

**DEPARTMENTAL INPUT**  
**CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION**

New Contract     OTR     Sole Source     Bid Waiver     Emergency    Previous Contract/Project No.

Re-Bid     Other    LIVING WAGE APPLIES:  YES  NO

Requisition No./Project No.: RFQ 9743-25 (Master Contract RQID1300059 9743-0/23)

TERM OF CONTRACT  YEAR(S) WITH  YEAR(S) OTR

Requisition /Project Title: Grounds Maintenance

Description: The purpose of this RFQ is to establish a contract to purchase mosquito control services.

The scope of work consists of providing area ground inspections, physical habitat control, spraying, and services related to mosquito control. All services shall be performed and comply with Chapter 388, Florida Statutes for Mosquito Control / Public Health, and local and federal regulations and laws. Services performed shall be based on control measures needed to combat the arbovirus disease threat.

Issuing Department: ISD    Contact Person: Jennyfer Calderon    Phone: 305-375-5312

Estimate Cost: \$250,000.00

Funding Source: General Fund/Federal Fund/State Grants

**ANALYSIS**

<b>Commodity Codes:</b> 988-36 and 988-52			
Contract/Project History of previous purchases three (3) years			
Check here <input type="checkbox"/> if this is a new contract/purchase with no previous history.			
	<b><u>EXISTING</u></b>	<b><u>2<sup>ND</sup> YEAR</u></b>	<b><u>3<sup>RD</sup> YEAR</u></b>
<b>Contractor:</b>			
<b>Small Business Enterprise:</b>			
<b>Contract Value:</b>	\$	\$	\$
Comments:			
Continued on another page (s): <input type="checkbox"/> YES <input type="checkbox"/> NO			

**RECOMMENDATIONS**

	Set-aside	Sub-contractor goal	Bid preference	Selection factor
<b>SBE</b>			X	
Basis of recommendation:				
Signed: Jennyfer Calderon			Date sent to SBD: 7/25/2016	
			Date returned to DPM:	

**MIAMI-DADE COUNTY  
REQUEST FOR QUOTE NO.: 9743-25  
TITLE: Mosquito Control Ground Spraying**

**CONTACT PERSON:** Jennyfer Calderon  
**PHONE:** 305-375-5312  
**E-MAIL:** [jcalder@miamidade.gov](mailto:jcalder@miamidade.gov)

**DUE DATE:** Thursday, July29, 2016.  
**TIME:** 5:00 pm

All quotes shall be submitted in a sealed envelope, on or before the due date and time. If hand delivering this bid package, please acquire from Procurement Management Services a stamped copy of the envelope with the date and time the bid was submitted.

Bidders shall submit their quote to:

Internal Services Department  
Procurement Management Services Division  
111 NW 1<sup>st</sup> Street, 13<sup>th</sup> Floor  
Miami, Florida 33128-1983  
Attention: Jennyfer Calderon

The Cone of Silence is applicable to this Request for Quote (RFQ). Requests for additional information or clarification shall be made via email to the contact person identified on this form. A copy of all correspondence must be filed with the Clerk of the Board at [clerkbcc@miamidade.gov](mailto:clerkbcc@miamidade.gov)

All applicable terms and conditions pertaining to this Request for Quote may be viewed online by clicking on the link listed below:

<http://www.miamidade.gov/procurement/library/boilerplate/general-terms-and-conditions-r16-2.pdf>

## SECTION 2: SPECIAL CONDITIONS

### 2.1 PURPOSE

The purpose of this RFQ is to establish a contract to purchase mosquito control services. The County will be divided services into the following two zones:

- **Zone 1** will consists the entire County north of Flagler Street to the north county line including the Port of Miami and all of Miami Beach and the beach peninsula.
- **Zone 2** will consist of the entire County south of Flagler Street to the south county line including Virginia Key and Key Biscayne.

The scope of work consists of providing area ground inspections, physical habitat control, spraying, and services related to mosquito control. All services shall be performed and comply with Chapter 388, Florida Statutes for Mosquito Control / Public Health, and local and federal regulations and laws. Services performed shall be based on control measures needed to combat the arbovirus disease threat.

### 2.2 TERM OF CONTRACT: ONE YEAR

This RFQ shall commence on the first calendar day of the month succeeding approval of the contract by the County, contingent upon the completion and submittal of all required documents. The contract shall expire on the last day of the last month of the one-year contract term.

### 2.3 SMALL BUSINESS CONTRACT MEASURES

The applicable measures for this RFQ is as follows:

**Pending- will be sent to SBD for review of applicable measures**

### 2.4 METHOD OF AWARD

Award of this RFQ will be made on a zone by zone basis to all bidders who meet the qualifications listed below and who offer competitive pricing as required in Section 4.0. The County reserves the right to award each work assignment based on pricing and availability.

#### MINIMUM REQUIREMENT

1. Bidders or their subcontractors shall be a licensed pest control company in the State of Florida, a copy of the license shall be provided.
2. Bidders or their subcontractors shall have at least one full-time employee to serve as the Qualified Supervisor who has a current, valid Pesticide Applicator License in the State of Florida. The supervisors name and a copy of the license shall be provided.
3. Bidders or their subcontractors shall have a Public Health Pest Control Certification (Mosquito control license), or provide proof from the State of Florida that they have passed the exam. A copy shall be provided as proof.
4. Bidders or their subcontractors shall have at minimum ten (10) trained pest control technicians capable of using the full variety of spray equipment. A copy of each technician's license shall be provided as proof.
5. Bidders or their subcontractors shall have at minimum a fleet of five vehicles dedicated and configured to field operations. A copy of the vehicle registration and photos of each corresponding vehicle which clearly show the license tag and corresponding VIN or other unique identifier shall be provided as proof of compliance.

Bidders shall submit the specified information listed above with their bid submittal form as proof of compliance to the requirement of this RFQ. However, the County may, at its sole discretion and in its best interest, allow Bidders to complete, supplement or supply the required information during the evaluation period.

## 2.5 PRICES

The initial contract prices resultant from this RFQ shall remain fixed and firm throughout the term of the contract.

## 2.6 MIAMI-DADE COUNTY LIVING WAGES (Pending response from SBD)

If the total contract value, **per year**, exceeds \$100,000 the provisions of Section 2-8.9 (Living Wages) of the Code of Miami-Dade County (Code) as amended by Ordinance [Governing Legislation], will apply. A copy of this Code Section may be obtained online at [www.miamidade.gov](http://www.miamidade.gov). A copy of the Administrative Order may be obtained online at <http://www.miamidade.gov/aopdfdoc/aopdf/pdffiles/AO3-30.pdf>.

## 2.7 COMPLIANCE / REGULATIONS / SAFETY

### a. Legal Requirement for Pollution Control

It is the intent of these specifications to comply with the Miami-Dade County Pollution Control Ordinance as stated in Chapter 24 of the Miami-Dade Code. This ordinance is made a part of these specifications by reference and may be obtained, if necessary, by the Bidder through Regulatory and Economic Resources, 33 SW 2nd Avenue, Miami, Florida 33130, Telephone (305) 372-6789.

### b. Accident Prevention, Barricades and Safety

Bidders shall conduct the work in a manner, which shall not interfere with normal pedestrian traffic or adjacent sidewalks or vehicular traffic on adjacent streets, and shall not cause any annoyance to residents near the sites or users of the sites.

Precautions shall be exercised at all times for the protection of persons and property. All Bidders performing services under this contract shall conform to all relevant OSHA, EPA, State and County regulations during the course of such effort. Any fines levied by the above mentioned authorities for failure to comply with these requirements shall be borne solely by the responsible Bidder. Barricades shall be provided by the Bidder when work is performed in areas traversed by persons, or when deemed necessary by the County.

Bidder agrees to perform all work in a manner that meets all accepted standards for safe practice, and to safely maintain and operate all the equipment used in the performance of this contract. The County, reserves the right to issue immediate restrain or cease and desist to a Bidder, when unsafe or harmful acts are observed or reported while performing under the contract. Hazardous conditions shall be immediately reported to the County.

### c. Vehicles and Equipment

The Bidder's vehicles and equipment shall be in proper working conditions, free from leaking fluids. All equipment shall include all safety devices, properly installed and maintained. If the County determines that the equipment is deficient in safety devices, the Bidder will be notified immediately. The Bidder shall remove the deficient equipment from services and replace it with working equipment. Bidder's vehicle must be legible at a minimum of fifty (50) feet away during daylight hours. Company name and graphics shall be uniform in design and color on all vehicles. In addition,

### d. Identification and Uniform

All personnel performing services under this contract must carry valid government issued photo identification such as a driver's license. All personnel shall wear a uniform shirt (or t-shirt) clearly displaying the Bidder's company name. Uniforms shall be maintained so all personnel are neat, clean and professional in appearance. Non-uniform clothing will not be permitted.

## 2.8 EMPLOYEE SUPERVISION

The awarded Bidder is responsible for all supervision of his employees and for establishing a quality control program that will ensure that all work is completed according to the specifications before that work is submitted to the County for inspection. Any delays, costs, or rejected work that results from the Bidder submitting work that is in any way incomplete or unsatisfactory are the sole responsibility of the Bidder.

## SECTION 3: SCOPE OF SERVICES

### 3.1 KICK OFF MEETING

After award of this RFQ, a kick off meeting will be held with the awarded Bidder to discuss schedule and the scope of services.

### 3.2 EQUIPMENT

The awarded Bidder shall furnish all labor, material and equipment necessary for satisfactory contract performance. All tasks shall be accomplished during daylight hours from Monday to Friday. The awarded bidder's equipment shall include at minimum: personal protective equipment (e.g., traffic vest, hard hat, gloves, etc.), safety equipment (e.g. traffic cones, barricades, etc.), transportation, spray equipment, electronic and telecommunication devices (e.g., handheld technology for field acquisition of data and record keeping database, digital cameras, tablets, lap tops, communication devices, Global Positioning Systems (GPS) etc.) at no additional cost to the County.

### 3.3 SCOPE OF SERVICES

The awarded bidders may be required to mobilize and begin providing services within 24 hours after of awarded quote. Bidders shall provide mosquito control inspections, physical breeding habitat control, and ground spraying and services on an as needed basis. The County will provide exact location information, GIS coordinates, or the geographic area to be serviced by and assigned to the bidder on a daily basis immediately prior to dispatching a crew or crews. All information provided to the bidder shall be considered and held confidential in accordance with U.S. Department of Health and Human Services, HIPAA laws, and/or state health emergency declaration. All Media inquiries shall be directed to the County.

Bidders shall provide fully equipped, 2-person crews including truck and spray equipment to broadcast the appropriate pesticide to combat the arbovirus disease threat. The number of teams required will solely be determined by the County, but no less than five teams are to be available to be mobilized to provide services.

### 3.4 TASK

The daily rate provided per crew of 2 technicians shall be inclusive of the specific tasks as listed below (items 1 through 11), as follows:

1. Contacting resident(s) within the operational area and provide an overview of the operational plan, products to be utilized, and review of arbovirus educational materials.
2. Presenting the property owner or residents with a Miami-Dade County consent form for signature for authorization to perform mosquito control inspections and services as directed by the County. Depending upon the situation, a County official may assist the crew with obtaining property access permission.
3. Inspecting each property within the operational area for presence of *Aedes aegypti* or *Aedes albopictus* container breeding mosquitoes, in such items as, bird baths, flower pots, tires, buckets, swimming pools, etc.
4. Conducting breeding habitat source reduction by emptying containers holding water on the properties within the operational area.
5. Preparing and providing County with operational reports on a daily and weekly basis in a form acceptable to the County. (SEE SAMPLE ATTACHED)
6. Providing supplemental, miscellaneous and other services related to mosquito control and response to an arbovirus disease threat when and as requested by County including public relations and media assistance.

7. Applying Larvicide to containers at the recommended label rates using environmentally sensitive residual products, such as, Bti, Methoprene, or Spinosad.
8. Applying Pupicide to containers developing pupae with an approved larviciding oil at the recommended label rates.
9. Using a Backpack sprayer or other appropriate sprayer to perform Barrier application to the lawn and mosquito-harboring vegetation for residual control of the adult mosquito population with a suitable formulation of Permethrin, Bifenthrin, or Deltamethrin applied at the recommended label rates.
10. Conducting Truck mounted ULV application of Permethrin, Deltamethrin, or Resmethrin at the recommended label rates of all streets, driveways and accessible areas within the defined operational area at pre-dusk and/or pre-dawn peak activity periods for *Aedes aegypti* or *Aedes albopictus* container mosquitoes. The number and frequency of truck ULV applications may be increased due to mosquito population surveillance data.
11. Provide all applicable tools, equipment, vehicles, fuel and 2 person crew.

### 3.5 **PESTICIDES**

Bidders will be compensated for pesticides used on a pass through basis. Typical pesticides include: Permethrin, Bifenthrin, Deltamethrin, Bti, Methoprene, Spinosad and larvicide oils. The County reserves the right to provide the chemicals.

**SECTION 4: BID SUBMITTAL FORM**

**TITLE: Mosquito Control Ground Spraying**

**PROCUREMENT CONTRACTING PERSON: Jennyfer Calderon**

**DUE DATE: FRIDAY, JULY 29 , 2016.  
TIME: 5:00 PM**

**FIRM NAME** \_\_\_\_\_

**RETURN ONE ORIGINAL AND ONE COPIES OF SUBMITTAL PAGES**

**4.1 BID SUBMITTAL**

Item #	Daily Rate – Per Crew of 2	Daily Rate – Per Crew of 2
1	<b>Zone 1:</b> Daily Rate per crew of 2 per Section 3.0, Paragraph 3.4	\$ _____

Item #	Daily Rate – Per Crew of 2	Daily Rate – Per Crew of 2
1	<b>Zone 2:</b> Daily Rate per crew of 2 per Section 3.0, Paragraph 3.4	\$ _____

**4.2 QUALIFICATIONS**

COMPANY INFORMATION SUPERVISOR	
Company Name: _____  Contact Information: _____	Pest Control License # EXP Date: _____  Copy of License needs to be attached

QUALIFIED SUPERVISOR (Copy of License or proof of passing exam needs to be attached)	
Name: _____  Cell Number: _____	Pest Control Applicator License # EXP Date: _____  Public Health Pest Control Certification _____

	Technicians Name	License # / EXP Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	Vehicle Type	Tag Number	Registration #
1			
2			
3			
4			
5			

Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information prior to entering into a contract with or receiving funding from the County.

Place a check mark here only if bidder has such conviction to disclose to comply with this requirement.

**LOCAL PREFERENCE CERTIFICATION:** For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that conforms with the provisions of Section 1.11 of the General Terms and Conditions of this solicitation and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base.

Place a check mark here only if affirming bidder meets requirements for Local Preference. **Failure to complete this certification at this time (by checking the box above) may render the Bidder ineligible for Local Preference.**

**LOCALLY-HEADQUARTERED BUSINESS CERTIFICATION:** For the purpose of this certification, a "locally-headquartered business" is a Local Business whose "principal place of business" is in Miami-Dade County, as defined in Section 1.11 of the General Terms and Conditions of the original solicitation.

Place a check mark here only if affirming bidder meets requirements for the Locally-Headquartered Preference (LHP). **Failure to complete this certification at this time (by checking the box above) may render the Bidder ineligible for the LHP.**

The address of the locally-headquartered office is \_\_\_\_\_

**LOCAL CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE CERTIFICATION:** A Local Certified Service-Disabled Veteran Business Enterprise is a firm that is (a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and (b) prior to bid submission is certified by the State of Florida Department of Management Services as a service-disabled veteran business enterprise pursuant to Section 295.187 of the Florida Statutes.

Place a check mark here only if affirming bidder is a Local Certified Service-Disabled Veteran Business Enterprise. A copy of the certification must be submitted with this proposal.

**Addenda Received:**  Yes  No **If yes, please indicate the number of addenda received:** \_\_\_\_\_

It is hereby certified and affirmed that the bidder shall accept any awards made as a result of this quotation.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print/Type Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_ **F.E.I.N. No.:** \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

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

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS OFFER.





**SCHEDULE OF INTENT AFFIDAVIT (SOI)  
SMALL BUSINESS ENTERPRISE PROGRAM**

**THIS FORM MUST BE COMPLETED BY BIDDERS/PROPOSERS FOR PROJECTS WITH SBE MEASURES**

Name of Bidder/Proposer \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Project Name \_\_\_\_\_ Project Number \_\_\_\_\_  
 SBE Contract Measure \_\_\_\_\_

**This section must be completed by the Bidder/Proposer and the SBE Subcontractor that will be utilized for scopes of work on the project**

Name of Bidder/Proposer	Certification No. (if applicable)	Certification Expiration Date (if applicable)	Commodity Code	Type of SBE work to be performed by Bidder (if applicable)	Bidder % of Bid
Prime Contractor Total Percentage:					

The undersigned intends to perform the following work in connection with the above contract:

Name of Subcontractor	Certification No.	Certification Expiration Date	Commodity Code	Type of SBE work (Goods and Services) to be performed by Subcontractor	Subcontractor % of Bid
Subcontractor Total Percentage:					

I certify that the representations contained in this form are to the best of my knowledge true and accurate. I affirm that I will enter into a sub-contract agreement with the above listed SBE subcontractor if awarded the listed project.

Bidder/Proposer Signature \_\_\_\_\_ Bidder/Proposer Print Name \_\_\_\_\_ Bidder/Proposer Print Title \_\_\_\_\_ Date \_\_\_\_\_

The undersigned has reasonably uncommitted capacity sufficient to provide the required goods or services, all licenses and permits necessary to provide such goods or services, ability to obtain bonding that is reasonably required to provide such goods or services consistent with normal industry practice, and the ability to otherwise meet the bid specifications.

Subcontractor Signature \_\_\_\_\_ Subcontractor Print Name \_\_\_\_\_ Subcontractor Print Title \_\_\_\_\_ Date \_\_\_\_\_

Check this box if this project is a set-aside and you are performing 100% of the work with your own work forces.