Clark County
LAND REUTILIZATION CORPORATION

NOTICE TO BID

Release Date: March 10, 2026

Subject: Bid for 2026 Mowing & Lawn Care Services

Bid Deadline: 10:00 AM, March 24, 2026

Dear Prospective Bidder,

Prospective Bidders are invited to submit a sealed bid for the **2026 Mowing and Lawn Care Services** for Clark County Land Reutilization Corporation, now available for Bid. Sealed bids will be received by the Clark County Land Reutilization Corporation at the Clark County Springview Government Center, 3130 East Main Street, Suite 1A, Springfield, OH 45505, until **10:00 AM, Tuesday, March 24, 2026**.

Questions may be submitted only via email to Kara Van Zant, at kvanzant@clarkcountyohio.gov, any time before **Thursday, March 19, 2026, by 4:00 PM**. Responses will be provided in writing to all bids.

Please read the bid package in its entirety. Your bid must be made as per the bid instructions, inclusive of all required documentation, and utilizing only the forms provided in the bid documents, or on a copy thereof. Incomplete bids may be rejected.

Each bid shall contain the full name and address of each person or company submitting a bid. All bids must be submitted to the Clark County Land Reutilization Corporation at the Clark County Springview Government Center, 3130 East Main Street, Suite 1A, Springfield, OH 45505, no later than **10:00 AM, Tuesday, March 24, 2026,** in a sealed envelope. Bids will be opened at approximately **10:05 AM** on the same day, in the Clark County Land Reutilization Corporation office. Bids shall be clearly marked on the outside of the envelope in the lower left-hand corner as the "**CCLRC Bid: 2026 Mowing and Lawn Care Services**".

CCLRC reserves the right to accept or reject any and all bids; to waive any irregularities or informalities in the bidding; and to enter into a contract with the bidder who in its consideration offers the lowest and best bid.

Thank you,

Kara Van Zant
Development Project Manager
3130 E. Main Street, Suite 1A
Springfield, Ohio 45505
Email: kvanzant@clarkcountyohio.gov

BID PACKET

Release Date: March 10, 2026

Subject: Bid for 2026 Mowing & Lawn Care Services

Bid Deadline: 10:00 AM, March 24, 2026

SECTION 1: TERMS OF WORK TO BE PERFORMED

CCLRC is accepting bids from Lawn Care companies for the 2026 mowing season.

1. Each contractor shall submit a cost to mow each lot in its entirety, including the amount to mow the lot, weed-eating edges, and remove small articles of trash and fallen limbs or brush.
2. Work that is not to be covered under this bid: Mulching, planting, and trimming of bushes and trees.
3. Work shall be performed spring, summer, and fall.
4. Each lot contracted shall be mowed and tended to every two weeks or at the direction of the CCLRC.
5. Work shall commence upon the CCLRC submitting to the contractor a notice to proceed.
6. Work shall cease upon the end of the contract, and the terms of the agreement will end upon notice to cease operations or no later than January 1st, 2026. Whichever comes first.
7. No work shall be sub-contracted.

CCLRC is involved in the development, sale and acquisition of many properties. Properties will be removed and added from the mowing list during the mowing season. This will happen due to the sale of properties or various other reasons. Properties may also be added to the mow list throughout the year.

CCLRC reserves the right to engage multiple contractors in the completion of the work proposed due to the large quantity of properties the CCLRC maintains. It may also terminate a contractor upon documentation of unsatisfactory work performed.

Some lots may have structures on them.

SECTION 2: REQUIRED DOCUMENTS

The following documentation is required at time of bid to be considered for a 2026 Mowing and Lawn Care Service Contract with the Clark County Land Reutilization Corporation:

- ☐ Bid Tabulation Document – *Document Attached*
- ☐ W-9 Tax Form – *Document Attached*
- ☐ Bureau Workers Compensation Documentation
- ☐ Liability Insurance – *Document Attached*
    - The amounts required are depicted in Section 3 of this document.
    - If awarded the contract the Clark County Land Reutilization Corporation will need to be named as a Certificate Holder and additionally insured within 7 business days or before work commences whichever comes first.
- ☐ Drug-Free Workplace Policy – *Example Attached*
- ☐ EEO Statement – *Document Attached*
- ☐ Conflict of Interest Disclosure – *Document Attached*
- ☐ Bidder's Personal Property Tax Statement (5719.042 ORC) – *Document Attached*
- ☐ Delinquent Tax Affidavit – *Document Attached*
- ☐ Non-Discrimination Provision – *Document Attached*
- ☐ Non-Collusion Affidavit – *Document Attached*
- ☐ Provide information regarding your relevant experience on similar projects.
- ☐ Contractor must be registered with the Ohio Secretary of State and in good standing.
- ☐ Provide proof the company is from Clark County or a contiguous County.

SECTION 3: INFORMATION FOR BIDDERS

1. The selected applicant will be selected based on the following criteria:
    a. Bid Price
    b. Qualification of the firm
    c. Familiarity with geographic area
    d. Completeness of bid
    e. Evidence of applicant's capacity to complete work.

2. Bidding Process:
    a. All bids must be submitted as a sealed bid prior to the deadline.
    b. Each bid shall be irrevocable.
    c. All bids submitted prior to the deadline will be opened in a public setting.
3. CCLRC reserves the right to amend, withdraw, cancel, or terminate this bid at any time, in its sole discretion.
4. All bidders must be from Clark County or a County contiguous with Clark County.
5. INSURANCE:
    a. The Contractor shall not commence work under this Contract until he/she has obtained all the insurance required hereunder and such insurance has been approved by the Owner, nor shall the Contractor allow any Subcontractor to commence work on his subcontract until all similar insurance required of the Subcontractor has been so obtained and approved. Approval of the insurance by the Owner shall not relieve or decrease the liability of the Contractor hereunder.
    b. The Contractor shall file with the Owner all Certificate(s) of Insurance as are necessary to document the insurance coverage required hereunder, subject to the approval of the Owner and receipt of any additional forms/documentation requested, prior to final execution of the Agreement Contract and issuance of the Notice to Proceed.
    c. Worker's Compensation: All contractors and subcontractors shall acquire and maintain, during the term of the Contract, Worker's Compensation insurance in full compliance with the laws of the State of Ohio.
    d. Contractor's Liability Insurance
        i. Commercial General Liability insurance for a minimum of $1,000,000 per occurrence with an annual aggregate of $2,000,000, including coverage for subcontractors, if any is used.
        ii. Umbrella or Excess Liability* (over and above Commercial General Liability) with a limit of at least $2,000,000.
            1. *Note: Umbrella/Excess Liability coverage may be waived if the following limits are carried for Commercial General Liability and Auto Liability:
                a. Commercial General Liability Insurance for a minimum of $3,000,000 per occurrence with an annual aggregate of at least $4,000,000, including coverage for subcontractors, if any are used.

b. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County Land Reutilization Corp., or its departments, with limits of at least $3,000,000 Combined Single Limit

iii. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County Land Reutilization Corp., with limits of at least $1,000,000 (combined single limit) for Commercial Auto or $300,000 (combined single limit) or, $100,000 per person and $300,000 per accident for Bodily Injury and $100,000 per accident for property damage for self-employed.

iv. Clark County Land Reutilization Corp. must be named as an "Additional Insured" on all policies.

v. Certificate Holder: Clark County Land Reutilization Corp., 3130 East Main Street, Suite 1A, Springfield, OH 45503 is to be listed as certificate holder.

e. The Policies as listed above shall all contain all the following special provisions:

i. The Company agrees thirty (30) days prior to cancellation or reduction of the insurance afforded by this policy, with respect to the Contract involved, written notice will be mailed to the Clark County Land Reutilization Land Corp. Board.

ii. The maintenance of such insurance as outlined herein shall in no way constitute a waiver of legal liability for damage to any adjoining buildings or their contents or the work and property of others on the site beyond the limits of insurance thus maintained. The Contractor shall hold the Owner free and harmless from any injury and damage resulting from the negligent or faulty performance of the Contract by the Contractor or by his/her Subcontractors.

iii. Each contractor shall hold the Owner harmless from all payments for patents, either as royalty or otherwise, in the use of materials, methods, appliances, etc., that he may be in any way involved in or connected with any part of his work or the work of his Subcontractors.

iv. Prior to commencement of any work under Contract, the contractor shall furnish one (1) copy of Declaration of Insurance as evidence of coverage.

f. Failure to Maintain Coverage

i. The Contractor's failure to maintain current insurance certificates at any time during the duration of the contract shall be deemed a breach of the contract. In the event of such breach, the Owner shall have the right to withhold any further payment(s) due and to terminate the contract immediately without liability for any such payment(s).

ii. In lieu of termination, the Owner may, at its option, choose to withhold any further payment(s) due until the Contractor presents current certificates. In the event that the Contractor fails to present current certificates to the Owner's satisfaction, the Owner may exercise its right to terminate the contract in accordance with the above paragraph.

SECTION 4: PROCEDURAL INFORMATION

1. Questions may be submitted anytime up to: **4:00 PM, March 19, 2026**, responses will be given to all contacts. These questions must be submitted via email to Kara Van Zant, kvanzant@clarkcountyohio.gov.
2. The method of submittal for this bid is via sealed bid. Enclose all relevant, completed documentation in a sealed document envelope and return via mail, or in person addressed to the following:

   CCLRC BID : 2026 Mowing and Lawn Care Services

   ATTN: Ethan Harris

   3130 E. Main St. Suite 1A

   Springfield, OH 45505
3. All bids will be opened and available for public viewing at 3130 East Main Street, Suite 1A on **Tuesday, March 24, 2026, at approximately 10:05 AM**.
4. All applicants will be notified via email once the selected applicant is chosen.

DETAILED TECHNICAL SPECIFICATIONS

Below depicts the terms of the Detailed Technical Specifications for the Mowing and Lawn Care Services for Clark County Land Reutilization Corporation ("CCLRC") by the bidder ("Contractor"). This form must be signed and returned with the bid packet to be considered.

SECTION 1: CARE OF THE WORK

The Contractor shall be responsible for all damages to persons or property that occur in connection with the performance of the Work and shall be responsible for the proper care and protection of all Work performed until completion and final acceptance.

In an emergency affecting the safety of life or property, on or adjoining the site, the Contractor shall act, either at their own discretion or as instructed by the CCLRC, to prevent such threatened loss or injury. The CCLRC will determine the appropriateness of the amount of any compensation claimed by the Contractor on account of such Emergency Work.

The Contractor shall avoid damaging public sidewalks, street, curbs, pavements, utilities, structures, or any other property. They shall repair any damage, at their own expense and in a manner satisfactory to the CCLRC.

SECTION 2: CORRECTION OF WORK

The selected Contractor agrees to correct all defects in the Work performed arising out of the use of defective materials or improper workmanship, which may become apparent during a period of six (6) months after final inspection of each parcel. All Work shall be done to the satisfaction of Clark County Land Reutilization Corporation.

SECTION 3: PAYMENT

Upon completion and acceptance of the Work by the CCLRC, the Contractor will submit an itemized invoice containing no more than five properties per-invoice. The total amount due the Contractor shall be paid to the Contractor within thirty (30) days of submission of the itemized invoice to the CCLRC.

No payment shall be made for any unauthorized work.

No payment made under the Contract shall act as a waiver of the right of the CCLRC to require the fulfillment of all of the terms of the price quotation.

Failure on the part of the Contractor to complete all required work in a reasonable time frame may result in the CCLRC withholding payment and arranging to have the subject work completed by others. The cost of such work is the responsibility of the Contractor and will be deducted from any amount due the Contractor.

SECTION 4: DEDUCTIONS FOR UNCORRECTED WORK

If the CCLRC deems it not expedient to require the Contractor to correct work not done in accordance with the CCLRC's Purchase Order, an equitable deduction from the Purchase Order amount will be made by agreement between the Contractor and the CCLRC. It shall be the CCLRC's sole decision as to whether it will allow the Contractor to make such work correction.

SECTION 5: RESPONSIBILITIES OF CONTRACTOR

Except as otherwise stated, the Contractor shall provide and pay for all materials, labor, tools, equipment, water, light, heat, power, transportation, supervision, temporary construction of every nature, charges, levies, fees or other expenses incurred and all other services and facilities of every nature whatsoever necessary for their performance of the Contract within the specified time.

The Contractor shall adequately protect the work, adjacent property and the public, and shall be responsible for any damages and injuries.

SECTION 6: SUBCONTRACTING

Subcontracting is not permitted.

Signature of Authorized Agent for Contractor:_____**Date:**_____

LAND BANK USE ONLY

Bid: ☐ **Accepted** ☐ **Rejected**

Signature of Authorized Agent for the Land Bank: _____**Date:**_____

BID TABULATION DOCUMENT

Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

No.	Parcel #	Address #	Address Street	City	Zip	PROVIDE A FIXED PRICE PER LOT PER MOW
0	**EXAMPLE**	**000**	**Springfield St.**	**City**	**45501**	**$0.00**
1	3400700035401023	520	Chestnut Ave.	Springfield	45503	
2	3000600016206025	35	Dartmouth Rd.	Springfield	45504	
3	3400700034403034	838	Drexel Ave.	Springfield	45505	
4	3400700033403001	209	E. Johnson Ave.	Springfield	45505	
5	3400700034402083	222	E. Liberty St.	Springfield	45505	
6	3400700034410006	417	E. Liberty St.	Springfield	45505	
7	3400700034407107	424	E. Liberty St.	Springfield	45505	
8	3400700034407079	432	E. Liberty St.	Springfield	45505	
9	3400700034302043	333	FAIR ST	Springfield	45506	
10	1300800035303005	4713	High St.	UNINCORPORATED	45505	
11	3400700028304019	931	Kenton St.	Springfield	45505	
12	3400700028304020	933	Kenton St.	Springfield	45505	
13	3400700029307020	1027	Lagonda Ave	Springfield	45503	
14	* 3050700009000082	4440	Laybourne Rd.	Springfield	45505	*
15	3400700028219002	1507	Lexington Ave.	Springfield	45505	
16	3400700034407073	820	Linden Ave.	Springfield	45505	
17	3400700034403044	821	Linden Ave.	Springfield	45505	
18	3400700034410001	902	Linden Ave.	Springfield	45505	
19	3400700034410003	906-908	Linden Ave.	Springfield	45505	
20	3400700034410004	910	Linden Ave.	Springfield	45505	
21	3000700032207035	243	Lyle Ave.	Springfield	45505	
22	3400700034216001	0	Monroe Bet Vine and Gallagher	Springfield	45505	

23	3400700029406034	307	N. Florence St.	Springfield	45503	
24	3400700029216001	744	N. Florence St.	Springfield	45503	
25	3400600005413012	402	N. Race St	Springfield	45504	
26	3400700028323006	1132	Oak St.	Springfield	45505	
27	3400700029209018	838	Park Ave.	Springfield	45503	
28	0500200033000053	4450	Penny Pike	Springfield	45502	
29	3400700034318001	1004	S. Center St.	Springfield	45506	
30	3400600004206034	18-24	S. Light St	Springfield	45506	
31	3400600004204023	29	S. Light St	Springfield	45506	
32	2901505848104023	26	S. Persimmons St.	Catawba	43010	
33	2901505848103018, 2901505848103020, 2801505848103023, & 2801505848103024	115	S. Persimmons St.	Catawba	43010	
34	3400700034117006	266-268	S. Plum St.	Springfield	45506	
35	3400600004318016	1115	S. Western Ave.	Springfield	45506	
36	3400700034303012	707	S. Wittenberg Ave.	Springfield	45506	
37	3400600004417015	1067	S. Yellow Springs St.	Springfield	45506	
38	3400600003122005	1868	Springmont Ave.	Springfield	45506	
39	3400700028304028	910	Summer St.	Springfield	45505	
40	3400600004403046	411	W. Clark St.	Springfield	45506	
41	3400600004415002, 3400600004415019, 3400600004415022, & 3400600004415021	504 & 0	W. Euclid Ave.	Springfield	45506	
42	3400700034323003	31	W. Grand Ave	Springfield	45506	
43	3400600004421006	501	W. Grand Ave	Springfield	45506	
44	3400600004421005	507	W. Grand Ave	Springfield	45506	
45	3400600004421021	517	W. Grand Ave	Springfield	45506	
46	3400600004421027	521	W. Grand Ave	Springfield	45506	
47	3400600004422009	403	W. Grand Ave.	Springfield	45506	
48	3400600004421025	523	W. Grand Ave.	Springfield	45506	
49	3400600004421022	525	W. Grand Ave.	Springfield	45506	
50	3400600004206033	642	W. High St.	Springfield	45506	
51	3400600004105009	1028	W. High St.	Springfield	45506	
52	3400600004415004	425	W. Liberty St.	Springfield	45506	
53	3400600004228010	517	W. Mulberry St.	Springfield	45506	
54	3400700034121004	312	W. Pleasant St	Springfield	45506	
55	3400700034322017	114	W. Southern Ave	Springfield	45506	
56	3400700034327029	129	W. Southern Ave	Springfield	45506	

57	3400600004421010	526	W. Southern Ave	Springfield	45506	
58	3400600004421023	528	W. Southern Ave	Springfield	45506	
59	3400600004421026	530	W. Southern Ave	Springfield	45506	
60	3400600004421024	536	W. Southern Ave	Springfield	45506	
61	3400600010202011	0	Walter St.	Springfield	45506	
62	3400600010202004	125	Walter St.	Springfield	45506	
63	3400600010202005	127	Walter St.	Springfield	45506	
64	3400600010202006	207	Walter St.	Springfield	45506	
65	3400600010202007	225	Walter St.	Springfield	45505	

*Site includes interior of fence and exterior frontage of this specific parcel.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

EXAMPLE

OP ID: BH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/30/12

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
Insurance Company	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:
	PRODUCER CUSTOMER ID #:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
VENDOR NAME & ADDRESS	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	X		123456789	11/01/11	11/01/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	X		123456789	11/01/11	11/01/12	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[ ] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DEDUCTIBLE [X] RETENTION $ 10,000	X		123456789	11/01/11	11/01/12	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		SEE ATTACHED			WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
	Professional Liability						$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER

Clark County Land Reutilization Corporation
3130 E. Main St., Suite 1A
Springfield, OH 45503

CANCELLATION

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 Signature

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The ACORD name and logo are registered marks of ACORD

EXAMPLE

Example

DRUG-FREE WORKPLACE POLICY

XYZ Corporation, Inc. (the Company) intends to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of XYZ Corporation, Inc.

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

- RANDOM TESTING: Employees may be selected at random for drug and/or alcohol testing at any interval determined by the Company.
- FOR-CAUSE TESTING: The Company may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- POST-ACCIDENT TESTING: Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

(Equal Employment Opportunity Statement)

_____does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

_____ _____

Owner Date

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)'other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the nominator(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominated condition to the newborn screening panel. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from nominating a condition for screening.

Date:

Name:

Position:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

☐ I have no conflict of interest to report.

☐ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Date: _____

BIDDER'S PERSONAL PROPERTY TAX STATEMENT

(AFFIDAVIT OF CONTRACTOR OR SUPPLIER OF NON-DELINQUENCY OF PERSONAL PROPERTY TAXES)

O.R.C. 5719.042

STATE OF OHIO }
} SS:
COUNTY OF _____ }

I, _____, having been duly sworn, state that I am competent to testify to the following:

(Complete Applicable Statement)

[ ] On _____, I submitted a bid to Clark County Land Reutilization Corp., to provide the organization with _____. On said date, I owed no personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that I have not been charged with having any delinquent personal property tax owed to said District.

OR

[ ] On _____, I submitted a bid to Clark County Land Reutilization Corp., to provide the organization with _____. I presently am delinquent in the payment of personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that my name appears upon the records of said District as delinquent in the payment of personal property tax as follows: _____
_____
_____ owed as penalties assessed against said delinquency. As part of the consideration for a contract to perform the above stated bid, I hereby agree that this form be incorporated into said contract shall be paid to Clark County Taxing District in the amount of said delinquent tax and said assessed penalty prior to any payments being made to the bidder or other person under the contract.

_____ _____
BIDDER DATE

Sworn to and subscribed before me, a Notary Public,
on this _____ day of _____, 20____.

_____
NOTARY PUBLIC
My commission expires _____, 20____.

Delinquent Tax Affidavit

I/We hereby certify and confirm that _____ (Business name) does not currently owe any outstanding (past-due) taxes to any governmental agency including, but not limited to: income tax, property taxes, sales tax, etc.

Business Name: _____

Representative (print): _____

Representative (signature): _____

Date: _____

NON-DISCRIMINATION PROVISION

O.R.C. 125.111

The CONTRACTOR agrees:

(1) That, in the hiring of employees for the performance of work under the contract or any subcontract, no contractor or subcontractor, by reason of race, color, religion, sex, age, disability or military status as defined in section 4112.01 of the Revised Code, national origin, or ancestry, shall discriminate against any citizen of this state in the employment of a person qualified and available to perform the work to which the contract relates;

(2) That no contractor, subcontractor, or person acting on behalf of any contractor or subcontractor, in any manner, shall discriminate against, intimidate, or retaliate against any employee hired for the performance of work under the contract on account of race, color, religion, sex, age, disability or military status as defined in section 4112.01 of the Revised Code, national origin, or ancestry.

This AGREEMENT is executed, in triplicate, by affixing the signatures of the CONTRACTOR and the CLARK COUNTY LAND REUTILIZATION CORPORATION.

WITNESS	Clark County Land Reutilization Corporation
BY:_____	BY:_____
	Ethan Harris, Executive Director
DATE:_____	DATE:_____
BY:_____	BY:_____
	Printed Name:_____
DATE:_____	DATE:_____
	Beau Thompson, Legal Counsel
	Approved as to Form and Legal Sufficiency
Resolution:_____	BY:_____
DATE:_____	DATE:_____

NON-COLLUSION AFFIDAVIT

STATE OF OHIO

BID IDENTIFICATION: _____

CONTRACTOR _____,

being first duly sworn, deposes and says that he is _____ (sole owner, a partner, president, secretary, etc.) of_____, the party making the foregoing BID; that such bid is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization, or corporation; that such bid is genuine and not collusive or sham; that said BIDDER has not directly or indirectly induced or solicited any other BIDDER to put in a false or sham BID, and has not directly or indirectly colluded, conspired, connived, or agreed with any BIDDER or anyone else to put in a sham BID, or that any one shall refrain from bidding; that said BIDDER has not in any manner, directly or indirectly, sought by agreement, communication or conference with anyone to fix the bid price of said BIDDER or of any other BIDDER, or to fix any overhead, profit, or cost element of such bid price, or of that of any other BIDDER, or to secure any advantage against the OWNER awarding the contract or anyone interested in the proposed contract; that all statements contained in such bid are true; and, further, that said BIDDER has not, directly or indirectly, submitted their bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, or to any other individual except to such person or persons as have a partnership or other financial interest with said BIDDER in their general business.

Signed: _____

Subscribed and sworn to before me this
_____ Day of _____, 20_____

_____
Notary Public
My commission expires: _____, 20_____