

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New
 OTR
 Sole Source
 Bid Waiver
 Emergency Contract
 Previous Contract/Project No. RTQ-00280
 Re-Bid
 Other
 LIVING WAGE APPLIES:
 YES
 NO

Requisition No./Project No.: RQID2100023
 TERM OF CONTRACT 5 Years

Requisition /Project T title: Elderly Meal Services

Description: This Request to Qualify (RTQ) will establish a Prequalified Pool of Vendors (Pool) that will be used to provide elderly meal services for Miami-Dade County (County). Placement in the Pool is not a contract between the County and the Vendor, but an acknowledgement that the Vendor meets the qualifications as outlined throughout this RTQ. Vendor Submittals are accepted throughout the term of the RTQ for placement in the Pool.

Issuing Department: Community Action and Human Services Department
Contact Person: Brad Skinner
Phone: 786-469-4657

Estimate Cost: \$10,000,000.00
 GENERAL FEDERAL OTHER
Funding Source: Federal Funds

ANALYSIS

Commodity Codes: 95230 _____ _____ _____ _____

2ND YEAR **3RD YEAR**

Comments: _____

Sub-contractor goal Bid preference Selection factor

Basis of recommendation: Per the contract specifications and qualification requirements that a vendor must meet. If competition yields any SBE vendors who meet the specified qualifications, Bid Preference is recommended.

Date sent to SBD: 11/30/20

Date returned to DPM: _____

SECTION 2: SPECIAL TERMS AND CONDITIONS

2.1 PURPOSE

This Request to Qualify (RTQ) will establish a Prequalified Pool of Vendors (Pool) that will be used to provide elderly meal services for Miami-Dade County (County). Placement in the Pool is not a contract between the County and the Vendor, but an acknowledgement that the Vendor meets the qualifications as outlined throughout this RTQ. Vendor Submittals are accepted throughout the term of the RTQ for placement in the Pool.

2.2 DEFINITIONS

Invitation to Quote (ITQ) – Shall refer to the solicitation of quotes from the Pool for specific goods and/or services; and awarded based on lowest price, or other quantifiable criteria.

Prequalified Pool of Vendors (Pool) – Shall refer to business entities/individuals determined by the County's Internal Services Department, Strategic Procurement Division, as meeting the minimum standards of business competence, financial ability, and/or product quality for placement in the Pool, and which may submit quotes at the time of need.

Submittal - Shall refer to all information, attachments and forms submitted in response to this RTQ.

Vendor – Shall refer to a business entity/individual responding to this RTQ.

2.3 TERM

This Pool shall be established on the first calendar day of the month succeeding approval 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 Pool shall expire on the last day of the five (5) year term.

2.4 QUALIFICATION CRITERIA

Vendor(s) shall meet the following criteria to be considered for placement in the Pool; and for participation in future competitions:

1. Vendor(s) shall be regularly engaged in the business of providing catering services for 100 or more people. Vendor(s) must provide at least three (3) references for whom the Vendor has provided the services described in this solicitation during the last three (3) years. The references must include the customer's company name, and the name, title, email address, and telephone number of the contact person who can verify that the Vendor has successfully provided the services in this solicitation.
2. Vendor(s) shall maintain an office in Miami-Dade, Broward, or Palm Beach County. This facility shall be staffed by company representatives who can be contacted Sunday through Saturday 7:00 AM to 5:00 PM. Vendor(s) shall provide a copy of their local tax receipt as proof of location.
3. Vendor(s) shall provide contact information to include name, email address and phone number for a designated company representative to provide the County with information and support on

all matters relating to orders placed and to receive spot market competitions. The company representative shall be available Sunday through Saturday from 7:00 a.m. to 5:00 p.m.

4. Vendor(s) shall provide proof of their most recent satisfactory sanitation inspection from the Florida Department of Health dated within the last two years.
5. Vendor(s) shall maintain and provide proof of the following requirements:
 - a. Valid Florida Department of Health Food Management Certificate
 - b. Valid Florida Food Establishment Permit
 - c. Valid registration with the State of Florida's Department of Elder Affairs, Food and Nutrition Management Program.

Note: The above requirements must be maintained throughout the duration of the contract.

Vendor(s) shall provide all of the specified information, documents and attachments listed above with their Submittal as proof of compliance with the requirements of this RTQ. However, the County may, at its sole discretion and in its best interest, allow Vendors to complete, supplement or supply the required documents throughout the term of the RTQ. It shall be the sole right of the County to determine the number of Vendors which will be included in the Pool. During the term of the RTQ, the County reserves the right to add or delete Vendors as it deems necessary, and in its best interest.

2.5 INSURANCE

Insurance is not required in order to be prequalified under this RTQ. Insurance requirements may be detailed in the subsequent ITQ.

2.6 SPOT MARKET QUOTES

Vendor(s) in the Pool will be invited to participate in spot market competitions, as needed. The spot market competition will be in the form of an ITQ that will include the specific services required, and may include provisions, as applicable.

The elderly meals services program is federally funded, therefore, the following provisions from Section 1, General Terms and Conditions shall be exempted from spot market competitions under this RTQ:

- Local Preferences
- User Access Program (UAP) Fee
- Small Business Enterprises (SBE) Measure
- Local Certified Service-Disabled Veteran's Business Enterprise Preference
- Prompt Payment Terms
- Office of Inspector General Fee

2.7 COMPLIANCE WITH FEDERAL REGULATIONS FOR OF FEDERAL FUNDS

Since the goods, services, and/or equipment that will be acquired under this solicitation will be purchased 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.

2.8 FOOD AND SAFETY RECALLS

Vendor(s) are expected to comply with all federal, state, and local laws and regulations for any recalled items delivered to the County. Vendor(s) must notify the County of all recalled items within 24 hours knowledge that the item has been recalled. Vendor(s) shall be responsible for pick-up, disposal, and replacement of all items that are subject to recall. Vendor(s) shall be responsible for all costs and expenses incurred by the Vendor(s) in connection to the recall and replacement of items. Recalled items must be replaced by the Vendor(s) at no cost to the County within a specified timeframe as determined by the County. Replaced items must meet the specifications of the original delivery and must be of equal or greater value.

2.9 ACCEPTANCE OF PRODUCT BY THE COUNTY

The products furnished by the Vendor(s) shall be maintained and delivered to the County in excellent condition. If a product does not meet specifications detailed in the ITQ, the products will be returned to the Vendor at the Vendor's expense. At the County's option, the Vendor shall either provide a direct replacement for the product or provide a full credit for the returned product. Vendor shall not assess any additional charge(s) for any conforming action taken by the County under this clause.

2.10 INSPECTION

All applicable health and sanitation requirements shall be adhered to at the food preparation site. Local, state, and federal authorities have the right to inspect the premises and request formal inspection of health officials if deemed necessary. The County also reserves the right to perform an inspection of the Vendor's food preparation site, any time during the term of the Pool, and maybe used as a means for determining the Vendor's responsibility upon a subsequent ITQ award.

SECTION 3: TECHNICAL SPECIFICATIONS

3.1 SCOPE OF WORK

This Request to Qualify (RTQ) will establish a Pool of pre-qualified Vendors to furnish elderly meal services for Miami-Dade County on an as needed basis. Meals to be provided include but are not limited to the following:

- Hot Lunches
- Frozen Meals
- High Risk Boxed Meals and Field Trip boxed lunch

3.2 SPECIAL DIETS

Vendor(s) may be required to provide special dietary needs of the facility's residents 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 upon award of a subsequent ITQ. These meals must be pre-packed in separate containers labeled with the facility's name, the resident's name, type of special diet, menu items, and the date of production.

3.3 PACKAGING OF MEALS AND DELIVERY

Vendor shall ensure the following:

1. All food items are packaged in aluminum disposable containers with secured lids.
2. 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.
3. All insulated containers used shall not be made of Styrofoam.
4. All vehicles transporting food items are clean and well maintained.
5. Adequate refrigeration or heating shall be maintained during delivery of all food to ensure the wholesomeness of food at delivery in accordance with State or local health codes.

3.4 STEAM TABLES

Upon request and at no additional cost to the County, Vendor's shall supply a steam table at each location. The steam table shall be the Vendor's property. Vendor(s) shall be responsible for all maintenance and repairs to the unit.

SECTION 4: PRE-QUALIFICATION SUBMITTAL FORM

Firm Name: _____

Qualification Criteria

<p>1.</p>	<p>Vendor(s) shall be regularly engaged in the business of providing catering services for 100 or more people. Vendor(s) must provide at least three (3) references for whom the Vendor has provided the services described in this solicitation during the last three (3) years. The references must include the customer's company name, and the name, title, email address, and telephone number of the contact person who can verify that the Vendor has successfully provided the services in this solicitation.</p> <p><u>Reference 1</u></p> <p>Name _____ Title _____ Company _____</p> <p>Phone _____ Email _____</p> <p><u>Reference 2</u></p> <p>Name _____ Title _____ Company _____</p> <p>Phone _____ Email _____</p> <p><u>Reference 3</u></p> <p>Name _____ Title _____ Company _____</p> <p>Phone _____ Email _____</p>	
<p>2.</p>	<p>Vendor(s) shall maintain an office in Miami-Dade, Broward, or Palm Beach County. This facility shall be staffed by company representatives who can be contacted Sunday through Saturday 7:00 AM to 5:00 PM. Vendor(s) shall provide a copy of their local tax receipt as proof of location.</p>	<p><input type="checkbox"/></p>
<p>3.</p>	<p>Vendor(s) shall provide contact information to include name, email address and phone number for a designated company representative to provide the County with information and support on all matters relating to orders placed and to receive spot market competitions. The company representative shall be available Sunday through Saturday from 7:00 a.m. to 5:00 p.m.</p> <p>Contact Name: _____ Contact Title: _____</p> <p>Phone: _____ Email: _____</p>	

SOLICITATION TITLE: ELDERLY MEAL SERVICES

4.	Vendor(s) shall provide proof of their most recent satisfactory sanitation inspection from the Florida Department of Health dated within the last two years.	<input type="checkbox"/>
5.	Vendor(s) shall provide proof of the following requirements: <ul style="list-style-type: none">a. Valid Florida Department of Health Food Management Certificateb. Valid Florida Food Establishment Permitc. Valid registration with the State of Florida's Department of Elder Affairs, Food and Nutrition Management Program.	<input type="checkbox"/>

