

Request for Quotes

4/1/2026 – 9/30/2026 Contract Year



Agency: Carl D. Perkins Job Corps Center
478 Meadows Branch
Prestonsburg, KY 41653

This is a Subcontracting Opportunity

I. SOLICITATION

This Request for Quote is provided for **Optometrist services** located on the center as set forth below in the SOW for the Carl D. Perkins Job Corps Center operated by Insights Training Group under Contract number 1605JE-21-C-0009 with the United States Department of Labor. The extent of the work is described below.

The general conditions of the contract for this project shall be consistent with the Federal Acquisition Regulation (FAR) except as modified or amended herein. A copy of the FAR can be obtained on-line at <http://farsite.hill.af.mil/vmfara.htm>.

If it becomes necessary to make changes in quantity, specifications, delivery schedules, etc., or to correct a defective or ambiguous invitation, such changes shall be accomplished by amendment of the solicitation. Amendments shall be sent to everyone to whom invitations have been furnished.

To be considered for award, a Quote must comply in all material respects with the Request for Quotes (RFQ). Such compliance enables bidders to stand on an equal footing. Bidders who do not provide the requested responses will be considered non-responsive.

Quotes should be filled out, executed, and submitted in accordance with the instructions in the RFQ. If a bidder uses its own bid form(s) or a letter to submit a Quote, the Quote will be considered only if --

- (1) The bidder accepts all the terms and conditions of the request to quote. The full listing of the Terms and Conditions can be found on the Insights website at www.insightssl.net.
- (2) Award on the Quote would result in a binding contract with terms and conditions that do not vary from the terms and conditions of the invitation.

Quotes submitted by e-mail shall be considered, provided they are timely. Electronic Quotes must reference the solicitation and be sent to **back.steven@jobcorps.org**.

1. REPRESENTATION

A. Specific Requirements

1. The parties mutually agree that this agreement shall be in effect April 1, 2026, through September 30, 2026 with possibility of 6 month extension.
2. The contractor shall research, and be responsible for obtaining, all regulatory, permitting, and licensing requirements.
3. All conflicts and requests for interpretation or clarification shall be submitted to the Perkins Job Corps Center Director.

B. Specific Requirements

The prospective offerors must take such steps as may be necessary to ascertain the nature and scope of the work.

1. **Quotes must be submitted by Friday, March 27th , 2025, at 12:00pm EST.**
2. **Once awarded, Contractor must be able to start work within (5) five business days.**

C. Schedules and Delays

The contractor shall, upon acceptance of award, perform the work or service in accordance with the Scope of Work, and start work on a date and time as set forth in the SOW within 5 (five) business days.

II. INSTRUCTIONS – QUOTE SUBMISSION REQUIREMENTS

All offerors must address the items listed below in their submission in order to be determined technically acceptable. Failure to address these requirements will result in the offeror being deemed unresponsive.

1. Offers must provide evidence of licenses, certification, and be registered in the State of Kentucky to perform the scope of work.
2. Offerors must not be excluded from competing on government contracts. Verification will be completed through the SAM portal.
3. Offerors shall submit a fixed price quote based upon the SOW and Extent of Work outlined in the Schedule. Labor and materials cost must be detailed in the response when applicable.
4. A minimum 60-day bid guarantee is required.
5. Goods and services are sales/use tax-exempt.
6. Subcontractor must accept purchase orders with net terms.
7. Subcontractor must provide a completed New Vendor Profile (Sample in Attachments) & W-9

III. SCOPE OF WORK (SOW):

The subcontractor shall provide eye examinations for the students of the Carl D. Perkins Job Corps Center that the Center's Health and Wellness Department have deemed it necessary. The estimated number of students to be approximately 150 per year, but may be lower or higher based on the needs the center and/or students. Required to be on Center once monthly.

Services should include refraction, visual fields, color vision test, pressures, acuities, extensive eye exams and dilation, if required.

The Subcontractor will provide quality eyewear to the students as required. The Subcontractor should present to the students a selection of eyewear that reflects the current and varying styles available for the student to choose. The student should have a minimum of four different frames to choose from out of this selection. Students who require specialty lenses, which would result in a higher price per pair of lenses, must be approved by the Health and Wellness Manager before the order is processed.

Contact lenses should be provided only when the improvement in vision would be substantially greater than that achieved from glasses. The following are indications for providing contacts: myopia greater than six diopters, after removal of a cataract from one eye, and certain corneal problems for which the ophthalmologist indicates that contact lenses are essential.

IV. INSURANCE

Prior to starting any work or service physically on center, the contractor shall show proof of required insurance, in amounts to cover risk or as required by statute, including:

- Bodily Injury Liability - \$500,000 each person; \$1,000,000 each occurrence and will include coverage for owned, non-owned, and hired vehicles.
- Property Damage Liability - \$500,000 each accident; \$500,000 aggregate
- Workers Compensation and Employer's Liability – Amounts in coverage as required by the State of Kentucky compensation laws or union agreements. Employer's liability at least \$500,000 each accident. Amount shall remain in effect for a minimum of one year from the time of substantial completion, but in no event less than the time required to complete all warranty work.
- Umbrella Liability – \$5,000,000.00 each occurrence

Once awarded, Contractor must maintain and keep current the above limits for the entire period of performance. It is the contractor's responsibility to provide a new and/or replacement Certificate of Insurance at least (15) fifteen days prior to the expiration of such policy. Contractor must give PJCC at least (30) thirty days' prior written notice of cancellation or termination of coverage.

V. Termination of Agreement

This agreement may be terminated by the center operator, or subcontractor upon thirty (30) days written notice. The notice shall be effective on the same date as duly posted in the United States mail, certified, addressed and postage paid. The notice shall be sent to the affected parties at:

To the center: Carl D. Perkins Job Corp Center
Attn: Center Director
478 Meadows Branch
Prestonsburg, KY 41653

To the center operator: Insights Training Group LLC
327 N. Main St.
Marion, VA 24354

To Subcontractor: TBD

The center operator also reserves the right to terminate this agreement, in whole or in part, with or without notice.

VI. EVALUATION FACTORS FOR AWARD:

1. INSIGHTS anticipates the award of a single contract as a result of this solicitation to the responsible Offeror whose quote is technical acceptable and the lowest price.

1. Invoicing/Certified Payroll

Invoices shall be rendered by Contractor with net terms.

2. Indemnification

To the fullest extent permitted by law, Subcontractor shall defend, indemnify and hold harmless Insights Corporation, U.S. Department of Labor, Parsons and its stockholder, employees, technical advisors, agents, successors and assigns from and against all claims, damages, losses, and expenses, including but not limited to attorney fees, or actions in respect thereto, whether caused by that its negligence or intentional acts or omissions, arising out of or resulting from the performance of its (or its employees, contractors, or agents) work under this Agreement. This indemnification shall include claims for property damage, and for loss or expense attributable to personal injury, sickness, disease, or death or injury or destruction of tangible and nontangible property including the loss of use resulting there from. Neither party shall be responsible for failure to perform under this Agreement due to circumstances beyond its control. This clause shall survive the term of this Agreement.

3. Facility Operating Hours

The center shall remain in operation at all times throughout period of performance. All project activity shall be coordinated with the Maintenance Manager in order to minimize disruption to center operations. All anticipated interruptions to center operations shall have prior approval from the Maintenance Manager at least 36 hours in advance of the interruption.

IX. PERIOD OF PERFORMANCE

Remuneration for services rendered will be proposed at a dollars-per-hour rate for:

April 1, 2026 through September 30, 2026 with possibility of 6 month extension

X. Attachment 1 – Contract Clauses by Reference

This contract incorporates one or more clauses by reference, with the same force and affects as if they were given in full text. Upon request, the Buyer shall make their full text available. General terms and conditions are made part of this agreement – copies are available at: www.Insightsllc.net.

XI. Attachments 2-5

Attachment 2: Vicinity Map

Attachment 3: Site Plan

XII. Vendor's Proposal

2. VICINITY MAP

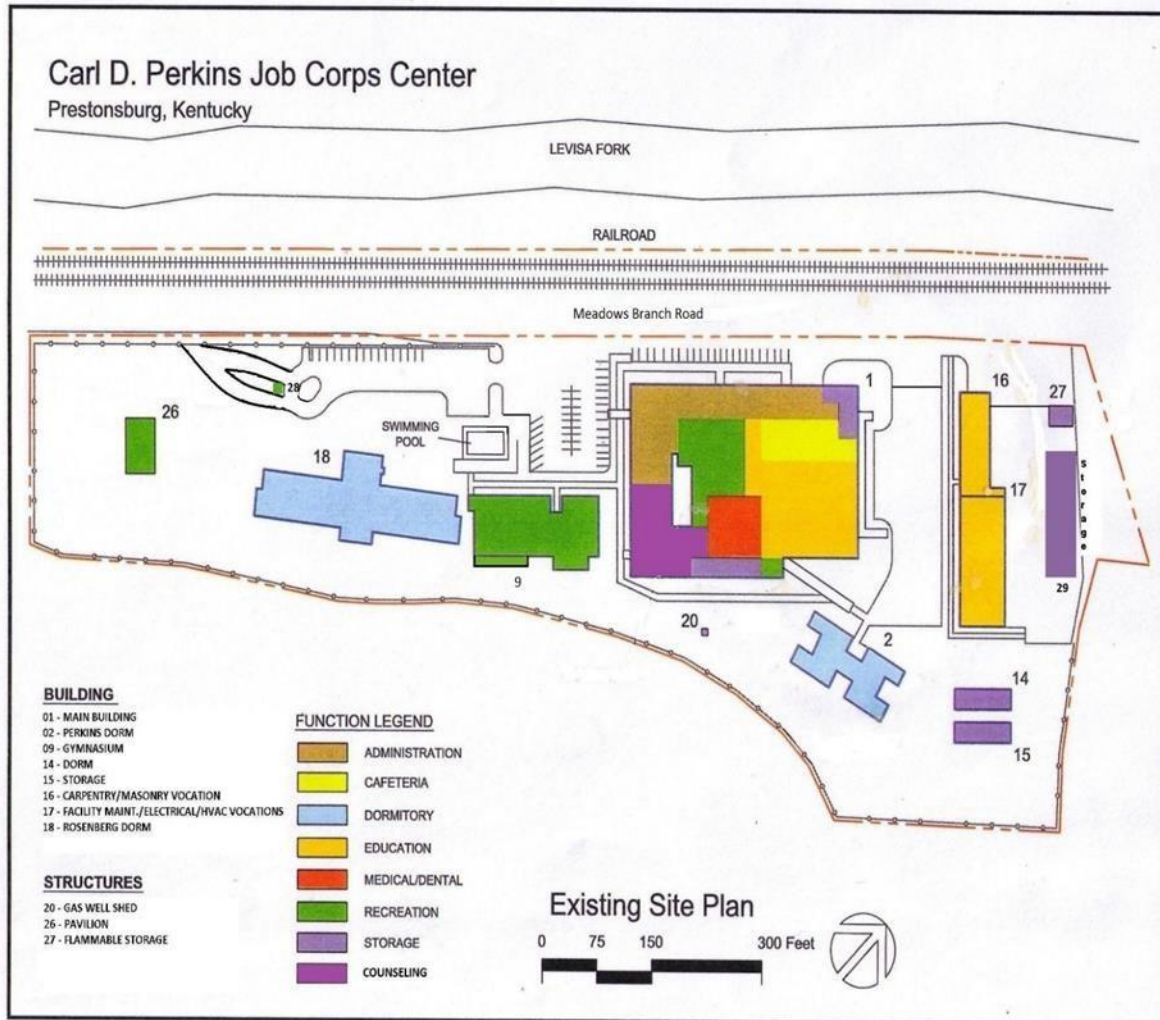


VICINITY MAP

**Carl D. Perkins Job Corps Center
Prestonsburg, Kentucky**



3. SITE PLAN



Vendor's Proposal

A. Optometrist's Information:

Name: _____

Address 1: _____

Address 2: _____

City, State, Zip Code: _____

B. Compensation

April 1, 2026 through September 30, 2026 Remuneration for services rendered will be at the rate of _____ per student examination. Remuneration for eyewear provided will be at the rate of _____ per pair of eyeglasses.

Signature _____ Date _____

Print Name _____

City, State, Zip Code _____

Phone# _____

Fax# _____

Email Address _____

Authorized Official (Signature) _____ Date _____

ITG Corporate Finance _____ Company
Date Address

*Please include all licenses, relative past performance, pertinent credentialing, resume, and any applicable insurance coverages (i.e., general & malpractice).