



California
Processing Services for
Mattress Pocketed Coils

Request for Proposal
Forms

Mattress Recycling Council

Attn: Kate Caddy

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FORM 1 - LETTER OF TRANSMITTAL

Please complete this form and include it as the COVER PAGE of your RFP.

Submittal Date: _____

Full Company Name: _____

Street Address: _____

City/State/Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____

If a corporation, state of incorporation: _____

Federal I.D. Number: _____

I acknowledge receipt of, and have read, the Request for Proposal (RFP), including all subsequent addenda. I have prepared the attached RFP response and hereby acknowledge that I am authorized to submit on behalf of the company identified above. This response is to the best of my knowledge true and accurate. I acknowledge that if facts stated in this response are found to be false, MRC in its sole discretion may reject this response from consideration and disqualify me and/or my company from responding to future RFPs issued by MRC. The response to the RFP that I hereby submit clearly identifies any differences or exceptions between this response and the RFP's requirements.

In the event that MRC selects my company to provide processing services, I am prepared to enter into a formal written contract with MRC on behalf of my firm to provide such goods and/or services on the terms described in this response. This response to the RFP will remain valid for the latter of 60 days from the RFP closing date.



In preparing and submitting this RFP response, I certify that:

- neither my company nor I directly or indirectly entered into any combination or arrangement with any person, firm or corporation; entered into any agreement; participated in any collusion; or otherwise took any action in the restraint of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1) or any applicable state antitrust, fair trade, fair competition, or consumer protection laws;
- this RFP response, and any formal contract awarded based on such response, is not the result of, or affected by, any act of collusion with, or any act of, another person or persons, firm, or corporation engaged in the same line of business or commerce;
- no person acting for, or employed by, the Mattress Recycling Council California, LLC has a personal interest in, or is personally concerned with, this bid; and,
- no person or persons, firm, or corporation other than the undersigned, have, or are, interested in this RFP response.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____



FORM 2 - TECHNICAL PROPOSAL: POCKETED COIL PROCESSING

Clearly explain how your company plans to provide the services described in this RFP. All components must be recycled through scrap dealers or other secondary markets as approved by MRC. Non-recyclable components shall be disposed of through landfills and such disposal documented. A successful proposer may be asked for copies of pertinent government approvals and permits. Complete for each existing facility. Use additional sheets if necessary.

Company Name: _____

Provide an overview of your company, why you are qualified to provide processing services to MRC and your experience (if any) with shredding and/or pocketed coil processing:

Facility Overview

Facility Address: _____

Number of years in business at this location: _____

Facility Size: _____

Dun & Bradstreet number: _____

Additional materials processed on site: _____

Facility processing capacity (tons/day): _____

Number and type of equipment (balers, shredders, forklifts, etc.): _____

Total number of docks, if applicable: _____

Required Permit(s): Yes No



Days and hours of operation: _____

Number of shifts: _____

Indicate off-load capabilities: _____

Date available to start processing: _____

Receiving and Processing Procedure

Will there be an area dedicated to pocketed coil storage and processing? If yes, provide location size and whether it is inside, under cover or outside:

Scheduling/appointment procedure:

How will material be received (dock or ground):

Process for obtaining inbound weights and providing data to mattress recyclers:

Please indicate if able to accept pocketed coil compressed into bales:

Yes No

Detailed procedure for processing pocketed coils. Include equipment used, maintenance schedule and typical down time for maintenance.

Describe process for obtaining and documenting outbound weights to provide to MRC:



How will Proposer handle polypropylene material:

Recycle Dispose

Does the Proposer have a continuity of operations plan in the event of a shutdown, natural disaster, pandemic, equipment failure, etc.?

Yes No

Provide details as to whether your company has been a party to any bankruptcy or receivership proceedings; criminal, civil or administrative penalties, assessments, sanctions, settlements, consent decrees, or investigations or proceedings of any kind; or state or local permit violations in the past 5 years.



FORM 3 – REFERENCES

Please provide the following references that MRC may contact:

- Two references regarding your ability to provide the processing services required by this RFP,
- Two credit references

Use multiple pages if needed to provide the necessary references.

PROCESSING REFERENCES

Reference Company:	_____
Street Address:	_____
City/State/Zip:	_____
Contact:	_____
Contact Phone:	_____
E-mail:	_____
Nature of work provided for reference company:	_____

Reference Company:	_____
Street Address:	_____
City/State/Zip:	_____
Contact:	_____
Contact Phone:	_____
E-mail:	_____
Nature of work provided for reference company:	_____



CREDIT REFERENCES

Name of Creditor:	_____
Street Address:	_____
City/State/Zip:	_____
Contact:	_____
Contact Phone:	_____
E-mail:	_____

Name of Creditor:	_____
Street Address:	_____
City/State/Zip:	_____
Contact:	_____
Contact Phone:	_____
E-mail:	_____



FORM 4 – PROCESSING SERVICE RATE

Propose an all-inclusive per ton processing rate for all pocketed coils that arrive at your processing facility(ies). Your proposed rate must:

1. Apply to pocketed coils arriving in any type or size of storage container.
2. Include any taxes, operating or permit fees or other administrative or governmental costs that you must incur to provide the services described herein.
3. Include compensation for administering your facility operations, overhead and reporting data to MRC. You may not charge MRC extra for any of these activities.
4. Include any costs associated with providing certified weight tickets.
5. Provide your baseline rate. If you choose to offer volume discounts, provide this information clearly on the form.

Receiving: pocketed coils sourced from MRC contracted mattress recyclers will be delivered by 3rd party contractors in walking floor trailers, enclosed or open top trailers or end dumps. Proposer must have adequate space, proper ingress/egress for large collection vehicles and be prepared to off-load these containers within 30 minutes of arrival.

Service Days: Processor’s facility must be open to receive and off-load Monday – Friday during normal business hours - State and federal holidays excluded. MRC may request Saturday delivery in the event of increased holiday volume or to process excess inventory. The contracted processor(s) must staff a phone number from Monday – Friday during normal business hours (Pacific Time).

Certified Weight Tickets: Processor must return in-bound certified weight tickets to the generating recycler within 10 days. Copies of those certified weight tickets must accompany invoices sent to MRC.

Per Ton Processing Rate:	\$ _____
Identify any exclusions, exceptions or volume discounts:	_____



FORM 5 – RECYCLED MATERIAL PURCHASERS

Identify companies that would purchase or accept your steel and polypropylene (PP) generated from pocketed coil processing. Please also list landfill information for residue material.

Purchasers Name:	_____
Commodity type and intended use (i.e. steel for scrap market, PP for recycling, PP for landfill):	_____
Physical Address:	_____
City/State/Zip:	_____
Contact Name and Phone:	_____

Purchasers Name:	_____
Commodity type and intended use (i.e. steel for scrap market, PP for recycling, PP for landfill):	_____
Physical Address:	_____
City/State/Zip:	_____
Contact Name and Phone:	_____



Purchasers Name:	_____
Commodity type and intended use (i.e. steel for scrap market, PP for recycling, PP for landfill):	_____
Physical Address:	_____
City/State/Zip:	_____
Contact Name and Phone:	_____

Purchasers Name:	_____
Commodity type and intended use (i.e. steel for scrap market, PP for recycling, PP for landfill):	_____
Physical Address:	_____
City/State/Zip:	_____
Contact Name and Phone:	_____