



Fresh Eggs And Frozen Eggs Product
Estimated Cost - \$700,000/12 months
RQCR1600001 - Verification of Availability

November 17, 2015

SBD is attempting to place a Small Business Measure on RQCR1600001. Please review this document to determine if your firm would be able **provide the contract's scope of services and is willing to participate on this solicitation**. If your firm is interested, please include **a copy of your firm's resume or list of projects or list 3 similar projects on the last page of this document.**

The deadline to respond to this Verification of Availability is 3:00 PM, Friday, November 20, 2015.

Tyrone White
Contract Certification Specialist
Miami-Dade County Small Business Development Division
☎ Office: (305) 375-3123
☎ Fax: (305) 375-3160
Email: twj@miamidade.gov



“Help stimulate **Miami's economy by supporting Small Businesses”**

Please familiarize yourself with the Project Review Process Website:
<http://www.miamidade.gov/smallbusiness/projects-under-review.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 FAX: 375-3160

CONTRACT SPECIALIST: Tyrone White

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: Fresh Eggs And Frozen Eggs Product

PROJECT NUMBER: RQCR1600001

Estimated Contract Amount: \$700,000/12 months

(Scope of work and minimum requirements for this project is attached.)

NAME OF FIRM

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: (____) _____ - _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Fresh Eggs And Frozen Eggs Product
PROJECT NUMBERS: RQCR1600001
ESTIMATED CONTRACT AMOUNT: \$700,000/12 months

2.1 PURPOSE: TO ESTABLISH A CONTRACT FOR THE COUNTY:

The purpose of this Invitation to Bid is to establish a contract for the purchase of Fresh Eggs and Frozen Egg Product for the Miami-Dade County Corrections & Rehabilitation Department on an as needed basis.

Can your firm satisfy the purpose of this solicitation?

Yes _____ No _____

(If yes, please provide a copy of your firm's resume or list of projects or list 3 similar projects on the last page of this document)

2.2 TERM: TWELVE (12) MONTHS

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 Notice of Award Letter which is distributed by the County's Internal Services Department, Procurement Management Division; and contingent upon the completion and submittal of all required bid documents. The contract shall expire on the last day of the twelve month period.

2.3 METHOD OF AWARD: TO LOWEST PRICED VENDOR ON AN ITEM-BY-ITEM BASIS

Award(s) will be made on an item-by-item basis to the responsive and responsible vendor(s) who submits the lowest price for the item(s) being awarded. Prices shall remain fixed and firm for a period of fourteen (14) days.

2.4 PRICE ADJUSTMENTS SHALL BE ALLOWED BASED ON USDA EGG MARKET NEWS REPORT:

Following the fourteen (14) day fixed and firm period, all adjusted price shall be fixed and firm for seven (7) days; from 12 Noon Monday until 11:59 am the following Monday. Prices can escalate or de-escalate on weekly bases. No other fees will be allowed.

- During the contract term, prices for fresh medium shell eggs shall be adjusted upward or downward (rounded to the nearest cent) based on the percentage change (rounded to the nearest hundredth of a percent) in prices from the weekly announcement on the United States Department of Agriculture Price per Dozen "USDA Shell Eggs: Weekly Combined Regional Shell Eggs Report, Southeast Region."

EX: Initial Bid Price of \$2.00 is submitted. The first week following the 30 day fixed and firm period, the percentage change appearing in the USDA Shell Eggs: Weekly Combined Regional Shell Eggs Report, Southeast region is 25.31%. The price may be adjusted to \$2.51 ($\2.00×1.2531 increase) for the following week.

- During the contract term, prices for frozen egg product shall be adjusted upward or downward (rounded to the nearest cent) based on the percentage change (rounded to the nearest hundredth of a percent) in the average price derived from the range price of frozen whole eggs from the weekly announcement on the United States Department of Agriculture Price per Pound "USDA Processed Eggs: Weekly National Egg Product Report, Frozen Eggs."

EX: Initial Bid Price of \$2.00 is submitted. The first week following the 30 day fixed and firm period, the range included in the "USDA Processed Eggs: Weekly National Egg Product Report, Frozen Eggs is \$2.00 to \$2.50. The average is \$2.25. The range from the previous week was \$1.90 to \$2.20. The average is \$2.05. The percentage change between the \$2.05 and the \$2.25 is 9.76%. See calculation example below. The price may be adjusted to \$2.20 ($\2.00×1.0976 increase) for the following week.

$((\$2.25 \text{ (new price)} - \$2.05 \text{ (old price)}) / \$2.05 \text{ (old price)}) * 100 = 9.76\% \text{ (increase)}$

$\$2.00 \text{ (bid price)} * 9.76\% = \0.1952
 $\$2.00 + \$0.1952 = \$2.20 \text{ (new price)}$

Does this section provide an issue for your firm?

Yes _____ No _____

2.5 INSURANCE

In addition to the indemnification requirements listed in Section 1.21; the following requirement shall apply: Commercial General Liability on a Comprehensive basis including Products and Completed Operations in an amount not less than \$300,000 Combined Single Limit for Bodily Injury and Property Damage. **Miami-Dade County must be shown as an additional insured with respect to this coverage.**

2.6 DELIVERY

The vendor shall make deliveries on the date specified on the purchase request(s) provided by the Miami-Dade County Corrections & Rehabilitation Department. All deliveries shall be made in accordance with good commercial practice and all required delivery timeframes shall be adhered to by the vendor. The vendor shall notify Miami-Dade County Corrections & Rehabilitation Department of the delays in advance of the original delivery date so that a revised delivery schedule can be appropriately considered by the County.

Certain County employees may be authorized in writing to pick-up materials under this contract. Vendors shall require presentation of this written authorization. The vendor shall maintain a copy of the authorization. If the vendor is in doubt about any aspect of material pick-up, vendor shall contact the appropriate user department to confirm the authorization.

Can your firm satisfy the delivery requirements?

Yes _____ No _____

2.7 BACK ORDER DELAYS IN DELIVERY SHALL NOT BE ALLOWED

Miami-Dade County Corrections & Rehabilitation Department shall not allow any late deliveries attributed to product back order situations for purchase orders under this contract. Accordingly, the vendor is required to deliver all requested items to Miami-Dade County Corrections & Rehabilitation Department within the time specified in the purchase orders resultant from this solicitation. Back order situations shall be honored, unless written authorization is issued by Miami-Dade County Corrections & Rehabilitation Department, and a new delivery date is mutually established.

Does your firm understand that back order delays in delivery shall not be allowed?

Yes _____ No _____

2.8 ADDITIONAL FACILITIES MAY BE ADDED OR DELETED

Although this solicitation and resultant contract identifies specific facilities to be serviced, it is hereby agreed and understood that any County department or agency facility may be added or deleted at the option of the County. Vendor will be given fourteen (14) calendar days written notice.

- Pre-Trial Detention Center: 1321 N.W. 13th Street Miami, Florida 33125
- Turner Guildford Knight Center: 7100 N.W. 41 Street Miami, Florida 33166
- Metro West Detention Center: 13850 NW 41 Street Miami, Florida 33178

2.9 AVAILABILITY OF CONTRACT TO OTHER COUNTY DEPARTMENTS

Although this Solicitation is specific to a County Department, it is hereby agreed and understood that any County department or agency may avail itself of this contract and purchase any and all items specified herein from the successful vendor(s) at the contract price(s) established herein. Under these circumstances, a separate purchase order shall be issued by the County, which identifies the requirements of the additional County department(s) or agency (ies).

2.10 STOCK LEVELS SHALL BE MAINTAINED BY VENDOR

The successful vendor(s) shall ensure that adequate stock levels are maintained at its place of business in order to assure the County of prompt delivery. If the delivery terms specified in the solicitation are not fulfilled by the vendor, the County reserves the right to cancel the order, purchase the goods elsewhere, and charge the vendor for any re-procurement costs incurred by the County.

SECTION 3 – TECHNICAL SPECIFICATIONS

3.1 SCOPE

The purpose of this solicitation is to purchase and deliver fresh eggs and frozen egg product (Frozen Food) to the Miami-Dade Corrections and Rehabilitation Department on an as needed basis.

Can your firm satisfy the scope of work?

Yes _____ No _____

3.2 FRESH EGG PRODUCT SPECIFICATION

Whole eggs purchased by all County Departments must be 90% Grade A quality or better, shell protected, graded by USDA. All cartons must be sealed and stamped before delivery. Half of the stamp needs be on placed on the carton and the other half on tape. Julian calendar pack date shall be within five (5) days from delivery date.

Can your firm provide whole eggs which are 90% Grade A quality or better, shell protected, graded by USDA?

Yes _____ No _____

Can your firm place half of the stamp on the carton and the other half on tape?

Yes _____ No _____

3.3 FROZEN EGGS PRODUCTS

- A. Frozen egg products must not contain any extender.
- B. Frozen egg products must be produced under the supervision and control of the United States Department of Agriculture or the Florida Department of Agriculture.
- C. Frozen egg products shall have no signs of having been defrosted and shall be hard frozen at 0 Degrees Fahrenheit or lower at the time of local delivery.
- D. Frozen egg products shall have citric acid added as color stabilizer.

Can your firm satisfy the frozen eggs products section?

Yes _____ No _____

3.4 DELIVERY SPECIFICATION

- A. All Frozen foods shall have no signs of having been defrosted and shall be hard frozen at time of local delivery. If the items are found to be partially thawed, food will not be accepted. It will be the awarded Vendor's responsibility to deliver properly frozen food immediately.
- B. The County shall not accept damaged, opened, re-taped or soiled cases of merchandise, damaged, opened, re-taped or soiled individual servings within cases shall not be accepted. Merchandise will be returned for credit.
- C. Carrier shall utilize only properly insulated, mechanical or thermostatically temperature controlled equipment to protect the product.

Can your firm satisfy the delivery specification section?

Yes _____ No _____

PLEASE SEE THE CHART BELOW AND ADVISE IF YOU FIRM CAN PROVIDE THE REQUESTED GOOD AND/OR SERVICE. IF YOUR FIRM CAN PROVIDE THE REQUESTED GOOD(S), PLEASE PROVIDE THE BRAND OR BRANDS OF THE GOOD IN WHICH YOUR FIRM CAN PROVIDE.

ITEM #	ESTIMATED QUANTITY PER WEEK	UNIT OF MEASUREMENT	ITEMS DESCRIPTION	YES/NO
1	10	Case	Eggs, Grade A. Medium USDA inspected 90% or better, shell protected 30 dozen/case. Eggs must have USDA certified stamp and pack date cannot exceed 10 days.	
			Brand:	
2	3,500	Pounds (LBS)	Eggs, frozen, whole, with citric acid, packed in 30 pound container only. Must contain no less than 8 gr protein per 100 grams and no more than 450 milligrams sodium per 100 grams. Nutritional Facts must be submitted with quotation.	
			Brand:	
3	3,500	Pounds (LBS)	Eggs, frozen, whole, with citric acid, packed in 5 pound pouches, 6/5 pound pouches/case. Must contain no less than 8 grams of protein per 100 grams and no more than 450 milligrams sodium per 100 grams. Nutritional Facts must be submitted with quotation.	
			Brand:	

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that can provide the aforementioned good(s)/service(s). Indicate yes "Y" or no "N" on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: twj@miamidade.gov or via fax (305) 375-3160 attention Mr. Tyrone White.

_____ PROPOSER (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements of the PROPOSER (if any) and can perform the work as required.

_____ PRIME **DOES NOT** have experience providing the required good(s) and/or services required by this solicitation.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

Name of Firm: _____ Certification #: _____

Representative's Name: _____

Title: _____ Signature: _____

Please respond by **3:00 PM, Friday, November 20, 2015.**

Any questions, feel free to contact me at the number below.

**PLEASE LIST YOUR FIRMS HISTORY OF
SIMILAR PROJECTS, REASON(S) WHY YOUR
FIRM DOES NOT MEET THE EXPERIENCE
REQUIREMENTS (IF APPLICABLE) AND ANY
COMMENTS YOU MAY HAVE ON THE NEXT
PAGE**

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please submit your firm's resume or list your firm's history of "Projects with Similar Scopes of Services" below:

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

REASONS & COMMENTS
