



BID NO.: 6097-0/15

**INITIAL OPENING: 2:00 P.M.
Wednesday
March 6, 2013**

MIAMI-DADE COUNTY, FLORIDA

**R E Q U E S T
T O Q U A L I F Y**

TITLE:

Invasive Species Control Services, RTQ

FOR INFORMATION CONTACT:

Lina Bonilla, 305-375-2173, lbonill@miamidade.gov

IMPORTANT NOTICE TO SUBMITTERS:

- **READ THIS ENTIRE DOCUMENT, THE GENERAL TERMS AND CONDITIONS, AND HANDLE ALL QUESTIONS IN ACCORDANCE WITH THE TERMS OUTLINED IN PARAGRAPH 1.2(D) OF THE GENERAL TERMS AND CONDITIONS.**

**MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
PROCUREMENT MANAGEMENT DIVISION**



MIAMI-DADE COUNTY, FLORIDA

INVITATION TO QUALIFY

Bid Number: 6097-0/15

Bid Title: Invasive Species Control Services, RTQ

Procurement Officer: Lina Bonilla, CPPB

Bids will be accepted until 2:00 p.m. on Wednesday, March 6, 2013

Submittals will be publicly opened. The County provides equal access and does not discriminate on the basis of disability in its programs or services. It is our policy to make all communication available to the public, including those who may be visually or hearing impaired. If you require information in a non-traditional format please call 305-375-5278.

Instructions: The Clerk of the Board business hours are 8:00am to 4:30pm, Monday through Friday. Additionally, the Clerk of the Board is closed on holidays observed by the County. Each Bid submitted to the Clerk of the Board shall have the following information clearly marked on the face of the envelope: the Submitters name, return address, Bid number, opening date of the Bid and the title of the Bid. Included in the envelope shall be an original and two copies of the Submittal, plus attachments if applicable.

All Submittals received will be time and date stamped by the Clerk of the Board prior to the Submittal deadline shall be accepted as timely submitted. The circumstances surrounding all Submittals received and time stamped by the Clerk of the Board after the Submittal deadline will be evaluated by the procuring department, in consultation with the County Attorney's Office, to determine whether the bid will be accepted as timely.

NOTICE TO ALL SUBMITTERS:

- **THE SUBMITTAL FORM CONTAINS IMPORTANT CERTIFICATIONS THAT REQUIRE REVIEW AND COMPLETION BY ANY SUBMITTER RESPONDING TO THIS REQUEST TO QUALIFY.**

**MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
PROCUREMENT MANAGEMENT DIVISION**

SECTION 1
GENERAL TERMS AND CONDITIONS

Invasive Species Control Services, RTQ

All general terms and conditions of Miami-Dade County Procurement Contracts for this Request to Qualify are posted online. Persons and Companies that receive an award from Miami-Dade County through Miami-Dade County's competitive procurement process must anticipate the inclusion of these requirements in the resultant Contracts. These standard general terms and conditions are considered non-negotiable subject to the County's final approval.

All applicable terms and conditions pertaining to this Request to Qualify and resultant contract(s) may be viewed online at the Miami-Dade County Procurement Management website by clicking on the below link:

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

SECTION 2
SPECIAL CONDITIONS

Invasive Species Control Services, RTQ

2.1 PURPOSE

This Request to Qualify (RTQ) will establish a pool of Vendors capable of providing invasive species control services. Entry into the Pre-Qualification Pool is not a contract between Miami-Dade County and any Vendor, but an acknowledgement that included Vendors meet the qualifications as outline throughout this RTQ. Pre-qualified Submitters will be invited to participate in future competitions. The pool shall be open for Submitters to qualify at any time after the initial RTQ opening date.

2.2 SMALL BUSINESS CONTRACT MEASURES: BID PREFERENCE

A Small Business Enterprise (SBE) bid preference applies to this solicitation.

For awards valued up to and including \$100,000, a 10% (ten percent) bid preference shall apply for certified Micro Business Enterprise (Micro) bidders. For awards valued over \$100,000 and up to \$1,000,000, a 10% (ten percent) bid preference shall apply for certified Micro and SBE bidders. For awards valued over \$1,000,000, a 5% (five percent) bid preference shall apply for certified Micro and SBE bidders.

Micro Business Enterprises and Small Business Enterprises must be certified by Small Business Development under Business Affairs, a division of the Department of Regulatory and Economic Resources (RER) for the type of goods and/or services the enterprise provides in accordance with the applicable commodity code(s) for this solicitation. A Micro Business Enterprise is a certified SBE firm whose three year average gross revenues does not exceed \$2 million, or is a manufacturer with fifty (50) employees or less, or is a wholesaler with fifteen (15) employees or less. For certification information, contact RER at 305-375-CERT (2378) or at <http://www.miamidade.gov/business/business-certification-programs.asp>. The enterprises must be certified by bid submission deadline, at contract award, and for the duration of the contract to remain eligible for the preference.

2.3 CONFERENCE

Pre-bid conferences may apply to subsequent Request for Quotation (RFQ) if so defined.

2.4 TERM

The pre-qualification pool will begin on the first calendar day of the month succeeding approval by the Board of County Commissioners, or designee, unless otherwise stipulated in the Notice of Award Letter which is distributed by the County's Internal Services Department, Procurement Management Division, and contingent upon the completion and submittal of all required bid documents. The Pre-Qualification Pool shall expire on the last day of the last month of the **two year period**.

2.5 QUALIFICATION CRITERIA

Submitters who meet the following minimum qualifications will be placed on a list for participation in future competitions.

1. Submitters shall provide a list of no less than three client references who can confirm that the Submitter has successfully provided invasive species control services. The

SECTION 2
SPECIAL CONDITIONS

Invasive Species Control Services, RTQ

following information shall be provided: name, telephone number and/or e-mail address, dates of service and location serviced.

2. Submitters or their approved subcontractor shall hold a current commercial applicator license for natural areas weed management issued by the Florida Department of Agriculture and Consumer Services.

Submitters shall submit all of the specified information, documents and attachments listed above with their submittal form as proof of compliance to the requirement of this RTQ. However, the County may, at its sole discretion and in its best interest, allow Submitters to complete, supplement or supply the required documents.

It shall be the sole prerogative of the County as to the number of Submitters who will be included under this RTQ. During the term of this RTQ, the County reserves the right to add or delete Submitters as it deems necessary and in its best interests.

2.6 SITE VISITS

Site visits may apply if so defined in the RFQ.

2.7 LIQUIDATED DAMAGES

Liquidated damages may apply if so defined in the RFQ.

2.8 INDEMNIFICATION AND INSURANCE

Additional or revised insurance requirements may be necessary when performing work in certain County facilities that limit or restricted access. Any change or addition in insurance requirements will be detailed in the RFQ.

2.9 WARRANTY

Warranty may apply if so defined in the RFQ.

2.10 CONTACT PERSON

For any additional information regarding the terms and conditions of this Request to Qualify contact Lina Bonilla at 305-375-4258 or at lbonill@miamidadegov.

2.11 MIAMI-DADE COUNTY LIVING WAGES

The Living Wage Ordinance may apply if so defined in the RFQ. A copy of this Code Section may be obtained online at www.miamidadegov. A copy of the Administrative Order may be obtained online at <http://www.miamidadegov/aopdfdoc/aopdf/pdffiles/AO3-30.pdf>

2.12 DEFINITIONS

- A. **Submittal** – shall refer to the form submitted in response to this Request to Qualify.
- B. **Submitter** – shall refer to anyone responding to this Request to Qualify.

SECTION 3
TECHNICAL SPECIFICATIONS

Invasive Species Control Services, RTQ

3.1 SCOPE OF WORK

This Request to Qualify (RTQ) will establish a pool of Prequalified Vendors as described below to provide invasive species control services to include treatment, monitoring, and reporting. Invasive species are referred to exotic plants and animals that have adapted to a region that they are not a native of.

3.2 Vendors awarded a contract through this Pool shall:

- A. 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 this Request to Qualify by reference and may be obtained, through the Regulatory and Economic Resources, 33 SW 2nd Avenue, Miami, Florida 33130, Telephone (305) 372-6789.
- B. Furnish all labor, material and equipment necessary for satisfactory contract performance. When not specifically identified in the technical specifications of the RFQ, such materials and equipment shall be of a suitable type and grade for the purpose. All material, workmanship, and equipment shall be subject to the inspection and approval by the County. Barricades shall be provided by the Vendor when work is performed in areas traversed by persons, or when deemed necessary by the County.
- C. Conform to all relevant OSHA, 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 Vendor

SECTION 4
RTQ SUBMITTAL FORM

Submit Bid To:
CLERK OF THE BOARD
Stephen P. Clark Center
111 NW 1st Street
17th Floor, Suite 202
Miami, Florida 33128-1983

INITIAL OPENING: 2:00 P.M.
Wednesday
March 6, 2013



**PLEASE QUOTE PRICES F.O.B. DESTINATION, FREIGHT ALLOWED, LESS TAXES,
DELIVERED IN MIAMI-DADE COUNTY, FLORIDA.**

NOTE: Miami-Dade County is exempt from all taxes (Federal, State, Local). Bid price should be less all taxes. Tax Exemption Certificate furnished upon request.

Issued by: **LB** ISD/PM Date Issued: **February 22, 2013** This Submittal Consists of Pages **4** through **8**

Sealed Submittals are subject to the Terms and Conditions of this Request to Qualify and the accompanying Submittal. Such other contract provisions, specifications, drawings or other data as are attached or incorporated by reference in the Submittal, will be received at the office of the Clerk of the Board at the address shown above until the above stated time and date, and at that time, publicly opened for furnishing the supplies or services described in the accompanying RTQ Submittal Requirement.

Title:
Invasive Species Control Services, RTQ

A Bid Deposit in the amount of **NA** the total amount of the bid shall accompany all bids.

A Performance Bond in the amount of **NA** the total amount of the bid will be required upon execution of the contract by the successful Submitter and Miami-Dade County.

DO NOT WRITE IN THIS SPACE	
ACCEPTED _____	HIGHER THAN LOW _____
NON-RESPONSIVE _____	NON-RESPONSIBLE _____
DATE B.C.C. _____	NO BID _____
ITEM NOS. ACCEPTED _____	
COMMODITY CODE: 988-89	
Procurement Contracting Officer: Lina Bonilla	

FIRM NAME _____

RETURN ONE ORIGINAL AND TWO COPIES SUBMITTAL PAGES AND AFFIDAVITS.

**SECTION 4
RTQ SUBMITTAL FOR:
Invasive Species Control Services**

FIRM NAME: _____

Submitters shall provide the following for informational purpose:

Company name _____	Contact person _____
Office location _____	Office # _____
e-mail address _____	Fax # _____
Supervisor Name _____	Emergency contact # _____

Qualification Criteria	
Client Reference No. 1	Name: _____ Telephone No.: _____ Email Address: _____ Dates of Service: From _____ to _____ Location(s) Serviced: _____
Client Reference No. 2	Name: _____ Telephone No.: _____ Email Address _____ Dates of Service: From _____ to _____ Locations(s) Serviced: _____
Client Reference No. 3	Name: _____ Telephone No.: _____ Email Address _____ Dates of Service: From _____ to _____ Locations(s) Serviced: _____

Section 2.5 2	Applicator Name: _____ / License # _____ <p align="center">Attach a copy of applicable license for natural areas weed management</p>
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SECTION 4
RTQ SUBMITTAL FOR:
Invasive Species Control Services

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

LIST BELOW THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS REQUEST TO QUALIFY

Addendum #1, Dated _____

Addendum #2, Dated _____

Addendum #3, Dated _____

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

Addendum #7, Dated _____

Addendum #8, Dated _____

PART II:

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS REQUEST TO QUALIFY

FIRM NAME: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

TITLE OF OFFICER: _____



Bid Title: Invasive Species Control Services, RTQ

By signing this Submittal Form the Submitter certifies that it satisfies all legal requirements (as an entity) to do business with the County, including all Conflict of Interest and Code of Ethics provisions in Section 2-11 of the Miami-Dade County Code. Any County employee or member of his or her immediate family seeking to contract with the County shall seek a conflict of interest opinion from the Miami-Dade County Ethics Commission prior to submittal of a Bid response or application of any type to contract with the County by the employee or his or her immediate family and file a copy of that request for opinion and any opinion or waiver from the Board of County Commissioners with the Clerk of the Board. The affected employee shall file with the Clerk of the Board a statement in a form satisfactory to the Clerk disclosing the employee's interest or the interest of his or her immediate family in the proposed contract and the nature of the intended contract at the same time as or before submitting a Bid, response, or application of any type to contract with the County. Also a copy of the request for a conflict of interest opinion from the Ethics Commission and any corresponding opinion, or any waiver issued by the Board of County Commissioners, must be submitted with the response to the Request to Qualify.

In accordance with Sec. 2-11.1(s) of the County Code as amended, prior to conducting any lobbying **regarding this Request to Qualify, the Submitter must file the appropriate form with the Clerk of the Board stating that a particular lobbyist is authorized to represent the Submitter.** Failure to file the appropriate form in relation to each Request for Qualification may be considered as evidence that the Submitter is not a responsible contractor.

The Submitter confirms that this Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Submittal for the same goods and/or services and in all respects is without collusion, and that the Submitter will accept any resultant award. Further, the undersigned acknowledges that award of a contract is contingent upon vendor registration. Failure to register as a vendor within the specified time may result in your firm not being considered for award.

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 at the time of submission.

Place a check mark here **only** if Submitter has such conviction to disclose.

By executing this Submittal through a duly authorized representative, the Submitter certifies that the Submitter is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, as those terms are used and defined in sections 287.135 and 215.473 of the Florida Statutes. In the event that the Submitter is unable to provide such certification but still seeks to be considered for award of this Request to Qualify, the Submitter shall execute the Submittal through a duly authorized representative and shall also initial this space: _____. In such event, the Submitter shall furnish together with its Submittal a duly executed written explanation of the facts supporting any exception to the requirement for certification that it claims under Section 287.135 of the Florida Statutes. The Submitter agrees to cooperate fully with the County in any investigation undertaken by the County to determine whether the claimed exception would be applicable. The County shall have the right to terminate any contract resulting from this Request to Qualify for default if the Submitter is found to have submitted a false certification or to have been placed on the Scrutinized Companies for Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

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 1.10 of the General Terms and Conditions of this Request to Qualify 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 Submitter meets requirements for Local Preference. Failure to complete this certification at this time (by checking the box above) may render the vendor 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 1.10 of the General Terms and Conditions of this Request to Qualify.

Place a check mark here **only** if affirming Submitter meets requirements for the Locally-Headquartered Preference (LHP). Failure to complete this certification at this time (by checking the box above) may render the vendor 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 Submitter is a Local Certified Service-Disabled Veteran Business Enterprise. A copy of the certification must be submitted with this Submittal.

COUNTY USER ACCESS PROGRAM (UAP): Joint purchase and entity revenue sharing program

For the County's information, the Submitter is requested to indicate, at 'A' and 'B' below, its general interest in participating in the Joint Purchase Program of the County User Access Program (UAP) described in Section 2.21 of this Request to Qualify, if that section is present in this Request to Qualify document. Submitter participation in the Joint Purchase portion of the UAP is voluntary, and the Submitter's expression of general interest at 'A' and 'B' below is for the County's information only and shall not be binding on the Submitter.

A. If awarded this County contract, would you be interest in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located within the geographical boundaries of Miami-Dade County?

Yes _____ No _____

B. If awarded this County contract, would you be interested in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located outside the geographical boundaries of Miami-Dade County?

Yes _____ No _____

Firm Name: _____

Street Address: _____

Mailing Address (if different): _____

Telephone No.: _____ Fax No.: _____

Email Address: _____ FEIN No. __/__/__-__/__/__/__/__

Prompt Payment Terms: ____% ____ days net ____days (Please see paragraph 1.2 H of General Terms and Conditions)

Signature: _____ (Signature of authorized agent)

****"By signing this document the Submitter agrees to all Terms and Conditions of this Request to Qualify and the resulting Contract(s)."***

Print Name: _____ Title: _____

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



APPENDIX

AFFIDAVITS FORMAL BIDS



Miami-Dade County
Internal Services Department
Procurement Management Division
Affirmation of Vendor Affidavits

In accordance with Ordinance 07-143 amending Section 2-8.1 of the Code of Miami-Dade County, effective June 1, 2008, vendors are required to complete a new Vendor Registration Package, including a Uniform Affidavit Packet (Vendor Affidavits Form), before being awarded a new contract. The undersigned affirms that the Vendor Affidavits Form submitted with the Vendor Registration Package is current, complete and accurate for each affidavit listed below.

Contract No. : _____ Federal Employer Identification Number (FEIN): _____

Contract Title: _____

Affidavits and Legislation/ Governing Body

Table with 2 columns and 10 rows listing various Miami-Dade County regulations and codes such as Ownership Disclosure, Employment Disclosure, Drug-free Workplace Certification, Disability Non-Discrimination, Debarment Disclosure, Vendor Obligation to County, Business Ethics, Family Leave, Living Wage, and Domestic Leave and Reporting.

Printed Name of Affiant _____ Printed Title of Affiant _____ Signature of Affiant _____
Name of Firm _____ Date _____
Address of Firm _____ State _____ Zip Code _____

Notary Public Information

Notary Public - State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of, _____ 20 _____

by _____ He or she is personally known to me [] or has produced identification []

Type of identification produced _____

Signature of Notary Public _____ Serial Number _____

Print or Stamp of Notary Public _____ Expiration Date _____ Notary Public Seal _____

FAIR SUBCONTRACTING PRACTICES
(Ordinance 97-35)

In compliance with Miami-Dade County Ordinance 97-35, the Bidder shall submit with the bid proposal a detailed statement of its policies and procedures (use separate sheet if necessary) for awarding subcontractors in accordance with Section 1, Paragraph 1.15

NO SUBCONTRACTORS WILL BE UTILIZED FOR THIS CONTRACT

Signature

Date

SUBCONTRACTOR/SUPPLIER LISTING
 (Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

Firm Name of Prime Contractor/Respondent _____ FEIN # _____
 Project/Contract Number _____

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this bid/contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The bidder/respondent should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract.

In accordance with Ordinance No. 11-90, an entity contracting with the County shall report the race, gender and ethnic origin of the owners and employees of all first tier subcontractors/suppliers. In the event that the successful bidder demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the successful bidder shall be obligated to exercise diligent efforts to obtain that information and provide the same to the County not later than ten (10) days after it becomes available and, in any event, prior to final payment under the contract.
 (Please duplicate this form if additional space is needed.)

Business Name and Address of First Tier Subcontractor/ Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/ Subconsultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)							Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender		Race/Ethnicity					Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan
Business Name and Address of First Tier Direct Supplier	Principal Owner	Supplies/Materials/ Services to be Provided by Supplier	Principal Owner (Enter the number of male and female owners by race/ethnicity)							Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender		Race/Ethnicity					Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan

Mark here if race, gender and ethnicity information is not available and will be provided at a later date. This data may be submitted to Contracting/User department or on-line to the Small Business Development Division of the Regulatory and Economic Resources Department at <http://new.miamidade.gov/business/business-development.asp>.

I certify that the representations contained in this Subcontractor/Supplier listing are to the best of my knowledge true and accurate.

Signature of Bidder/Respondent _____ Print Name _____ Print Title _____ Date _____