



# Request for Quote

*THIS IS NOT A PURCHASE ORDER*

For external window washing

Wingham & District Hospital  
270 Carling Terrace  
Wingham, ON  
N0G 2W0

Listowel Memorial Hospital  
255 Elizabeth Ave  
Listowel, ON  
N4W 2P5

Royal Oaks Health and Wellness Centre  
131 John St E  
Wingham, ON  
N0G 2W0

Fisher Family Primary Care Centre  
185 Inkerman St E  
Listowel, ON  
N4W 2N1

Please visit us at our new website [www.lwha.ca](http://www.lwha.ca)

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## Submission Details

### Submission Deadlines

All submissions responding to this request must be submitted electronically to the below contacts no later than:

April 25, 2025

It is important to provide a response for each section in this RFQ.

### Submission Questions and Clarifications

You may contact the following person if you have any questions or require clarification on any topics covered in this Request for Quote:

Krista Robinson  
Junior Purchaser  
Listowel Wingham Hospitals Alliance  
Phone: 519-357-3210 x 6398  
Krista.robinson@lwaha.ca

Electronic responses via email will be accepted.

## Introduction and Executive Summary

LWHA is seeking quotes for external window washing.

These windows are located at LMH Listowel Memorial Hospital, Fisher Family Primary Care Centre, WDH Wingham and District Hospital and Royal Oaks Health and Wellness Centre.

If site visit is required, please coordinate with Krista Robinson.

## Business Overview & Background

Please visit us at [www.lwaha.ca](http://www.lwaha.ca)

## Selection Criteria

Our final selection will be based on your response to each section in this RFQ.

## Instructions:

1. Quotations will not be considered unless this document is returned completed and signed.
2. If unable to quote, please return form advising to that effect.
3. LWHA reserves the right to accept or reject all or any part of this quotation.
4. If you have any questions please contact Shelley Reinhardt.
5. Quotations are due back to Krista Robinson by April 25, 2025
6. Complete a quotation for the goods or services listed in Section 1 – Scope of Work
7. Respond to the terms and conditions Section 3 – Terms and Conditions

**Section 1 - Scope of Work**

*Washing external windows at specified locations*

**Section 2 - Quote Breakdown**

Please quote each location separately. Listowel Memorial Hospital, Fisher Family Primary Care Centre, Wingham and District Hospital and Royal Oaks Health and Wellness Centre.

**Section 3 - Terms and Conditions**

Incoterms 2010- EXW Wingham, ON

Contractors are required to have \$5 million liability insurance and provide proof of this. WSIB is also a requirement and proof must be provided.

LWHA reserves the right in its sole discretion to request clarification and/or further information from one or more prospective suppliers after closing without becoming obligated to offer the same opportunity to all prospective suppliers.

LWHA reserves the right in its sole discretion to negotiate modifications to any quotation received without becoming obligated to offer to negotiate with any other prospective supplier.

LWHA intends that a signed contract and purchase order for this project will be executed with the chosen supplier prior to any portion of the service being provided.

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## Section 4 - Acceptance Criteria and Payment

100% invoiced after installation, Net 30

Acceptance is defined as being signed off by project manager that all items purchased installed and operating.

Complete Questionnaire below:

1. Quotation in Canadian Dollars?
2. Did you quote all locations separately as requested?
3. Is the electrical equipment CSA or equivalent approved? Not applicable.
4. Are controlled goods involved (e.g. radioactive, alcohol, hazardous)?
5. If yes to item 3 above, have you included MSDS?
6. Are permits or other certifications required? Working at heights?
7. Are your warranties clearly described?
8. Are there any services required – electrical, cabling, water pressure, temperature, etc.
9. What is your project timeline for completion?
10. Where are you located?
11. Please provide Liability Insurance and WSIB per Terms and Conditions above.
12. Please accept payment terms as defined above.

Acknowledgement:

Company Name \_\_\_\_\_ Date \_\_\_\_\_

I/We \_\_\_\_\_ the undersigned hereby declare and acknowledge:

That I/we have examined, and agree to, the terms and conditions contained in this RFQ.

That full disclosure has been made of any conflict of interest or potential conflict of interest.

That I/we have marked as “confidential” all information so deemed by us.

Contact Information:

Address:

Phone:

Fax:

Email:

Signature:

Date:

**Section 5 - Reference Documents**

No reference documents to attach

**Section 6 – Evaluation**

Evaluation team will be:

Stacey Bailey

Steve Baxter

Krista Robinson

We will be evaluating based on the below criteria, award will be to highest overall score.

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Heading	Description	Score
Complete response and completed RFQ template sent back from Section 4	Mandatory	Pass/Fail
Pricing	50 marks Lowest price 50, pro rated	
Timeline	10 marks	