + Mod/Renewal = Total contract amount)  SAM.gov UEI FQV5MDQMSQ48 (Required for all federal funded agreements)  PROGRAM MANAGER: Patti Chatman  ROUTING PROCEDURE DATE INITIAL  Step 1 Program Manager Completes Ordinance Approved by Council:  ACPO Number:  ORD. #:  **TODAY'S DATE: 04/11/2023  THE FOLLOWING DOCUMENTS MUST BE ATTACHED, IN THIS ORDER WITH THE COVERSHEET ON TOP (put a v next to the document attached)  V SAM.gov printout  Ohio Sec of State printout, if required  V Signed Contract with Exhibit A, and others as required  V Insurance, if required  V Workers' Comp, if required	VENDOR NAME (exactly as it i	is in D365): <u>Ho</u>	ome & Commercial Inspections L	.LC					
Step 3. FISCAL Competes   Step 4. Step 4. Step 4. Step 5. FISCAL Competes   Step 4. Step 5. FISCAL Competes   Step 6. FISCAL Competes   Step 6. Step 6	VENDOR ACCOUNT NO. 040	0111 <sub>CONTRAC</sub>	CT COMPLIANCE END DATE: 11/10/2	2023					
MOD/RENEW 1 AMOUNT:	CONTRACT TYPE Service C (see legislation and select from the drop do	ontract							
MOD/RENEW 1 AMOUNT:  MOD/RENEW 3 AMOUNT:  MOD/RENEW 3 AMOUNT:  MOD/RENEW 4 AMOUNT:  *TOTAL CONTRACT AMOUNT:  *TOTAL CONTRACT AMOUNT:  *TOTAL CONTRACT AMOUNT:  *SAM.gov UEI FQV5MDQMSQ48  (Required for all federal funded agreements)  PROGRAM MANAGER:  Patti Chatman  TODAY'S DATE:  *TODAY'S DATE:  *TODAY	FUND NAME [and Program Name, if grant funded]: Healthy Homes								
MOD/RENEW 2 AMOUNT:  MOD/RENEW 3 AMOUNT:  MOD/RENEW 4 AMOUNT:  *TOTAL CONTRACT AMOUNT:  \$ 14,612.50  *(Original + Mod/Renewal = Total contract amount)  SAM.gov UEI FQV5MDQMSQ48  CONTRACT PERIOD:  *TODAY'S DATE:  *TODAY'S									
MOD/RENEW 3 AMOUNT:  MOD/RENEW 4 AMOUNT:  *TOTAL CONTRACT AMOUNT:  *TOTAL CONTRACT AMOUNT:  SAM.gov UE  FQV5MDQMSQ48  CONTRACT PERIOD:  *TODAY'S DATE:  *TODAY	MOD/RENEW 1 AMOUNT:		ORD. #:						
*TOTAL CONTRACT AMOUNT: \$ 14,612.50  *(Original + Modi/Renewal = Total contract amount)  SAM.gov UEI FQV5MDQMSQ48 CONTRACT PERIOD: 12/31/2023  (Required for all federal funded agreements)  PROGRAM MANAGER: Patti Chatman  ROUTING PROCEDURE DATE INITIAL  Step 1 Program Manager Completes  Ordinance Approved by Council:  Ordinance Number:  ACPO Number:	MOD/RENEW 2 AMOUNT:		ORD. #:						
*TOTAL CONTRACT AMOUNT: \$ 14,612.50 *(Original + Mod/Renewal = Total contract amount)  SAM.gov UEI FQV5MDQMSQ48  (Required for all federal funded agreements)  PROGRAM MANAGER: Patti Chatman  TODAY'S DATE: 04/11/2023  THE FOLLOWING DOCUMENTS  MUST BE ATTACHED, IN THIS  ORDER WITH THE  COVERSHEET ON TOP  (put a \next to the document attached)  Fordinance Approved by  Council:  Ordinance Number:  Ordinance Number:  ACPO Number:  Step 2. Program Manager  Completes  Step 2. Program Manager  Completes  IDIS Number (CDBG, HOPWA, and HOME projects only)  Step 3. FISCAL Competes  U112 2023  CONTRACT PERIOD: 12/31/2023  THE FOLLOWING DOCUMENTS  MUST BE ATTACHED, IN THIS  ORDER WITH THE  COVERSHEET ON TOP  (put a \next next to the document attached)  V SAM.gov printout  Ohio Sec of State printout, if required  V Signed Contract with Exhibit A, and others as required  V Insurance, if required  V Workers' Comp, if required  V Workers' Comp, if required  FYAM OKA 12200	MOD/RENEW 3 AMOUNT:		ORD. #:						
*(Original + Mod/Renewal = Total contract amount)  SAM.gov UEI FQV5MDQMSQ48 (Required for all federal funded agreements)  PROGRAM MANAGER: Patti Chatman  TODAY'S DATE: 04/11/2023  ROUTING PROCEDURE DATE INITIAL  Step 1 Program Manager Completes  Date Ordinance Approved by Council:  Ordinance Number:  ACPO Number:  ACPO Number:  Step 2. Program Manager Completes  Step 2. Program Manager Completes  Step 3. FISCAL Competes  U112 2023  THE FOLLOWING DOCUMENTS MUST BE ATTACHED, IN THIS ORDER WITH THE COVERSHEET ON TOP  (put a \( \) next to the document attached)  V SAM.gov printout Ohio Sec of State printout Ohio Sec of State printout, if required V Signed Contract with Exhibit A, and others as required V Workers' Comp, if required	MOD/RENEW 4 AMOUNT:		ORD. #:						
PROGRAM MANAGER: Patti Chatman  TODAY'S DATE: 04/11/2023  THE FOLLOWING DOCUMENTS MUST BE ATTACHED, IN THIS ORDER WITH THE COVERSHEET ON TOP  (put a \( \text{next to the document attached} \)  Ordinance Number: Ordinance Number:  Ordinance Number:  ACPO Number:  Step 2. Program Manager Completes IDIS Number (CDBG, HOPWA, and HOME projects only)  Step 3. FISCAL Competes  TODAY'S DATE: 04/11/2023  THE FOLLOWING DOCUMENTS MUST BE ATTACHED, IN THIS ORDER WITH THE COVERSHEET ON TOP  (put a \( \text{next to the document attached} \)  \( \text{SAM.gov printout} \) Ohio Aud of State printout, if required \( \text{V Signed Contract with Exhibit A, and others as required} \) \( \text{V Insurance, if required} \) \( \text{V Workers' Comp, if required} \) \( \text{V Workers' CALL COMPETES} \) \( \text{V WORKERS' COMP, if required} \) \( \text{V WORKERS' CALL COMPETES} \)	*TOTAL CONTRACT AMOUNT	T: \$ 14,612.5 ct amount)	50						
ORDER WITH THE COVERSHEET ON TOP  (put a √ next to the document attached)  ✓ SAM.gov printout ✓ Ohio Aud of State printout Ohio Sec of State printout, if required ✓ Signed Contract with Exhibit A, and others as required ✓ Insurance, if required ✓ Workers' Comp, if required ✓ Workers' Comp, if required ✓ Workers' Comp, if required ✓ Step 3. FISCAL Competes	PROGRAM MANAGER: Patti	PROGRAM MANAGER: Patti Chatman TODAY'S DATE: 04/11/2023							
Step 4. FISCAL Completes PO Number 3 79816  PO Number 3 79816	Date Ordinance Approved by Council:  Ordinance Number:  ACPO Number:  Step 2. Program Manager Completes IDIS Number (CDBG, HOPWA, and HOME projects only)  Step 3. FISCAL Competes Fiscal Manager Approval Step 4. FISCAL Completes	7	ORDER WITH THE COVERSHEET ON TOP  (put a √ next to the document attached  ✓ SAM.gov printout  ✓ Ohio Aud of State printout  Ohio Sec of State printout  ✓ Signed Contract with A, and others as required  ✓ Insurance, if required  ✓ Workers' Comp, if recompositions of the second of t	ntout ntout, if  Exhibit lired  Quired					

An official website of the United States government Here's how you know



### **HOME COMMERCIAL INSPECTIONS LLC**

This entity record has been validated as unique and existing, but is not registered in SAM.

Physical Address 3119 BEECHWOOD DRIVE POWELL, OHIO, 43065-8735 USA Unique Entity ID FQV5MDQMSQ48

Version

**Current Record** 



Our Website
Our Partners
Policies
Customer Service



This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

#### Keith Faber Ohio Auditor

## Certified Search for Unresolved Findings for Recovery



Office of Auditor of State 88 East Broad Street Post Office Box 1140 Columbus, OH 43216-1140

> (614) 466-4514 (800) 282-0370

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

#### Contractor's Information:

Name: ,

Organization: Home & Commercial Date: 2/15/2023 9:09:06 AM

This search produced the following list of 7 possible matches:

Name/Organization	Address
HOME-Hands on Math/Reading Education	5437 Maple Canyon Avenue
R.L. Thomas Transportation Incorporated	3155 Chelsea Road
Thomas, Daniel	
Thomas, Edna	2325 Bear Run Road
Thomas Transportation	1118 Carver Ave.
Thompson, Amy	7837 Planktown North Road
Thompson, Anna	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

#### CONTRACT FOR SERVICES UNDER \$50,000

\*APPROVED AS TO FORM BY THE CITY ATTORNEY'S OFFICE. ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.\*

This Contract for <u>Healthy Homes Program - Licensed Radon Testing</u> services is entered into by and between <u>Home and Commercial Inspections LLC</u> (herein referred to as "Contractor"), and the City of Columbus, Department of Development (herein referred to as "City").

#### WITNESSETH

WHEREAS, the City has a need for Radon Testing 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:

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 the date the Purchase Order is approved to December 31, 2023. This Contract shall not automatically renew.

#### 2. <u>Maximum Obligation</u>

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed <u>\$14,612.50</u> 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

09/07/2021

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

Patti Chatman 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:

City's Contract Administrator
Patti Chatman
Department of Development
Division of Housing
111 North Front Street, 3<sup>rd</sup> FI.
Columbus, Ohio 43215
(614) 645-3048
PFChatman@columbus.gov

Contractor
Jennifer Jones
Home & Commercial Inspections LLC
715 Shawan Falls Dr.
PO Box 1954
Dublin, Ohio 43017
(614)702-6824 & (614)504-4909
helpdesk@hcinspectors.com

#### 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

09/07/2021 2

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 wage theft prevention code included 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

09/07/2021 3

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. <u>Assignment</u>

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:** 

**Property Damage Liability:** 

Each Person

\$500,000

Each Accident

\$500,000

Each Accident

\$1,000,000

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.

[signatures on following page]

09/07/2021 5

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	11
disharl bl Show	4/12/23
Michael H. Stevens, Director Department of Development	Date
CONTRACTOR	4/3/2023
Signajure	Date
James JONES	
Print Name	
DWHER	<u></u>
Title 46 4287812	
FID Number	
040111	
Vendor Services Number	

#### **EXHIBIT A**

#### **SECTION 1: SCOPE OF SERVICES**

#### 1. Overview

a. The City of Columbus, Department of Development, Housing Division is contracting with State of Ohio licensed radon testers for conducting radon tests, preparing and providing radon testing reports and mitigation recommendations, and post mitigation testing in accordance with U.S. Department of Housing and Urban Development (HUD), U.S. Environment Protection Agency Standards of Practice, State of Ohio, and City of Columbus regulations for the Department's Healthy Homes Program.

The Healthy Homes Program is open to households up to 80% AMI. Households apply and if the application is approved, then City staff request radon testing for the project. Healthy Homes Program projects includes radon testing and mitigation, if applicable, as well as health and safety repairs.

The Contract period shall run from the date of approval of the purchase order to December 31, 2023, with an option to renew each year until December 31, 2025. A Contract review will be conducted each October, by both the City and the Contractor, to determine if the Contract shall be renewed. The City may have up to 160 housing units for which these services will be required through 2025. The City cannot guarantee nor predetermine the number of units each company will be assigned.

#### 2. Contract Administration

- a. The Contractor will have one contact established under this contract, the Contract Administrator, Patti Chapman.
  - a) The Contractor will receive actual work order requests from a Housing Rehabilitation Technician and they would be the primary contact during field activities.
- 3. Contractor shall perform all services in accordance with U.S. Department of Housing and Urban Development (HUD) Office of Lead Hazard Control Healthy Homes Program requirements, Ohio Revised Code Section 3723.02 and Ohio Administrative Code Chapter 3701-69, ANSI/AARST Radon Standards, and Environmental Protection Agency (EPA).

#### a. References

1) U.S. Department of Housing and Urban Development (HUD) Office of Lead Hazard Control Healthy Homes Program:

#### https://www.hud.gov/program\_offices/healthy\_homes/hhi

- 2) Ohio Revised Code Section 3723.02: Radon: https://codes.ohio.gov/ohio-revised-code/section-3723.02
- 3) Ohio Administrative Code Chapter 3701-69: Radon Testing: https://codes.ohio.gov/ohio-administrative-code/chapter-3701-69
- 4) ANSI/AARST Radon Standards: https://standards.aarst.org/
- 5) Environmental Protection Agency (EPA): https://www.epa.gov/radon/radon-standards-practice#current
- b. References shall be incorporated into the Contract as if attached.
- 4. Notwithstanding any other provision of this Contract to the contrary, the Contractor shall perform its services consistent with the professional skill and care ordinarily provided by licensed radon testers in the same or similar locality under the same or similar circumstances.
- 5. Perform radon testing within 14 calendar days of request from the City through email work order request.
  - a. The Contractor shall respond to the City within 24 hours of the email being sent confirming or rejecting the work order.
  - b. If the Contractor accepts the work order, the Contractor shall perform the testing within 14 calendar days of the original request from the City.
  - c. The Contractor shall contact the homeowner and make arrangement to have the radon testing completed within the timeframes noted herein.
    - 1) If the homeowner is not reachable to schedule the radon testing for the radon testing to occur in within the timeframes herein, the Contractor shall notify the City and may request a time extension. If the homeowner still not reachable after the time extension, the City may cancel the work order.
    - 2) If the homeowner is not home for the scheduled radon test, the City shall pay the Contractor \$50.00 and mileage at the federal mileage rate in effect on the day scheduled for the appointment from the Contractor's Office (where the employee is based) to the home. If the homeowner misses a rescheduled appointment, the City may cancel the work order.
- 6. Provide radon testing report within 21 calendar days of the date of the request for

#### radon test.

- a. Radon Testing Report
  - 1) The Report shall include all of the following:
    - a) Address and Property owner information.
    - b) Radon Test Results
      - (1) List the type of test used for detection
      - (2) Test device (Mfg. Make & Model), device serial number, analysis laboratory used - if applicable (Laboratory Name and ODH License number), test start and end dates and times, device placed and retrieved by (name signature, and ODH License #), testing conditions (such as: was the testing duration at least 48 hours of usable data, was a mitigation system present, were there severe weather conditions. was there interference/tampering observed, and were there any permanent vents observed that allowed outdoor air into the residence, etc.), and recommended actions. If testing results are 4.0 pCi/l or greater mitigation must be recommended.
    - c) Floor Plans and/or Property Sketch
      - (1) Locations of all exterior walls, windows, and doors.

        Annotate the direction of north or the front of the building.
      - (2) Factors that may affect the measurement, including but not limited to crawlspace vents, sumps, fireplaces, combustive appliances, floor drains, furnaces, dryers, water heaters and mitigation systems.
      - (3) Include measurements in inches (to the nearest inch) from the testing device to two separate walls.
      - (4) Current room use (e.g.: family room, bedroom, unfinished basement, play room).
      - (5) Address.
      - (6) Device Serial Number.
    - d) Licensee name, ODH license number, licensee signature, and

date.

- e) Hourly CRM readings in pCi/l (must be in the report or attached to the report.
- 2) The City shall review the report and if information is missing or needs to be corrected, the Contractor shall perform the work requested without additional cost to the City.
- 3) The report shall be submitted to the city in at least 12 font size in a PDF file via email.

#### b. Cost Estimate

- 1) Unit prices are based upon the bid amount received from the Contractor for each item below. The Contractor shall calculate and multiply their cost for each item by the number of items performed to arrive at the cost estimate.
- 2) Radon CRM Test Cost Per Unit:

a)	1 <sup>st</sup> Charcoal test:
b)	Each additional Charcoal test:
c)	1 <sup>st</sup> Continuous Radon Monitoring (CRM) test:
d)	Each additional CRM test:

- The City shall review the cost estimate and if information is missing or needs to be corrected, the Contractor shall perform the work requested without additional cost to the City.
- 5. Perform post mitigation testing on units where radon mitigation has been completed within 48 hours of request from the remediation Contractor and provide the report to City within 7 calendar days of completion of the post mitigation test being completed.
  - a. Post Mitigation Radon Testing Report should be emailed to the City in PDF format.
    - 1) The Report shall include:
      - a) Address and Property owner information.
      - b) Radon Test Results

- (1) Test device (Mfg. Make & Model), device serial number, analysis laboratory used if applicable (Laboratory Name and ODH License number), test start and end dates and times, device placed and retrieved by (name signature, and ODH License #), testing conditions (was the testing duration at least 48 hours of usable data, was a mitigation system present, were there severe weather conditions, was there any interference/tampering observed, and were there any permanent vents observed that allowed outdoor air into the residence), and recommended actions (if testing results are 4.0 pCi/l or greater mitigation must be recommended).
- c) Floor Plans and/or Property Sketch
  - (1) Locations of all exterior walls, windows and doors. Annotate the direction of north or the front of the building.
  - (2) Factors that may affect the measurement, including but not limited to crawlspace vents, sumps, fireplaces, combustive appliances, floor drains, furnaces, dryers, water heaters and mitigation systems.
  - (3) Include measurements (to the nearest inch) from the testing device to two separate walls.
  - (4) Current room use (e.g.: family room, bedroom, unfinished basement, playroom, etc.).
  - (5) Address.
  - (6) Device Serial Number.
- d) Licensee name, ODH license number, licensee signature, and date
- 2) The City shall review the report and if information is missing or needs to be corrected, the Contractor shall perform the work requested without additional cost to the City.
- 3) The report shall be submitted to the city in at least 12 font size in a PDF file via email.
- 6. Compensation and Payment
  - a. Compensation

 Contractor shall be paid after the radon test is complete and radon testing report and invoice is received. Progress payments shall not be made.

#### b. Invoices and Payment:

1) Contractor shall provide an invoice via email to <a href="mailto:pfchatman@columbus.gov">pfchatman@columbus.gov</a> or mail it to:

City of Columbus
Department of Development
Housing Division
Attn: Patricia Chatman
111 N. Front St. 3<sup>rd</sup> Fl.
Columbus, OH 43215

- 2) The invoice that shall be on Company letter head with "remit to" address and include the following:
  - a) Purchase order number
  - b) Invoice number
  - c) Date of invoice
  - d) Billing period
  - e) Amount of Invoice
  - f) Project Address
- 3) The Contractor shall not invoice more than once every 30 calendar days.

#### 7. Miscellaneous

a. The Contractor shall not subcontract any part of the Contract without the written approval of the City.

The Contractor shall maintain payroll records, documents and other evidence directly pertinent to employment and/or payment to workers carrying out the services Contracted with the City. The City, or its duly authorized representative, shall have access to such payroll records, documents, and other evidence for the purpose of verification, audit, inspection, and copying within seven (7) days of receiving written request from the City to view such documentation, at no cost to the City.

# City of Columbus Department of Development Healthy Homes Program – Radon Testing Services Bid Form RFQ023788

Compar	ıy Name: Home & C	ommercial Inspections LLC
Address	: 715 Shawan F	Falls Dr #1954 Dublin Ohio 43017
Contact	Person: Jennifer Jones	5
Γitle:	Administrator	
Phone:	614-702-6824, Direct	614-504-4909
Email:	helpdesk@hcinspector	s.com
Busines	s Hours: <sup>Monday-</sup> Satu	ırday 8am-7pm
	p	i omprojece that will be working ander t
Jennifer	t, include name, title	e and license number:  Administrator, Licensed Radon Tester License
Jennifer James J	t, include name, title Jones ones	I employees that will be working under the and license number:  Administrator, Licensed Radon Tester License in Inspector, Radon Tester License no. RT1638  Inspector, Radon Tester License no. RT1794
Jennifer James J Mark He	t, include name, title Jones ones arn	Administrator, Licensed Radon Tester License runspector, Radon Tester License no. RT1638
Jennifer James Jennifer Mark He Brandor	t, include name, title Jones ones arn	Administrator, Licensed Radon Tester License no. RT1638  Inspector, Radon Tester License no. RT1794
Jennifer James J Mark He Brandor	t, include name, title Jones ones arn	Administrator, Licensed Radon Tester License no. RT1638  Inspector, Radon Tester License no. RT1794
Jennifer James J Mark He Brandor	t, include name, title Jones ones arn n Miller	Administrator, Licensed Radon Tester License roots Inspector, Radon Tester License no. RT1638 Inspector, Radon Tester License no. RT1794 Inspector, Radon Tester License no. RT182
Jennifer James J Mark He Brandor	t, include name, title Jones ones arn n Miller Schedule: adon CRM Test Cos	Administrator, Licensed Radon Tester License in Inspector, Radon Tester License no. RT1638 Inspector, Radon Tester License no. RT1794 Inspector, Radon Tester License no. RT182  St Per Unit:

3.	1 <sup>st</sup> Continuous Radon Monitoring (CRM) test: \$175
4.	Each additional CRM test: \$175

#### 4. Documents Required to be Submitted with the Bid

- a. Bidder shall provide copies of licenses and credentials necessary to perform the scope of services: Health Radon License for all personnel to conduct radon tests.
- b. Bidder shall provide documentation of available resources (personnel, equipment, and facilities such as use of a State certified lab) or ability to access resources to perform the required services competently and expeditiously
- c. Bidder shall provide information about providing similar services, either completed in the last five (5) years or currently in progress, from at least two clients, including: owner's name; project name, description and location; original and final completion dates; contact person and telephone number.

Scan and upload this completed document to line 10 in Vendor Services Portal, along with the "Documents Required to be Submitted with the Bid" from Section 5 of the ITB.

#### SAM.gov Unique Entity ID Instruction Information

The Healthy Homes Program is funded by Federal funds. Per US Department of Treasury guidance, the awarded contractor are **not** required to "register" with SAM.gov. They are, however, required to have a **Unique Entity ID (UEID)** and the City is required to check SAM.gov for exclusions. The information required for getting a Unique Entity ID without registration is minimal. It only validates your organization's legal business name and address.

Bidders are encouraged to obtain a UEID to avoid any delays of receiving an award. By going to <a href="https://sam.gov/content/entity-registration">https://sam.gov/content/entity-registration</a> website, the steps to complete the process are provided.

Should you need further instructions, the link below to a YouTube video showing you how to get your Unique Entity ID without needing to complete an entity registration on SAM.gov. <a href="https://www.youtube.com/watch?v=C87wSCYKTcE">https://www.youtube.com/watch?v=C87wSCYKTcE</a>

**MSTEPHENS** 



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/3/2023

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.

	El ttabantintina eltittabaaanintii					-				<del></del>	
If	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject this certificate does not confer rights to	et to	the	terms and conditions of	the po ich end	licy, certain <sub> </sub> lorseme <u>nt(s)</u>	policies may	NAL INSURED provision require an endorsemen	sorb t. As	e endorsed. tatement on	
	DUCER				CONTA NAME:	СТ					
Elite Managing General Agency, LLC 1016 W 8th Ave Suite A King Of Prussia, PA 19406				NAME: PHONE (A/C, No, Ext): (800) 355-1185  FAX (A/C, No): (877) 559-0487							
				E-MAII: (AGC, NG, EAR): (AGC,							
				INSURER(S) AFFORDING COVERAGE				NAIC#			
	,				INSUR			ice Company		28860	
INSU	JPEN				INSUR						
11100	Home & Commercial Inspec	tions	LLC				_	<u> </u>			
	James Jones & Brandon Miller				INSURER C: INSURER D:						
	715 Shawan Falls #1954 Dublin, OH 43017				INSUR		_				
	Bubini, On 40011				INSUR		<del>- ,</del>		-		
<u></u>	VERAGES CER	TIFIC	CATE	NUMBER:	,			REVISION NUMBER:			
ті	HIS IS TO CERTIEY THAT THE POLICIE	=S 0	F INS	SURANCE LISTED BELOW	HAVE B	EEN ISSUED	TO THE INSUF	RED NAMED ABOVE FOR T	HE PO	LICY PERIOD	
IN C	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	ES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJECT T	:0110	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITO		****	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	X CLAIMS-MADE OCCUR	х		BT02 H004845 01		6/17/2022	6/17/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	X CGL	``						MED EXP (Any one person)	\$	10,000	
						İ		PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
	AUTOMOBILE LIABILITY						-	COMBINED SINGLE LIMIT (Ea accident)	s	_	
	ANY AUTO		ĺ					BODILY INJURY (Per person)	s		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	s		
						· '		PROPERTY DAMAGE (Per accident)	s		
	HIRED AUTOS ONLY AUTOS ONLY							(Fel accident)	\$		
	Localia Localia		├			-		EACH OCCURRENCE	s	~	
	UMBRELLA LIAB OCCUR					ļ		AGGREGATE	\$		
EXCESS LIAB CLAIMS-MADE								AGGREGATE	s	·	
	DED RETENTION\$	<del>  -</del>	$\vdash$					PER OTH-	-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		ĺ					E.L. EACH ACCIDENT	s		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A									
	If yes, describe under	Ì						E.L. DISEASE - EA EMPLOYEE	\$		
Α	DÉSCRIPTION OF OPERATIONS below  Errors & Omissions	-	├	BT02 H004845 01		6/17/2022	6/17/2023	Per Claim/Aggregate	*	1,000,000	
A	Effors & Offissions			B10211004040			<b>4.11.120</b>			,,,,,,,,	
DES The	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder is listed as a limited a	LES (A	ACORI ional	 D 101, Additional Remarks Schedu insured on the policy.	ule, may l	e attached if mor	re space is requi	red)			
CE	RTIFICATE HOLDER				CAN	CELLATION					
City of Columbus Department of Development Housing Division Attn: Patricia Chatman 111 N. Front St. 3rd Fl. Columbus, OH 43215				JAN		-					
				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							



Columbus, OH 43215

04/03/2023

**Ohio Workers Compensation** 

Our business is a non employee based business and do not currently have any employees. Therefore, we are requesting exemption from the Ohio BWC requirement.

We thank you for your consideration and feel free to reach out with any questions.

Sincerely Jennifer Jones

Home & Commercial Inspections LLC 1800-241-0133
PO Box 1954 Dublin Ohio 43016 www.hcinspectors.com

4410-03-<del>63330</del>-2220-0-45007-6442200