

FLORIDA
DEPARTMENT OF HEALTH (DOH)
DOH 17-019



10-2016

INVITATION TO BID (ITB)
FOR
**Paragard® T 380a Intrauterine Copper
Contraceptive**

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SECTION 1.0: INTRODUCTORY MATERIALS

1.1 Statement of Purpose

The purpose of this Invitation to Bid (ITB) is for the Department of Health to obtain competitive unit prices for the Paragard® T 380a Intrauterine Copper Contraceptive.

1.2 Specifications

Detailed **specifications** for this solicitation are provided as **Attachment A** in this ITB.

1.3 Definitions

Bid: The complete written response of the Provider to this ITB, including properly completed forms, supporting documents, and attachments.

Business days: Monday through Friday, excluding state holidays.

Business hours: 8 a.m. to 5 p.m., Eastern Time on all business days.

Calendar days: All days, including weekends and state holidays.

Contract: The formal agreement or order that will be awarded to the successful Provider under this ITB, unless indicated otherwise.

Department: The Department of Health; may be used interchangeably with DOH.

Inside Delivery: Deliver inside of the building for each delivery locations

Minor Irregularity: As used in the context of this solicitation, indicates a variation from the ITB terms and conditions which does not affect the price of the Bid, or give the Provider an advantage or benefit not enjoyed by other Providers, or does not adversely impact the interests of the Department.

Order: As used in the context of this solicitation refers to a Purchase Order or a Direct Order.

Provider: The business entity that submits a Bid. This term also may refer to the entity awarded a contract by the Department in accordance with the terms of this ITB.

Vendor Bid System (VBS): Refers to the State of Florida internet-based vendor information system at: http://myflorida.com/apps/vbs/vbs_main_menu.

SECTION 2.0: PROCUREMENT PROCESS, SCHEDULE & CONSTRAINTS

2.1 Procurement Officer

The Procurement Officer assigned to this solicitation is:

Florida Department of Health
Attention: **Sonja German-Jones**
4052 Bald Cypress Way, Bin B07
Tallahassee, FL 32399-1749
Email: Sonja.german@flhealth.gov

2.2 Restriction on Communications

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response. Section 287.057(23), Florida Statutes.

2.3 Term

It is anticipated that the Contract resulting from this ITB will be for a three year period from November 14, 2017 or the Contract execution date, whichever is later, subject to renewal as identified in **Section 4.2**. The Contract resulting from this ITB is contingent upon availability of funds.

2.4 Timeline

<u>EVENT</u>	<u>DUE DATE</u>	<u>LOCATION</u>
ITB Advertised / Released	October 24, 2017	<u>Posted to the Vendor Bid System at:</u> http://vbs.dms.state.fl.us/vbs/main_menu
Questions Submitted in Writing	Must be received PRIOR TO: October 30, 2017 @ 4:30pm	Submit to: Florida Department of Health Central Purchasing Office Attention: <u>Sonja German-Jones</u> Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 E-mail: Sonja.german@flhealth.gov

Answers to Questions (Anticipated Date)	October 31, 2017	Posted to Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu
Sealed Bids Due and Opened	Must be received PRIOR TO: November 7, 2017 @ 2:30pm	<u>PUBLIC MEETING</u> Submit to: Florida Department of Health Central Purchasing Office Attention: <u>Sonja German-Jones</u> Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749
Anticipated Posting of Intent to Award	November 9, 2017	Posted to the Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu

2.5 **Addenda**

If the Department finds it necessary to supplement, modify, or interpret any portion of the solicitation during the procurement process, a written addendum will be posted on the MyFlorida.com Vendor Bid System, http://vbs.dms.state.fl.us/vbs/main_menu. If the addendum alters the scope or specifications of the solicitation, the Provider will be required to sign the addendum acknowledging the changes and return it with the bid submittal. It is the responsibility of the Provider to be aware of any addenda that might affect their Bid.

2.6 **Questions**

This provision takes precedence over General Instruction #5 in PUR1001.

Questions related to this solicitation must be received, in writing (either via U.S. Mail, courier, e-mail, fax, or hand-delivery), by the Procurement Officer identified in **Section 2.1**, within the time indicated in the Timeline. Verbal questions or those submitted after the period specified in the Timeline will not be addressed.

Answers to questions submitted in accordance with the ITB Timeline will be posted on the MyFlorida.com Vendor Bid System web site: http://vbs.dms.state.fl.us/vbs/main_menu.

2.7 **Basis of Award**

A single award will be made to the responsive, responsible Provider offering the lowest grand total for the items requested in this ITB including inside delivery, FOB destination.

2.8 Identical Tie Bids

Where there is identical pricing from multiple Providers, the Department will determine the order of award in accordance with Florida Administrative Code, Rule 60A-1.011.

SECTION 3.0: INSTRUCTIONS FOR BID SUBMITTAL

3.1 General Instructions to Respondents (PUR 1001)

This section explains the General Instructions to Providers (PUR 1001) of the solicitation process, and is a downloadable document incorporated into this solicitation by reference. This document should not be returned with the Bid. <http://dms.myflorida.com/content/download/2934/11780>

The terms of this solicitation will control over any conflicting terms of the PUR1001.

3.2 Instructions for Submittal

1. Providers are required to complete, sign, and return the "Price Page" with the Bid submittal. (**Mandatory Requirement**)
2. Providers must submit all technical and pricing data in the formats specified in the ITB. No changes should be made to the Price Page, other than completion as specified.
3. Submit one original Bid and one electronic copy of the Bid on CD or thumb drive. The electronic copy should contain the entire Bid as submitted, including all supporting and signed documents. Refer to **Section 3.4** for information on redacting confidential information, if applicable.
4. Bids may be sent by U.S. Mail, Courier, or Hand Delivered to the location indicated in the Timeline.
5. Bids submitted electronically will **not** be considered.
6. Bids must be submitted in a sealed envelope/package with the solicitation number and the date and time of the Bid opening clearly marked on the outside.
7. The Department is not responsible for improperly marked Bids.
8. It is the Provider's responsibility to ensure its Bid is submitted at the proper place and time indicated in the ITB Timeline.
9. The Department's clocks will provide the official time for Bid receipt.

Materials submitted will become the property of the State of Florida and accordingly, the State reserves the right to use any concepts or ideas contained in the response.

3.3 Cost of Preparation

Neither the Department of Health nor the State of Florida is liable for any costs incurred by a Provider in responding to this solicitation.

3.4 Public Records and Trade Secrets

Notwithstanding any provisions to the contrary, public records must be made available pursuant to the provisions of the Public Records Act. If the Provider considers any portion of its Bid to this solicitation to be confidential, exempt, trade secret or otherwise not subject to disclosure pursuant to Chapter 119, Florida Statutes, the Florida Constitution or other authority, the Provider must segregate and clearly mark the document(s) as “**CONFIDENTIAL**”.

Simultaneously, the Provider will provide the Department with a separate redacted paper and electronic copy of its Bid and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy must contain the solicitation name, number, and the name of the Provider on the cover, and must be clearly titled “**REDACTED COPY**”.

The redacted copy must be provided to the Department at the same time the Provider submits its Bid and must only exclude or obliterate those exact portions which are claimed confidential, proprietary, or trade secret. The Provider will be responsible for defending its determination that the redacted portions of its Bid are confidential, trade secret or otherwise not subject to disclosure. Further, the Provider must protect, defend, and indemnify the Department for any and all claims arising from or relating to the determination that the redacted portions of its Bid are confidential, proprietary, trade secret or otherwise not subject to disclosure. If the Provider fails to submit a redacted copy with its Bid, the Department is authorized to produce the entire documents, data or records submitted by the Provider in answer to a public records request for these records.

3.5 Price Page (Mandatory Requirement)

The Price Page is **Attachment B** of this ITB. Providers must fill out the Price Page as indicated, sign it, and return it with their Bid. Prices bid must include inside delivery and FOB destination.

3.6 Documentation

Providers must complete and submit the following information or documentation as part of their Bid:

3.6.1 Minimum Qualifications:

Provider must have at minimum two years of experience in the last three years in commodities and services of a similar size and nature of those specified in this ITB.

3.6.2 References

Providers must provide contact information for three entities the Provider has provided commodities or services of a similar size and nature of those requested in this solicitation. Providers must use **Attachment C**, Reference Form of this ITB to provide the required information. The Department reserves the right to contact any and all entities in the course of this solicitation in order to verify experience. Information received may be considered in the Department's determination of the Provider's responsibility. The Department's determination is not subject to review or challenge.

3.6.3 Statement of Non-Collusion

Providers must sign and return with their Bid the **Statement of Non-Collusion** form, **Attachment D**.

3.7 Special Accommodations

Any person requiring special accommodations at DOH Purchasing because of a disability should call DOH Purchasing at (850) 245-4199 at least five (5) work days prior to any pre-Bid conference, Bid opening, or meeting. If hearing or speech impaired, please contact Purchasing by using the Florida Relay Service, at 1-800-955-8771 (TDD).

3.8 Responsive and Responsible (Mandatory Requirements)

Providers must complete and submit the following mandatory information or documentation as part of their Bid. Any Bid which does not contain the information below will be deemed non-responsive.

- Bids must be received by the time specified (**Section 2.4**).
- **Attachment B**: Price Page (as specified in **Section 3.5**).

3.9 Late Bids

The Procurement Officer must receive Bids pursuant to this ITB no later than the date and time shown in the Timeline (Refer to **Section 2.4**). Bids that are not received by the time specified will not be considered.

SECTION 4.0: SPECIAL CONDITIONS

4.1 **General Contract Conditions (PUR 1000)**

The General Contract Conditions (PUR 1000) form is a downloadable document incorporated in this solicitation by reference, that contains general Contract terms and conditions that will apply to any Contract resulting from this ITB, to the extent they are not otherwise modified. This document should not be returned with the Bid. <http://dms.myflorida.com/content/download/2933/11777>

The terms of this solicitation will control over any conflicting terms of the PUR1000. Paragraph 31 of PUR 1000 does NOT apply to this solicitation or any resulting contract.

4.2. **Renewal**

The Contract resulting from this solicitation may be renewed. Renewals may be made on a yearly basis or for a period that may not exceed three years or the term of the original Contract, whichever is longer. Renewals must be in writing, subject to the same terms and conditions set forth in the initial Contract and any written amendments signed by the parties. Renewals are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds.

4.3 **Conflict of Interest**

Section 287.057(17)(c), Florida Statutes, provides "A person who receives a Contract that has not been procured pursuant to subsections (1)-(3) to perform a feasibility study of the potential implementation of a subsequent Contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to Contract with the agency for any other contracts dealing with that specific subject matter, and any firm in which such person has any interest is not eligible to receive such Contract. However, this prohibition does not prevent a vendor who responds to a request for information from being eligible to Contract with an agency."

The Department of Health considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or any other advisory capacity to constitute participation in drafting of the solicitation.

Refer to Statement of Non-Collusion, **Section 3.6.3**

4.4 **Certificate of Authority**

All limited liability companies, corporations, corporations not for profit, and partnerships seeking to do business with the State must be registered with the Florida Department of State in accordance with the provisions of Chapters 605, 607, 617, and 620, Florida Statutes, respectively prior to Contract execution. The Department retains the right to ask for verification of compliance before Contract execution. Failure of the selected contractor to have appropriate registration may result in withdrawal of Contract award.

4.5 Provider Registration

Each Provider doing business with the State of Florida for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes must register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code Rule 60A-1.030. State agencies must not enter into an agreement for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, with any Provider not registered in the MyFloridaMarketPlace system, unless exempted by rule. The successful Provider must be registered in the MyFloridaMarketPlace system within 5 days after posting of intent to award.

Registration may be completed at:

<https://vendor.myfloridamarketplace.com/vms-web/spring/login?execution=e2s1>

Providers lacking internet access may request assistance from MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, FL 32399.

4.6 Minority and Service-Disabled Veteran Business-Participation

The Department encourages Minority, Women, Service-Disabled Veteran, and Veteran-Owned Business Enterprise participation in all its solicitations.

4.7 Subcontractors

The Department will not authorize the use of subcontractors in a Contract resulting from this ITB.

4.8 Commercial General Liability Insurance

Contractor must secure and maintain, at its sole expense and for the duration of the contract, term insurance policies to protect himself, any subcontractor(s), and the State of Florida. Contractor must save and hold harmless and indemnify the Department against any and all liability, claims, judgments or costs of whatsoever kind or nature for injury to, or death of any person or persons and for loss or damage to any property resulting from the use, service operation, or performance of work under the terms of this Contract, resulting in whole or in part from the negligent acts or omissions by Contractor, his subcontractor, or any of the employees, agents, or representatives of the Contractor or subcontractor.

- A. Workers' Compensation in accordance with applicable state laws and regulations.
- B. General Liability Insurance covering all operations and services under the Contract in amounts sufficient to protect the Department.
- C. Commercial Automobile Liability Insurance in amounts sufficient to protect the Department.

Certificates of insurance coverage described above must be furnished by the Provider on request of the Department.

No insurance will be acceptable unless written by a company licensed by the State of Florida Department of Financial Services, Division of Insurance Agent and Agency Services to do business in Florida, where the work is to be performed at the time policy is issued.

4.9 Order

Providers must become familiar with the Department's Order which contains administrative, financial and non-programmatic terms and conditions mandated by federal laws, state statutes, administrative code rules, and directive of the Chief Financial Officer.

Use of the Order is mandatory for Department Direct Orders issued in MFMP as they contain the basic clauses required by law. The terms and conditions contained in the Order Terms and Conditions are non-negotiable. The State of Florida, Department of Health, Order Terms and Conditions are located at:

http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/_documents/DOH-Terms-and-Conditions.pdf

4.10 Conflict of Law and Controlling Provisions

Any Contract resulting from this ITB, and any conflict of law issue, will be governed by the laws of the state of Florida. Venue must be Leon County, Florida.

4.11 Agency Inspectors General

It is the duty of every state officer, employee, agency, special district, board, commission, contractor, and subcontractor to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055, Florida Statutes.

4.12 Records and Documentation

To the extent that information is used in the performance of the resulting Contract or generated as a result of it, and to the extent that information meets the definition of "public record" as defined in Section 119.011(12), Florida Statutes, said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, Provider must make the public records available for inspection or copying upon request of the Department's custodian of public records at cost that does not exceed the costs provided in Chapter 119, Florida Statutes, or otherwise, and must comply with Chapter 119 at all times as specified therein. It is expressly understood that the Provider's refusal to comply with Chapter 119, Florida Statutes, will constitute an immediate breach of the Contract resulting from this ITB and entitles the Department to unilaterally cancel the Contract agreement.

Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this ITB must be retained by the Provider for a period of six years after the termination of the resulting Contract or longer as may be

required by any renewal or extension of the Contract. During the records retention period, the Provider agrees to furnish, when requested to do so, all documents required to be retained. Submission of such documents must be in the Department's standard word processing format. If this standard should change, it will be at no cost incurred to the Department. Data files will be provided in a format readable by the Department.

The Provider must maintain all records required to be maintained pursuant to the resulting Contract in such manner as to be accessible by the Department upon demand. Where permitted under applicable law, access by the public must be permitted without delay.

4.13 Protests

Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post a bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Only documents delivered by the U.S. Postal Service, a private delivery service, in person, or by facsimile during Business hours (Monday-Friday, 8:00 a.m. - 5:00 p.m., Eastern Standard Time) will be accepted. Documents received after hours will be filed the following business day.

No filings may be made by email or any other electronic means. All filings must be made with the Agency Clerk ONLY and are only considered "filed" when stamped by the official stamp of the Agency Clerk. It is the responsibility of the filing party to meet all filing deadlines.

Do not send Bids to the Agency Clerk's Office. Send all Bids to the Procurement Officer and address listed in the Timeline.

The Agency Clerk's mailing address is:

Agency Clerk
Florida Department of Health
4052 Bald Cypress Way, BIN A-02
Tallahassee, Florida 32399-1703
Telephone No. (850) 245-4005

The Agency Clerk's physical address for hand deliveries is:

Agency Clerk, Department of Health
2585 Merchants Row Blvd.
Tallahassee, Florida 32399
Fax No. (850) 410-1448

ATTACHMENT A SPECIFICATIONS

A. Background

The Department orders ParaGard® for use by its county health department patients. ParaGard® is a copper-releasing device that is placed in the uterus to prevent pregnancy for up to 10 years. ParaGard® T 380A Intrauterine Copper Contraceptive is only available with a prescription and should be placed and removed only by healthcare professionals who are experienced with these procedures. The purpose of this ITB is for the Department to obtain competitive unit prices for the Paragard® T 380a Intrauterine Copper Contraceptive.

B. Product Specifications:

Provider must have the capacity to supply at least 2130 units of ParaGard® as needed to the shipping locations specified in Attachment E.

The individual units of ParaGard® must meet the following specifications:

- a. ParaGard® T 380A Intrauterine Copper Contraceptive (ParaGard®) Single (NDC 51285-0204-01) that is a T-shaped intrauterine device (IUD), measuring 32 mm horizontally and 36 mm vertically, with a 3 mm diameter bulb at the tip of the vertical stem;
- b. A monofilament polyethylene thread tied through the tip, resulting in two white threads, each at least 10.5 cm in length, to aid in detection and removal of the device;
- c. A T-frame made of polyethylene with barium sulfate to aid in detecting the device under x-ray. ParaGard® also contains copper: approximately 176 mg of wire coiled along the vertical stem and a 68.7 mg collar on each side of the horizontal arm. The total exposed copper surface area is $380 \pm 23 \text{ mm}^2$;
- d. Weighs less than one (1) gram;
- e. No component of ParaGard® or its packaging containing latex;
- f. Packaged together with an insertion tube and solid white rod in a Tyvek® polyethylene pouch that is then sterilized. A moveable flange on the insertion tube aids in gauging the depth of insertion through the cervical canal and into the uterine cavity;
- g. FDA approved;
- h. Includes a ParaGard® appointment card, Patient Package, and Prescribing Information Pamphlets;
- i. Provided in a single package size (NDC 51285-0204-01) with a five year shelf life expiration date from the time of procurement; and

ATTACHMENT A SPECIFICATIONS

- j. A pedigree paper or an electronic pedigree for each distribution of ParaGard® as required by section 499.01212, Florida Statutes. The Department is a 340B entity; therefore, the vendor must provide ParaGard® at 340B pricing.

C. **Literature**

Technical documentation is required to be provided with Bid submissions to demonstrate compliance of the product Bid with applicable technical requirements of this ITB. All Bids must meet or exceed all conditions and specifications of this ITB.

The Department, in its sole discretion and in the best interest of the State, may determine the acceptability of the Bid through technical documentation made available to the Department as of the date and time of Bid opening. Such authority of the Department shall in no way relieve the Provider from the ultimate responsibility of submitting the required technical documentation, nor shall any Provider assume that such documentation is otherwise available to the Department. The Department shall not be responsible for the accuracy of the technical documentation in its possession.

D. **Warranty**

A minimum of a two year warranty (from the delivery date) against defective material, workmanship, and failure to perform is required for each ParaGard unit. Replacement of all defective or expelled units found within the warranty period shall be made without cost to the Department.

E. **Delivery**

Adherence to the delivery requirements stated in this ITB is critical to the success of this project.

Freight, inside delivery, and advance notice (where applicable by weight of shipment) must be included in the cost of the ParaGard® T 380A Intrauterine Copper Contraceptive. If advance notice is not properly provided and the delivery fails as a direct result, the cost of re-delivery will be the responsibility of the Provider.

Upon award, the awarded Provider will have five (5) business days to notify the Department of the company chosen to perform the deliveries.

Attached is a list of shipping locations;

All items requested in this ITB must be delivered, FOB destination to the addresses listed on **Attachment E** on an as needed basis no later than 10 business days from receipt of order. Please note that the number of locations and the addresses listed below are subject to change based on the demand for the ParaGard® device.

The provider must have the capacity to drop-ship ParaGard® to multiple locations as required by the Department.

**ATTACHMENT B
PRICE PAGE**

A single award will be made to the responsive, responsible Provider offering the lowest grand total for the items requested in this ITB including inside delivery, FOB destination. The unit price for ParaGard® must be inclusive of all requirements stated in **Attachment A**. Unit price will control if calculation errors occur. **No alterations to this price sheet are permitted, other than filling in the blanks provided for prices. Only numbers should be used in the columns.**

INITIAL THREE YEAR TERM (2017-2020)

Description	Estimated Quantities	Unit Price	Total
ParaGard® T 380A Intrauterine Copper Contraceptive	2130 x	\$ _____ =	\$ _____

RENEWAL YEAR ONE (2020-2021)

Description	Estimated Quantities	Unit Price	Total
ParaGard® T 380A Intrauterine Copper Contraceptive	2130 x	\$ _____ =	\$ _____

RENEWAL YEAR TWO (2021-2022)

Description	Estimated Quantities	Unit Price	Total
ParaGard® T 380A Intrauterine Copper Contraceptive	2130 x	\$ _____ =	\$ _____

RENEWAL YEAR THREE (2022-2023)

Description	Estimated Quantities	Unit Price	Total
ParaGard® T 380A Intrauterine Copper Contraceptive	2130 x	\$ _____ =	\$ _____

****The estimated quantities in this Invitation to Bid are only to be used in determining bid prices and not to be considered as definite quantities to be ordered by the Department. The ordered quantities may be less than or greater than those stated in this solicitation at no penalty to the Department.**

GRAND TOTAL \$ _____
(INITIAL TERMS + RENEWAL TERMS = GRAND TOTAL)

**ATTACHMENT B
PRICE PAGE**

Provider Name: _____

Provider Mailing Address: _____

City-State-Zip: _____

Telephone Number: _____

Email Address: _____

Federal Employer Identification Number (FEID): _____

BY AFFIXING MY SIGNATURE ON THIS BID, I HEREBY STATE THAT I HAVE READ THE ENTIRE ITB TERMS, CONDITIONS, PROVISIONS AND SPECIFICATIONS AND ALL ITS ATTACHMENTS, INCLUDING THE REFERENCED PUR 1000 AND PUR 1001. I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions and specifications during the competitive solicitation and any resulting Contract including those contained in the Order.

Signature of Authorized Representative*: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the Provider's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

**ATTACHMENT C
REFERENCE FORM**

Provider's Name:

Providers must provide contact information for three references evidencing two years of experience in the last three years in commodities and services of a similar size and nature of those requested in this solicitation. Providers may use this reference form to provide the required information. The Department of Health will not be accepted as a reference for this solicitation. The Department reserves the right to contact any and all entities in the course of this solicitation in order to verify experience. Information received may be considered in the Department's determination of the Provider's responsibility. The Department's determination is not subject to review or challenge.

1.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work:	
	Service Dates:	
	Approximate Contract Value:	\$
2.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work:	
	Service Dates:	
	Approximate Contract Value:	\$

**ATTACHMENT C
REFERENCE FORM**

3.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work:	
	Service Dates:	
	Approximate Contract Value:	\$

**ATTACHMENT D
STATEMENT OF NON-COLLUSION**

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject Contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant Bid, proposal or reply. This Bid, proposal or reply is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Provider, Respondent, or Vendor to the provisions of this Bid, proposal or reply.

Signature of Authorized Representative*

Date

*An authorized representative is an officer of the Provider's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

**ATTACHMENT E
SHIPPING LOCATIONS**

FACILITY NAME	STREET	CITY	STATE	ZIP CODE
ALACHUA COUNTY HEALTH DEPARTMENT	224 SE 24TH ST	GAINESVILLE	FL	32641
BAKER COUNTY HEALTH DEPARTMENT	480 WEST LOWDER ST	MACCLENNY	FL	32063
BAY COUNTY HEALTH DEPARTMENT	597 W 11TH STREET	PANAMA CITY	FL	32401
BRADFORD COUNTY HEALTH DEPARTMENT	1801 N. TEMPLE AVE	STARKE	FL	32091
BREVARD COUNTY HEALTH DEPARTMENT	2555 JUDGE FRAN JAMISON WAY	VIERA	FL	32940
BROWARD COUNTY HEALTH DEPARTMENT	2421 SW 6th AVE	FORT LAUDERDALE	FL	33315
BROWARD COUNTY HEALTH DEPARTMENT	900 NW 31ST AVE #104	FORT LAUDERDALE	FL	33311
BROWARD COUNTY HEALTH DEPARTMENT	205 NW 6TH AVENUE	POMPANO BEACH	FL	33060
BUREAU OF PUBLIC HEALTH PHARMACY	104-2 HAMILTON PARK DRIVE	TALLAHASSEE	FL	32304
CALHOUN COUNTY HEALTH DEPARTMENT	19611 SR 20 WEST	BLOUNTSTOWN	FL	32424
CHARLOTTE COUNTY HEALTH DEPARTMENT	1100 LOVELAND BOULEVARD	PORT CHARLOTTE	FL	33980
CITRUS COUNTY HEALTH DEPARTMENT	3700 WEST SOVEREIGN PATH	LECANTO	FL	34461
CLAY COUNTY HEALTH DEPARTMENT	3229 BEAR RUN BLVD	ORANGE PARK	FL	32065
COLLIER COUNTY HEALTH DEPARTMENT	3339 EAST TAMIAMI TRAIL- SUITE 145	NAPLES	FL	34112
COLUMBIA COUNTY HEALTH DEPARTMENT	217 NE FRANKLIN STREET	LAKE CITY	FL	32055
HILLSBOROUGH COUNTY HEALTH DEPARTMENT	1105 E. KENNEDY BLVD.	TAMPA	FL	33602
DESOTO COUNTY HEALTH DEPARTMENT	34 S BALDWIN AVE	ARCADIA	FL	34266
DESOTO COUNTY HEALTH DEPARTMENT	1031 E OAK STREET	ARCADIA	FL	34266
DIXIE COUNTY HEALTH DEPARTMENT	149 NE 241ST STREET	CROSS CITY	FL	32628
DUVAL COUNTY HEALTH DEPARTMENT	515 W SIXTH STREET	JACKSONVILLE	FL	32206
ESCAMBIA COUNTY HEALTH DEPARTMENT	1295 WEST FAIRFIELD DRIVE	PENSACOLA	FL	32501
FLAGLER COUNTY HEALTH DEPARTMENT	301 DR. CARTER BLVD.	BUNNELL	FL	32110
FRANKLIN COUNTY HEALTH DEPARTMENT	139 12th STREET	APALACHICOLA	FL	32320
GADSDEN COUNTY HEALTH DEPARTMENT	278 LASALLE LEFALL DR	QUINCY	FL	32351
GILCHRIST COUNTY HEALTH DEPARTMENT	119 N.E 1ST STREET	TRENTON	FL	32693
GLADES COUNTY HEALTH DEPARTMENT (MOORE HAVEN)	1021 HEALTH PARK DRIVE	MOORE HAVEN	FL	33471
GULF COUNTY HEALTH DEPARTMENT	807 WEST HWY 22	WEWAHITCHKA	FL	34265

**ATTACHMENT E
SHIPPING LOCATIONS**

GULF COUNTY HEALTH DEPARTMENT	2475 GARRISON AVE	PORT SAINT JOE	FL	32456
HAMILTON COUNTY HEALTH DEPARTMENT	209 SE CENTRAL AVE	JASPER	FL	32052
HARDEE COUNTY HEALTH DEPARTMENT	115 K.D. REVELLE ROAD	WAUCHULA	FL	33873
HENDRY COUNTY HEALTH DEPARTMENT (CLEWISTON)	1100 SOUTH OLYMPIA	CLEWISTON	FL	33440
HENDRY COUNTY HEALTH DEPARTMENT (LABELLE)	1140 PRATT BLVD	LA BELLE	FL	33935
HERNANDO COUNTY HEALTH DEPARTMENT	300 SOUTH MAIN STREET	BROOKSVILLE	FL	34601
HIGHLANDS COUNTY HEALTH DEPARTMENT	7205 S. GEORGE BLVD	SEBRING	FL	33875
HILLSBOROUGH COUNTY HEALTH DEPARTMENT-HARGRETT BLDG	2002 E 26TH AVE	TAMPA	FL	33605
HOLMES COUNTY HEALTH DEPARTMENT	603 SCENIC HILL CIRCLE	BONIFAY	FL	32425
INDIAN RIVER COUNTY HEALTH DEPARTMENT	1900 27TH. ST.	VERO BEACH	FL	32960
JACKSON COUNTY HEALTH DEPARTMENT	4979 HEALTHY WAY	MARIANNA	FL	32446
JEFFERSON COUNTY HEALTH DEPARTMENT	1255 WEST WASHINGTON STREET	MONTICELLO	FL	32344
LAFAYETTE COUNTY HEALTH DEPARTMENT	140 SW VIRGINA CR; P.O BOX 1806	MAYO	FL	32066
LAKE COUNTY HEALTH DEPARTMENT	16140 US HWY 441	EUSTIS	FL	32726
LEE COUNTY HEALTH DEPARTMENT	83 PONDELLA RD	NORTH FORT MYERS	FL	33903
LEON COUNTY HEALTH DEPARTMENT	1515 OLD BAINBRIDGE RD.	TALLAHASSEE	FL	32303
LEVY COUNTY HEALTH DEPARTMENT	66 W. MAIN ST.	BRONSON	FL	32621
LIBERTY COUNTY HEALTH DEPARTMENT	10971 NW SPRING STREET	BRISTOL	FL	32321
MADISON COUNTY HEALTH DEPARTMENT	218 SW THIRD AVE	MADISON	FL	32340
MANATEE COUNTY HEALTH DEPARTMENT	410 6TH AVE EAST	BRADENTON	FL	34208
MARION COUNTY HEALTH DEPARTMENT	1801 S.E. 32ND. AVE.	OCALA	FL	34471
MARTIN COUNTY HEALTH DEPARTMENT	3441 SE WILOUGHBY BLVD	STUART	FL	34994
MIAMI-DADE COUNTY HEALTH DEPARTMENT	1725 NW 167TH STREET	MIAMI	FL	33056
MONROE COUNTY HEALTH DEPARTMENT	1100 SIMONTON STREET	KEY WEST	FL	33040
NASSAU COUNTY HEALTH DEPARTMENT	86014 PAGES DAIRY ROAD	YULEE	FL	32097
OKALOOSA COUNTY HEALTH DEPARTMENT	221 HOSPITAL DRIVE	FORT WALTON BEACH	FL	32548
OKEECHOBEE COUNTY HEALTH DEPARTMENT	1728 NW 9TH AVE.	OKEECHOBEE	FL	34972
ORANGE COUNTY HEALTH DEPARTMENT	832 W. CENTRAL BLVD.	ORLANDO	FL	32805

**ATTACHMENT E
SHIPPING LOCATIONS**

OSCEOLA COUNTY HEALTH DEPARTMENT	1875 BOGGY CREEK ROAD	KISSIMMEE	FL	34744
OSCEOLA COUNTY HEALTH DEPARTMENT	1875 FORTUNE ROAD	KISSIMMEE	FL	34744
OSCEOLA COUNTY HEALTH DEPARTMENT	105 N DOVERPLUM AVE.	KISSIMMEE	FL	34758
OSCEOLA COUNTY HEALTH DEPARTMENT	1505-1507 BILL BECK BLVD.	KISSIMMEE	FL	34744
PALM BEACH COUNTY HEALTH DEPARTMENT (C.L. BRUMBACK)	38754 STATE ROAD 80	BELLE GLADE	FL	33430-5615
PALM BEACH COUNTY HEALTH DEPARTMENT (DELRAY BEACH)	225 SOUTH CONGRESS AVE.	DELRAY BEACH	FL	33443-4616
PALM BEACH COUNTY HEALTH DEPARTMENT (LAKE WORTH HEALTH)	1250 SOUTHWINDS DRIVE	LANTANA	FL	33462-1459
PALM BEACH COUNTY HEALTH DEPARTMENT (WEST PALM BEACH)	1150 45TH STREET	WEST PALM BEACH	FL	33407-2361
PASCO COUNTY HEALTH DEPARTMENT	13941 15TH STREET	DADE CITY	FL	33525
PASCO COUNTY HEALTH DEPARTMENT	4135 LAND O'LAKES BLVD.	LAND O'LAKES	FL	34639
PASCO COUNTY HEALTH DEPARTMENT	5640 MAIN ST #1100	NEW PORT RICHEY	FL	34652
PASCO COUNTY HEALTH DEPARTMENT	10841 LITTLE ROAD	NEW PORT RICHEY	FL	34654
PINELLAS COUNTY HEALTH DEPARTMENT	205 Dr. MARTIN LUTHER KING STREET NORTH	SAINT PETERSBURG	FL	33701
POLK COUNTY HEALTH DEPARTMENT	3241 LAKELAND HILLS BLVD.	LAKELAND	FL	33805
POLK COUNTY HEALTH DEPARTMENT	1805 HOBBS RD	AUBURDALE	FL	33823
POLK COUNTY HEALTH DEPARTMENT	1700 BAKER AVE. EAST	HAINES CITY	FL	33844
POLK COUNTY HEALTH DEPARTMENT	835 W CENTRAL AVE BLDG A	LAKES WALES	FL	33853
PUTNAM COUNTY HEALTH DEPARTMENT	2801 KENNEDY STREET	PALATKA	FL	32177
SANTA ROSA COUNTY HEALTH DEPARTMENT	5527 NORTH STEWART STREET	MILTON	FL	32570
SARASOTA COUNTY HEALTH DEPARTMENT	2200 RINGLING BLVD	SARASOTA	FL	34237
SEMINOLE COUNTY HEALTH DEPARTMENT	400 W. AIRPORT BLVD.	SANFORD	FL	32773
ST. JOHNS COUNTY HEALTH DEPARTMENT	1955 US 1 SOUTH SUITE 100	SAINT AUGUSTINE	FL	32086
ST. LUCIE COUNTY HEALTH DEPARTMENT	714 AVENUE "C"	FORT PIERCE	FL	34950
SUMTER COUNTY HEALTH DEPARTMENT	415 NOBLE AVE	BUSHNELL	FL	33513
SUWANNEE COUNTY HEALTH DEPARTMENT	915 NOBLES FERRY RD	LIVE OAK	FL	32064
TAYLOR COUNTY HEALTH DEPARTMENT	1215 N. PEACOCK ST.	PERRY	FL	32347
UNION COUNTY HEALTH DEPARTMENT	495 EAST MAIN STREET	LAKE BUTLER	FL	32054

**ATTACHMENT E
SHIPPING LOCATIONS**

VOLUSIA COUNTY HEALTH DEPARTMENT	1845 HOLSONBACK DR, BIN 120	DAYTONA BEACH	FL	32117
VOLUSIA COUNTY HEALTH DEPARTMENT	931 N SPRING GARDEN AVE	DELAND	FL	32720
VOLUSIA COUNTY HEALTH DEPARTMENT	3151 HOWLAND BLVD.	DELTONA	FL	32738
VOLUSIA COUNTY HEALTH DEPARTMENT	717 W. CANAL STREET	NEW SMYRNA BEACH	FL	32168
VOLUSIA COUNTY HEALTH DEPARTMENT	775 HARLEY STRICKLAND BLVD.	ORANGE CITY	FL	32763
WAKULLA COUNTY HEALTH DEPARTMENT	48 OAK ST	CRAWFORDVILLE	FL	32327
WALTON COUNTY HEALTH DEPARTMENT	362 STATE HIGHWAY 83	DEFUNIAK SPRINGS	FL	32433
WALTON COUNTY HEALTH DEPARTMENT	361 GREENWAY TRAIL	SANTA ROSA BEACH	FL	32459
WASHINGTON COUNTY HEALTH DEPARTMENT	1338 S. BLVD.	CHIPLEY	FL	32428