## **DEPARTMENTAL INPUT** CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

Rev 1

| Accessing contract OTR CO SS BW Emergency   |
|---|
| <u>X</u> Re-Bid Other LIVING WAGE APPLIES: X NO   |
| Requisition/Project No: RQID1800160   |
| Bid No. and Title: RTQ-01073 - Clearview Mattresses, Pillows and Refurbishment Services TERM OF CONTRACT: Five (5) Year   |
| Description: To establish a prequalified pool of vendors that will be used to solicit clearview mattresses and pillows and refurbishing services for Correction and Rehabilitation.  Funding Source: General Funds User Department(s): Corrections and Rehabilitation |
| Issuing Department: Corrections and Rehabilitation Contact Person: R. Campbell Phone: 305-375-3233  Estimated Cost: \$700,000.00 five year term.  |
| ANALYSIS  |
|   |
| Commodity No.: 565-54, 850-52, 850-56, 850-60, 850-63, 850-84, 962-54   |
|   |
| Trade/Commodity/Service Opportunities   |
|   |
| Contract/Project History of Previous Purchases for Previous Three (3) Years   |
| Check Here if this is a New Contract/Purchase with no Previous History  |
| EXISTING: FIVE (5) YEAR TERM  |
| Contractor: Prison Rehab Industries & Division Enterprise, Inc.   |
| Small Business Enterprise: N/A N/A N/A  |
| Contract Value: Five (5) Years \$994,050.00  Continued on another page (s): Yes x No  |
| Continued on another page (s)x170   |
| RECOMMENDATIONS   |
|   |
| SBE Set-Aside Sub-Contractor Goal Bid Preference Selection Factor   |
| <u>%</u>  |
| %   |
| %   |
| Basis of Recommendation:  |
|   |
|   |
|   |
| Signed: Roma Campbell   |
| Date to DBD: September 19, 2018   |
| Date Returned to DPM:   |

Page 1 of 1 9/19/2018

## **Solicitation RTQ-01073**

## Clearview Mattresses, Pillows & Refurbishment Services

**Solicitation Designation: Public** 



**Miami-Dade County** 

## Solicitation RTQ-01073 Clearview Mattresses, Pillows & Refurbishment Services

Solicitation Number

RTQ-01073

Solicitation Title

Clearview Mattresses, Pillows & Refurbishment Services

Solicitation Start Date

In Held

Solicitation End Date

Oct 26, 2018 6:00:00 PM EDT

Question & Answer

End Date

Oct 15, 2018 7:00:00 AM EDT

Solicitation Contact

Roma Campbell

305-375-3233

rcamp@miamidade.gov

Solicitation Contact

Lydia Osborne

Strategic Procurement Division Director ISD - Procurement Management Services

305-375-1620

lydiaos@miamidade.gov

Solicitation Contact

Robert Mendoza

**Procurement Contract Officer 1** 

ISD - Strategic Procurement Division

305-375-3704

Robert.Mendoza@miamidade.gov

**Contract Duration** 

See Bid Documents

Contract Renewal

See Bid Documents

Prices Good for

See Bid Documents

Solicitation Comments The intent of this solicitation is to identify and make available to the County purchases of clearview mattresses and pillows and refurbishment services.

Item Response Form

Item

RTQ-01073--01-01 - Clearview Mattresses, Pillows & Refurbishment Services

Quantity

1 each

Prices are not requested for this item.

**Delivery Location** 

Miami-Dade County 111 NW 1st Street **Suite 1300** Miami FL 33128

Qty 1

## Description

Qualified Vendors to purchase mattresses, pillows and refurbishing services

SOLICITATION NO.: RTQ-01073 Clearview Mattresses, Pillows & Refurbishment Services Oct 26, 2018



# MIAMI-DADE COUNTY, FLORIDA REQUEST TO QUALIFY

<u>TITLE</u>:
Clearview Mattresses, Pillows & Refurbishment Services

FOR INFORMATION CONTACT:
Roma Campbell, 305-375-3233, rcamp@miamidade.gov

## IMPORTANT NOTICE TO BIDDERS/PROPOSERS:

- READ THE ENTIRE SOLICITATION DOCUMENT, THE GENERAL TERMS AND CONDITIONS (SECTION 1), AND SUBMIT ALL QUESTIONS/CLARIFICATION 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 BIDDER'S/PROPOSER'S BID/PROPOSAL NON-RESPONSIVE.



#### **SECTION 1**

## **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's, Strategic Procurement Division's webpage by clicking on the below link:

http://www.miamidade.gov/procurement/library/boilerplate/general-terms-and-conditions-r18-2.pdf

#### NOTICE TO ALL BIDDERS/PROPOSERS:

Electronic bids/proposals are to be submitted through a secure mailbox at BidSync (<a href="www.bidsync.com">www.bidsync.com</a>) 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 bid/proposal in response to 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 the scope of work/technical specifications, please utilize the question/answer feature provided by BidSync at <a href="www.bidsync.com">www.bidsync.com</a> 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 bid/proposal documents. Bidders/Proposers should not wait until the last minute to submit their bid/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 bid/proposal will be considered late and will not be accepted.

#### PLEASE NOTE THE FOLLOWING:

No part of Bidder's/Proposer's bid/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 bid/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 bid/proposal 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 Prequalified Pool of Vendors (Pool) that will be used to solicit clear view mattresses, pillows and refurbishing services on an as needed basis in support of Miami-Dade County Corrections and Rehabilitation operations (MDCR). The contract will result in two awarded groups as defined in Section 2, Paragraph 2.3 Method of Award. 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 such Pool.

#### 2.2 **DEFINITIONS**

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

Prequalified Pool of Vendors (Pool) – Shall refer to but as entities/included determined by the County's Internal Services Department, Strategic Procurement Division and entitle the minimal standards of business competence, financial ability, and/or product quality for placement and Pool, and which may so bit quote or proposal, at the time of need.

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

Submittal - Shall refer to all information, at the sand forms substited in response to this RTQ.

Work Order Proposal Request (WOPR) – Sharefer to a edicitation of Gers from the Prequalified Pool of Vendors for specific goods and/or services and evaluated an avarded by the best value.

#### 2.3 TERM

The Pool shall be established on the lost calendar via of the month succeeding approval by the Board of County Commissioners, or designed bless of living stipulated the Blanket Purchase Order issued by the Internal Services Department at the Procure of Pool shall price on the last day of the 60th month.

#### 2.4 QUAL TION CRITEN

Vendor and meet the following criteria, be considered for placement in the Pool and for participation in future competition, the following grown

Group 1 – Prequest pation Pool; away of this group will be made to the vendors that are qualified to provide clear view mattressected pillows

Group 2 – Purchase of reise that Elervices - Award of this group will be made to the lowest price responsive, responsible Vendor e aggregate. To be considered for award for Group 2, the Vendor shall offer prices for all items within this group.

#### Qualification for All Groups:

Vendor shall provide contact information to include: Name of contact, email address, phone number for primary (required) and secondary (optional) contact staff within their company who will be responsible for providing a response to quotes. These services shall be required Monday through Friday within the hours of 7:30a.m to 6:00 p.m. eastern standard time.

Vendor 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 will be detailed in the subsequent ITQ.

#### 2.6 SPOT MARKET QUOTES

Vendors 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 or WOPR that will include the specific goods and/or services required, and may include provisions, as applicable, such as:

- Small Business Measures
- Warranty Requirements
- Liquidated Damages
- Living Wage

For federally funded projects/programs, additional provisions provisions in accordance with the funding source. The following provisions from Section 1, General Terms and Conditions shall be rempted from such solicitations, as indicated in the ITQ or WOPR.

- · Local Preferences
- User Access Program (UAP) Fee
- Small Business Enterprises (SBE) Measure
- Local Certified Service-Disabled Veteron's Business Enter the Prence
- First Source Hiring Referral Program
- Prompt Payment Terms
- · Office of Inspector General Fee

### 2.7 AVAILABILITY OF CONTRACTOR

Although this Solicitation is specific as County betweent, it is heavy agreed and understood that any County department or agency many vail itself to his pool and trichase any and all items specified herein from the successful bidder(s) at the contract price of estate and herein. User these circumstances, a separate purchase order shall be issued by the supplied of the additional County department(s) or agency (ies).

## 2.8 SAMP MAY BE REQUEST

the County may require the Vendor to submit a sample of the goods to be supplied for cost to the county. If samples are required, the County will notify the bidder of such At the time spot market quot mples will be at evaluation. The or submission of the samples. Each individual sample shall be clearly labeled with in writing and will sify the deadlin the bidder's name, by the deading the bidder's name, by the bidder's , manufacturer's name and brand name, and style number if applicable. If the bidder fails to submit the mples erly labeled, within the specified date stipulated in the notice, the County shall not It item(s), provided however, that in the event of a group or aggregate award, the consider the bidder's prope bidder's proposal will not be ble for that group or in the aggregate as applicable. All samples shall become the property of Miami-Dade County.

The County reserves the right to perform its own testing procedures or to send any and all samples any certifiable laboratory for analysis. Any costs for testing shall be borne by bidder. On the basis of this testing and analysis, the County shall be sole judge of the acceptability of the sample in conformance with the specifications within the RTQ and its decision shall be final. Any sample submitted shall create an express warranty that the whole of the goods and/or services to be provided by the bidder during the contract period shall conform to the sample submitted. The bidder shall be required to provide adequate restitution to the County, in the manner prescribed by the County, if this warranty is violated during the term of the contract.

#### **SECTION 3**

## SCOPE OF WORK/TECHNICAL SPECIFICATIONS

#### 3.1 SCOPE OF WORK

It is the intent of this solicitation to identify and make available to the County purchase of clear view mattress and pillows and refurbishing services.

## 3.2 PREQUALIFICATION GROUP 1

Vendors will be prequalified for this group for purchases of Clearview transparent vinyl covered mattress; and Clearview transparent vinyl covered pillow;

## 3.3 MATTRESS REFURBISHMENT SERVICES GROUP 2

This group is for purchasing mattress refurbishment services only as need basis. All services provided under Group 2 shall meet or exceed the specifications further described basis.

- a. The core mattress refurbishing process shall brade but not be limited to the Nowing:
  - Sanitization of the core of the mattresse with chemic psanitizing agent people of destroying bacteria
    and pathogens that will not damage or reduce the standard properties of the mattress cover.
  - Once the mattresses are with they are to be vered and sealed with a new outer cover made of Spectex CR safeguard viny or Clear the mattress. Sectex CR is an 11.5 ounce extruded PVC with a scrim designed to enhance the trength of material.
  - Refurble a matting as shall be we canted that the covers for five (5) months. The mattress should have a stimated us all life of five.
- b. Mattresses requiring problem in the picked-up at the location below unless otherwise ip. MDCR.

784 955 Non Yest 148 Street
Miamy Kes, Flore \$3016

The Vent shall have the apability to pick-up at any given time approximately 750-1000 mattresses, on a quarterly bas a Upon completion of the refurbishment of mattresses, the mattresses shall be re-delivered back to MDCR at the K-up are as within thirty (30) days of pick-up.

# SECTION 4 SUBMITTAL FORM

SUBMITTER:

|                         | Primary Contact Information:                             |              |  |
|-------------------------|--|--------------|--|
|                         | Primary Contact Name:                                    |              |  |
|                         | E-Mail Address:  |              |  |
|                         | Company Main Phone Number:                               |              |  |
|                         | Primary Contact Cellular Phone Number (if applicable):   | <del>-</del> |  |
|                         | Secondary Contact Information (optional):                |              |  |
| <u></u> .               | Secondary Contact Name:                                  |              |  |
|                         | E-Mail Address:  |              |  |
| · · · · · · · · · · · · | Company Main Phone Number                                |              |  |
|                         | Secondary Contact Cellular Phone Number (if applicable): |              |  |

| <br>1 | 15,000 | Each | Mattress Refurbishment Service | e · |
|-------|--------|------|--------------------------------|-----|
|       |        |      |                                |     |
|       |        |      |                                |     |
|       |        |      |                                |     |



| •                    | i Miami-Dade County Code Section<br>licies and procedures (use separati | •                              | · ·                   | a detalled |
|----------------------|---|--------------------------------|-----------------------|------------|
| statement of its poi | noice and procedures (use separat                                       | o shoot in hoocestary, for awa | raing subcontractors. |            |
|                      |   |                                |                       |            |
|                      |   |                                |                       |            |
|                      |   |                                |                       |            |
|                      | □ NO SUBCONTR   | ACTORS WILL BE UTILIZED        | FOR THIS CONTRACT     |            |
|                      |   |                                |                       |            |
|                      | Signature   |                                | Date                  |            |

## Miami-Dade County



# SUBCONTRACTOR/SUPPLIER LISTING (Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

|   |   |  |  |                                       | Nam                    | e of Bidd  | der/F                                  | Proposer:   |  |   |  | FEIN   | N No.   |  |  |                |                  | 7                                    |                           |  |                                     |  |     |
|---|---|--|--|---------------------------------------|------------------------|--|--|---|--|---|--|--|---|--|--|----------------|------------------|--------------------------------------|---------------------------|--|-------------------------------------|--|-----|
| ncluding profe<br>awarded this of<br>County. The f  | essional se<br>contract sh<br>Bidder/Pro<br>se with Ore | services which in<br>shall not change<br>oposer should en<br>rainance No. 11 | 8 and 10.34 of the Novolve expenditures of or substitute first tier the word "NONE"  -90, an entity contractionary prior to award to   | f \$100,000<br>subcontra<br>under the | orm<br>ectors<br>appro | nore, and<br>s or direct<br>ropriate he<br>ounty sha | l all Pi<br>t supp<br>eadin<br>all rep | roposers on (<br>pliers or the p<br>ng of this form<br>port the race, | County or Publi<br>cortions of the on<br>if no subcontri<br>gender and eth | ic Health Tru<br>contract work<br>actors or sup<br>hnic origin of   | st construction<br>to be perform<br>pliers will be un<br>the owners an | contracts which<br>ned or materials<br>sed on the conf<br>of employees o | ch involve ex<br>s to be suppl<br>tract and sign<br>of all first tier | penditures of \$1<br>lied from those in<br>the form below.<br>subcontractors/s | 00,000 or more<br>dentified, excep<br>suppliers. In th | e. The of upor | Bidder<br>writte | /Proposer<br>in approva<br>he recomi | who is<br>of the<br>nende | s<br>e<br><u>d</u>                         |                                     |  |     |
| and provide th  | e same lo   | the County not   | later than ten (10) da   | ys after it                           | becon                  |  |  |   |  |   |  |  |   |  |  |                |                  |                                      |                           |  |                                     |  |     |
| (Please duplicate this form if additional space is needed.)  Supplies/ Business   Supplies/ Principal Owner   |   |  |  |                                       |                        |  |  |   |  | Employee(e) (Enter the number of male and female employees and the number of employees by recelethnicity) |  |  |   |  |  |                |                  |                                      |                           |  |                                     |  |     |
| Address<br>First Tier Di<br>Supplie   | of<br>Irect   | Principal<br>Owner   | Provided by<br>Supplier  | м                                     |                        | F  |  | White   | Black  | Hispanic  | Asian/Pacific<br>Islander  | Native<br>American/<br>Native<br>Alaskan                                 | Other   | М  | F  | w              | hite             | Blac                                 | k                         | Hispanic                                   | ksien/Pecific<br>Islander           | Native<br>American/<br>Native<br>Alaskan | Ott |
|   |   |  |  |                                       | T                      |  | ╗                                      |   |  |   |  |  |   |  |  |                |                  |                                      |                           |  |                                     |  |     |
|   | <b>-</b>   [  | -  |  |                                       | 7                      |  | ╗                                      |   |  |   |  |  |   |  |  |                |                  |                                      |                           |  |                                     |  |     |
| Business Soops of Work Principal Owner Employees of the number of male and female owners by racelethnicity) |   |  |  |                                       |                        |  |  |   |  |   |  |  |   |  |  |                |                  |                                      |                           |  |                                     |  |     |
| Name an   | d   |  | to be  | 1                                     |                        |  | (En                                    | iter the numbe  |  |   | by race/ethni  | icity)   |   |  | (Ent   | er the r       | numbe            | of male a                            | nd fem                    | ale employee                               | and the num                         | ber of                                   |     |
|   | d<br>of<br>r<br>otor/                                   | Principal<br>Owner   |  | M                                     |                        | F  | (En                                    | white   |  |   | A ei en Davido   | Netive<br>American/<br>Netive<br>Alesken                                 | Other   | M  | (Ent   | Γ              | number<br>hitte  | of male a                            | nd fem<br>es by a         | ale employee                               | sand the num usian/Pacific islander | Native<br>American/<br>Native<br>Alaskan | Ott |
| Name an<br>Address<br>First Tie<br>Subcontra  | d<br>of<br>r<br>otor/                                   |  | to be<br>Performed by<br>Subcontractor/  |                                       |                        | F  | (Er                                    | l .   | er of male and f   | emale owners  | Asian/Pacific  | Native<br>American/<br>Native  | Other   | M  | · ·  | Γ              |                  | of male ar<br>employe                | nd fem<br>es by a         | ale employee<br>ace/ethnicity)             | ksiervPecific                       | Native<br>American/<br>Native            | Ott |
| Name an<br>Address<br>First Tie<br>Subcontra  | d<br>of<br>r<br>otor/                                   |  | to be<br>Performed by<br>Subcontractor/  |                                       | -                      | F  | (Er                                    | l .   | er of male and f   | emale owners  | Asian/Pacific  | Native<br>American/<br>Native  | Other   | u  | · ·  | Γ              |                  | of male ar<br>employe                | nd fem<br>es by a         | ale employee<br>ace/ethnicity)             | ksiervPecific                       | Native<br>American/<br>Native            | Ott |
| Name an Address First Tie Subcontres Subcontres   | d of rotor/ Itant                                       | Owner  gender and ethni copp. As a conditi                                   | to be<br>Performed by<br>Subcontractor/  | M<br>ot availabl                      | poser                  | d will be p  | orovide                                | White   | Black Black  date. This date or information of                             | Hispanic Hispanic a may be sub  | Asian/Pacific islander   | Netive American/ Netive Alseken  | ment or on-i  | line to the Small  | F Business Deve  | W              | hite             | of male as employe  Blac             | nd fern<br>es by r<br>k   | ale employee<br>scalethalcity)<br>Hispanic | Asian/Pacific islander              | Native<br>American/<br>Native<br>Alaskan |     |
| Name an Address First Tie Subcontres Subcontres   | d of rector/ Itant if race, g contracts.                | Owner  gender and ethni copp. As a conditi                                   | to be Performed by Subcontractor/ Subconsultant Licity information is no ion of final payment, and in this Subcontraction is not of the payment, and in this Subcontraction is not on the payment, and in this Subcontraction is not of the payment, and the payment, and the payment is not of the payment is not o | M<br>ot availabl                      | poser                  | d will be p  | provide                                | White   | Black Black  date. This date or information of                             | Hispanic Hispanic a may be sub  | Asian/Pacific islander   | Netive American/ Netive Alseken  | ment or on-i  | line to the Small  | F Business Deve  | W              | hite             | of male as employe  Blac             | nd fern<br>es by r<br>k   | ale employee<br>scalethalcity)<br>Hispanic | Asian/Pacific islander              | Native<br>American/<br>Native<br>Alaskan |     |



## **Submittal Form**

| Solicitation No.RTQ-01073 Solici   | tation Titl        | le: Clearview Mattresses, Pillows & Refurbis                               | hment Servi           | ces              |           |     |  |  |  |  |
|--|--------------------|--|-----------------------|------------------|-----------|-----|--|--|--|--|
| Legal Company Name (include d/b/a if applicable):  |                    | Federal Tax Identification Number:   |                       |                  |           |     |  |  |  |  |
| •  | [                  |  |                       |                  |           |     |  |  |  |  |
| If Corporation - Date Incorporated/Organized :   |                    | State Incorporated/Organized:  |                       |                  |           |     |  |  |  |  |
|  | I                  |  |                       |                  |           |     |  |  |  |  |
| Company Operating Address:   | 1                  | City State Zip Code  |                       |                  |           |     |  |  |  |  |
|  | I                  |  | \neg. │               |                  |           |     |  |  |  |  |
| Miami-Dade County Address (if applicable):   | 1                  | City   |                       | State            | Zip C     | ode |  |  |  |  |
|  |                    |  | 1                     |                  |           |     |  |  |  |  |
| Company Contact Person:  | 1                  | Email Address:   |                       | <u></u>          | <u> </u>  |     |  |  |  |  |
| •  |                    |  |                       |                  |           |     |  |  |  |  |
| Phone Number   | -   -              | Company's Internet Web Address:  | i                     |                  |           |     |  |  |  |  |
| (include area code):   | ı                  |  |                       |                  |           |     |  |  |  |  |
| Pursuant to Miami-Dade County Ordinance 94-34, any individual  | 1                  |  |                       |                  |           |     |  |  |  |  |
| 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.  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.  Place a check mark here only if affirming the Bidder meets the requirements for Local Preference. Failure to complete this certification at this time (by checking the box above) may render the vendor ineligible for Local Preference.  |                    |  |                       |                  |           |     |  |  |  |  |
| LOCALLY-HEADQUARTERED BUSINESS CERTIFICATION: For the Miami-Dade County, a "locally-headquartered business" is a Local Busin Place a check mark here only if affirming the Bidder meets recomplete this certification at this time (by checking the box  | ess who<br>equirer | ose "principal place of business" is in<br>ments for the Locally-Headquart | Miami-Da<br>ered Pref | ade County.      |           |     |  |  |  |  |
| The address of the Locally-Headquartered office is:  |                    |  |                       |                  |           |     |  |  |  |  |
| LOCAL CERTIFIED VETERAN BUSINESS ENTERPRISE CERTIFIC business pursuant to Section 2-8.5 of the Code of Miami-Dade County of Management Services as a veteran business enterprise pursuant to Section 2.5 of the Code of Miami-Dade County of Management Services as a veteran business enterprise pursuant to Section 2.5 of the Code of Miami-Dade County of the Code of Miami-Dade Code of | and (b)            | prior to bid submission is certified                                       |                       |                  |           |     |  |  |  |  |
| Place a check mark here only if affirming the Bidder is a Limust be submitted with the bid.  | ocal Ce            | ertified Veteran Business Enterp   | rise. A               | copy of the cert | ification |     |  |  |  |  |
| SMALL BUSINESS ENTERPRISE CONTRACT MEASURES (If Appl   | icable)            |  |                       |                  |           |     |  |  |  |  |
| A Small Business Enterprise (SBE) must be certified by Small Business E with the applicable Commodity Code(s) for this Solicitation. For certifica   |                    |  |                       |                  |           |     |  |  |  |  |

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.

http://www.miamidade.gov/smallbusiness/certification-programs.asp. The SBE must be certified by the solicitation's submission deadline, at contract award, and

| Is Bidder'sfirm a Miami-Dade County Certified Small Business Enterprise?  | Yes No D   |
|---|--|
| If yes, please provide Certification Number:  |  |
| SCRUTINIZED COMPANIES WITH ACTIVITIES IN SUDAN LIST OR THE PETROLEUM ENERGY SECTOR LIST:  | SCRUTINIZED COMPANIES WITH ACTIVITIES IN THE IRAN  |
| List or the Scrutinized Companies with Activities in the Iran Petroleum Energian 215.473 of the Florida Statutes. In the event that the Bidder is unable to provide the Bidder shall execute the bid response package through a duly authorized replaced in Bidder shall furnish together with its bid response a duly executed written explain that it claims under Section 287.135 of the Florida Statutes. The Bidder agree County to determine whether the claimed exception would be applicable.   | anation of the facts supporting any exception to the requirement for certification sees to cooperate fully with the County in any investigation undertaken by the The County shall have the right to terminate any contract resulting from this on or to have been placed on the Scrutinized Companies for Activities in Sudan   |
| IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER S<br>SOLICITATION. BIDDER FURTHER AGREES THAT PRICES QUOTE<br>EIGHTY (180) DAYS FROM DATE SOLICITATION IS DUE.  |  |
| WAIVER OF CONFIDENTIALITY AND TRADE SECRET TREATMENT OF The Bidder acknowledges and agrees that the submittal of the Bid is governed as set forth in Florida Statutes Section 286.011 and Florida Statutes Chapter 1 available for public inspection after opening of bids and may be considered by By submitting a Bid pursuant to this Solicitation, Bidder agrees that Bidder shall not submit any information in response to this Solicitation confidential.  In the event that the Bid contains a claim that all or a portion of the Bid submitte signing below, knowingly and expressly waives all claims made that the Bid, of trade secret and authorizes the County to release such information to the publications. | d by Florida's Government in the Sunshine Laws and Public Records Laws 19. As such, all material submitted as part of, or in support of, the bid will be the County in public.  I all such materials may be considered to be public records. The on which the Bidder considers to be a trade secret, proprietary or  d contains confidential, proprietary or trade secret information, the Bidder, by or any part thereof no matter how indicated, is confidential, proprietary or a |
| Bidder's Authorized Representative's Signature:   | Date *   |
| Type or Print Name *  |  |
| Type or Print Title *   |  |
| THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCA OFFER. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED THE BID NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDE  | ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER SOLE DISCRETION, ACCEPT ANY RESPONSE THAT INCLUDES AN   |
| Bidder's Authorized Representative's Signature:   | Date *   |
| Type or Print Name  |  |
| Type or Print Title *   |  |

## 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           |
| <u> </u>   |  |                                |
| Name of Firm   |  | Date                           |
| Address of Firm                                      | State  | Zip Code                       |
| N  | otary 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-01073 - Clearview Mattresses, Pillows & Refurbishment Services

#### **Overall Solicitation Questions**

There are no questions associated with this Solicitation.