

ISSUING DEPARTMENT INPUT DOCUMENT

CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New
 OTR
 Sole Source
 Bid Waiver
 Emergency
 Previous Contract/Project No. FB-00128

Contract
 Re-Bid
 Other – Access of Other Entity Contract
 LIVING WAGE APPLIES: YES NO

Requisition No./Project No.: FB-01489
 TERM OF CONTRACT 4 YEAR(S) WITH 0 YEAR(S) OTR

Requisition /Project Title: Cremation and Interment Services

Description: Cremation and Interment Services

Issuing Department: ISD
 Contact Person: Natalya Vasilyeva
 Phone: 3053754725

Estimate Cost: \$1,000,000

Funding Source:
 GENERAL
 FEDERAL
 OTHER

x

ANALYSIS

Commodity Codes:	952-64			
Contract/Project History of previous purchases three (3) years Check here <input type="checkbox"/> if this is a new contract/purchase with no previous history.				
	<u>EXISTING</u>	<u>2ND YEAR</u>	<u>3RD YEAR</u>	
Contractor:				
Small Business Enterprise:				
Contract Value:				
Comments:				

Continued on another page (s): YES NO

RECOMMENDATIONS

	Set-Aside	Subcontractor Goal	Bid Preference	Selection Factor
SBE				

Basis of Recommendation:

Signed: Natalya Vasilyeva	Date sent to SBD: 08/06/2020
	Date returned to SPD:

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).

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 references/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 in the following pricing index:

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

- b) Interment Services: 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 (pending risk confirmation)

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 \$10,000,000 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 \$500,000 per claim.

2.7 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. 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 or 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 vendor 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 vendor by formal modification of the award sheet.

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

SECTION 3 – TECHNICAL SPECIFICATIONS

3.1 SCOPE OF WORK

Vendor 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 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.

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

Vendor 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 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 Vendor 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. Vendor shall pickup daily including Saturdays and Sundays until the list is completed.
- 3) Vendor 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) Vendor shall have vehicles that are clean, suitable for the transportation of deceased, and in good operating condition. Trucks are not acceptable.
- 5) Vendor 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) Vendor 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	Copy of a Crematory Operator's current license issued by the State of Florida: 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>
Section 2.4 #2	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>
Section 2.4 #3	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>

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>