

REQUEST FOR SECURITY GUARD SERVICES

**Form of Request for Services and
Statement of Work for Long Term Care
Homes**

tracking Number
Submission Date mm-dd-yyyy
Submission Time 24-hour time format

B.1 Contact Information

Submit all documents in Word format by email to:

First Name			Last Name		
Phone Number			Email		
Home Name					
Floor No.	Unit No.	Street No	Street Name		
City			Province Ontario	Postal Code	

B.2 Invitation

This Request for Services (“RFS”) is issued by (insert Long Term Care Home Legal name) in section C (“Home”) under LTCH Separate Agreement as per Vendor of Record Arrangement and is an invitation to selected Vendors to potentially provide Security Guard Services. Vendors are requested to make submissions for the specifics described throughout the document, respond where indicated and submit by email as indicated in section B.

The Home expressly disclaims any intention to enter into a formal competitive process and expressly disclaims any obligation to any vendor or the creation of a legal relationship prior to the execution of the Statement of Work (SOW) (section D below).

This RFS and any vendor submissions do not constitute a commitment by the Home to procure the goods or services described herein or the commitment of any vendor to supply the goods or services described herein. The Home shall not be liable for any expenses incurred, including the expenses association with the cost of preparing responses to this RFS by any vendor.

The Home reserves the right to select one or more vendors for this assignment. The Home makes no guarantee of the value or volume of work to be assigned to the successful vendor. The SOW (section D) executed with the successful vendor will not be an exclusive contract for the provision of the Deliverables. The Home may contract with others for the same or similar Deliverables to those described in this RFS or may obtain the same or similar Deliverables internally.

Each vendor who responds to an RFS valued at \$25,000 or more may request a debriefing within 60 days of the award of the SOW. Vendors who provide “no bid” responses are not entitled to a debriefing.

All inquiries regarding this RFS should be directed in writing to the Home Contact (see B.1).

B.3 Role Reporting

The role reports to this position, which is responsible for signing Time Sheets:

First Name			Last Name		
Phone Number			Email		
Home Name					
Floor No.	Unit No.	Street No	Street Name		
City			Province	Postal Code	

B.4 Service Location(s)

Home Name					
Floor No.	Unit No.	Street No	Street Name		
City			Province	Postal Code	
Contact Name (if different than B.1)			Contact Phone (if different than B.1)		

B.5 Background

Home to fully describe site specific requirements, selection criteria and how responses will be evaluated. Example criteria may include, experience and qualifications, quality control, hiring/training practises and total cost.

The Ontario Long Term Care Homes (LTC HOME) have been directed by the Minister of Long Term Care Homes to conduct active screening on each person that requires entry into the homes for symptoms and exposures for COVID-19, including temperature checks, and attest to not be experiencing any of the typical and atypical symptoms.

Further, caregivers, support workers, and general visitors, where required under the Minister's Directive must demonstrate that they have received a negative COVID-19 test result by showing the home the results of the test (e.g. printout or on a mobile device showing the individual's name, test date and result).

The direction to have a third party individual(s) is effective immediately and required until March 31, 2021.

Security guard coverage is required 24 hours per day.

Vendor selection will be based on availability and price.

B.6 Client's Requirements

B.6.1 Deliverable Requirements (Check Box for service required)

Requirement	Description	
Role	<input type="checkbox"/> Security Guard Level 1 (less than 1 yr experience) – Quantity: <input type="checkbox"/> Security Guard Level 2 (1-2 year experience and conflict resolution) – Quantity: <input type="checkbox"/> Security Guard Level 3 (more 3 year experience and crisis intervention)– Quantity: <input type="checkbox"/> On-Site Supervisor – Quantity: <input type="checkbox"/> Bilingual Guard – Quantity: <input type="checkbox"/> Other (Specify):	
Company Vehicle Use (i.e. Motorized Site Patrol)	<input type="checkbox"/> Yes x <input type="checkbox"/> No	
Other Requirements		
Length of Assignment	Start Date: mm-dd-yyyy End Date: mm-dd-yyyy	
Geographic Region	<input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> Southwest <input type="checkbox"/> North	
Full address where service is required, including street address and city		
Vendor Response	Bill Rate To The Client \$ (please provide the breakdown for the rate. Breaks are not paid by LTC Home)	Pay Rate To Security Guard: \$ (please provide the breakdown for the rate. Breaks are not paid by LTC Home)
Security Guard Level 1		
Security Guard Level 2		
Security Guard Level 3		
On-Site Supervisor		
Bilingual hourly Premium		
Company Vehicle hourly Premium		
Other (Please specify)		
TOTAL		

B.6.2 Scope of Services and Deliverables – Description of the Services and Deliverables to be provided by the Vendor will include the following:

- The LTC Home is requiring a security guard to be positioned at the entry of the home to ensure health related questions are being adhered to and to record written information on paper or into a computer.
- The LTC Home will be required to provide the security guard training on surveillance testing, the questions that must be asked and the requirement to permit entry into the home,
- The security guard will direct people either to a location in the home or will refuse entry if the requirements are not met.
- The security guard may be required to escalate irate people to a designated management personnel.
- The guard is required to read, write and speak English (and French – add if required) clearly. The guard is required to wear a mask at all times and follow the screening and testing requirements based on the public health unit regions where the home is located.
- **The above is a guideline and additional or specified needs can be added as required**

C.1 Vendor Confirmation

The Vendor confirms:

- That they have provided the name, resume, and references of the Security Guard(s);
- That the information and documentation it is providing is, to the best of its knowledge, complete and accurate;
- It has provided a valid certificate of insurance to Commercial General Liability Insurance in the amount of \$2,000,000;
- That in the event that any of the person(s) assigned under this contract were formerly employed by the Ontario Public Service and are currently receiving pension monies as result of that former employment, that the former employee(s) have been advised by the Vendor to contact their applicable pension plan and inform them of this assignment; and

- Its submission represents an all-inclusive figure for the cost of the Deliverables including, but not limited to, (a) all applicable taxes and duties; and (b) all delivery, travel, insurance and any other overhead or other costs that may be incurred in the provision of the Deliverables.

Vendor Legal Business Name	
Authorizer First Name	Authorizer Last Name
Title	Signature
Date	<input type="checkbox"/> Check to confirm that this person is authorized to submit proposal
Name of person to reach related to Attendance issue:	Phone number of person to contact related to Attendance issue

STATEMENT OF WORK

D.1. End Date of Statement of Work

This Statement of Work shall expire on the end date of the assignment. The Client shall have the option to extend this Statement of Work for one further period of up to **[**insert extension period, **]**, such extension to be upon the same terms (including Rates in effect at the time of extension), conditions and covenants contained in this Statement of Work, excepting the option to renew. The option shall be exercisable by the Client upon fifteen (15) calendar days prior written notice to the Vendor, setting forth the precise duration of the extension.

D.2 Deliverables, Rates and Payment Process

The Vendor agrees to provide the Deliverables to the Client in accordance with the terms and conditions of the Home Separate Agreement and as more particularly specified in the related Request for Service (Section B) to this Statement of Work. The new Rate will be inclusive of all taxes, with taxes itemized separately on the invoice. The Rates for the provision of the Deliverables shall be as specified in Request for Service, B.6 Deliverable Requirements to this Statement of Work. Unless otherwise specified in B.6 Deliverable Requirements, the Vendor shall invoice the Client for the Deliverables provided under this Statement of Work in accordance with the terms set out in the Home Separate Agreement. Any travel and accommodation expenses must be pre-approved by the Client.

D.3 Confidentiality Agreement

The Client and Vendor both agree that the Confidentiality Agreement has been signed by all relevant parties and retained by the Client and the Vendor

WITNESS WHEREOF the parties hereto have executed this Statement of Work effective as of the later of the two execution dates set out below.:

Signature

Check to confirm that this person is authorized to submit proposal

Authorized First Name	Authorized Last Name
Title	Date (mm-dd-yyyy)

And the Vendor referenced in section C.1 Vendor Confirmation as attached to this agreement.

Signature

Check to confirm that this person (buyer) is authorized to submit proposal

Authorized First Name	Authorized Last Name
Title	Date (mm-dd-yyyy)