

Solicitation FB-00128

Cremation and Interment Services

Bid designation: Public



Miami-Dade County

Bid FB-00128 Cremation and Interment Services

Bid Number **FB-00128**
Bid Title **Cremation and Interment Services**

Bid Start Date **In Held**
Bid End Date **Nov 19, 2014 6:00:00 PM EST**
Question & Answer End Date **Nov 14, 2014 4:00:00 PM EST**

Bid Contact **Martha Garofolo**
305-375-4265
marthag@miamidade.gov

Bid Contact **Maria Hevia**
305-375-5073
mhevia@miamidade.gov

Contract Duration **5 years**
Contract Renewal **Not Applicable**
Prices Good for **Not Applicable**
Pre-Bid Conference **Nov 12, 2014 10:00:00 AM EST**
Attendance is optional
Location: Miami Dade County Medical Examiner Department
1851 N.W. 10 Avenue
Miami, Florida 33136

Bid Comments **The purpose of this solicitation is to establish a contract for the purchase of cremation and interment services in conjunction with the County's needs on an as needed when needed basis.**

Item Response Form

Item **FB-00128--01-01 - Cremation Services**
Quantity **850 each**
Unit Price
Delivery Location **Miami-Dade County**
Miami-Dade County
generic location
Miami FL 33128
Qty 850

Description

Annual estimated quantity is reflected for Cremation Services per technical specifications

Item **FB-00128--01-02 - Interment of unknown remains**
Quantity **5 each**
Unit Price
Delivery Location **Miami-Dade County**
Miami-Dade County
generic location
Miami FL 33128
Qty 5

Description

Annual estimated quantity is reflected for Interment of unknown remains per technical specifications

BID NO.: FB-00128
OPENING: 6:00 PM
Cremation and Interment Services
Nov 19, 2014



MIAMI-DADE COUNTY, FLORIDA

INVITATION
TO BID

TITLE:
Cremation and Interment Services

BIDS WILL BE ACCEPTED UNTIL 6:00 PM
ON
Nov 19, 2014

FOR INFORMATION CONTACT:
Martha Garofolo, 305-375-4265, marthag@miamidade.gov

IMPORTANT NOTICE TO BIDDERS/PROPOSERS:

- READ THE ENTIRE SOLICITATION 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.
- THE SOLICITATION SUBMITTAL FORM CONTAINS IMPORTANT INFORMATION THAT REQUIRES REVIEW AND COMPLETION BY ANY BIDDER/PROPOSER RESPONDING TO THIS SOLICITATION.
- FAILURE TO COMPLETE AND SIGN THE SOLICITATION SUBMITTAL FORM WILL RENDER YOUR PROPOSAL NON-RESPONSIVE.

**GENERAL TERMS AND CONDITIONS:**

All general terms and conditions of Miami-Dade County Procurement Contracts are posted online. Bidders/Proposers 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 Contract. These general terms and conditions are considered non-negotiable.

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

<http://www.miamidade.gov/procurement/library/boilerplate/general-terms-and-conditions-r14-2.pdf>

NOTICE TO ALL BIDDERS/PROPOSERS:

Electronic bids are to be submitted through a secure mailbox at BidSync (www.bidsync.com) until the date and time as indicated in this Solicitation document. It is the sole responsibility of the Bidder/Proposer to ensure their proposal reaches BidSync before the Solicitation closing date and time. There is no cost to the Bidder/Proposer to submit a proposal in response to a Miami-Dade County solicitation via BidSync. Electronic proposal submissions may require the uploading of electronic attachments. The submission of attachments containing embedded documents or proprietary file extensions is prohibited. All documents should be attached as separate files.

For information concerning technical specifications please utilize the question/answer feature provided by BidSync at www.bidsync.com within the solicitation. Questions of a material nature must be received prior to the cut-off date specified in the solicitation. Material changes, if any, to the solicitation terms, scope of services, or bidding procedures will only be transmitted by written addendum. (See addendum section of BidSync site).

Please allow sufficient time to complete the online forms and upload of all proposal documents. Bidders/Proposers should not wait until the last minute to submit a proposal. The deadline for submitting information and documents will end at the closing time indicated in the solicitation. All information and documents must be fully entered, uploaded, acknowledged (Confirm) and recorded into BidSync before the closing time or the system will stop the process and the response will be considered late and will not be accepted.

PLEASE NOTE THE FOLLOWING:

No part of your proposal can be submitted via **HARDCOPY, EMAIL, OR FAX**. No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the Bidder/Proposer has familiarized themselves with the nature and extent of the work, and the equipment, materials, and labor required. The entire proposal response must be submitted in accordance with all specifications contained in the solicitation electronically.

SECTION 2 - SPECIAL TERMS AND CONDITIONS**2.1 PURPOSE**

The purpose of this solicitation is to establish a contract for the purchase of cremation and interment services in conjunction with the County's needs on an as needed when needed basis.

2.2 TERM OF CONTRACT

This contract shall commence on the first calendar day of the month succeeding approval of the contract by the Board of County Commissioners, or designee, and contingent upon the completion and submittal of all required bid documents. The contract term is for five (5) years and shall expire on the last day of the last month of the contract term.

2.3 METHOD OF AWARD

Award of this contract will be made to one (1) responsive, responsible vendor who submits an offer on all items listed in the solicitation and whose offer represents the lowest price when all items are added in the aggregate.

2.4 MINIMUM REQUIREMENTS

Vendor shall possess throughout the term of the contract all current business, professional licenses, and permits necessary to provide the required service, and must demonstrate that they have sufficient managerial experience, financial support and organization to ensure that they can satisfactorily execute the contract if awarded under the terms and conditions herein stated for items 1 and 2.

(Cremations) Vendors shall provide:

- 1) Copy of a Crematory Operator's current license issued by the State of Florida
- 2) Copy of the current, County Air Operating Permit issued to provide proposed services
- 3) Provide evidence that the firm has been providing the cremation services as requested in this solicitation for a period not less than three years. This evidence can be past copies of operator's licenses, one (1) reference from a commercial contract for same services and/or occupational licenses.
- 4) Vendor shall provide curriculum vitae of the management staff of the company.

(Interment) Vendors shall provide:

- 1) Copy of a Funeral Director's current license issued by the State of Florida
- 2) Provide evidence that the firm has been providing the interment services as requested in this solicitation for a period not less than three years. This evidence can be past copies of operator's licenses, one (1) reference from commercial contract for same services and/or occupational licenses.
- 3) Vendor shall provide curriculum vitae of the management staff of the company.

2.5 PRE-BID CONFERENCE (RECOMMENDED)

A pre-bid conference will be held on November 12, 2014 at 10:00 A.M. at the Miami Dade County Medical Examiner Department, 1851 N.W. 10 Avenue, Miami, Florida. It is recommended that a representative of

the firm attend this conference as the "cone of silence" will be lifted during the course of the conference and informal communication can take place.

Vendor(s) are requested to bring a printed copy of this solicitation document to the conference, as additional copies may not be available.

"Multiple members of individual community councils may be present."

2.6 COMPETENCY OF VENDOR(S) AND ASSOCIATE SUBCONTRACTORS

The County may elect to conduct a pre-award inspection of the vendor's facility during the offer evaluation process. Offers will be considered only from firms which are regularly engaged in the business of performing the services (transportation of human remains, cremation, interment, or storage of human remains) as described in the solicitation, and who can produce evidence that they have a satisfactory record of performance for a reasonable period as per Section 2, Paragraph 2.4 Minimum Requirements.

In the event that the vendor intends to sub-contract any part of its work to another vendor, the vendor may be required to verify the competency of its sub-contractor or supplier. Miami-Dade County reserves the right, before awarding the contract, to require a vendor to submit such evidence of its qualifications and the qualifications of its sub-contractor as it may deem necessary. The County may consider any evidence available to it of the financial, technical and other qualifications and abilities of any vendor responding hereunder, including past performance with the County, in determining vendor responsibility for the purposes of selecting a vendor for contract award.

2.7 PRICES

Vendors' prices shall remain fixed and firm for a period of one (1) year from the time of contract commencement. After this period, vendors shall have the option to submit price adjustments on each contract anniversary date.

Prior to, or upon completion, of the contract anniversary date, the County may consider an adjustment to price based on changes in the following Consumer Price Index and Producer Price Index:

Cremation Services: Producer Price Index (PPI) for Natural Gas, not seasonally adjusted, series WPU053101.

Interment Services: Consumer Price Index (CPI), Funeral Expenses, U.S. city average, 12 month percent change, not seasonally adjusted.

Requests for price adjustments may affect the primary vendor's designation status dependent upon vendor responses to notice of the index change. The County reserves the right to negotiate lower pricing for the additional term(s) based on market research information or other factors that influence price. The County reserves the right to apply any reduction in pricing for the additional term(s) based on the downward movement of the applicable index.

It shall be further understood that the County reserves the right to reject any price adjustments submitted by the vendor and/or to terminate the contract with the vendor based on such price adjustments.

2.8 INSURANCE

This insurance outlined below supersedes the insurance requirements in Section 1, paragraph 1.21 of the terms and conditions. The Contractor shall furnish to Miami-Dade County Internal Services Department, Procurement Management Division, Certificate(s) of Insurance, which indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- A. Worker's Compensation Insurance for all employees of the Contractor as required by Florida Statute 440.
- B. Commercial General Liability Insurance on a comprehensive basis, in an amount not less than \$500,000 combined single limit per occurrence for bodily injury and property damage. **Miami-Dade County must be shown as an additional insured with respect to this coverage.**
- C. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work, in an amount not less than \$500,000 combined single limit per occurrence for bodily injury and property damage.
- D. Professional Liability Insurance in an amount not less than \$500,000 per claim.

All other insurance conditions in Section 1, paragraph 1.21 apply to this bid.

2.9 METHOD OF PAYMENT

The County shall provide periodic payments for services rendered by the vendor. In order for the County to provide payment, the vendor shall submit a fully documented invoice to the Medical Examiner Department bi-monthly that provides all the basic information as described in Section 1, General Terms and Conditions. Additionally, the vendor shall attach to the invoice the following information:

- Medical Examiner Case Number
- Name, Age, Race and Sex of Deceased
- Date of Death
- Date of Cremation or interment
- Signature of Crematory Operator, Funeral Director or designee
- A statement to read: **"No other funds have been received or will be received for this cremation"**

The vendor must provide a Certificate of Death for each deceased before payment will be approved by the Medical Examiner Department. All death certificates are to be completed in the manner prescribed in Florida Statute 382.008, Death and Fetal Death Registration. Refer to the following link for further information: http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=03000399/0382/Sections/0382.008.html.

It shall be understood that such invoices shall not be submitted for payment until such time as the service has been completed and a Medical Examiner Department representative has reviewed and approved the service.

Invoices shall be mailed to:
Miami Dade County Medical Examiner Department
Public Interment Program
One Bob Hope Road
Miami, Florida 33136-1133

2.10 LABOR, MATERIALS, AND EQUIPMENT

Unless otherwise provided in Section 3 (entitled "Technical Specifications"), of this solicitation the vendor shall furnish all labor, material and equipment necessary for satisfactory contract performance.

SOLICITATION TITLE: CREMATION AND INTERMENT SERVICES**SOLICITATION NO.:**FB-00128

When not specifically identified in the technical specifications, 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 of the County's Project Manager.

2.11 PURCHASE OF OTHER SERVICES

While the County has listed all major items within this solicitation, which are utilized by County departments in conjunction with their operations, there may be similar services and items that must be purchased by the County during the term of this contract.

Under these circumstances, a County representative will contact all awarded vendor(s) to obtain a price quote for the similar items. Award for these purchases shall be in accordance with Section 2, Paragraph. 2.3 of this bid solicitation. The County reserves the right to award these similar items to the contract vendor, another contract vendor based on the lowest price quoted, or to acquire the items through a separate solicitation.

SECTION 3 – TECHNICAL SPECIFICATIONS**3.1 SCOPE OF WORK**

Vendor(s) shall provide the County Medical Examiner Department (ME) with centralized, scheduled pick up and removal of remains and cremation or interment services in conjunction with the County's needs on an as needed when needed basis.

3.2 CREMATION

Vendor(s) must be licensed by the State of Florida for the operation of a crematory. The crematory must be maintained on the premises of the awarded vendor. Only County-approved subcontractors may be used as per Section 2, Paragraph 2.5, Competency of Vendor(s) and Associate Subcontractors.

The Crematory Operator shall:

- 1) Pursuant to Florida Statute 406.11, (Medical Examiner Law, Examinations, Investigations and Autopsies) and Florida Statute 497.607, (Cremation Procedures Required) secure written cremation approval from the (ME) for all bodies that are to be cremated.
- 2) Obtain all necessary death certificates signed by the medical doctor. The Crematory Operator must file all signed death certificates with the Miami-Dade County Department of Health, Bureau of Vital Records.
- 3) Pursuant to Florida Statute 872.03, (Cremating Human Bodies, limitation) wait 48 hours from the time the remains are received before cremating the remains.
- 4) Pursuant to Florida Statute 497.606, store the remains in a container approved by Miami-Dade County.
- 5) Provide an original cremation delivery receipt for those cremains that are to be delivered to the ME. The Public Interment Program (PIP) Coordinator will determine the delivery schedule.

The Crematory Operator will dispose of cremains by the following methods:

- 1) The Crematory Operator shall make cremains available to the PIP Coordinator within sixty (60) days following PIP authorization to cremate and receipt of a signed death certificate. When there is an extended delay in getting the doctor to certify the death, an extension of an additional fifteen (15) days may be allowed. The PIP Coordinator shall be contacted in these instances to be informed about the delay.
- 2) Scatter method will be determined by the PIP Coordinator.
- 3) Must transport ashes to the Miami-Dade County Cemetery for scattering and interment at intervals scheduled by the PIP Coordinator.
- 4) Maintain a monthly log of all PIP cases and provide monthly cremation reports to the PIP Coordinator. The report must be alphabetized and must include the following: Name of deceased, date of death, date services were provided, cremation permit number, PIP case number, amount due, establishment name, address, and date of invoice.

3.3 INTERMENT

Vendor(s) must be licensed as a funeral director by the state of Florida and will assist the ME with interment services of unknown remains at the Miami-Dade County Cemetery.

Vendor Responsibilities:

- 1) Collecting paperwork from the ME's PIP that includes the Burial Permit at the County Cemetery and the Burial Transit Permit.
- 2) Obtain all necessary death certificates signed by the medical doctor and filing all signed death certificates with the Miami-Dade County Department of Health, Bureau of Vital Records.
- 3) Picking up the remains from the ME, placing them in a casket and transporting them to the County Cemetery.
- 4) Placing the casket in the designated grave at the cemetery.

3.4 PICK UP, TRANSPORTATION AND STORAGE SERVICES FOR CREMATION AND INTERMENT

- 1) All bodies accepted into the PIP will be transported by the (ME) Forensic Evidence Recovery Team to be stored at the Miami-Dade County ME facility. The PIP Coordinator will call the vendor during normal business hours (8:00 a.m. – 5:00 p.m.), Monday through Friday, for pick-up. Pick-ups will occur within twenty-four (24) hours of notification unless otherwise notified by the PIP Coordinator.
- 2) Vendor(s) must be prepared to make more than one transport per day when necessary. Bodies shall be transported in such a way that one set of remains will not touch another.
- 3) Vendor(s) shall have vehicles that are clean, suitable for the transportation of deceased, and in good operating condition. Trucks are not acceptable.
- 4) Vendor(s) shall provide a driver and one assistant when picking up and transporting the remains. The driver and assistant must present a clean, neat, professional appearance when making removals or deliveries.
- 5) Vendor(s) shall provide all applicable supplies and equipment when removing remains from the ME under the terms of this agreement (i.e., gloves, body bags, gurney, clean sheets, etc.)
- 6) Bodies are to be transported and stored in accordance with Florida Statute 497.386 (Storage, preservation, and transportation of human remains). Bodies are never to be stacked or placed on the floor. Subcontractors may be used only with prior approval from the County as per Section 2, Paragraph 2.5, Competency of Vendor(s) and Associate Subcontractors.

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SECTION 4 VENDOR REQUIREMENTS

BID SUBMITTAL FORM

Per Section 2, Paragraph 2.3, award of this contract will be made to the responsive, responsible vendors who meet the following minimum qualifications:

<p>Section 2 Special Conditions Paragraph 2.4</p>	<p>Minimum Qualifications <u>Item 1 (Cremations) and Item 2 (Interment) Vendors shall provide:</u></p>
	<p><u>Item 1 Cremations:</u></p> <p>Copy of the Crematory Operator's current license issued by the State of Florida</p> <p>License Number: <input type="text"/></p> <p>License Period: <input type="text"/> through <input type="text"/></p> <p>Location of crematory:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
	<p><u>Item 1 Cremations:</u></p> <p>Copy of the current, County Air Operating Permit issued to provide proposed services</p>
	<p><u>Item 2 Interment:</u></p> <p>Copy of the Funeral Director's current license issued by the State of Florida</p> <p>License Number: <input type="text"/></p> <p>License Period: <input type="text"/> through <input type="text"/></p>

Section 2,
Paragraph 2.4

Vendors must provide the following documents to be awarded for the Cremation or Interment Services:

Provide evidence that the firm has been providing the services requested in this solicitation for a period not less than three years. This evidence can be past copies of one of the following (a) operator's licenses, (b) one (1) reference from a commercial contract for same services and/or (c) occupational licenses

a) Copy of Operator's License

b) One (1) reference from a commercial contract for the same services

Name of Business:

Contact Person:

Phone: Email Address:

c) Occupational Licenses

Vendor shall provide curriculum vitae of the management staff of the company.

Name and address of subcontractor if any (see paragraph 2.5 Competency of Vendor(s) and Associate Subcontractors):

Name of Business:

Contact Person:

Phone: Email Address:



**Miami-Dade County
Procurement Management Services
Solicitation Submittal Form**

111 NW 1st Street, Suite 1300, Miami, FL 33128

Solicitation No. FB-00128		Solicitation Title: Cremation and Interment Services		
Legal Company Name (include d/b/a if applicable): <input style="width: 90%;" type="text"/>		Federal Tax Identification Number: <input style="width: 90%;" type="text"/>		
If Corporation - Date Incorporated/Organized: <input style="width: 90%;" type="text"/>		State Incorporated/Organized: <input style="width: 90%;" type="text"/>		
Company Operating Address: <input style="width: 90%;" type="text"/>		City <input style="width: 90%;" type="text"/>	State <input style="width: 90%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>
Remittance Address (if different from ordering address): <input style="width: 90%;" type="text"/>		City <input style="width: 90%;" type="text"/>	State <input style="width: 90%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>
Company Contact Person: <input style="width: 90%;" type="text"/>		Email Address: <input style="width: 90%;" type="text"/>		
Phone Number (include area code): <input style="width: 90%;" type="text"/>	Fax Number (include area code): <input style="width: 90%;" type="text"/>	Company's Internet Web Address: <input style="width: 90%;" type="text"/>		

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 the 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 has a valid Local Business Tax Receipt, issued by Miami-Dade County; has a physical business address located within the limits of Miami-Dade County from which business is performed; 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 the Bidder meets the 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 or Broward County in accordance with the Interlocal Agreement between the two counties.

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

SMALL BUSINESS ENTERPRISE CONTRACT MEASURES (If Applicable)

An SBE/Micro Business Enterprise must be certified by Small Business Development for the type of goods and/or services the Bidder provides in accordance with the applicable Commodity Code(s) for this Solicitation. For certification information contact Small Business Development at (305) 375-2378 or access <http://www.miamidade.gov/business/business-certification-programs.asp>. The SBE/Micro Business Enterprise must be certified by the solicitation's submission deadline, at contract award, and for the duration of the contract to remain eligible for the preference. Firms that graduate from the SBE program during the contract may remain on the contract.

Is your firm a Miami-Dade County Certified Small Business Enterprise? Yes No

If yes, please provide your Certification Number:

SCRUTINIZED COMPANIES WITH ACTIVITIES IN SUDAN LIST OR THE SCRUTINIZED COMPANIES WITH ACTIVITIES IN THE IRAN PETROLEUM ENERGY SECTOR LIST:

By executing this bid through a duly authorized representative, the Bidder certifies that the Bidder 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 Bidder is unable to provide such certification but still seeks to be considered for award of this solicitation, the Bidder shall execute the bid response package through a duly authorized representative and shall also initial this space: . In such event, the Bidder shall furnish together with its bid response 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 Bidder 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 solicitation for default if the Bidder 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.

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR A PERIOD OF ONE HUNDRED AND EIGHTY (180) DAYS FROM DATE SOLICITATION IS DUE.

Bidder's Authorized Representative's Signature . <input style="width: 90%; height: 20px;" type="text"/>	Date <input style="width: 90%; height: 20px;" type="text"/>
Type or Print Name <input style="width: 90%; height: 20px;" type="text"/>	

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



FAIR SUBCONTRACTING PRACTICES

In compliance with Miami-Dade County Code Section 2-8.8, the Bidder/Proposer shall submit with the proposal a detailed statement of its policies and procedures (use separate sheet if necessary) for awarding subcontractors.

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)

Name of Bidder/Proposer: _____ FEIN No. _____

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/Proposers on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all Proposers on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The Bidder/Proposer who is awarded this 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/Proposer should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

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 recommended Bidder/Proposer demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the Bidder/Proposer 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 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)								
			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	Oth	
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)								
			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	Oth	

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 department or on-line to the Small Business Development of the Internal Services Department at <http://www.miamidade.gov/business/business-development-contracts.asp>. As a condition of final payment, Bidder/Proposer shall provide subcontractor information on the Subcontractor Payment Report Sub 200 form which can be found at <http://www.miamidade.gov/business/library/forms/subcontractors-payment.pdf>.

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

 Signature of Bidder/Proposer Print Name Print Title Date

Miami-Dade County

Contractor Due Diligence Affidavit

Per Miami-Dade County Board of County Commissioners (Board) Resolution No. R-63-14, County Vendors and Contractors shall disclose the following as a condition of award for any contract that exceeds one million dollars (\$1,000,000) or that otherwise must be presented to the Board for approval:

- (1) Provide a list of all lawsuits in the five (5) years prior to bid or proposal submittal that have been filed against the firm, its directors, partners, principals and/or board members based on a breach of contract by the firm; include the case name, number and disposition;
- (2) Provide a list of any instances in the five (5) years prior to bid or proposal submittal where the firm has defaulted; include a brief description of the circumstances;
- (3) Provide a list of any instances in the five (5) years prior to bid or proposal submittal where the firm has been debarred or received a formal notice of non-compliance or non-performance, such as a notice to cure or a suspension from participating or bidding for contracts, whether related to Miami-Dade County or not.

All of the above information shall be attached to the executed affidavit and submitted to the Procurement Contracting Officer (PCO)/ AE Selection Coordinator overseeing this solicitation. The Vendor/Contractor attests to providing all of the above information, if applicable, to the PCO.

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

Contract Title:

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

Question and Answers for Bid #FB-00128 - Cremation and Interment Services

OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.