



California Mattress Recycling Services

Request for Proposal Addendum Instructions and Forms

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Mattress Recycling Council

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1. INSTRUCTIONS FOR COMPLETING RFP FORMS

All RFP responses will become the property of MRC and will not be returned except as otherwise provided. All costs incurred in connection with responding to this RFP shall be borne by the Proposer.

FORM 1 – LETTER OF TRANSMITTAL

Complete and sign Form 1. This will become the cover page for your proposal.

FORM 2 – TECHNICAL PROPOSAL: MATTRESS RECYCLING

Clearly explain how your company plans to provide the services described in this RFP. A Recycler must weigh and count all incoming Units, deconstruct each Discarded Mattress and Recycle not less than 75% (by weight) of the Mattress components obtained through the Program including, but not limited to, metal, foam, fabric, pocket coils, and wood. Recycler's failure to meet this requirement may be cause for termination of the contract at MRC's reasonable discretion. Notwithstanding the foregoing, MRC understands and acknowledges that there will be times when the market conditions do not allow for the Recycler to meet the 75% requirement when employing commercially reasonable efforts to do so. However, merely opening the Mattress and removing the foam and steel innersprings for Recycling is not sufficient for these Recycling purposes. To qualify for Recycler Compensation, Mattress components must be recycled through approved scrap dealers or other appropriate customers in secondary markets. Non-recyclable components shall be disposed of through appropriate means (waste-to-energy facilities, landfills, etc.), and such disposal documented.

FORM 3 – REFERENCES

Please provide the following references that MRC may contact:

1. Two references regarding your ability to provide the Recycling services required by this RFP,
2. Two credit references.

Please use multiple pages if needed to provide the necessary references.

FORM 4 – RECYCLING SERVICE RATE

Form 4 requires you to propose an all-inclusive per Unit recycling Rate for all eligible Program Units that arrive at your Recycling facility(ies). To provide general guidance for calculating your proposed Rate, the average weight of a Unit is approximately 55 lbs. and approximately 63% Units are Mattresses and 37% are Foundations.

Your proposed Rate must:

1. Apply to Program Units fully deconstructed at your facility. These Units will arrive in any type or size of Storage Container, including roll-offs, dump trucks, trailers or Units arriving from any authorized source.
2. Include any taxes, operating or permit fees or other administrative or governmental costs that you incur to provide the services described herein.
3. Include compensation for administering your facility operations including weighing of inbound loads, overhead and reporting data to MRC. You may not charge MRC extra for any of these activities.

4. Provide your baseline Rate. If you choose to offer volume discounts, provide this information clearly on the Form.
5. Include State's minimum wage increase schedule in your baseline Rate for the term of contract.

FORM 5 – RECYCLED MATERIAL PURCHASERS

Please identify on this form the companies that would purchase or accept the steel, foam, fabric, fiber, wood and other materials that your company would generate from Mattress Recycling.

2. RFP FORMS

FORM 1 - LETTER OF TRANSMITTAL

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

Date: _____

Proposer Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

State of Incorporation: _____

Federal I.D. Number: _____

Dun & Bradstreet Number (If applicable): _____

Corporate Structure details (if possible, include organization chart) _____

Full Names and titles of All Principals, Owners and Key Personnel

Name of Proposer's Employee Authorized to Submit and 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 on behalf of the Proposer. This response is, to the best of my knowledge, true, accurate and submitted in good faith. I acknowledge that if facts stated in this response are found to be false, MRC may, in its sole discretion, reject this response from consideration, and disqualify me and/or Proposer 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 Proposer to provide Recycling services, I am prepared to enter into a formal written contract with MRC on behalf of Proposer to provide such goods and/or services on the terms described in this response, as well as any ancillary services related to these services that may be negotiated during this process. This response to the RFP will remain valid for the latter of 365 days from the RFP closing date.

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

- neither Proposer company or 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 Proposer 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's Company Name:

-
1. Provide an overview of your company, why you are qualified to provide Recycling services to MRC, your experience (if any) with Recycling Mattresses and other products, and any ISO 140001, environmental management systems, LEAN manufacturing practices or certifications held by your staff.

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

a. Facility address: _____

b. Number of Mattresses you recycled in 2022: _____ and in 2023: _____

c. Facility processing capacity per day: _____

d. Recycling rate obtained as a percentage of inbound weight: _____

e. Facility Mattress storage capacity (in Units): _____

f. Indoor square footage of mattress operation structure: _____

g. Type of scale to be used for inbound weighing: _____

Note: Recycler must weigh all incoming loads on a certified scale to capture actual weights of inbound Units

h. Number and type of equipment (balers, box spring shearing, shredders, forklifts) in place:

i. Additional number and type of equipment (balers, box spring shearing, shredders, forklifts) planned but not yet in place:

j. Number of active loading docks staffed to receive Units: _____

k. Number of employees directly responsible for mattress recycling (i.e., equipment operators, dock loading/unloading staff, mattress deconstructors/cutters):

l. Number of years in business at this location: _____

m. Days and hours of operations: _____

n. Holiday Closures: _____

3. For each proposed Mattress 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 (Units per day): _____

c. Facility processing capacity (Units per month): _____

d. Facility Mattress storage capacity (in Units): _____

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

f. Type of scale for weighing inbound Units: _____

Note: Recycler must weigh all incoming loads on a certified scale to capture actual weights of inbound Units

g. Number of active loading docks staffed to receive Units: _____

h. Anticipated date facility will be fully operational: _____

i. Status of Required Permit(s): _____

j. Days and hours of operation: _____

k. Holiday Closures: _____

4. Has the Proposer or any of its Principals, been a party to any bankruptcy or receivership proceedings; breach of contract litigation, criminal, civil or administrative penalties, assessments, sanctions,

settlements, consent decrees, or investigations or proceedings of any kind; or been cited for any federal, state or local violations, including ordinance or permit violations, in the past 5 years?

Yes _____ (If yes, please list each such instance and describe in detail, using additional pages)

No _____

5. Please describe your internal procedures for receiving Units from the public and the Consumer Incentive Payment (CIP).

6. For each Recycling facility, describe the inventory control procedures and staff responsible to manage document, track and report the 1) number and weight of Discarded Mattresses that enter your facility, 2) the number of units fully deconstructed and 3) the weight of Recycled Mattress components that leave your facility. Attach additional sheets if needed.

7. The MRC estimates that approximately 63% of Units received will be Mattresses and 37% will be Foundations. Of the Mattresses, approximately 33% of Mattresses will contain “pocketed coils” (individual steel springs enclosed in fabric) and that this ratio will increase over time. The Recycler is expected to recycle all of these types of products in their facility or by using a third-party processor. **Describe your process for Mattresses and Foundation deconstruction and specify how you intend to process and recycle pocketed coils.**

8. MRC’s preference is for recyclers who can manage all inbound Units regardless of condition, but may consider certain conditions to render an entire Units unrecyclable. Please indicate whether you consider the following conditions acceptable or not:

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

9. Mattresses infested with bed bugs are not a common occurrence and may occur only seasonally. Describe how you will manage individual Mattresses with bed bugs and full loads delivered with bed bugs.

10. Provide photocopies of Proposer’s business license and operating permits.

11. Provide Proposer’s current Evidence of Insurance or a Certificate of Insurance for the policies specified in the RFP.

FORM 3 – RECYCLING AND CREDIT REFERENCES

This form requests that Proposer provide the requisite number of Recycler, and Credit references that MRC may contact for reference.

RECYCLING REFERENCES

Name of Responding Company: _____

Please list 2 entities that have used your Recycling services.

Reference Company:	
Street Address:	
City, State, Zip:	
Contact Name	
Contact Phone:	
E-mail:	
Number of Units Recycled for this Reference in 2023	
Describe Nature of Work You Provided for Reference Company:	

Reference Company:	
Street Address:	
City, State, Zip:	
Contact Name	
Contact Phone:	
E-mail:	
Number of Units Recycled for this Reference in 2023	
Describe Nature of Work You Provided for Reference Company:	

CREDIT REFERENCES

Name of Responding Company: _____

Please list 2 credit references that are familiar with Proposer's payment history related to your mattress recycling operations.

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 – RECYCLING SERVICE RATE

Provide the per Unit Rate that you propose to charge MRC to fully deconstruct and 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, including the weighing of inbound Units.

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

Monthly Unit Volume Required to Qualify for Discount (Optional)	Per Unit Rate	Comments

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 adjusted annually by the IRS; currently at \$0.67 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		IRS per mile vehicle rate (\$0.67 per mile in 2024)

FORM 5 – RECYCLED MATERIAL PURCHASERS

Identify companies that currently purchase or accept Proposer’s 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>Sacramento, CA 94203</i>
Contact Person and Phone:	<i>Kevin Smith 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:	

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