

Solicitation RTQ-00280

ELDERLY MEALS FOOD SERVICES

Solicitation Designation: Public



Miami-Dade County

Solicitation RTQ-00280 ELDERLY MEALS FOOD SERVICES

Solicitation Number **RTQ-00280**
 Solicitation Title **ELDERLY MEALS FOOD SERVICES**

Solicitation Start Date **Sep 21, 2015 3:12:29 PM EDT**
 Solicitation End Date **Oct 12, 2015 6:00:00 PM EDT**
 Question & Answer End Date **Sep 30, 2015 6:00:00 PM EDT**

Solicitation Contact **Claudia Portocarrero**
Procurement Contracting Officer
Miami-Dade County
305-375-4252
porclau@miamidade.gov

Contract Duration **5 years**
 Contract Renewal **See Bid Documents**
 Prices Good for **See Bid Documents**

Solicitation Comments **This Request to Qualify (RTQ) will establish a pool of pre-qualified vendors capable of delivering/providing Elderly Food Services for the Community Action & Human Services Department. Entry into the pre-qualification pool is not a contract between Miami-Dade County and any member of the pool, but rather is an acknowledgement that the pool member satisfies the pre-qualification criteria set forth below for membership in the pool. Pre-qualified vendors will be invited to participate in future spot market competitions. The pool shall remain open for the term of the RTQ, enabling vendors to qualify at any time after the initial RTQ opening date.**

Item Response Form

Item **RTQ-00280--01-01 - ELDERLY MEALS FOOD SERVICES**
 Quantity **1 each**
 Unit Price
 Delivery Location **Miami-Dade County**
Miami-Dade County
 111 NW 1 Street
 Suite 1300
 Miami FL 33128
Qty 1

Description

See bid form attached.

BID NO.: RTQ-00280

OPENING: 6:00 PM

ELDERLY MEALS FOOD SERVICES

Oct 12, 2015



MIAMI-DADE COUNTY, FLORIDA

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

TITLE:

ELDERLY MEALS FOOD SERVICES

BIDS WILL BE ACCEPTED UNTIL 6:00 PM

ON

Oct 12, 2015

FOR INFORMATION CONTACT:

Claudia Portocarrero 305-375-4252 porclau@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-r15-3.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**

This Request to Qualify (RTQ) will establish a pool of pre-qualified vendors capable of delivering/providing Elderly Food Services for the Community Action & Human Services Department. Entry into the pre-qualification pool is not a contract between Miami-Dade County and any member of the pool, but rather is an acknowledgement that the pool member satisfies the pre-qualification criteria set forth below for membership in the pool. Pre-qualified vendors will be invited to participate in future spot market competitions. The pool shall remain open for the term of the RTQ, enabling vendors to qualify at any time after the initial RTQ opening date.

2.2 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 Services Division, and contingent upon the completion and submittal of all required documents. The pre-qualification pool shall expire on the last day of the sixtieth (60) month.

2.3 QUALIFICATION CRITERIA

Submitters shall provide the following documents to demonstrate qualifications to provide services:

- 2.3.1** Copy of the most recent Local Business Tax receipt issued by Miami-Dade County or Broward County.
- 2.3.2** Copy of a valid Florida Department of Health Food Management certificate.
- 2.3.3** Copy of a valid Florida Department of Business and Professional Regulations Food Vendors/Catering Certificate.
- 2.3.4** Proof of registration with the State of Florida's Department of Elder Affairs, Food and Nutrition Management Program.
- 2.3.5** Copy of the submitter's most current annual inspection report from the Florida Department of Health. The report must show corrective action, if applicable, where deficiencies are noted.
- 2.3.6** References of two (2) existing customers. The references listed must be customers that are currently receiving or have recently received from the submitter catering services of 100 people or more. The references must include the customer's name, and the name, title, address, and telephone number of the contact person who can verify that the submitter has successfully provided the services that the submitter is offering under this solicitation. These references shall ascertain to the County's satisfaction that the

submitter has sufficient experience and expertise in providing meals for the elderly program. The submitter may only use a County department as one of the required references.

2.4 INSURANCE

Additional or revised insurance requirements outside of those listed in Section 1.22 may be necessary when performing work or services. Any change or addition in insurance requirements will be detailed in the Spot Market Request.

2.5 COMPLIANCE WITH FEDERAL REGULATIONS DUE TO USE OF FEDERAL FUNDING

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 disabled workers, is incorporated into this solicitation and resultant contract by reference.

2.6 EXEMPTION TO CERTAIN CLAUSES

Quotes to be awarded under this RFQ may be accessed by federally funded department(s). As a federally funded department(s), certain clauses within this RFQ do not apply to that department's allocation:

Section 1 Paragraph 1.11 (Local Preferences), Section 1 Paragraph 1.28 (Office of the Inspector General), Section 1 Paragraph 1.44 (Small Business Enterprises (SBE) Measures), Section 1 Paragraph 1.36 (County User Access Program - UAP), Section 1 Paragraph 1.45 (Local Certified Veteran's Business Enterprises Preference), and Section 1 Paragraph 1.47 (First Source Hiring Referral Program).

2.7 BUSINESS SHALL BE IN MIAMI-DADE OR BROWARD COUNTIES

Submissions will only be accepted from submitter(s) which have businesses located in Miami-Dade or Broward Counties.

The County reserves the right to perform an inspection of these businesses during the pre-qualification process and any time during the term of the pool. The County may conduct inspections as a means for determining the responsibility of submitter at the time of Spot Market Request. The acceptable size, location, level of security, and functionality of the business shall be determined by the County in consideration of the requirements in its best interest; and its decision shall be final.

2.8 LABOR, MATERIALS, AND EQUIPMENT SHALL BE SUPPLIED BY THE VENDOR

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

2.9 NO SUBCONTRACTING

The successful submitter shall not subcontract with any company for the partial or total preparation or the delivery of the meal without the advanced written consent of the Miami Dade County Community Action and Human Services Department.

2.10 CONTACT PERSON

For any additional information regarding this solicitation, please contact Claudia Portocarrero, at (305) 375-4252 or email at porclau@miamidade.gov.



SECTION 3 – TECHNICAL SPECIFICATIONS

3.1 SCOPE OF WORK

This section of the solicitation is to provide food catering services for the Miami-Dade County, Community Action and Human Services Department in accordance with the requirements outlined herein.

Goods or Services requested under this Pre-qualification Pool may include the following:

- 3.1.1** Hot Lunches to Miami Dade County Community Action Human Services Congregate Meal Sites and/or Breakfast and Hot Lunches to Miami Dade County Community Action Human Services Adult Day Health Care Centers and to select Congregate Meal Sites.

Successful submitter(s) must be able to produce approximately 1000 – 1500 hot meals (breakfast and lunch) daily according to menu. Submitter must be able to transport and deliver the hot food daily, at a temperature between 140 and 150 degrees by using appropriate transportation equipment in clean trucks. Submitter should also be able to provide steam table upon request to a site. Submitter should be able to provide special diets upon request such as diabetic menu, 1600-1800 calorie, low fat, low cholesterol, low sodium, etc. The quantity requested may increase or decrease based on the need.

- 3.1.2** Frozen Meals: Pick-up and Delivery:

Successful submitter(s) must be able to produce approximately 500 – 800 fresh meals for seven days and flash freeze without evidence of freezer burns on the food. The frozen meals must be transported in refrigerated trucks to assigned sites for delivery. The food must be frozen solid upon delivery to sites without evidence of freezer burn. The quantity requested may increase or decrease based on the need.

- 3.1.3** High Risk Boxed Meals and Field Trip boxed lunch

Successful submitter(s) must be able to produce approximately 200 – 300 boxed meals on a daily basis and deliver to sites. The boxed meal must be delivered to the sites between 35 and 40 degree temperature. The boxed meal container should be sturdy. The quantity requested may increase or decrease based on the need.

3.2 TEMPERATURES OF MEALS

Hot food items transported by the successful submitter shall be maintained and delivered at a temperature between 140° and 150° Fahrenheit. The food should be transferred by the successful submitter to the successful submitter's warming unit upon arrival at destination. Frozen meals shall be delivered and maintained at zero degrees (0°) and below. Cold food items shall be delivered and maintained between 34° and 41° Fahrenheit.

3.3 TRANSPORTING AND PACKAGING OF MEALS

All food shall be transported in clean vehicles. All food items shall be packaged in aluminum containers with secured lids. Each container shall be labeled with the site name, portion size, total quantity, item, weight of product, day of usage, and number of servings. Failure to properly label containers as described above will be considered as non-performance. The insulated containers used shall not be made of Styrofoam. Aladdin type thermal or cambro containers are preferred for the transportation of food. All food shall be packed in aluminum disposable containers.

3.4 STEAM TABLES

Upon request and at no additional cost to the Miami Dade Community Action and Human Services Department shall supply a steam table at each location. The steam table shall be the submitter's property. The successful submitter shall be responsible for all maintenance and repairs to the unit.

3.5 FOOD PREPARATION PLANT INSPECTIONS

All applicable health and sanitation requirements shall be adhered to at the food preparation site. Local, state, and Federal authorities must have the right to inspect the premises and request formal inspection of health officials if deemed necessary. Miami Dade Community Action and Human Services Department program staff shall be able to inspect premises at any time. All food service inspection reports shall be forwarded to the Miami Dade County Community Action and Human Services Department within 15 days of receipt, along with supporting documentation of corrective actions if required.

3.6 RECIPES

Standardized recipes shall be used to assure that all food items offered are prepared from tested recipes.

NOTE: Copies of the standardized recipes used by the Successful Submitter shall be requested at any time if the Program deems it necessary. Non-compliance with this requirement may result in termination of the contract pursuant to Section 1 Paragraph 1.26.

3.7 VEHICLES

Adequate refrigeration or heating shall be provided in clean vehicles during delivery of all food to ensure the wholesomeness of food at delivery in accordance with State or local health codes.

3.8 SPECIAL DIETS

Some meals are required to be modified to meet the special dietary needs of the facility's clients as prescribed by their physician. These meals may be prescribed to be low fat, low cholesterol, restricted in sugar, or have other

restrictions indicated by the client's physicians. Copies of the physicians' order will be provided to the successful submitter 24 hours in advance. These meals must be pre-packed in separate containers labeled with the facility's name, the client's name, the type of special diet, menu items, and the date of production.

3.9 QUALITY CONTROL

Submitter must be able to prepare bacteriological samples when requested by the using department. Results of bacteriological samples are to be forwarded to the registered/licensed dietitian when occasion warrants such action. If frozen meals are not purchased and are packed by the submitter, a blast freezer must be on the premises at all times during the contract period.

3.10 SPECIAL CONDITIONS

If the vendor fails to provide meals for delivery for a period of three consecutive days, or should any person eating meals prepared under this contract become ill as a result of food poisoning attributable to the negligence of the vendor, as determined by the Department of Health or the County's Risk Department, then such action shall be justification for immediate cancellation of the agreement, among other remedies.



SECTION 4 – QUALIFICATION RESPONSE FORM**MIAMI-DADE COUNTY PRE-QUALIFICATION OF RESPONDENTS FOR
ELDERLY FOOD SERVICES****QUALIFICATION CRITERIA****Paragraph** **Description**

2.3.1 Copy of the most recent Local Business Tax receipt issued by Miami-Dade County or Broward County.

Initial to confirm attachment to submittal

Paragraph **Description**

2.3.2 Copy of a valid Florida Department of Health Food Management certificate.

Initial to confirm attachment to submittal

Paragraph **Description**

2.3.3 Copy of a valid Florida Department of Business and Professional Regulations Food Vendors/Catering Certificate.

Initial to confirm attachment to submittal

Paragraph **Description**

2.3.4 Proof of registration with the State of Florida's Department of Elder Affairs, Food and Nutrition Management Program.

Initial to confirm attachment to submittal

Paragraph **Description**

2.3.5 Copy of the submitter's most current annual inspection report from the Florida Department of Health. The report must show corrective action, if applicable, where deficiencies are noted.

Initial to confirm attachment to submittal

2.3.6 Submitters must provide two (2) references of existing customers. The references listed must be customers that are currently receiving or have recently received from the submitter catering services of 100 people or more. The references must include the customer's name, and the name, title, address, and telephone number of the contact person who can verify that the submitter has

successfully provided the services that the submitter is offering under this solicitation. These references shall ascertain to the County's satisfaction that the submitter has sufficient experience and expertise in providing meals for the elderly program. The submitter may only use a County department as one of the required references.

Reference No. 1	
Customer's Name	
Name & Title:	
Address:	
Phone Number:	
Email Address:	
Doing business together?	
Catering Services for how many people?	
Reference No. 2	
Customer's Name	
Name & Title:	
Address:	
Phone Number:	
Email Address:	
Doing business together?	
Catering Services for how many people?	



Miami-Dade County
Procurement Management Services
Solicitation Submittal Form

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

Solicitation No. RTQ-00280		Solicitation Title: ELDERLY MEALS FOOD SERVICES		
Legal Company Name (include d/b/a if applicable): <input style="width:100%;" type="text"/>		Federal Tax Identification Number: <input style="width:100%;" type="text"/>		
If Corporation - Date Incorporated/Organized: <input style="width:100%;" type="text"/>		State Incorporated/Organized: <input style="width:100%;" type="text"/>		
Company Operating Address: <input style="width:100%;" type="text"/>		City <input style="width:100%;" type="text"/>	State <input style="width:100%;" type="text"/>	Zip Code <input style="width:100%;" type="text"/>
Remittance Address (if different from ordering address): <input style="width:100%;" type="text"/>		City <input style="width:100%;" type="text"/>	State <input style="width:100%;" type="text"/>	Zip Code <input style="width:100%;" type="text"/>
Company Contact Person: <input style="width:100%;" type="text"/>		Email Address: <input style="width:100%;" type="text"/>		
Phone Number (include area code): <input style="width:100%;" type="text"/>	Fax Number (include area code): <input style="width:100%;" type="text"/>	Company's Internet Web Address: <input style="width:100%;" 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.

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:100%;" type="text"/>	Date <input style="width:100%;" type="text"/>
Type or Print Name <input style="width:100%;" 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 Solicitation #RTQ-00280 - ELDERLY MEALS FOOD SERVICES

Overall Solicitation Questions

There are no questions associated with this Solicitation.