

ORDINANCE NO. 24-062

AN ORDINANCE AUTHORIZING AND DIRECTING THE CITY MANAGER TO ENTER INTO AN AGREEMENT WITH PROGRESSIVE CLEANING SOLUTIONS, INC. OF SANDUSKY, OHIO, FOR CLEANING SERVICES AT THE JUSTICE CENTER LOCATED AT 222 MEIGS STREET; AND DECLARING THAT THIS ORDINANCE SHALL TAKE IMMEDIATE EFFECT IN ACCORDANCE WITH SECTION 14 OF THE CITY CHARTER.

WHEREAS, a request for proposals (RFP) was issued on January 18, 2024, for cleaning services at the Justice Center Facility located at 222 Meigs Street in which one (1) proposal was received and evaluated by a selection committee and based upon the proposers experience, background, qualifications, approach plan and price, it was determined the proposal of Progressive Cleaning Solutions, Inc. of Sandusky, Ohio, was the lowest and best; and

WHEREAS, the Justice Center is currently being renovated through a phased construction approach and therefore proposals were requested for services during the separate phases; and

WHEREAS, Progressive Cleaning Solutions, Inc. of Sandusky, Ohio, will be providing cleaning services at the Justice Center Facility and these services are more fully described in the Proposal, which is attached to this Ordinance and marked Exhibit "A" and specifically incorporated herein; and

WHEREAS, the agreement is for nine (9) months, beginning April 1, 2024, and ending December 31, 2024, with an option to extend the agreement for two (2) additional one (1) year terms; and

WHEREAS, the monthly cost of the services for Phase I is \$2,730.00 and the monthly cost of services for Phase II is \$2,470.00 for a total maximum cost not to exceed \$36,920.00 for the initial nine (9) month term and this cost will be split appropriately between the Building Maintenance Division's Operational and Maintenance budget and Sandusky Municipal Court upon completion of Phase 2 of the Justice Center renovations anticipated to be August 1, 2024; and

WHEREAS, this Ordinance should be passed as an emergency measure under suspension of the rules in accordance with Section 14 of the City Charter in order to execute the agreement in a timely manner and prior to the commencing date of April 1, 2024; and

WHEREAS, in that it is deemed necessary in order to provide for the immediate preservation of the public peace, property, health, and safety of the City of Sandusky, Ohio, and its citizens, and to provide for the efficient daily operation of the Municipal Departments, including the Division of Parks and Recreation, of the City of Sandusky, Ohio, the City Commission of the City of Sandusky, Ohio finds that an emergency exists regarding the aforesaid, and that it is advisable that this **Ordinance** be declared an emergency measure which will take immediate effect in accordance with Section 14 of the City Charter upon its adoption; and NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COMMISSION OF THE CITY OF SANDUSKY, OHIO, THAT:

Section 1. The City Manager is authorized and directed to enter into a Nine

(9) Month Agreement with Progressive Cleaning Solutions, Inc. of Sandusky, Ohio, for cleaning services at the Justice Center Facility located at 222 Meigs Street, at an amount **not to exceed** Thirty-Six Thousand Nine Hundred Twenty and 00/100 Dollars (\$36,920.00), consistent with the proposal submitted, a copy of which is marked Exhibit "A" and attached to this Ordinance.

Section 2. If any section, phrase, sentence, or portion of this Ordinance is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such portion shall be deemed a separate, distinct, and independent provision, and such holding shall not affect the validity of the remaining portions thereof.

Section 3. This City Commission finds and determines that all formal actions of this City Commission concerning and relating to the passage of this Ordinance were taken in an open meeting of this City Commission and that all deliberations of this City Commission and of any of its committees that resulted in those formal actions were in meetings open to the public in compliance with the law.

Section 4. That for the reasons set forth in the preamble hereto, this Ordinance is hereby declared to be an emergency measure which shall take immediate effect in accordance with Section 14 of the City Charter after its adoption and due authentication by the President and the Clerk of the City Commission of the City of Sandusky, Ohio.



RICHARD R. BRADY
PRESIDENT OF THE CITY COMMISSION



ATTEST:

CATHLEEN A. MYERS
CLERK OF THE CITY COMMISSION

Passed: March 11, 2024

IX. SUBMITTAL FORMS

The following forms must be completed and submitted to be considered responsive for the purposes of this RFP. While it is not necessary to use the forms provided, any substituted or attached additional sheets must contain the requested information and be clearly marked for easy reference by the evaluation committee.

Submittal Checklist

Prior to submitting a proposal, Respondent should use the following checklist to ensure completeness of the submission package.

- ☒ Proposal Form & Narrative
- ☒ Original proposal in Sealed Envelope
- ☒ Organization Description, Experience History and Service References
- ☒ Completed "Waiver and Release" regarding Sandusky City Income Taxes
- ☒ Proof of Insurability
- ☐ Any additional information respondent deems necessary to include that would better enable the City to evaluate his/her proposal

Proposal Form

No alternatives, deletions or additions shall be made of this form as it may render the bid invalid. Alternative proposals can be submitted, where so designated within the bid proposal for review by the City, but of the understanding that the City of Sandusky has sole authority to consider or reject any alternative proposals.

Name of Organization: Progressive Cleaning Solutions

Business Address: 326 E. Market Street Sandusky, Ohio 44870

Telephone Number 419-216-9400

Other Phone

Other Phone

Fax

419-775-4443

Email

Sales@pccleaningsolutions.net

Name and Title of Contact Individual for Further Information

Cindy Pinkston - Owner

Legal Status of Organization: (Check one)

- ☒ For-profit corporation or joint venture corporation
- ☐ For-profit partnership or sole proprietorship
- ☐ Non-profit corporation Public agency Other (identify)
- ☐ Non-profit corporation Private agency Other (identify)

Attach your proposal with any additional information that was requested or that you feel necessary to help in the City's evaluation of your qualifications and proposed operation of the facilities.



Janitorial Cleaning
Commercial Cleaning

Progressive Cleaning Solutions
326 E Market Street
Sandusky, OH 44870
419/216-9440
sales@pcleaningsolutions.net

February 7, 2024

City of Sandusky Justice Center-**Phase 1**
Missy Morales
c/o Department of Public Works
222 Meigs Street
Sandusky, OH 44870

Dear Mr. Klein:

Thank you for giving **Progressive Cleaning Solutions** the opportunity to submit our Janitorial/Commercial cleaning proposal for your facility.

We invite you to review the contents of our proposal, which is comprised of the following exhibits:

EXHIBIT A – Task Description

EXHIBIT B – References

EXHIBIT C – Cost of Service

If there are any further questions concerning our services, please feel free to contact us at 419-216-9440.

Sincerely,

Cindy Pinkston
Progressive Cleaning Solutions, Inc

EXHIBIT A

CONTRACT SERVICES-TASK DESCRIPTION

City of Sandusky Justice Center
Missy Morales
c/o Department of Public Works
222 Meigs Street
Sandusky, OH 44870

AREAS TO BE SERVICED

Offices, conference rooms, lobby, break rooms, restrooms, stairwells,

EXTENT OF SERVICES TO BE PERFORMED

A. DAILY TASKS:

- Empty all waste and recycling receptacles, replace liner, clean as needed.
- Dust all exposed areas of office equipment, filing cabinet, and furniture (desktop workspace).
- Clean entryway glass.
- Sweep hard surface floors and spot mop as needed.
- Spot vacuum all carpets and mats.
- Clean, sanitize, and polish all restrooms:
 - fixtures; toilet bowls, urinals, hand basins, and dispensers.
 - Clean all back splashes, ledges, and countertops.
 - Clean all the glass and mirrors.
 - Refill all dispensers to normal limits, toilet tissue, hand towels, liners, hand soap, hand sanitizer. Dispensable items to be supplied by the City of Sandusky.
- Spot clean finger traffic areas of walls, doors, and doorknobs.
- Clean and sanitize breakrooms:
 - Sink, countertop, all furniture, cabinet fronts.
 - Clean the exterior of all kitchen appliances.
 - Clean the inside of any microwaves.
 - Spot clean wall areas around waste receptacles and sink area including back splashes.

B. WEEKLY TASK:

- Low dust all sills, ledges, molding, shelves, heat registers.
- Spot clean finger traffic areas of walls, doors, and doorknobs.
- Vacuum wall to wall all carpet on the first and second floors.
- Sweep and wet mop all hard surface floors.
- Sweep and mop stairwells.
 - . Wipe fingerprints and smudges off handrails.
 - . Dust tops of exit signs, corners, and doors.
- Clean and sanitize elevator.
 - . Clean all spots and stains on the floor.
 - . Clean and polish all inside perimeters including jamb, call plates, and elevator tracks removing all fingerprints and smudges.
 - . Clean and polish elevator door.
 - . Remove all gum, stains or debris from ceilings and handrails.
 - . Disinfect all buttons, handrails, emergency phone and security compartments.

C. GENERAL SERVICES:

- Notify the PCS office or the building contact if they are on-site of any irregularities – defective plumbing, unlocked doors, lights left on, inventory requirements, etc.
- Replace all chairs and tables to proper locations.
- When exiting the building, close all windows, turn off all lights except those to be left on, set alarm (where applicable) and lock all doors.
- On-going cleaning of the janitor closet or supply areas.
- PCS to provide a minimum of monthly inspections.

EXHIBIT B

REFERENCES

Savana Chechak
Marous Management Services
38119 Stevens Blvd. Willoughby, Ohio 44094
T: 440-667-3303

Branson Airbnb
210 Camp Street
Sandusky, Ohio 44870
419-606-2850

FIRELANDS MENTAL HEALTH & RECOVERY SERVICES
KAREN
2020 HAYES AVE.
SANDUSKY, OH. 44870
419-627-5210

EXHIBIT C

COST OF SERVICES

The incremental costs of housekeeping, sanitation service and on the job training and supervision are as follows:

ITEM	MONTHLY BILLING	ANNUAL BILLING
Thorough contract cleaning Phase 1	\$2,730.00	\$32,760.00
Per attached EXHIBIT A Task Schedule		

NOTE:

1. Billing is based upon 5 days per week Service.
2. All cleaning equipment, supplies, and expendable items such as hand soap, toilet tissue, hand towels, garbage bags, etc., to be provided by City of Sandusky.
3. The initial billing for services will occur within 15 days after services commence and will be payable within 15 days. All subsequent billing will occur on the first day of each month and will be payable within 30 days.

ADDITIONAL SERVICES:

Additional services such as wall washing, window cleaning, carpet cleaning, and/or hard surface floor care may be scheduled upon request at a predetermined additional cost.



Janitorial Cleaning
Commercial Cleaning

Progressive Cleaning Solutions
326 E Market Street
Sandusky, OH 44870
419/216-9440
sales@pcleaningsolutions.net

February 7, 2024

City of Sandusky Justice Center-**Phase 2**
Missy Morales
c/o Department of Public Works
222 Meigs Street
Sandusky, OH 44870

Dear Mr. Klein:

Thank you for giving **Progressive Cleaning Solutions** the opportunity to submit our Janitorial/Commercial cleaning proposal for your facility.

We invite you to review the contents of our proposal, which is comprised of the following exhibits:

EXHIBIT A – Task Description

EXHIBIT B – References

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If there are any further questions concerning our services, please feel free to contact us at 419-216-9440.

Sincerely,

Cindy Pinkston
Progressive Cleaning Solutions, Inc

EXHIBIT A

CONTRACT SERVICES-TASK DESCRIPTION

City of Sandusky Justice Center
Missy Morales
c/o Department of Public Works
222 Meigs Street
Sandusky, OH 44870

AREAS TO BE SERVICED

Offices, conference rooms, lobby, break rooms, restrooms, stairwells,
Courtrooms, elevators.

EXTENT OF SERVICES TO BE PERFORMED

A. DAILY TASKS:

- Empty all waste and recycling receptacles, replace liner, clean as needed.
- Dust all exposed areas of office equipment, filing cabinet, and furniture (desktop workspace).
- Clean entryway glass.
- Sweep hard surface floors and spot mop as needed.
- Spot vacuum all carpets and mats.
- Clean, sanitize, and polish all restrooms:
 - fixtures; toilet bowls, urinals, hand basins, and dispensers.
 - Clean all back splashes, ledges, and countertops.
 - Clean all the glass and mirrors.
 - Refill all dispensers to normal limits, toilet tissue, hand towels, liners, hand soap, hand sanitizer. Dispensable items to be supplied by the City of Sandusky.
- Spot clean finger traffic areas of walls, doors, and doorknobs.
- Clean and sanitize breakrooms:
 - Sink, countertop, all furniture, cabinet fronts.
 - Clean the exterior of all kitchen appliances.
 - Clean the inside of any microwaves.
 - Spot clean wall areas around waste receptacles and sink area including back splashes.

B. WEEKLY TASK:

- Low dust all sills, ledges, molding, shelves, heat registers.
- Spot clean finger traffic areas of walls, doors, and doorknobs.
- Vacuum wall to wall all carpet on the first and second floors.
- Sweep and wet mop all hard surface floors.
- Sweep and mop stairwells.
 - ✓ . Wipe fingerprints and smudges off handrails.
 - . Dust tops of exit signs, corners, and doors.
- Clean and sanitize elevator.
 - . Clean all spots and stains on the floor.
 - . Clean and polish all inside perimeters including jambs, call plates, and elevator tracks removing all fingerprints and smudges.
 - . Clean and polish elevator door.
 - . Remove all gum, stains or debris from ceilings and handrails.
 - . Disinfect all buttons, handrails, emergency phone and security compartments.

C. GENERAL SERVICES:

- Notify the PCS office or the building contact if they are on-site of any irregularities – defective plumbing, unlocked doors, lights left on, inventory requirements, etc.
- Replace all chairs and tables to proper locations.
- When exiting the building, close all windows, turn off all lights except those to be left on, set alarm (where applicable) and lock all doors.
- On-going cleaning of the janitor closet or supply areas.
- PCS to provide a minimum of monthly inspections.

EXHIBIT B

REFERENCES

Savana Chechak
Maróus Management Services
38119 Stevens Blvd. Willoughby, Ohio 44094
T: 440-667-3303

Branson Airbnb
210 Camp Street
Sandusky, Ohio 44870
419-606-2850

FIRELANDS MENTAL HEALTH & RECOVERY SERVICES
KAREN
2020 HAYES AVE.
SANDUSKY, OH. 44870
419-627-5210

EXHIBIT C

COST OF SERVICES

The incremental costs of housekeeping, sanitation service and on the job training and supervision are as follows:

ITEM	MONTHLY BILLING	ANNUAL BILLING
Thorough contract cleaning Phase 1	\$2,470.00	\$29,640.00
Per attached EXHIBIT A Task Schedule		

NOTE:

1. Billing is based upon 5 days per week Service.
2. All cleaning equipment, supplies, and expendable items such as hand soap, toilet tissue, hand towels, garbage bags, etc., to be provided by City of Sandusky.
3. The initial billing for services will occur within 15 days after services commence and will be payable within 15 days. All subsequent billing will occur on the first day of each month and will be payable within 30 days.

ADDITIONAL SERVICES:

Additional services such as wall washing, window cleaning, carpet cleaning, and/or hard surface floor care may be scheduled upon request at a predetermined additional cost.

Organization History

Has Respondent, or any officer or partner of respondent, failed to complete a contract?
Yes ____ No X. If yes, give details on separate sheet.

Is any litigation pending against Respondent or any officer or partner of Respondent's organization? Yes ____ No X. If yes, give details on separate sheet.

Experience History

List three similar contracts which the Respondent Organization has provided service under. Indicate current or recent, along with a contact person and phone number. If no, so state. Attach extra page(s) if necessary.

<u>Municipality</u>	<u>Current or Recent</u>	<u>Contact Person/Phone No.</u>
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See attached Sheet

EXHIBIT "A"

EXPERIENCE HISTORY

FIRELANDS MENTAL HEALTH & RECOVERY SERVICES – SANDUSKY & NORWALK
KAREN RUSSELL
2020 HAYES AVE
SANDUSKY, OHIO 44870
419-627-5210

MAROUS MANGEMENT SERVICES
SAVANA CHECHAK
38119 STEVENS BLVD.
WILLOUGHBY, OHIO 44094
440527-8091

PREMIERE BANKS – SANDUSKY, NORWALK, WILLARD
JOE GARZA
419-438-4650

BRANSON AIRBNB
BRANSON LARISCY
210 CAMP STREET
SANDUSKY, OHIO 44870

EXHIBIT "1"

Waiver and Release Form

In consideration of the review by the City of Sandusky, Ohio, of a contract proposal and bid submitted by the undersigned, and as a condition precedent thereto, the undersigned does hereby authorize and direct the release to administrative officers of the City of any and all information related to the current obligations of the undersigned to the City, including, but not by way of limitation, obligations under the City's income tax, hereby waiving any privilege, statutory or otherwise, as to the same, and releasing the City of Sandusky, Ohio, its officers, agents, and employees from any liability in relation thereto.

Progressive Cleaning Solutions, Inc

BY: Cindy Pinkston

DATE: 2-6-2024

SIGNED IN THE PRESENCE OF:

[Signature]

Garry Stanfield

STAFFING PLAN:

Upon award of the contracts, we are prepared to service the Justice Center location 5 days per week. The crew will be at the Justice Center between the hours of 9:00 and 3:00. Excluding any government holidays.

Our management staff has 25 + years of commercial cleaning experience in the Sandusky area. We currently service several accounts in the Sandusky/Norwalk area including government, health care, offices, financial and educational buildings. Our staff come with extensive backgrounds in janitorial and /or housekeeping experience. All new hires undergo local and federal background checks as part of their onboarding with Progressive Cleaning Solutions. (Supervisor resumes can be furnished upon award)

Staff will clock in and out via a telephone call in system to ensure the building is properly covered each service day. All staff are required to wear a yellow Progressive Cleaning Solutions shirt with appropriate pants or shorts.

Quality Assurance/Quality Control:

All staff have a minimum of three days on the job training. A member of management will do random quality inspections a minimum of once per month. Staff will be notified of all concerns and a plan of action will be implemented to correct any issues. A follow-up inspection will be performed to assure any concerns have been addressed.

Customer Service Plan:

Management can be reached via e-mail or office telephone Monday – Friday 9am to 3p or via on call cell phone 24 hours per day to discuss questions or concerns. Field manager is in place to address concerns with our staff prior to the next scheduled service date. On site-communication log will be in place the Justice Center for representatives to communicate directly with daily janitorial staff.

Proof of Insurability:

Required to supply and keep in force during the contract period:

- Comprehensive public liability insurance against any liability for injury or death to persons and/or damage to property occurring in, on or about the premises in the amount of \$1,000,000.00 (combined single limit bodily injury and property damage). Policy shall list the City of Sandusky as an insured.
- Successful respondent shall hold the City of Sandusky harmless against damage done to the equipment, premises, or any municipal facilities due to the operation of the facility or acts of the operator's agents or employees.

EXHIBIT "1"



CERTIFICATE OF LIABILITY INSURANCE

OF ID: MR

DATE (MM/DD/YYYY)

11/28/2023

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
Schlather Insurance Agency - E
800 E Broad Street
Elyria, OH 44035

CONTACT NAME: Magdalen E. Palko
PHONE (A/C No. Ext): 440-366-1561 **FAX (A/C No):** 440-366-6529
E-MAIL ADDRESS: mpalko@schlatherinsurance.com
PRODUCER CUSTOMER ID #: PROGR-1

INSURED Progressive Cleaning Solutions, Inc.
Po Box 1629
Sandusky, OH 44871

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Auto-Owners Insurance Co
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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Primary & Non-Contributory		05006369	10/04/2023	10/04/2024	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		44-036-344-00	10/04/2023	10/04/2024	PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ 2,000,000
	DEDUCTIBLE		44-323-776-00	10/04/2023	10/04/2024	AGGREGATE \$ 2,000,000
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	05006369	10/04/2023	10/04/2024	E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

FOR INFORMATION ONLY AS EVIDENCE OF INSURANCE

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

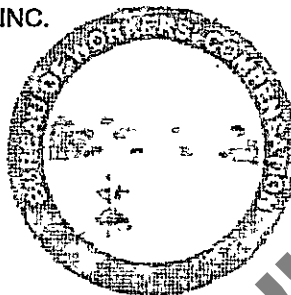
Magdalen E. Palko

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Ohio**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Ohio Workers' Compensation**

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
80000490Period Specified Below
07/01/2023 to 07/01/2024PROGRESSIVE CLEANING SOLUTIONS INC.
PO BOX 593
SANDUSKY OH 44871www.bwc.ohio.gov
Issued by: BWC

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marijuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marijuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Progressive Cleaning Solutions, Inc

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

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

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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

43961 Elyria Oberlin Road

6 City, state, and ZIP code

Oberlin, Ohio 44074

7 List account number(s) here (optional)

Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

8 1 - 2 8 2 8 1 0 7

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 ►

Cindy P. Smith

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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.