ISSUING DEPARTMENT INPUT DOCUMENT

CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

☑ New ☐ OTR ☐ Sole Source ☐ Bid Waiver ☐ Emergency Previous Contract/Project No. E9968-FR

☐ Re-Bid ☐ Other – Access of Other Entity Contract

Requisition No./Project No.: RTQ-01276

Requisition /Project Title: Pharmaceuticals

Description: This Request to Qualify (RTQ) will establish a Prequalified Pool of Vendors (Pool) that will be used to solicit pharmaceuticals for Miami-Dade County (County).

Issuing Department: MDFR Contact Person: Marianela Betancourt Phone: (786) 331-4241

Estimate Cost: 998,750

Funding Source:

GENERAL ☐ FEDERAL ☐ OTHER ☐

ANALYSIS

Commodity Codes: 269 271 948-72 475-69

Contract/Project History of previous purchases three (3) years

Check here ☐ if this is a new contract/purchase with no previous history.

Contractor: BOUND TREE MEDICA

Small Business Enterprise:

Contract Value:

Comments: Previously it was an emergency purchase

Continued on another page (s): ☐ YES ☑ NO

RECOMMENDATIONS

SBE

Set-Aside Subcontractor Goal Bid Preference Selection Factor

Basis of Recommendation:

Signed: ____________________________ Date sent to SBD: ________________

Date returned to SPD: ________________
SECTION 2  
SPECIAL TERMS AND CONDITIONS

2.1 PURPOSE

This Request to Qualify (RTQ) will establish a Prequalified Pool of Vendors (Pool) that will be used to solicit pharmaceuticals for Miami-Dade County (County). Placement on the Pool is not a contract between the County and the Vendor, but an acknowledgement that the Vendor meets the qualifications as outlined throughout this RTQ. Vendor Submittals are accepted throughout the term of the RTQ for placement in such Pool.

2.2 DEFINITIONS

Invitation to Quote (ITQ) – Shall refer to the solicitation of quotes from the Pool for a specific goods and/or service; and awarded based on lowest price, or other quantifiable criteria.

Prequalified Pool of Vendors (Pool) – Shall refer to business entities/individuals determined by the County’s Internal Services Department, Strategic Procurement Division, as meeting the minimum standards of business competence, financial ability, and/or product quality for placement in the Pool, and which may submit quotes/proposals, at the time of need.

Vendor – Shall refer to a business entity/individual responding to this RTQ.

Submittal – Shall refer to the forms submitted in response to this RTQ.

Work Order Proposal Request (WOPR) – Shall refer to the solicitation of offers from the Prequalified Pool of Vendors for specific goods and/or services; and evaluated and awarded based on best value.

2.3 TERM

This Pool shall be established on the first calendar day of the month succeeding approval by the Board of County Commissioners, or designee, unless otherwise stipulated in the Blanket Purchase Order issued by the Internal Services Department, Strategic Procurement Division. The Pool shall expire on the last day of the sixtieth (60th) month.

2.4 QUALIFICATION CRITERIA

Vendor(s) shall meet the following criteria to be considered for placement in the Pool; and for participation in future competitions:

2.4.1 Vendor(s) must submit a copy of their respective current permit to operate within the state of Florida per Florida Statutes Title XXXIII Regulation of Trade, Commerce, Investments, and Solicitations, Chapter 499 Florida Drug and Cosmetic Act, 499.01 Permits.

2.4.2 Manufacturers and repackagers only must be registered in the FDA’s drug establishment registration database.

2.4.3 Vendor(s) shall provide contact information to include: Company’s main phone number, facsimile and company’s website; name of primary contact person, direct phone number or extension, and email address. Additionally, Vendor(s) shall provide contact information for staff within the company who will be responsible for providing a response to spot market quotes issued by Miami-Dade County. These services shall typically be required Monday through Friday within the business hours of 8:00 a.m. to
2.4.4 For emergency orders, Vendor(s) shall provide contact information to include: Company’s main phone number, facsimile and company’s website; name of primary contact person, direct phone number or extension, and email address, if other than the Primary Contact.

2.4.5 Vendor(s) must be currently and regularly engaged in pharmaceutical supply reselling and distribution. Vendor(s) must submit three (3) references who can verify to the County that Vendor(s) has provided the products.

Vendor shall provide all of the specified information listed above with their Submittal as proof of compliance with the requirements of this RTQ. However, the County may, at its sole discretion and in its best interest, allow Vendors to complete, supplement or supply the required documents throughout the term of the RTQ. It shall be the sole right of the County to determine the number of Vendors which will be included in the Pool. During the term of the RTQ, the County reserves the right to add or delete Vendors as it deems necessary, and in its best interest.

The above requirements are a continuing condition of admission to the pool, and vendor(s) must maintain these minimum qualifications throughout the term of the pool. Vendor(s) not meeting this requirement shall be removed.

2.5 INSURANCE

Insurance is not required in order to be prequalified under this RTQ. Insurance requirements will be detailed in the subsequent ITQ or WOPR.

2.6 SPOT MARKET QUOTES

Vendors in the Pool will be invited to participate in spot market competitions, as needed. The spot market competitions will be in the form of an ITQ or WOPR that will include the specific goods and/or services required, and may include provisions, as applicable, such as:

- Small Business Measures
- Warranty Requirements
- Liquidated Damages
- Living Wage

For federally funded programs, additional provisions will apply in accordance with the funding source. The following provisions from Section 1, General Terms and Conditions shall be exempted from such solicitations, as indicated in the ITQ or WOPR.

- Local Preferences
- User Access Program (UAP) Fee
- Small Business Enterprises (SBE) Measure
- Local Certified Service-Disabled Veteran’s Business Enterprise Preference
- First Source Hiring Referral Program
- Prompt Payment Terms
- Office of Inspector General Fee
2.7 DELIVERY

All deliveries shall be made in accordance with good commercial practice and all required delivery timeframes stated in the ITQ or WOPR shall be adhered to by the vendor(s); except in such cases where the delivery will be delayed due to acts of nature, strikes, or other causes beyond the control of the vendor. In these cases, the vendor shall notify the County of the delays in advance of the original delivery date so that a revised delivery schedule can be appropriately considered by the County.

2.7.1 All pharmaceutical orders must be delivered within 5 business days after receipt of purchase order, unless prevented by manufacturer shortage. Notification of any delays must be communicated immediately to Miami-Dade Fire Rescue Purchasing.

2.7.2 All deliveries will be made to: Logistical Services Division 6000 S.W. 87th Avenue, Miami, Fl. 33173, unless noted on spot market request. Deliveries will only be in the Miami-Dade area.

2.8 PHARMACEUTICAL BUY BACK OPTION

Bidders shall provide a buyback program for expired pharmaceuticals if available with proceeds sent as a credit to Miami-Dade Fire Rescue.

2.9 EMERGENCY SERVICE

Emergency deliveries may be required during business and non-business hours. Spot Market Quotes will be issued to the Vendor(s) in the Pool indicating the request is time sensitive due to an emergency situation.

In the event that a State of Emergency is declared, orders placed by Miami-Dade County will have first priority for fulfillment.

2.10 MATERIALS SHALL BE NEW AND WARRANTED AGAINST DEFECTS

Vendor(s) hereby acknowledges and agrees that all materials, except where recycled content is specifically requested, supplied by the vendor in conjunction with this solicitation and resultant contract shall be new, warranted for their merchantability, and fit for a particular purpose. In the event any of the materials supplied to the County by the vendor are found to be defective or do not conform to specifications: (1) the materials may be returned to the vendor at the vendor's expense and the contract cancelled or (2) the County may require the vendor to replace the materials at the vendor’s expense.

2.11 DAMAGED GOODS

Vendor(s) shall be responsible for filing, processing, and collecting all damage claims against the shipper when the shipping is provided by the vendor.

2.12 CATALOGS TO BE SUBMITTED UPON REQUEST

Vendor(s) shall provide the manufacturer's catalogs at no cost to the County, if requested by user department.

2.13 COMPLIANCE WITH FEDERAL REGULATIONS DUE TO USE OF FEDERAL FUNDING (where applicable)

Since the goods, services, and/or equipment that will be acquired under this solicitation will be purchased, in part or in whole, with federal funding, it is hereby agreed and understood that Section 60-250.4, Section 60-250.5
and Section 60-741.4 of Title 41 of the United States Code, which addresses Affirmative Action requirements for handicapped workers, is incorporated into this solicitation and resultant contract by reference.

2.14 COMPLIANCE WITH FEDERAL STANDARDS

All items to be purchased under this contract shall be in accordance with all governmental standards, to include, but not be limited to, the Drug Supply Chain Security Act (DSCSA), Federal Food, Drug, and Cosmetic Act (FD&C Act), those issued by the U.S. Food and Drug Administration, the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety Hazards (NIOSH), and the National Fire Protection Association (NFPA).
SECTION 3
SCOPE OF WORK

3.1 SCOPE OF WORK

The purpose of this Request to Qualify (RTQ) is to establish a pool of pre-qualified vendors for future pricing competition to provide pharmaceuticals for Miami Dade Fire Rescue Department.

3.2 PRODUCTS

Pharmaceuticals that may be purchased through this pool, include, but are not limited to controlled medications, I.V. solutions, and Flu Vaccines.

3.2.1 All pharmaceuticals will be packaged in original manufacturers packaging upon receipt.

3.2.2 Pharmaceuticals requiring temperature control or refrigeration must be packed accordingly to maintain temperature requirements with temperature sensing device for verification upon receipt.

3.2.3 Vendor(s) must guarantee that all products offered and awarded will have applicable FDA approval for distribution. All products must have, at a minimum, a label containing a product expiration date and a product lot number.

3.2.4 Miami-Dade will provide DEA and other required forms as required by law for controlled substance purchases when needed.

3.2.5 Miami-Dade will require Flu Vaccines on yearly basis and require the ability to pre-order seasonal doses as needed.

3.2.6 Vendor(s) must abide by all federal rules set forth in the Drug Supply Chain Security Act (DSCSA).

3.2.7 Vendor(s) must be able to provide tracking information on the handling of products, when requested.
SECTION 4

SUBMITTAL FORM

VENDOR NAME: __________________________________________________________

QUALIFICATION CRITERIA
TO BE COMPLETED BY ALL SUBMITTERS

Refer to Section 2.4, Qualification Criteria to ensure that Submittal complies with solicitation requirements.

<table>
<thead>
<tr>
<th>Reference Section</th>
<th>Requirements</th>
<th>Initial if Included</th>
<th>Initial if Acknowledged</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.1</td>
<td>Vendor(s) must submit a copy of their respective current permit to operate within the state of Florida per Florida Statutes Title XXXIII Regulation of Trade, Commerce, Investments, and Solicitations, Chapter 499 Florida Drug and Cosmetic Act, 499.01 Permits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.2</td>
<td>Manufacturers and repackagers only must be registered in the FDA’s drug establishment registration database.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Main Company Phone Number: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Main Company Fax: ___________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Company’s Website (if any): ___________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Contact Name: ___________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Contact Phone: ___________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Contact Email: ___________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.3</td>
<td>Additional Contact Person: ___________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vendor may attach a separate page to list additional contact information if necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact Person for Spot Market Quotes (if other than above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact Name: ___________________________________________________________________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact Phone: ___________________________________________________________________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact Email: ___________________________________________________________________________________________________________________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vendor may attach a separate page to list additional contact information if necessary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# QUALIFICATION CRITERIA
TO BE COMPLETED BY ALL SUBMITTERS

Refer to Section 2.4, Qualification Criteria to ensure that Submittal complies with solicitation requirements.

<table>
<thead>
<tr>
<th>Reference Section</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.4</td>
<td>Emergency Contact Person (if other than above)</td>
</tr>
<tr>
<td></td>
<td>Emergency Contact Name: ______________________</td>
</tr>
<tr>
<td></td>
<td>Emergency Contact Phone: ______________________</td>
</tr>
<tr>
<td></td>
<td>Emergency Contact Email: ______________________</td>
</tr>
<tr>
<td></td>
<td>Vendor may attach a separate page to list additional contact information if necessary</td>
</tr>
<tr>
<td>2.4.5</td>
<td>Company Name: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Company Address: ______________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Name: __________________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Phone: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Email Address: _________________________</td>
</tr>
<tr>
<td></td>
<td>Company Name: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Company Address: ______________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Name: __________________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Phone: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Email Address: _________________________</td>
</tr>
<tr>
<td></td>
<td>Company Name: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Company Address: ______________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Name: __________________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Phone: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Contact Email Address: _________________________</td>
</tr>
</tbody>
</table>