

MRC OR RFP Form Instructions

All RFP responses will become the property of MRC and will not be returned except as otherwise provided. All forms accompanying the RFP must be completed in their entirety.

FORM 1 – LETTER OF TRANSMITTAL

Proposer must complete and sign Form 1. This will become the cover page for proposal.

FORM 2 – TECHNICAL PROPOSAL: Mattress Transportation

Clearly explain how Proposer plans to provide the services described in this RFP. This should include, but not be limited to:

1. An inventory of equipment dedicated to MRC's OR Program
2. Proposer's dispatching procedures
3. A description of the how Proposer will track service requests and deliveries including related documentation and record-keeping

FORM 3 – REFERENCES

Please provide the following references that MRC may contact:

1. Two references regarding Proposer's ability to provide the transportation services required by this RFP,
2. Two credit references. Please use multiple pages if needed to provide the necessary references.

FORM 4 – RATES

Please propose a rate for the following services:

Transportation Services: Propose rates for all temporary and permanent Collection Sites in Oregon by zip code.

Storage Containers: Transporters must provide Storage Containers to participating Collection Sites as follows:

1. Deliver empty Storage Containers to participating Collection Site
2. Provide pickup of full Storage Containers from participating Collection Site within two business days of requested service
3. Deliver replacement Storage Container at time of pickup
4. Transport full Storage Container to designated Recycler

Labor Services (Optional): Transporters may provide hourly labor rates for on-site staff time to load Units into Storage Containers during weekend Collection Events.

Proposer's Rates must:

1. Include any taxes, operating or permit fees or other administrative or governmental costs that Proposer must incur to provide the services described herein.
2. Include compensation for administering Proposer's operations, overhead and reporting data to MRC. Proposer may not charge MRC OR extra for any of these activities.
3. Include any taxes, tolls and fuel surcharges applicable at time of submittal.

FORM 1 - LETTER OF TRANSMITTAL

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

Date: _____

Proposer Full Company Name: _____

Company Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

If a corporation, state of incorporation: _____

Federal I.D. Number: _____

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 OR 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 OR. 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 OR selects my company to provide Recycling services, I am prepared to enter into a formal written contract with MRC OR on behalf of my company 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 90 days from the RFP closing date, or until a contract is fully executed, whichever is later.

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 Oregon, 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 as necessary to provide complete responses.

Proposer Company Name: _____

1. Provide an overview of Proposer and why Proposer is qualified to provide transportation services to MRC OR.

2. Please provide the following information about Proposer's transportation business:

- a. Office address: _____
- b. Address for Tractor/Truck/Container Storage: _____
- c. Number of employees: _____
- d. Name and phone number of transportation coordinator: _____

e. Number, type, and size of enclosed roll-offs in inventory: _____

f. Number, type, and size of enclosed van trailers in inventory: _____

g. Number, type, and size of tractors/roll-off trucks in inventory: _____

h. Number, type, and size of trucks dedicated to MRC OR: _____

i. Number, type, and size of enclosed roll-offs dedicated to MRC OR: _____

j. Number, type, and size of enclosed van trailers dedicated to MRC OR: _____

k. Number of drivers dedicated to MRC OR Program: _____

l. Number of years in business and number of miles the Proposer company has driven in the past twelve months: _____

m. Dun & Bradstreet number: _____

n. Ownership structure: _____

o. Required Permit(s): _____

p. Provide details as to whether Proposer Company, or any of its Principals or Senior Executives have 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; civil lawsuits involving breach of contract or state or local permit violations in the past 5 years.

q. Days and hours of operation: _____

3. Describe in detail Proposer's current dispatching procedures. Include any 3rd party software used.

4. Describe in detail Proposer's tracking of loads from pickup request to delivery destination (include electronic tracking, documentation procedures, record keeping, etc.).

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

6. Provide Proposer's current Certificates of Insurance showing valid proof of coverage for the following:

- Commercial General Liability Insurance (including coverage for bodily injury, property damage, complete operations, and contractual liability) of not less than \$1 million per occurrence and \$2 million aggregate.
- Business Automobile, \$2,000,000 Combined Single Limit; and
- Workers' Compensation Coverage as required by Oregon Statute.

FORM 3– TRANSPORTATION REFERENCES

Proposer Company:

Reference Company:	
Street Address:	
City, State, Zip:	
Contact Name	
Contact Phone:	
E-mail:	
Describe Number of Years and Nature of Transportation Serviced Provided	

Reference Company:	
Street Address:	
City, State, Zip:	
Contact Name	
Contact Phone:	
E-mail:	
Describe Number of Years and Nature of Transportation Serviced Provided	

CREDIT REFERENCES

Proposer Company: _____

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

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 - RATES

1. Transportation Services

Permanent Collection Sites: Please enter the flat rate stop charge for all pickup zip codes to each city. The stop charge rate includes delivery of empty, and pick-up of any Program Storage Container at the Collection Site. Next, indicate the type of container Proposer will provide by placing the trailer code next to the rate in each cell. Lanes that Proposer is unable to service should be left blank.

Preference will be given to Proposers who can service more lanes or provide volume discounts.

Trailer Codes:

Detached Trailer: (a)

Box Truck: (b)

Roll-Off: (c)

Sea Container: (d)

Other: (e)

Pickup Zip Code	Delivery Cities		
	Portland	Eugene	Klamath Falls
97814			
97330			
97045			
97222			
97267			
97055			
97103			
97138			
97051			
97056			
97420			
97459			
97754			
97415			
97701			
97702			
97756			
97470			
97457			
97823			
97845			
97720			
97031			
97504			
97501			
97502			
97520			
97524			
97503			

Pickup Zip Code	Delivery Cities		
	Portland	Eugene	Klamath Falls
97601			
97630			
97402			
97401			
97405			
97478			
97477			
97404			
97424			
97439			
97403			
97408			
97448			
97365			
97367			
97355			
97321			
97386			
97914			
97301			
97305			
97303			
97302			
97306			
97071			
97381			
97383			
97818			

Pickup Zip Code	Delivery Cities		
	Portland	Eugene	Klamath Falls
97338			
97361			
97065			
97141			
97131			
97838			
97801			
97862			
97850			
97828			
97058			
97006			
97124			
97062			
97116			
97830			
97128			
97132			
97378			
97741			
97527			
97526			
97603			
97080			
97060			
97024			
97304			
97206			

Permanent Collection Sites (Optional): If Proposer would like to bid for dedicated transportation services, please enter rate structure below. Indicate whether Proposer plans to service every Collection site in the state of Oregon. If Proposer's plan is not to service every Collection Site in the state of Oregon, advise what trailer types will not be utilized.

- Cover Full State: Yes ____ No ____
 - 53' Trailers Yes ____ No ____
 - 28' Trailers Yes ____ No ____
 - 40 cu yd Roll off Bins Yes ____ No ____

Charges	Rate
Fixed Charges	
Driver Hourly Rate	
Mileage Charge	
Fuel Surcharge	

For all other fees please describe below:

Temporary Collection Sites and Collection Events: MRC OR will compensate Transporter to provide on-call transportation from commercial volume sites generating a minimum of 100 Discarded Mattresses at one time to a Recycler's facility. Fifty-three-foot van trailers are required to perform this service. For certain temporary Collection Sites, a live load wait time of two hours or more may apply.

- Proposer will provide live load service: Yes ____ No ____
- Please describe any other charges that might apply to temporary pick-up of discarded Units from temporary Collection Sites:

Identify any and all exclusions proposed to the transport services requirements described in this RFP:

The baseline stop charges for permanent and temporary Collection Sites above must include any fuel surcharges applicable at time of submittal. Please describe any circumstances or methodology under which a fuel surcharge or rebate would be applied to the above rates:

2. Monthly Container Rental Services

Please enter the monthly container rental rate for the listed container types. The monthly rate is for containers placed at permanent Collection Sites.

Trailer Type	Monthly Rate
53'	
28'	
40 cu ft Roll-off	

3. Labor Services (Optional)

MRC OR typically provides on-site labor to load mattresses into 53' trailers during Collection Events. However, there could be efficiencies if these events were staffed by the Transporter. To staff these events, MRC OR will reimburse Transporter for the following activities:

- Mileage reimbursement for staff to drive to event, based on automobile operating rates calculated by the IRS; currently at \$0.655 per mile. Drive time will be invoiced at hourly rates below.
- Staff hourly wages. Provide per hour rate for on-site staff to provide Collection Event services. The rate should include consideration for staff meals and any overtime hours that may be incurred. If a driver performs general labor duties during an event their travel time will be included in the flat rate stop charge for transportation services above.

Cost Category	Hourly Rate	Notes
General Labor on-site time		Does not apply to breaks
General Labor travel time		

4. Other Charges

Please provide any other fees that may apply during shipment, including but not limited to detention, layover, etc.

Fee Type	Rate/Fee