

## FORM 1 - LETTER OF TRANSMITTAL

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

Date: \_\_\_\_\_

Full Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If a corporation, state of incorporation: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

Name of Company Employee Authorized to Sign the Proposal: \_\_\_\_\_

Title: \_\_\_\_\_

I am authorized to submit this Request for Proposal (RFP) response on behalf of the company identified above to provide the services described in this RFP.

I acknowledge receipt of, and have read, the RFP (including all subsequent addenda). I have prepared the attached RFP response. 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 Recycling 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, as well as any ancillary services related to these services. This response to the RFP will remain valid for 180 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 Rhode Island, 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: MATTRESS RECYCLING

Please complete this form and include it with your response. Use additional space to as necessary to provide complete responses.

Company Name: \_\_\_\_\_

1. Provide an overview of your company, why you are qualified to provide Recycling services to MRC and your experience (if any) with Recycling Mattresses and other products.

\_\_\_\_\_

\_\_\_\_\_

2. For each existing Recycling facility, please state your:

- a. Facility address: \_\_\_\_\_

Number of Mattresses you recycled in 2020 and YTD in 2021: \_\_\_\_\_

- b. Facility processing capacity per day: \_\_\_\_\_

- c. Facility processing capacity per month: \_\_\_\_\_

- d. Facility Mattress storage capacity (in Units): \_\_\_\_\_

- e. Number and type of equipment (balers, box spring shearing, shredders, forklifts)

- f. Number of active loading docks: \_\_\_\_\_

- g. Number of employees: \_\_\_\_\_

- h. Number of years in business at this location: \_\_\_\_\_

- i. Dun & Bradstreet number: \_\_\_\_\_

- j. Ownership structure: \_\_\_\_\_

- k. Required Permit(s): \_\_\_\_\_

- l. 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. \_\_\_\_\_

- m. Days and hours of operation: \_\_\_\_\_

- n. Holidays in which facility will be closed: \_\_\_\_\_

3. For each proposed Recycling facility (that is, a facility that is not currently operational but that you intend to establish if MRC were to contract with you for Recycling services) please state your:

- a. Facility address if known. if not, proposed town or city name: \_\_\_\_\_

- b. Facility processing capacity per day: \_\_\_\_\_

- c. Facility processing capacity per month: \_\_\_\_\_

- d. Facility Mattress storage capacity (in Units): \_\_\_\_\_

- e. Number and type of equipment (balers, box spring shearing, shredders, forklifts):

- f. Number of loading docks: \_\_\_\_\_

- g. Anticipated date facility will be fully operational: \_\_\_\_\_

- h. Status of Required Permit(s): \_\_\_\_\_

- i. Days and hours of operation: \_\_\_\_\_

- j. Holidays in which facility will be closed: \_\_\_\_\_

4. For each Recycling facility, describe how you will track, control and document the 1) number or weight of Discarded Mattresses that enter your facility, 2) the number of units deconstructed and 3) the weight of Recycled Mattress components that leave your facility.

\_\_\_\_\_

5. The MRC estimates that approximately 63% of Units received by a Recycler will be Mattresses and approximately 37% will be Foundations. Of the Mattresses, approximately 25% of Mattresses will contain “pocketed coils” (individual steel springs enclosed in fabric) and that this ratio will increase over time. The Recycler will be expected to recycle all of these types of products.

**Describe your process for Mattresses and Foundation deconstruction and specify how you intend to process and recycle pocketed coils.**

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6. You may consider certain conditions to render an entire Mattress unrecyclable. Please indicate whether you consider the following conditions acceptable or not:

<b>Condition:</b>	<b>Will accept for Recycling: (yes/no)</b>	<b>Unacceptable, will be diverted to solid waste disposal:</b>
Compacted (product may be crushed, twisted or broken)		
Broken wood in the Foundation		
Wet – water will drip from Mattress		
Moldy		
Damp – no free-flowing water		
Surface dirt or stains		
Heavily Soiled or co-mingled with putrescible solid waste		
Bed Bugs		

7. Identify
- a. which components or materials from used Mattresses and Foundations you cannot sell to scrap dealers and why these cannot be recycled (i.e. no secondary markets or buyers),

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- a) the percentage (by weight) that these components or materials represent of the total Mattresses and Foundations you obtain.

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8. Describe how you manage bed bugs or otherwise infested Mattresses.

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9. Provide photocopies of your business license and operating permits.

10. Provide photocopies of a current Certificate of Insurance showing valid coverage meeting RFP specifications.

**FORM 3 – MATTRESS CONSOLIDATION SITE PROPOSAL**

(For Recyclers Located Outside of Rhode Island or those bidding to solely be Consolidators ONLY)

Please complete this form and include it with your response ONLY if your recycling services will be located outside of the state of Rhode Island or if you are solely bidding to be a Consolidator. Use additional space to as necessary to provide complete responses.

Company Name: \_\_\_\_\_

1. For each proposed Mattress Consolidation Site please state your:

- a. Facility address if known. if not, proposed town or city name: \_\_\_\_\_
- b. Description of the property (warehouse, manned 52' trailer, etc) \_\_\_\_\_
- c. Facility consolidation capacity per day: \_\_\_\_\_
- d. Facility consolidation capacity per month: \_\_\_\_\_
- e. Facility Mattress storage capacity (in Units): \_\_\_\_\_
- f. Number and type of equipment (forklifts): \_\_\_\_\_
- g. Number of loading docks: \_\_\_\_\_
- h. Anticipated date facility will be fully operational: \_\_\_\_\_
- i. Status of Required Permit(s): \_\_\_\_\_
- j. Days and hours of operation: \_\_\_\_\_
- k. Holiday closure schedule: \_\_\_\_\_

2. For each Mattress Consolidation Site, describe how you will track, control and document the 1) number or weight of Discarded Mattresses that enter this facility, 2) the number or weight of Discarded Mattresses that leave this facility

\_\_\_\_\_  
\_\_\_\_\_

- 3. Provide photocopies of this facility's business license and operating permits.
- 4. Provide photocopies of a current Certificate of Insurance showing valid coverage meeting RFP specifications for this facility.
- 5. If you do not currently own or rent this facility, please provide a letter of intent from the current owner, landlord or business owner.

## FORM 4 – RECYCLING AND CREDIT REFERENCES

### RECYCLING REFERENCES

Name of Responding Company: \_\_\_\_\_

Please list 2 entities that have used your Recycling services.

<b>Reference Company:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Contact Name</b>	
<b>Contact Phone:</b>	
<b>E-mail:</b>	
<b>Number of Units Recycled for this Company in 2020:</b>	
<b>Describe Nature of Work You Provided for Reference Company:</b>	

<b>Reference Company:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Contact Name</b>	
<b>Contact Phone:</b>	
<b>E-mail:</b>	
<b>Number of Units Recycled for this Company in 2020:</b>	
<b>Describe Nature of Work You Provided for Reference Company:</b>	

**CREDIT REFERENCES**

**Name of Responding Company:** \_\_\_\_\_

Please list 2 credit references that are familiar with your company's payment history.

<b>Name of Creditor:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Contact:</b>	
<b>Contact Phone:</b>	
<b>E-mail:</b>	

<b>Name of Creditor:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Contact:</b>	
<b>Contact Phone:</b>	
<b>E-mail:</b>	

## FORM 5– RECYCLING SERVICE RATE

Provide the per Unit Rate that you propose to charge MRC to Recycle Discarded Mattresses covered by this RFP response. Note: This Rate must reflect the compensation you seek for all of your activities in providing this service.

<b>Per Unit Recycling Rate</b>	<b>\$</b>
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Identify any exclusions or exceptions that you propose to make to the Recycling services requirements described in this RFP:

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MRC may require the Recycler to provide on-site labor to pack Mattresses during Collection Events. To staff these events, MRC will reimburse Recycler for the following activities:

- Mileage reimbursement for staff to drive to event, based on automobile operating rates calculated by the IRS; currently at \$0.56 per mile.
- Staff hourly wages. Provide per hour rate for on-site staff to provide collection event service. Rate should include consideration for staff meals and any overtime hours that may be incurred.

Cost Category	Hourly Rate:	Notes:
General Labor on-site time		Does not apply to breaks
General Labor travel time		
Passenger Vehicle Mileage		\$0.56 per mile



## FORM 6 – CONSOLIDATION SITE RATE

Provide the per Unit Rate that you propose to charge MRC to Consolidate Discarded Mattresses covered by this RFP response. Note: This Rate must reflect the compensation you seek for all of your activities in providing this service. Transportation of consolidated mattresses to the Recycler will be paid separately by MRC and should NOT be included in this Unit Rate.

<b>Per Unit Consolidation Rate</b>	\$
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Identify any exclusions or exceptions that you propose to make to the Consolidation Site services requirements described in this RFP:

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<b>Consolidation Site Address</b>	<b>Type (Existing or Proposed)</b>	<b>Monthly capacity (in Units)</b>	<b>Loading Dock on site (Yes or No)</b>	<b>Facility Square Footage</b>

**Proposed Consolidation Site Hours:**

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## FORM 7 – RECYCLED MATERIAL PURCHASERS

Identify companies that currently purchase or accept your steel, foam, fabric, fiber, wood, plastic and other materials that your company would generate from Mattress Recycling. Use additional sheets if required.

Purchaser's Name:	<i>The Foam Company (EXAMPLE)</i>
Commodity type and intended use:	<i>polyurethane, memory and latex foam; carpet padding</i>
Physical Address:	<i>123 Rebond Ave.</i>
City, State, Zip Code:	<i>Hartford, CT 06101</i>
Contact Person and Phone:	<i>Bob Carpet cell phone: 800-123-4567</i>

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	

Purchaser's Name:	
Commodity type and intended use:	
Physical Address:	
City, State, Zip Code:	
Contact Person and Phone:	