

FLORIDA  
DEPARTMENT OF HEALTH (DOH)  
DOH 15-057



2-2016

INVITATION TO BID (ITB)  
FOR  
COURIER SERVICES

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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 prices for a qualified vendor to furnish equipment and to provide courier services.

### 1.2 Scope of Services

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 hours:** 8 A.M. to 5 P.M. Eastern Time on all business days.

**Calendar days:** all days, including weekends and 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.

**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 and awarded a Contract by the Department in accordance with the Bid submitted by that entity in response to this ITB.

**Vendor Bid System (VBS):** refers to the State of Florida internet-based vendor information system at: [http://myflorida.com/apps/vbs/vbs\\_www.main\\_menu](http://myflorida.com/apps/vbs/vbs_www.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: Lisa Leavitt  
1005 E. Kennedy Blvd. Room 315  
Tampa, FL 33602  
Email: Lisa.Leavitt@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 July 1, 2016 through June 30, 2019 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	<b><u>4/26/16</u></b>	<b><u>Posted to the Vendor Bid System at:</u></b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
Mandatory Site Visit	<b><u>5/3/16</u></b> <b>@ 10:00 AM</b> <b>ET</b>	<b>Hillsborough County Health Department</b> <b>1105 E. Kennedy Blvd. Main Bldg., Rm</b> <b>316 Tampa, FL. 33602</b>

Questions Submitted in Writing	<b>Must be received PRIOR TO:</b>  <b><u>5/10/16</u></b> <b>@ 3:00 PM</b> <b>ET</b>	<b>Submit to:</b> Florida Department of Health Central Purchasing Office <b>Attention: <u>Lisa Leavitt</u></b> 1105 E. Kennedy Blvd. Room 315 Tampa, FL 33602 E-mail: <b><u>Lisa.Leavitt@flhealth.gov</u></b>
Answers to Questions (Anticipated Date)	<b><u>5/12/16</u></b>	<b>Posted to Vendor Bid System at:</b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
<b>Sealed Bids Due and Opened</b>	<b>Must be received PRIOR TO:</b>  <b><u>5/24/16</u></b> <b>@ 3:00 PM</b> <b>ET</b>	<b><u>PUBLIC MEETING</u></b>  <b>Submit to:</b> Florida Department of Health In Hillsborough County <b>Attention: <u>Lisa Leavitt</u></b> 1105 E. Kennedy Blvd. Room 315 Tampa, FL 33602 E-mail: <b><u>Lisa.Leavitt@flhealth.gov</u></b>
Anticipated Posting of Intent to Award	<b><u>5/31/16</u></b>	<b>Posted to the Vendor Bid System at:</b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>

## 2.5 **Addenda**

If the Department finds it necessary to supplement, modify or interpret any portion of the specifications or documents during the solicitation period a written addendum will be posted on the MyFlorida.com Vendor Bid System, [http://vbs.dms.state.fl.us/vbs/main\\_menu](http://vbs.dms.state.fl.us/vbs/main_menu). It is the responsibility of the Provider to be aware of any addenda that might affect their Bid.

## 2.6 **Site Visit**

A **mandatory** site visit will be held at the time and location indicated in the Timeline. The site visit will provide Providers with an opportunity to tour the facilities identified in this ITB.

Attendance at the mandatory site visit is a prerequisite for the acceptance of a Bid. Only Providers that signed the attendance sheet for the mandatory site visit will be considered responsive.

## **2.7 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 Procurement Officer identified in **Section 2.4**, 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](http://vbs.dms.state.fl.us/vbs/main_menu).

## **2.8 Basis of Award**

A single award solicitation shall be made to the responsive, responsible provider offering the lowest grand total price (including all fuel charges) for services requested in this ITB.

## **2.9 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.
3. Submit one original Bid and one electronic copy of the Bid on CD. 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 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.

Providers must also complete and submit the renewal pricing section of the Price Page, **Attachment B**.

### **3.6 Documentation**

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

#### **3.6.1 Experience**

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 may use **Attachment C**, Experience 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.



### **3.6.2 Statement of Non-Collusion**

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

### **3.6.3 Florida Preference**

**Out of state vendors should review the below statute and comply with it to the extent the vendor determines it applies to them:**

Providers must comply with section 287.084, Florida Statutes, Preference to Florida businesses, which states: (1)(a) When an agency, university, college, school district, or other political subdivision of the state is required to make purchases of personal property through competitive solicitation and the lowest responsible and responsive Bid, proposal, or reply is by a Provider whose principal place of business is in a state or political subdivision thereof which grants a preference for the purchase of such personal property to a person whose principal place of business is in such state, then the agency, university, college, school district, or other political subdivision of this state shall award a preference to the lowest responsible and responsive Provider having a principal place of business within this state, which preference is equal to the preference granted by the state or political subdivision thereof in which the lowest responsible and responsive Provider has its principal place of business. In a competitive solicitation in which the lowest Bid is submitted by a Provider whose principal place of business is located outside the state and that state does not grant a preference in competitive solicitation to Providers having a principal place of business in that state, the preference to the lowest responsible and responsive Provider having a principal place of business in this state shall be five percent.

- (b) Paragraph (a) does not apply to transportation projects for which federal aid funds are available.
- (c) As used in this section, the term “other political subdivision of this state” does not include counties or municipalities.
- (2) A Provider whose principal place of business is outside this state must accompany any written Bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts.
- (3)(a) A Provider whose principal place of business is in this state may not be precluded from being an authorized reseller of information technology commodities of a state contractor as long as the vendor demonstrates that it employs an internationally recognized quality management system, such as ISO 9001 or its equivalent, and provides a warranty on the information technology commodities which is, at a minimum, of equal scope and length as that of the Contract.

- (b) This subsection applies to any renewal of any state Contract executed on or after July 1, 2012.

### **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 **Section 3.6.2**: Statement of Non-Collusion.

### 4.4 **Certificate of Authority**

All corporations, limited liability companies, 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 607, 608, 617, and 620, Florida Statutes, respectively prior to award.

#### **4.5 Vendor Registration**

Each vendor 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 Rule 60A-1.030, Florida Administrative Code. 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 vendor not registered in the MyFloridaMarketPlace system, unless exempted by rule. The successful Provider must be registered in the MyFloridaMarketPlace system within five days after posting of intent to award.

Registration may be completed at:

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

Respondents 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 Subcontractors**

The Provider may enter into written subcontracts for performance of specific services under the Contract resulting from this solicitation. Anticipated subcontract agreements known at the time of Bid submission and the amount of the subcontract must be identified in the Bid. If a subcontract has been identified at the time of Bid submission, a copy of the proposed subcontract must be submitted to the Department. No subcontract that the Provider enters into with respect to performance under the Contract will in any way relieve the Provider of any responsibility for performance of its Contract responsibilities with the Department. The Department reserves the right to request and review information in conjunction with its determination regarding a subcontract request.

#### **4.7 Commercial General Liability Insurance**

Provider 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. Provider 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 of Contract, 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 Deliverables**

Pursuant to Section 287.058, Florida Statutes, the contract resulting from this solicitation must contain quantifiable, measurable, and verifiable units of deliverables that must be received and accepted in writing by the contract manager before payment. Each deliverable must be directly related to the scope of work and specify a performance measure. As used in this paragraph, the term “performance measure” means the required minimum acceptable level of service to be performed and criteria for evaluating the successful completion of each deliverable.

#### **4.9 Financial Consequences**

Pursuant to section 287.058, Florida Statutes, the resulting Contract must contain financial consequences that will apply if Provider fails to perform as specified.

#### **4.10 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>

#### **4.11 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 Hillsborough County, Florida.

#### **4.12 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.

#### **4.13 Termination**

Termination must be in accordance with Department of Health’s Order Terms and Conditions, Paragraph 22.

#### **4.14 Records and Documentation**

To the extent that information is utilized 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, must be made available for inspection and copying by any interested person upon request as provided in Chapter 119, Florida Statutes, or otherwise. It is expressly understood that the successful 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. The successful Provider will be required to promptly notify the Department of any requests made for public records.

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 successful 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 successful 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 (currently Microsoft Word 6.0). 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 successful 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.

Pursuant to section 119.0701, Florida Statutes, the successful Provider must keep and maintain public records that ordinarily and necessarily would be required by the Provider in order to perform the service; provide the public with access to such public records on the same terms and conditions that the public agency would provide the records and at a cost that does not exceed that provided in Chapter 119, Florida Statutes, or as otherwise provided by law; ensure that public records that are exempt or that are confidential and exempt from public record requirements are not disclosed except as authorized by law; and meet all requirements for retaining public records and transfer to the public agency, at no cost, all public records in possession of the Provider upon termination of the Contract and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the public agency in a format that is compatible with the information technology systems of the agency.

#### 4.15 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 (8:00 a.m. - 5:00 p.m., Eastern 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 except bids 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. For documents other than bids.**

**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  
SCOPE OF WORK**

**A. Background Information**

Courier services are needed to provide security, tracking, signature, specialization, and individualization of mailing services in an efficient and expeditious manner.

**B. Service Tasks**

1. Provide general pickup and delivery courier services for daily dedicated routes as referenced in the dedicated route schedule (Exhibit A).
2. Provide reliable, secured and temperature controlled transportation.
3. Vehicles used to perform services must be vans or box trucks.
4. The daily dedicated routes schedule (Exhibit A) must be followed or as instructed by the Facilities Services Manager Assistant or delegate.
5. Vehicles transporting formula, pharmaceuticals, specimens and blood must be air conditioned.
6. Any items damaged will be replaced at the cost of the contractor.
7. Any equipment necessary to perform the deliveries shall be provided by the contractor. For example, hand trucks or material moving equipment as necessary.
8. Delivery and pick up service shall be available during regular business hours between 8:00 am to 5:00 pm (at point of delivery or pick up) Monday through Friday. Later or earlier pickups may be requested and scheduled with the Facilities Services Manager Assistant or delegate as needed.
9. Chain of custody: The contractor shall provide end-to-end control over all deliveries and maintain the ability to track all deliveries.
10. Contractor shall demonstrate at minimum 95% on time performance for pick up and deliveries.



## Exhibit A ROUTE LOCATIONS

ROUTE	START/END TIMES	LOCATIONS	Note: Important Comments
A.1	Start 8:00 AM Daily	<b>Health Department Downtown</b> Annex –Mailroom 1105 East Kennedy Blvd.	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
A.1	Daily	<b>Brandon Vital Statistics Office</b> 212 S. Moon Ave. Brandon ,FL 33511	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
A.1	Daily	Plant City WIC 307 N. Michigan Plant City FL 33566	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
A.2	Three times a month as requested	<b>Plant City Family Care</b> 508 N. Maryland Ave. Plant City 33563	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
A.2	Three times a month as requested	<b>Tom Lee Community Health Center</b> 14254 Martin Luther King Blvd. SR574 Dover FL 33527	
A.1	Daily	<b>Joyce Ely WIC Office</b> 205 14 <sup>TH</sup> Ave SE Ruskin FL 33570	Mail bags, boxes, pharmacy and WIC items are to be dropped off at designated locations. See contact persons for locations
A.2	Three times a month as requested	<b>Ruskin Health Center</b> 2814 14 <sup>th</sup> Ave. SE Ruskin FL 33570	
A.1	Daily	<b>Hillsborough County Animal Services</b> 440 Falkenburg Rd. Tampa FL 33619	Dog pound pick up specimens in plastic totes or coolers to be delivered must have ice packs in coolers and delivered by 1:00 pm same day.
A.1	Daily	<b>Palm River Community Health Center</b> 7728 Palm River Road Tampa, FL 33619	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
A.1	Daily	<b>Hillsborough County Jail</b> 520 Falkenburg Rd. Tampa, FL 33619	
A.1	Daily 10:30 am	<b>Health Department Downtown</b> Annex Bldg Mail Room 1105 E. Kennedy Blvd. Tampa, FL 33602	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
B	Monday Wednesday Friday	<b>METRO Wellness and Community Centers</b> 1315 East 7 <sup>th</sup> Ave. Suite 201 Tampa FL 33605	
B	Daily	<b>College Hill WIC Office</b> 2313 E. 28 <sup>th</sup> Ave. Tampa FL 33605	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations

## Exhibit A ROUTE LOCATIONS

B	Daily	<b>St. Joseph's Vital Statistics Office</b> Women's Hospital 3030 W. Martin Luther King Blvd. Tampa, FL 33612	Vital Statistics
B	Daily	Tampa Lab 3602 Spectrum Blvd. Tampa FL 33612	Delivered Specimens and pick up reports
B	Daily	<b>University Area Community Health Center - Vital &amp; WIC Offices</b> 13601 N. 22nd Street Tampa FL 33613	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
B	Daily	<b>Sulphur Springs Health Center Immunizations/Refugee &amp; WIC Office</b> 8605 N. Mitchell Ave Tampa FL 33604	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
B	Daily	TB Health Center 8515 N. Mitchell Ave Tampa FL 33604	
B	Daily	<b>Health Department Downtown Annex Bldg. Mailroom</b> 1105 East Kennedy Blvd. Tampa FL 33602	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
C	Daily	Tampa Lab 3602 Spectrum Blvd. Tampa FL 33612	Delivered Specimens and pick up reports
C	Daily	<b>University Area Community Health Center - Vital &amp; WIC Offices</b> 13601 N. 22nd Street Tampa FL 33613	
C	Daily	TB Health Center 8515 N. Mitchell Ave Tampa FL 33604	
	Three times a month as requested	<b>Tampa Family Health Center</b> 8108 N. Nebraska Ave; Tampa FL 33604	
C	Daily	<b>Tampa Family Health Center</b> 9827 N. Sheldon Rd. Tampa FL 33615	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
C	Three times a month as requested	<b>Tampa Family Health Center</b> 3901 S. Westshore Blvd. Tampa, FL 33611	
C	Daily	<b>Kelton Center</b> 4704B Montgomery Ave, Tampa FL 33616	Health Equity Community Health EPI

### Exhibit A ROUTE LOCATIONS

C	Daily	<b>Health Department Downtown Annex Bldg. Mailroom 1105 East Kennedy Blvd. Tampa FL 33602</b>	Mail bags, boxes, pharmacy and WIC items are to be dropped off or picked up at designated locations. See contact persons for locations
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**ATTACHMENT B**

**PRICE PAGE**

A single award solicitation shall be made to the responsive, responsible provider offering the lowest grand total price (including all fuel charges) for services requested in this ITB.

**Initial Term (Year 1)**

Description	Total
Provide all daily general pickup and delivery courier services	\$ _____

**Initial Term (Year 2)**

Description	Total
Provide all daily general pickup and delivery courier services	\$ _____

**Initial Term (Year 3)**

Description	Total
Provide all daily general pickup and delivery courier services	\$ _____

**Initial Term Total \$ \_\_\_\_\_**

**Renewal Term (Year 1)**

Description	Total
Provide all daily general pickup and delivery courier services	\$ _____

**Renewal Term (Year 2)**

Description	Total
Provide all daily general pickup and delivery courier services	\$ _____

**Renewal Term (Year 3)**

Description	Total
Provide all daily general pickup and delivery courier services	\$ _____

**ATTACHMENT B**

**PRICE PAGE**

**Renewal Total: \$** \_\_\_\_\_

**Grand Total: \$** \_\_\_\_\_  
(Initial + Renewal Total)

**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  
EXPERIENCE FORM  
Section 3.6.1**

Provider's Name: \_\_\_\_\_

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 may use this experience 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.	<b>Company/Agency Name:</b>	
	<b>Address:</b>	
	<b>City, State, Zip:</b>	
	<b>Contact Name:</b>	
	<b>Contact Phone:</b>	
	<b>Contact Email Address:</b>	
	<b>General Description of Work:</b>	
	<b>Service Dates:</b>	
	<b>Approximate Contract Value:</b>	\$
2.	<b>Company/Agency Name:</b>	
	<b>Address:</b>	
	<b>City, State, Zip:</b>	
	<b>Contact Name:</b>	
	<b>Contact Phone:</b>	
	<b>Contact Email Address:</b>	
	<b>General Description of Work:</b>	
	<b>Service Dates:</b>	
	<b>Approximate Contract Value:</b>	\$

**ATTACHMENT C  
EXPERIENCE FORM  
Section 3.6.1**

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

**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 own



