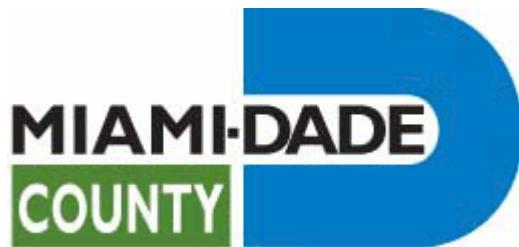


Solicitation FB-01489

Cremation and Interment Services

Solicitation Designation: Public



Miami-Dade County

Solicitation FB-01489

Cremation and Interment Services

Solicitation Number **FB-01489**

Solicitation Title **Cremation and Interment Services**

Solicitation Start Date **Sep 17, 2020 7:47:17 AM EDT**

Solicitation End Date **Oct 19, 2020 6:00:00 PM EDT**

Question & Answer
End Date **Oct 1, 2020 6:00:00 PM EDT**

Solicitation Contact
Natalya Vasilyeva
Procurement Contracting Officer 3
ISD - Strategic Procurement Division
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Solicitation Contact
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Contract Duration **See Bid Documents**

Contract Renewal **See Bid Documents**

Prices Good for **See Bid Documents**

Solicitation 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-01489-01-01 - Cremation Services**

Quantity **850 each**

Unit Price

Delivery Location **Miami-Dade County**

No Location Specified

Qty 850

Description

Annual estimated quantity is reflected for Cremation Services (see section 3 - Technical Specifications for more details)

Item **FB-01489-01-02 - Interment Services**

Quantity **5 each**

Unit Price

Delivery Location **Miami-Dade County**

No Location Specified

Qty 5

Description

Annual estimated quantity is reflected for Interment Services (see section 3 - Technical Specifications for more details)



MIAMI-DADE COUNTY, FLORIDA

I N V I T A T I O N T O B I D

(I T B)

GENERAL TERMS AND CONDITIONS:

All General Terms and Conditions of Miami-Dade County Procurement Contracts are posted online. Bidders 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. The general terms and conditions include important instructions and requirements that affect all bids. By submitting a bid for a Miami-Dade County solicitation a bidder attests to its understanding of these General Terms and Conditions.

All applicable terms and conditions pertaining to this solicitation and resultant contract(s) may be viewed online at the Miami-Dade County, Strategic Procurement Division's webpage by clicking on the below link:

<http://www.miamidade.gov/procurement/library/boilerplate/general-terms-and-conditions-r20-1.pdf>

NOTICE TO ALL BIDDERS:

Bids are to be submitted electronically through a secure mailbox at BidSync (www.bidsync.com) until the date and time indicated in the BidSync Solicitation End Date published in BidSync and in this solicitation document. It is the sole responsibility of the Bidder to ensure that its bid is in BidSync before the solicitation deadline. There is no cost to the Bidder to submit a bid for a Miami-Dade County solicitation via BidSync. Electronic 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 this solicitation, use the question/answer feature provided within the solicitation by BidSync, at www.bidsync.com. Questions of a material nature must be received prior to the date and time of the BidSync Solicitation Question & Answer End Date specified in the solicitation. Material changes, if any, to the solicitation will be made only by written addendum (see Addendum Section of BidSync site).

Bidders must allow sufficient time to complete online forms and upload all bid documents. All information and documents must be fully entered, uploaded, acknowledged ("Confirm") and recorded into BidSync before the date and time of the BidSync Solicitation End Date, or the system will stop the process and the submission will be considered late and will not be accepted.

No part of a bid can be submitted via hardcopy, email, or fax.

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, unless otherwise stipulated in the Blanket Purchase Order issued by the Internal Services Department, Strategic Procurement Division. The contract shall expire on the last day of the forty eighth month.

2.3 METHOD OF AWARD

Award of this contract shall be made to the lowest priced responsive, responsible Bidder when all items are added in the aggregate. If a Bidder fails to submit an offer on all items, its offer may be rejected.

2.4 SOLICITATION REQUIREMENTS

Bidder(s) shall submit following qualifying documents, however the County reserves the right to request additional information in accordance with Section 1, paragraph 1.5(K) and 1.5(L).

Cremations and Interment Services:

Item #	Description	Submittal Date
1	Copy of a Crematory Operator's current license issued by the State of Florida.	At the time of bid submittal, in BidSync.
2	Copy of Funeral Director's current license issued by the State of Florida.	At the time of bid submittal, in BidSync.
3	Copy of the current, County Air Operating Permit issued to provide proposed services.	At the time of bid submittal, in BidSync.
4	As a proof of satisfactory record performance, to demonstrate experience and expertise, Bidder shall submit a Reference Form (see Section 4) with at least one reference/contract where Bidder is currently providing or has provided similar services within the past three (3) years.	At the time of bid submittal, in BidSync.
5	Bidder(s) may be requested to provide evidence of having adequate managerial experience, financial support and organization, such as: <ul style="list-style-type: none"> • Resumes of the management staff of the company. • Company financial documentation • Other relevant documentation. 	*As a condition of Award

***The apparent lowest priced Bidder shall provide the requested information as a condition of award.**

2.5 PRICES

The prices resultant from this solicitation shall be deemed to provide full compensation to the awarded Bidder for labor, fees and any other element of cost/price and shall be firm and fixed for the term of the contract, except as hereby noted. The County may consider yearly price adjustment under this provision. Requests for price adjustment shall be based on changes to the Consumer Price Index (CPI) for Funeral Expenses, U.S. city average, all urban consumers, not seasonally adjusted, 12 month percent change, series CUSR0000SEGD02

Requests for price adjustments shall be submitted to the Internal Services Department, Strategic Procurement Division 90 days prior to the contract anniversary date. Requests for price adjustment must clearly substantiate the requested increase. The County reserves the right to negotiate prices, approve or disapprove price adjustments, or cancel its contract with the awarded Bidder, in its best interest.

The County reserves the right to apply any reduction in pricing based on the downward movement of the applicable index.

2.6 INSURANCE

Section 1.22, Insurance Requirements of the General Terms and Conditions, Paragraph A, is amended to add the following language:

1. Commercial General Liability in an amount not less than \$500,000 per occurrence, and \$1,000,000 in the aggregate, not to exclude assault and battery. **Miami-Dade County must be shown as an additional insured with respect to this coverage.**
2. 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.
3. Professional Liability Insurance in an amount not less than \$1,000,000 per claim.

2.7 METHOD OF PAYMENT

The County shall provide periodic payments for services rendered by the awarded Bidder. In order for the County to provide payment, the awarded Bidder 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 awarded Bidder 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 awarded Bidder 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 awarded Bidder 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's Project Manager.

2.11 ADDITIONAL SERVICES MAY BE ADDED OR DELETED

The County will have the option of adding and removing services from the scope of work, increase or decrease frequency of services as needed and when needed, should the County determine that continuing to provide this level of services is no longer in the County's best interest due to extenuating circumstances. Although this solicitation and resultant contract identifies specific departments to be serviced, it is hereby agreed and understood that any County department or agency facility may be added to this contract at the option of the County. When required by the pricing structure of the contract, awarded Bidder under this contract shall be invited to submit price quotes for these additional facilities. If these quotes are determined to be fair and reasonable, then the additional work will be awarded to the current contract Bidder by formal modification of the award sheet.

The County may determine to obtain price quotes for the additional facilities/services from other bidders in the event that fair and reasonable pricing is not obtained from the current contract Bidder, or for other reasons at the County's discretion.

SECTION 3 – TECHNICAL SPECIFICATIONS

3.1 SCOPE OF WORK

Awarded Bidder 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

Awarded Bidder 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 Bidder.

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 Indigent Cremation Services (ICS) 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 ICS Coordinator as requested following ICS authorization to cremate and receipt of a signed death certificate. The ICS Coordinator shall be contacted if there is a delay in getting the death certificate signed.
- 2) Ashes shall be scattered at the Miami Dade County Bruce Hyma Cemetery Garden; 6000 SW 87 Avenue, Miami, Florida 33173.
- 3) Ashes must be transported to the Miami-Dade County Cemetery for scattering every 60 to 90 days or as scheduled by the ICS Coordinator.
- 4) The Crematory Operator shall maintain a monthly log of all ICS cases and provide monthly cremation reports to the ICS Coordinator. The report must be alphabetized and must include the following: Name of deceased, date of death, date services were provided, cremation permit number, ICS case number, amount due, establishment name, address, and date of invoice.

3.3 INTERMENT

Awarded Bidder 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.

Bidder Responsibilities for interment services shall include, but are not limited to:

- 1) Collecting paperwork from the ME's ICS that includes the Burial Permit at the County Cemetery and the Burial Transit Permit.
- 2) Obtaining 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 ICS will be transported by the (ME) Forensic Evidence Recovery Team to be stored at the Miami-Dade County ME facility. The ICS Coordinator will call the awarded Bidder during normal business hours (8:00AM. – 5:00PM), Monday through Friday, for pick-up. Pick-ups will occur within twenty-four (24) hours of notification unless otherwise notified by the ICS Coordinator.
- 2) The ICS Coordinator will provide a weekly list of bodies that are ready for removal, Friday of every week. Awarded Bidder shall pickup daily including Saturdays and Sundays until the list is completed.
- 3) Awarded Bidder 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.
- 4) Awarded Bidder shall have vehicles that are clean, suitable for the transportation of deceased, and in good operating condition. Trucks are not acceptable.
- 5) Awarded Bidder 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.
- 6) Awarded Bidder 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.)
- 7) 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.

SECTION 4
Solicitation Requirements

Reference	Description
Section 2.4 #1	<p><i>Copy of a Crematory Operator's current license issued by the State of Florida:</i> License Number _____ License Period _____ through _____ Location of crematory _____ <i>(attach a copy of the license as a part of the bid submittal in BidSync)</i></p>
Section 2.4 #2	<p>Copy of Funeral Director's current license issued by the State of Florida: License Number _____ License Period _____ through _____ <i>(attach a copy of the license as a part of the bid submittal in BidSync)</i></p>
Section 2.4 #3	<p>Copy of the current, County Air Operating Permit issued to provide proposed services. <i>(attach a copy of the permit as a part of the bid submittal in BidSync)</i></p>

Reference Form

Cremation Services (reference Section 2.4, #4)	
Reference No.1	
Contract title	
Contract value	
Contract term	
Services performed	
Client name	
Contact name & title	
Contact telephone & email	
Licenses	<i>(attach past copies of operator's licenses and/or occupational licenses)</i>

Interment Services (reference Section 2.4, #4)	
Reference No.1	
Contract title	
Contract value	
Contract term	
Services performed	
Client name	
Contact name & title	
Contact telephone & email	
Licenses	<i>(attach past copies of operator's licenses and/or occupational licenses)</i>

SUBCONTRACTING FORM

Solicitation Number FB-01489

*Vendor Name *FEIN # Complete "A" or "B":

A. No subcontractors or direct suppliers will be utilized pursuant to this solicitation.

B. The below listed subcontractors and/or suppliers will be utilized pursuant to this solicitation:

Business Name and Address of First Tier Subcontractor/ Subconsultant	Name of Principal Owner	Scope of Work to be Performed by Subcontractor Subconsultant	Subcontractor/ Subconsultant License (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Name and Address of First Tier Direct Supplier	Name of Principal Owner	Supplies, Materials, and/or Services to be Provided by Supplier	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

And

Below and/or attached is a detailed statement of the firm's policies and procedures for awarding subcontractors:

(Duplicate this form if additional space is needed to provide the required information)

When Subcontracting is allowed and subcontractors will be utilized, the Contractor shall comply with Section 2-8.8 of the Code – Fair Subcontracting Practices: (1) Prior to contract award, the Bidder shall provide a detailed statement of its policies and procedures for awarding subcontracts and (2) As a condition of final payment under a contract, the Contractor shall identify subcontractors used in the work, the amount of each subcontract, and the amount paid and to be paid to each subcontractor via the BMWS at <http://mdcsbd.gob2g.com>.

Pursuant to Section 2-8.1(f) of the Code – Listing of subcontractors required on certain contracts, for all contracts which involve the expenditure of one hundred thousand dollars (\$100,000) or more, the entity contracting with the County must report to the County the race, gender, and ethnic origin of the owners and employees of its first tier subcontractors and suppliers via the BMWS at <http://mdcsbd.gob2g.com>. The race, gender, and ethnic information must be submitted via BMWS as soon as reasonably available and, in any event, prior to final payment under the Contract. The Contractor 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.

I certify that the information contained in this form is to the best of my knowledge true and accurate.

*Signature of Vendor's Representative

*Print Name

*Print Title

*Date



Submittal Form

Solicitation No.	Solicitation Title:		
Bidder's Legal Company Name (include d/b/a if applicable): [Text Box] *	Bidder's Federal Tax Identification Number: [Text Box] *		
If Corporation - Date Incorporated/Organized: [Text Box]	State Incorporated/Organized: [Text Box] *		
Company Operating Address: [Text Box] * [Text Box]	City [Text Box] * [Text Box]	State [Text Box] * [Text Box]	Zip Code [Text Box] * [Text Box]
Miami-Dade County Address (if applicable): [Text Box]	City [Text Box]	State [Text Box]	Zip Code [Text Box]
Company Contact Person: [Text Box] *	Email Address: [Text Box] *		
Phone Number (include area code): [Text Box] *	Company's Internet Web Address: [Text Box]		
<p>Pursuant to Section 2-8.6 of the Code of Miami-Dade County (County), 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.</p> <p><input type="checkbox"/> Place a check mark here only if the Bidder has such conviction to disclose to comply with this requirement.</p>			
<p>LOCAL PREFERENCE CERTIFICATION: For the purpose of this certification, and pursuant to Section 2-8.5 of the Code of Miami-Dade County, a "local business" is a business located within the limits of Miami-Dade County that has a valid Local Business Tax Receipt issued by Miami-Dade County at least one year prior to bid submission; has a physical business address located within the limits of Miami-Dade County from which business is performed and which served as the place of employment for at least three full time employees for the continuous period of one year prior to bid submittal (by exception, if the business is a certified Small Business Enterprise, the local business location must have served as the place of employment for one full time employee); 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.</p> <p><input type="checkbox"/> Place a check mark here only if affirming the Bidder meets the requirements for Local Preference. Failure to affirm this certification at this time may render the Bidder ineligible for Local Preference.</p>			
<p>IN ACCORDANCE WITH CFR 200.319(b), LOCAL PREFERENCE SHALL NOT APPLY TO FEDERALLY FUNDED PURCHASE.</p>			
<p>LOCALLY-HEADQUARTERED BUSINESS CERTIFICATION: For the purpose of this certification, and pursuant to Section 2-8.5 of the Code of Miami-Dade County, a "locally-headquartered business" is a Local Business whose "principal place of business" is in Miami-Dade County.</p> <p><input type="checkbox"/> Place a check mark here only if affirming the Bidder meets the requirements for the Locally-Headquartered Preference (LHP). Failure to affirm certification at this time may render the Bidder ineligible for the LHP.</p>			
<p>The address of the Locally-Headquartered office is: [Text Box]</p>			
<p>IN ACCORDANCE WITH CFR 200.319(b), LOCALLY-HEADQUARTERED BUSINESS PREFERENCE SHALL NOT APPLY TO FEDERALLY FUNDED PURCHASE.</p>			
<p>LOCAL CERTIFIED VETERAN BUSINESS ENTERPRISE CERTIFICATION: A Local Certified 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 veteran business enterprise pursuant to Section 295.187 of the Florida Statutes.</p> <p><input type="checkbox"/> Place a check mark here only if affirming Bidder is a Local Certified Veteran Business Enterprise. A copy of the certification must be submitted with the bid.</p>			
<p>IN ACCORDANCE WITH CFR 200.319(b), LOCAL CERTIFIED VETERAN BUSINESS ENTERPRISE PREFERENCE SHALL NOT APPLY TO FEDERALLY FUNDED PURCHASE.</p>			

SMALL BUSINESS ENTERPRISE CONTRACT MEASURES (if applicable):

A Small Business Enterprise (SBE) must be certified by the Division of Small Business Development (SBD) 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 SBD at (305) 375-3111 or access <http://www.miamidade.gov/smallbusiness/certification-programs.asp>. The SBE 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.

Place a check mark here **only** if affirming Bidder is a Miami-Dade County Certified Small Business Enterprise.

IN ACCORDANCE WITH CFR 200.319(b), SMALL BUSINESS ENTERPRISE MEASURES SHALL NOT APPLY TO FEDERALLY FUNDED PURCHASE

SCRUTINIZED COMPANIES WITH ACTIVITIES IN SUDAN LIST, THE SCRUTINIZED COMPANIES WITH ACTIVITIES IN THE IRAN PETROLEUM ENERGY SECTOR LIST, OR THE SCRUTINIZED COMPANIES THAT BOYCOTT ISRAEL 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, or the Scrutinized Companies that Boycott Israel List, as those terms are used and defined in Sections 287.135, 215.473, and 215.4725 of the Florida Statutes. 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, the Scrutinized Companies with Activities in the Iran Petroleum Energy Section List, or the Scrutinized Companies that Boycott Israel List.

OR

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 through a duly authorized representative and shall also initial this space: _____ . In this event, the Bidder shall furnish together with its bid a duly executed written explanation of the facts supporting any exception to the requirement for certification that it claims under Section 287.135 and/or 215.4725 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 could be applicable.

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.

WAIVER OF CONFIDENTIALITY AND TRADE SECRET TREATMENT OF BID:

The Bidder acknowledges and agrees that the submittal of the Bid is governed by Florida's Government in the Sunshine Laws and Public Records Laws, as set forth in Florida Statutes Section 286.011 and Florida Statutes Chapter 119. As such, all material submitted as part of, or in support of, the bid will be available for public inspection after opening of bids and may be considered by the County in public.

By submitting a bid pursuant to this solicitation, Bidder agrees that all such materials may be considered to be public records. The Bidder shall not submit any information in response to this solicitation which the Bidder considers to be a trade secret, proprietary or confidential. In the event that the bid contains a claim that all or a portion of the bid submitted contains confidential, proprietary or trade secret information, the Bidder, **by signing below**, knowingly and expressly **waives** all claims made that the bid, or any part thereof no matter how indicated, is confidential, proprietary or a trade secret and authorizes the County to release such information to the public for any reason.

Acknowledgment of Waiver:

Bidder's Authorized Representative's Signature: <input type="text"/> *	Date <input type="text"/> *
Representative's Name: <input type="text"/> *	
Representative's Title: <input 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 BELOW 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.

Bidder's Authorized Representative's Signature:

*

Date

*

Representative's Name:

*

Representative's Title:

 *

Question and Answers for Solicitation #FB-01489 - Cremation and Interment Services

Overall Solicitation Questions

There are no questions associated with this Solicitation.