**MATTRESS RECYCLING COUNCIL**

**RHODE ISLAND RECYCLING RFP**

**FORMS 1-6**

**COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### 

### 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 Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Telephone/Fax: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

I submit this response to the MRC’s Rhode Island Mattress Recycling Program Request for Proposal (RFP), on behalf of the company identified above to provide Recycling services, as that term is defined in the RFP. I am authorized to commit this firm to providing the goods and/or services described in this response.

I acknowledge receipt of, and have read, the RFP (including all subsequent addenda). I have prepared the attached response to the RFP. 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, the 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 the 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 the MRC selects my company to provide Recycling and associated Transport services, I am prepared to enter into a formal written contract with the 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 one hundred 270 days from the RFP closing date or the date on which RIRRC approves a Recycling plan proposed by MRC.

Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

### FORM 2 - TECHNICAL PROPOSAL: MATTRESS RECYCLING

Please complete this form and include it with your response. Use additional sheets if necessary.

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. Include your Recycling facility address, the number of mattresses you recycled in 2014, your facility capacity (in terms of units you can process per day and the dimensions of that part of your facility dedicated to Recycling Mattresses), number of employees, number of years in business, Dun & Bradstreet number, ownership structure, and history of bankruptcy (if any).
2. Describe how you will track, control and document the volume of Discarded Mattresses that enter your facility, and the volume of Recycled mattress components that leave your facility.
3. The MRC estimates that approximately 60% of units received by a Recycler will be Mattresses and approximately 40% will be Foundations. Of the Mattresses, approximately 25% of the units 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 Recycling Mattresses (including those that contain pocketed coils) and Foundations.
4. You may consider certain conditions to render an entire Mattress unrecyclable. Please indicate whether you consider the following conditions acceptable or not:

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

1. Identify
   1. which components or materials from used Mattresses and foundations you cannot sell to scrap dealers,
   2. why these cannot be recycled,

* 1. the percentage (by weight) that these components or materials represent of the total Mattresses and foundations you obtain, and
  2. your definition for each of the mattress conditions above.

1. Describe how you manage bed bugs or otherwise infested Mattresses.
2. How do you intend to transport Discarded Mattresses from Collection Sites to your facility?

\_\_\_\_\_ Using only internal resources

\_\_\_\_\_ Using only third parties

\_\_\_\_\_ Using combination of internal resources and third parties

1. Provide photocopies of your business license and operating permits:
2. Provide photocopies of a current Certificate of Insurance showing valid coverage issued to you 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, $1,000,000 Combined Single Limit; and

• Workers' Compensation Coverage as required by Rhode Island state law.

### FORM 3 – REFERENCES

This form requests that you provide the requisite number of Recycler, Transport 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 and that the MRC may contact for reference.

|  |  |
| --- | --- |
| **Name of Reference Company:** |  |
| **Street Address:** |  |
| **City, State, Zip:** |  |
| **Contact:** |  |
| **Contact Phone:** |  |
| **E-mail:** |  |
| **Describe Nature of Work You Provided to Reference Company:** |  |

|  |  |
| --- | --- |
| **Name of Reference Company:** |  |
| **Street Address:** |  |
| **City, State, Zip:** |  |
| **Contact:** |  |
| **Contact Phone:** |  |
| **E-mail:** |  |
| **Describe Nature of Work You Provided to Reference Company:** |  |

**TRANSPORTATION REFERENCES**

Your company may use its own internal resources, third party contractors or a combination of the 2 to provide the transport services described in your response to this RFP. MRC requests 2 references from each party that you intend to provide such transport services and that MRC may contact for reference. Please use separate copies of these 2 pages for each party that will provide transport services. See instructions for Form 3 above for further details.

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

**Name of Transporting Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list 2 entities that have used your company’s transportation services and that the MRC may contact for reference.

|  |  |
| --- | --- |
| **Name of Reference Company:** |  |
| **Street Address:** |  |
| **City, State, Zip:** |  |
| **Contact:** |  |
| **Contact Phone:** |  |
| **E-mail:** |  |
| **Describe Nature of Work You Provided to Reference Company:** |  |

|  |  |
| --- | --- |
| **Name of Reference Company:** |  |
| **Street Address:** |  |
| **City, State, Zip:** |  |
| **Contact:** |  |
| **Contact Phone:** |  |
| **E-mail:** |  |
| **Describe Nature of Work You Provided to Reference Company:** |  |

**CREDIT REFERENCES**

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

Please list 2 credit references that are familiar with your company’s payment history and that MRC may contact for reference.

|  |  |
| --- | --- |
| **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 RATES

Provide the per unit rate that you propose to Recycle Discarded Mattresses covered by this RFP response. Note: This rate must reflect all of your costs in providing this service.

|  |  |  |
| --- | --- | --- |
| **Per Unit Recycling Rate** | **$** |  |

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

|  |  |  |
| --- | --- | --- |
| **Volume Discount(s)** | **Monthly Unit Volume Required to Qualify for Discount** | **Discount Percentage** |
|  |  |  |
|  |  |  |

### FORM 5 - MATTRESS TRANSPORT RATES

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

Please enter the name of the transportation company(ies) and their flat rate stop charge. The rate will be the same for all collection locations in the state.

|  |  |
| --- | --- |
| **Name(s) of Transporting Entity(ies)** | **Stop Charge Transport Rate to your Recycling Facility** |
|  |  |
|  |  |
|  |  |

**Note:** When completing, please confirm that:

* each of the entities noted above as transporters have provided the transport referenced requested on Form 2
* the stop charge rate includes delivery of empty, and pick-up of any applicable Storage Container or mattress handling costs appropriate for the collection site

The baseline stop charge 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify any exclusions or exceptions that you propose to make to the transport services requirements described in this RFP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For each entity identified above**, please provide the following information:

1. Transporter Identification Information:
   1. Registered Business Name:
   2. Address:
   3. Tax ID number:
   4. Business license number:
   5. DOT permit number:
2. Operating Hours:
3. Name and phone of transportation coordinator:
4. Number of staff employed in transportation functions:
5. Number, type, and size of trucks and/or tractors available for this work:
6. Number, type and size of available trailers and roll-offs:
7. Years in transportation business and number of miles the company has driven in the past 12 months:

The MRC may require Recycler to provide storage containers to Municipal Transfer stations and other large volume Covered Entities generating a minimum of fifty discarded mattresses at one time. Provide monthly rental fees for storage containers left on-site for mattress accumulation purposes. The MRC will compensate the recycler for pre-program or new collection site container drop. This fee will occur once per site.

|  |  |  |
| --- | --- | --- |
| **Possible Storage Container Types** | **Monthly rate** | **Pre-Program container drop fee (one time cost to MRC)** |
| 40' Roll-off with lid |  |  |
| 40' Sea container |  |  |
| 30' Roll-off with lid |  |  |
| 30' Sea container |  |  |
| 20' Roll-off with lid |  |  |
| 20' Sea container |  |  |
| 53' trailer |  |  |
| 48' trailer |  |  |
| **Other (specify)** |  |  |
|  |  |  |
|  |  |  |
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MRC may require the transporter to provide transport, storage container and on-site labor to package mattresses during weekend community collection events. Provide your per hour rate for on-site staff to provide this service.

|  |  |  |
| --- | --- | --- |
| **Labor provided by:** | **Hourly Rate:** | **Notes:** |
|  |  |  |
|  |  |  |

## FORM 6 – 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: |  |
| 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: |  |

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| --- | --- |
| 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: |  |