DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

☐ New  ☐ OTR  ☐ Sole Source  ☐ Bid Waiver  ☑ Emergency  Previous Contract/Project No.
Contract  ☐ Re-Bid  ☐ Other

Requisition No./Project No.: RQPW1600001  TERM OF CONTRACT  One time purchase order

Requisition/Project Title: Emergency Insecticide Aerial Spray Services
Description: This is an emergency purchase of aerial spraying of insecticide at Redlands.

Issuing Department: PW  Contact Person: Olga Espinosa-Anderson  Phone: 305-514-6730

Estimate Cost: 52,500.00  Funding Source: GENERAL  FEDERAL  OTHER

ANALYSIS

Commodity Codes: 988-72
Contract/Project History of previous purchases three (3) years
Check here ☐ if this is a new contract/purchase with no previous history.

Contractor:

Small Business Enterprise:

Contract Value:
Comments:

Continued on another page(s): ☐ Yes  ☐ No

RECOMMENDATIONS

SBE

Set-aside  Sub-contractor goal  Bid preference  Selection factor

Basis of recommendation:

Signed: Basia Pruna  Date sent to SBD: 10/01/2015

Date returned to DPM:
NOTE TO DEPARTMENTS: COMPLETE ITEMS MARKED WITH (►)

► REQUISITION #: P.O. #: BCC DATE: ___

► ACQUISITION DATE (Date Order Is Placed): 10/2/2015

► TITLE: Emergency Insecticide Aerial Spraying Services
► DESCRIPTION: The services provided included insecticide aerial spraying over several thousand acres of Miami Dade County for the elimination of the oriental fruit fly.
► PURPOSE: The vendor was retained to conduct aerial spraying of insecticide chemicals to eliminate the oriental fruit fly.

<table>
<thead>
<tr>
<th>► Department(s):</th>
<th>► Funding Source(s):</th>
<th>► Allocation(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Public Works and Waste Management (PW)</td>
<td>General Funds</td>
<td>$</td>
</tr>
</tbody>
</table>

► TERM OF CONTRACT:
- One □ Two □ Three □ Four □ Five Year(s)
- Month(s)
- Contract Period From ___ to ___
- Upon Completion ✗ From 10/2/15 to 10/3/15
- Upon Delivery ✗ Days A.R.O. (after Receipt of Order)

Special Conditions: □ Insurance Type ______
□ Performance/Payment Bond
□ Certificate of Competency
□ Living Wage Applies

SBE Measures:
- None ☒
- Set Aside ☐
- Bid Preference ☐
- Goal ☐

Micro Enterprise ☐
SBE ☒

Review Committee Date: ____, Item #: ____

► Number of Price Quotation(s) Requested: Received:

Awarded To Low Bidder: ☒ YES ☐ NO, If “NO”, provide explanation in the Comments section

Vendor: Agroflite

Vendor:

Contract Value: $

Did Local Preference affect the outcome of the Award? ☐ YES ☐ NO, if “YES”, provide detailed explanation in the “Comments” section

UAP Included: ☒ YES ☐ NO • Will CITT Funds be used? ☒ YES ☐ NO

Revised 7/15/07
SECTION #3
EMERGENCY PURCHASES

REQUISITION #: RQPW1300001
TITLE: Emergency E-Waste Collection and Recycling

- Will Federal Funds be used? ☐ YES ☒ NO
- If UAP is not included, Attach written approval to waive UAP and provide an explanation in the “Comments” section

► Justification and Comments:
Miami-Dade has a contract for the aerial spraying of insecticide. However, the current vendor does not have the capacity to provide the services needed. As such, the Public Works and Waste Management Department (PWWM) has declared an emergency because the aerial spraying treatment is needed to prevent the further spread of and devastation caused by the oriental fruit fly.

Background/Need to Know: The Florida Department of Agriculture and Consumer Services detected the oriental fruit fly on August 26, 2015. As a result, they conducted ground spraying to combat its expansion. In late September, they advised Miami-Dade County that aerial spraying would be needed to prevent the spread of the oriental fruit fly, as well as the damage that it can cause.

Potential Issues: If this emergency purchase had not been executed, an environmental issue may have been created. The oriental fruit fly would have continued to spread and cause damage in Miami-Dade County.

► Signature(s):

Olga Espinosa-Anderson
Contact Person

(305) 514-6730
Telephone

9/30/15
Date

Department Director Approval

Date

Procurement Management Services Use Only

Signatures(s):

Procurement Contracting Officer
Date

Procurement Manager
Date

Revised 4/20/12
SECTION #3
EMERGENCY PURCHASES

_________                     ___________
Division Director           Date

_________                     ___________
Assistant Director          Date

_________                     ___________
Vendor Assistance Section   Date

Attach: 1. Explanation of the emergency situation. 2. Written price quotation(s) including terms and conditions. 3. Vendor(s) Certificate of Insurance. 4. Copy of invoice(s).