**JACKSON COUNTY BOARD of COMMISSIONERS**

****

**REQUEST FOR PROPOSALS**

**RFP Nu1819-01**

**Disaster recovery services**

**October31, 2018**

Jackson County, Florida, and its Board of County Commissioners (“Jackson County”) invite qualified vendors to submit responses to its Request for Proposal (RFP) for Disaster Financial Recovery Services. The purpose of this RFP is to solicit competitive proposals from companies that provide Disaster Recovery Services. Jackson County reserves the right to award to one or more proposers whatever is in the best interest of Jackson County. Jackson County anticipates a contract for these services for a basic term of three (3) years with two 1-year extension options for services as needed.

# SECTION 1.0 GENERAL INFORMATION

The objective of the RFP and subsequent contracting activity is to secure the services of an experienced Emergency Management Consultant (hereafter referred as “Contractor”) who is capable of tracking disaster related expenses, maintaining appropriate documentation and planning the most effective strategies for recovery throughout all the phases of a disaster which may include providing staff to fill roles of the Finance Section within the structure of Jackson County. The Contractor must be capable of assembling, directing, and managing a work force that can be assembled and remain accessible throughout the disaster closeout and audit process. The selected contractor will be expected to have a working knowledge of all applicable fiscal recovery eligibility criteria required, including but not limited to, 44 CFR, 2 CFR Part 200 “Super Circular”, FEMA guidelines, FEMA DAP 9500 series, Hurricane Sandy Improvement Act, Housing and Urban Development (HUD), Federal Highway Administration (FHWA), and any other applicable local, state, federal laws and regulations.

The qualified Contractor shall be responsible for assisting Jackson County in emergency planning, disaster recovery, hazard mitigation activities, and the closeout/audit process(es) that are inclusive of, but not limited to, managing and monitoring flooding mitigation efforts, preparing Project Worksheets and detailed damage inspection reports, preparing Unified Hazard Mitigation Grant Program (HMGP) applications, updating the Local Mitigation Strategy (LMS) and other emergency management plans, assist with management of acquisition projects, monitor construction projects, prepare and review design documents, consult with agencies to assure compliance with the Federal programs as well as other applicable recovery and mitigation activities.

The selected Contractor will provide project management services at a negotiated price when and if federal funds are awarded to Jackson County. In addition to having knowledge and experience in federal grant elements, the Contractor shall also have the ability and experience in conducting federal and State of Florida agency consultations, review of construction (engineering) plans, preparation of project worksheets, detailed damage inspection reports, and grant closeouts. The Contractor will be responsible for preparing and ensuring that all closeout paperwork is properly submitted to the appropriate agencies throughout the life of the projects as required.

**The Contractor shall have demonstrated experience and expertise in the public facilitation process to assist the public in meaningful participation in Disaster Recovery Programs and the Unified HMGP process.** The Contractor should have skills and experience in successful public outreach and participation techniques, to include facilitating and conducting public workshops, individual and group meetings with interested homeowners, liaison with State and Federal officials, reporting at Board of County Commission meetings and presenting information as needed.

The Contractor should have the adequate number of staff members and/or sub-Contractors with experience and qualifications in grant management, engineering design review, and/or Federal and State regulatory compliance.

# SECTION 2.0 STATEMENT OF WORK

# The Recovery Program is created pursuant to the FEMA Public and Individual Assistance Grant Programs. The Public Assistance program is designated to provide supplemental Federal disaster grant assistance for the repair, replacement, or restoration of disaster-damaged, publicly owned facilities and the facilities of certain Private Non-Profit (PNP) organizations which qualify under specific provisions.

# Contractor shall provide qualified personnel to perform services related to the recovery from disasters. These individuals shall have a working knowledge and experience with the FEMA Recovery Program and will seek to maximize Federal and State assistance to eligible Subgrantees. The Contractor shall have working knowledge of all FEMA Public Assistance and Individual Assistance Program regulations and policies. The Contractor shall also have working knowledge of Direct Administrative Cost (DAC) funding for program sustainability in accordance with FEMA rules, regulations and policies, whether written or implemented in practice.

# The types of services that may be included, but are not limited to:

# 2.1 Disaster Recovery Services

2.1.1. During the term of this contract the Contractor shall provide disaster recovery services for Jackson County which include, but are not limited to, the following items:

1. Provide personnel to augment recovery capabilities for declared and non-declared events as needed by Jackson County;
2. Provide pre-trained specialists under the FEMA Public Assistance Program as needed (including experience with alternative procedures);
3. Provide pre-trained specialists under the FEMA Individual Assistance Program as needed;
4. Prepare with the State, FEMA and applicants the scope of work and cost estimates for recovery project worksheets using Category A through G as necessary, and prepare necessary documentation to support same;
5. Collect, write and submit as necessary, State direct cost worksheets along with documentation necessary to support the writing of Category Z project worksheets;
6. Write requests for time extensions to FEMA;
7. Provide Joint Preliminary Damage Assessments with Federal, State, and local partners;
8. Track and monitor Contractor’s own time and activities by project, or as otherwise allowed by Federal guidance for direct administrative, indirect, and project management costs;
9. Tracking progression of all project worksheet versions through closeout;
10. Provide accurate, complete and timely invoices;
11. Provide services in a professional manner at all times; and
12. Provide performance reports to Jackson County when requested;
13. Provide and gather supporting documentation for grant eligible projects and completing documentation required to receive reimbursement. Such responsibility includes, but is not limited to, processing Requests for Reimbursement, preparing Summaries of Documentation, preparing quarterly reports, performing small project validation, assisting with hazard mitigation application development, and assisting with closeout activities, requests for final inspection, and tracking and compiling Direct Administrative Costs (DAC) for reimbursement;
14. The Contractor shall remain on contract, unless otherwise notified, until the disaster has been closed out and all local, state, and federal audits have been completed.
15. The Contractor shall have conducted a criminal background and driver’s license check the upon the hire for any person used in fulfilling this Agreement. The Contractor must E-verify the employment status of their employees and will maintain the documentation in their files. Jackson County reserves the right to remove or reject any contracted staff person at any time. In addition, any subcontractor initiated under this contract must be reported to Jackson County. It is important to guarantee the safety of Jackson County’s employees. In addition, costs can significantly exceed if the contractor hires a subcontractor so it is important that Jackson County is aware;
16. Time sheets for each contracted employee, including subcontractor employees, must accompany the submitted invoices. All time sheets must identify the employee and the position as authorized by this agreement;
17. The Contractor should provide only Direct Administrative Costs (DAC) eligible activities unless otherwise requested by Jackson County. If Jackson County requests a non-DAC eligible item, the Contractor must inform Jackson County that such activities are non-reimbursable by FEMA. If the Contractor is to perform any non-DAC eligible activities without a request, the Contractor must inform Jackson County prior to claiming such costs. Project Worksheets (PWs) submitted by the Contractor and unapproved by FEMA will be deemed unallowable costs under this agreement and subject to refund for the costs allocated to such project worksheet. In addition, should direct administrative costs obligations approved by FEMA for individual project worksheets be less than the amount Jackson County reimbursed the Contractor for the same project worksheet, the difference may be subject to refund back to Jackson County. This provision shall survive the term of the contract and Jackson County is entitled to seek all necessary relief in the enforcement of this provision.

**2.1.2. In addition, as needed, the contractor should be capable to meet all of Jackson County’s needs including, but not limited to, the following:**

1. Provide emergency planning, disaster recovery, mitigation planning and program management services required/requested by Jackson County
2. Prepare Project Worksheets and Detailed Damage Inspection Reports as required or needed
3. Make project eligibility determinations, research and maintain documentation to support eligibility
4. Coordinate with the State and Federal Agencies
5. Work with homeowners and local government staff to prepare timely Hazard Mitigation Grant Program (HMGP) grant applications
	1. Conduct public and individual meetings to assist homeowners with the program requirements
	2. Prepare project Scope of Work and budget
	3. Comply with all grant program mandates and documentation requirements
	4. Conduct financial tracking of program funds and homeowner payments
6. Develop and submit quarterly progress reports to the County and State
7. Assist and facilitate local government staff with the Public Assistance (PA), HMGP, Community Development Block Grant (CDBG) and Economic Development Administration (EDA), Fire Management Assistance Grant program (FMAG) processes
8. Provide in-progress reviews as required to keep Jackson County informed on project progress
9. Prepare Project Worksheet closeout packages
10. Review all procurement to ensure FEMA eligibility
11. Track all disaster related expenses and maintain support documentation to justify each expenditure
12. Assist with integrating mitigation actions into the recovery process, specifically with the use of Section 406 hazard mitigation funds.

**2.2 Program Staff Augmentation List**

1. **Contract Manager**-Provide guidance and supervision of contracted staff. Ensure all rules, policies and guidelines are adhered to in accordance with State and Federal regulations. Oversee the project management of contracted purchase orders and act as liaison to the State’s Program and Contract Managers. Responsible for quality control, performance reporting, providing the Division the status of projects, and coordinating with the State Public Assistance Officer, Deputy Public Assistance Officer, State Individual Assistance Officer, and Deputy Individual Assistance Officer when requested.

Although not an express requirement for the submission of a bid, the Division expects that, at the time of contract performance, the Vendor will fill this position with an individual who enjoys a minimum of three years experience working directly with the FEMA’s Public Assistance and Individual Assistance Programs, at least one of which is in a management role supervising field staff and working under the guidelines of the Federal Emergency Management Agency in a response capacity.

1. **Program Manager** - Provide supervision of Project Specialists, provide information to the State’s Program and Contract Manager, establish and maintain quality control, provide technical support, monitor and report status of projects. Knowledgeable and experienced with FEMA rules and regulations, able to work with State, Federal and local officials and be customer service oriented.

Although not an express requirement for the submission of a bid, the Division expects that, at the time of contract performance, the Vendor will fill this position with an individual who enjoys a minimum of two years experience working directly with FEMA’s Public Assistance and Individual Assistance Programs, at least one of which is in a management role supervising field staff and working under the guidelines of the Federal Emergency Management Agency in a response capacity.

**3. Program Specialist**

1. Public Assistance Specialist - Develop project worksheets, gather documentation from Subgrantees, determine eligibility of Sub grantee’s work, assist in project applications, and provide programmatic assistance to Subgrantees. Knowledgeable of FEMA rules and regulations, able to work with State, Federal and local officials and be customer service oriented.

Although not an express requirement for the submission of a bid, the Division expects that, at the time of contract performance, the Vendor will fill this position with an individual who enjoys a minimum of one year of experience working directly with FEMA’s Public Assistance Program.

b. Individual Assistance Specialist - Document the impact and magnitude of an event on housing, businesses and other private sector interests. Identify unmet needs of individuals, businesses, the public sector and the community. Prepare reports, verify impacts and assess damage of affected area. Knowledgeable of Individual Assistance response priorities, able to work with State, Federal, local officials and impacted citizens and be customer service oriented.

 Although not an express requirement for the submission of a bid, the Division expects that, at the time of contract performance, the Vendor will fill this position with an individual who enjoys a minimum of one year of experience working directly with FEMA’s Individual Assistance Program.

 **4. Project Specialist** - Prepare and process grant payments, monitor grant activities, coordinate and communicate with stakeholders, ensure contract and records are maintained, prepare correspondence. Knowledgeable of grants management, able to work with State, Federal and local officials and be customer service oriented. Assists in the advancement and monitoring of Recovery projects, Stafford Act Appeals, financial monitoring and reporting, and recovery logistics. Prepare and upload project documentation, and prepare status tracking reports of projects. Must have the ability to perform administrative assignments in an accurate and efficient manner.

 **5. Administrative Support Specialist** - Prepare and upload documents, tabulate timesheets, provide human resources support, answer phone lines, general administrative duties in the overall support of projects, field operations and management. Must have the ability to perform administrative functions in an accurate and efficient manner.

**SECTION 3.0 PROPOSAL RESPONSE REQUIREMENTS**

3.1 A response to this RFP should include the following information at a minimum. Please note that the proposal should address the requirements listed above in a clear and concise manner in the order stated herein. The response shall clearly detail how the services that you are proposing can best satisfy Jackson County’s needs.

 The submitted proposal must follow the rules and format outlined within this section. Adherence to these rules will ensure a fair and objective analysis of all proposals. Unnecessarily lengthy documents are discouraged.

Proposals must be tabbed as follows and must include the information/documents specified in the applicable tab. Proposals that do not adhere to the following format or include the requested information/documents may be considered incomplete and therefore unresponsive by Jackson County.

3.2 Jackson County reserves the right to seek additional/supplemental representation on specific issues as needed.

3.3 Proposers shall construct their proposal in the following format and a tab must separate each section. **Do not submit TECHNICAL PROPOSAL and COST/FEE PROPOSAL together. Place in separate sealed envelopes/packaging.**

**PROPOSAL 1 – TECHNICAL PROPOSAL (NO COST INCLUDED)**

**In a sealed envelope (or other packaging), provide ONE (1) signed ORIGINAL HARD COPY (SO IDENTIFIED) and SIX (6) IN ELECTRONIC FORMAT COPIES (FLASH DRIVE or COMPACT DISC (CD)) IN MICROSOFT WORD 10.0 OR HIGHER, OR ADOBE ACROBAT** of the Proposal which is to be saved and submitted in the same format as described herein. The Department expects all to be in this format.

**Do not include any COST/FEES in any part of the TECHNICAL PROPOSAL.**

**Tab 1. Executive Summary**

Present in brief, concise terms, a summary level description of the contents of the proposal and your company and its capabilities, including a brief history and average number of employees over the past five years. Give the names of the person(s) who will be authorized to make representations for the proposer, their title(s), address(es), and telephone and fax number(s). Also include the address of the office that is to perform the work, the Federal Identification Tax Number or Social Security Number, and the age of the firm. If this is a joint venture, list participating firms and outline specific areas of responsibility (including administrative, technical, and financial) of each firm. If a joint venture, has the joint venture previously worked together? If yes, on what projects? A copy of the joint venture agreement should be provided, if available at this time. If the joint venture agreement is not available at this time, then the selection of the firm will be subject to Jackson County receiving and approving the joint venture agreement, prior to negotiating the contract. The summary must be limited to a maximum of two pages and the signer of the proposal must declare that the proposal is in all respects fair and in good faith without collusion or fraud and that the signer of the proposal has the authority to bind the principal proponent.

**Title Page.** Type the name of Proposer’s agency/firm, address, telephone number, name of contact person, date, and the title of the RFP.

**Table of Contents.** Include a clear identification of the written material by section and by page number.

**Tab 2. Response to Proposal.** Specifically state the Proposer’s understanding of the work to be accomplished and make a positive commitment to perform the work in Section 2.0.Statement of Work.

**Tab 3. Section 2.0, Statement of Work.** Include all the requirements and/or documentation requested under Section 2.0 Statement of Work and Section 3.0 Proposal Response Requirements. If the vendor does not meet the minimum requirements, the vendor will be eliminated from further evaluations.

**Tab 4. Minimum qualifications:**

Proposer shall be registered to conduct business in the State of Florida.

Proposer shall have been successfully engaged in providing similar services for a **minimum of two years** within the last ten years and shall have provided services for a minimum of three organizations of which two must be municipalities, counties or other governmental agencies.

**Tab 5. References.**

Include a reference list of clients to whom the Proposer has provided services similar to those being proposed to Jackson County. Proposers shall provide the following information for each organization/agency:

* Name of Client
* Date of Services (including type of services)
* Address
* Contact Person and Title
* Telephone Number and E-mail Address
* Types of modules included in contract

Proposer shall provide information on having demonstrated extensive prior experience in the Disaster Recovery Services.

Proposer shall also indicate if any contracts have been cancelled within the last 5 years and shall provide the reason for the cancellation.

The proposer must provide evidence of its financial condition. Please state the number of years the firm has been in business and provide your most recent certified financial statement attached and made part of your proposal.Specifics on the required information to provide for each client are detailed under Section 2.0 Statement of Work and Section 3.0 Proposal Response Requirements.

**Tab 6. General Statement of Experience.** Include a written, verifiable statement of experience in providing and managing similar services as detailed in Section 2.0 Statement of Work. If the Proposer does not possess an experience similar to the services required, Proposer shall provide any pertinent information or experience Proposer feels may qualify Proposer for consideration of award.

**Tab 7. Operational Plan.** Include a narrative description and/or organizational chart outlining the methods of operation, operational structure, and services to be provided by the Proposer. This description should fully and completely demonstrate the Proposer's intended methods for servicing the requirements. Proposers are also encouraged to provide any other pertinent information that will assist Jackson County in evaluating the proposed method of operation.

**Tab 8. Proposed Management and Operations Plan.**

Proposer is to provide in sufficient detail to allow Jackson County to evaluate how Proposer’s management and operating plan will achieve the goal of providing disaster recovery services.

**Tab 9. Management Plan.**

The Proposer must specifically name key staff members who will directly work with Jackson County on a day-to-day basis. Please name the project team manager and clearly indicate this individual’s level of authority and responsibilities necessary to successfully complete this project.

Please describe the manner in which personnel will be organized; briefly describe each team member's experience with disaster recovery services, and provide a professional resume of each team member.

Since Jackson County is interested in the firm's commitment to the project, please indicate other commitments of your team members. Jackson County will reserve the right to disqualify any individual from assignment to this project if it is felt to be in the best interest of Jackson County.

Give brief resume of key persons to be assigned to the project including but, not limited to:

a) Name & Title

b) Job assignment for other projects/Percentage of time to be assigned to this project

c) Experience

1) How many years with this firm and how many years with other firms

2) Types of projects the person has worked on and what was the specific project involvement?

d) Education

e) Other experiences and qualifications that are relevant to this project

**Tab 10. Satisfaction of Requirements**

**10.1. Other Information**

**10.1.1 Essential Components**

Anything the Proposer deems essential to the successful implementation of the requirements of this RFP (not included in Jackson County's specifications or requirements) may be included in this part of proposal. This information should be relevant and in response to a requirement of this RFP as extraneous information will be disregarded.

**10.1.2 Environmental Impact**

Preference will be given to solutions that have a favorable environmental impact.

**Tab 11. Miscellaneous Documents**

* Attachment A – Representations/Certifications
* Attachment B –Certification of Drug-Free Workplace Program
* Attachment C – Cost/Fee Proposal
* Attachment D – LABEL for Proposal Submission
* Acknowledged and signed Addenda to this RFP (if any)

**PROPOSAL 2 – COST/FEE PROPOSAL**

**In a sealed envelope (or other packaging), provide ONE (1) signed ORIGINAL HARD COPY (SO IDENTIFIED) and SIX (6) IN ELECTRONIC FORMAT COPIES (FLASH DRIVE or COMPACT DISC (CD)) IN MICROSOFT WORD 10.0 OR HIGHER, OR ADOBE ACROBAT** of the Proposal which is to be saved and submitted in the same format as described herein. The Department expects all to be in this format. Failure of the Proposer to follow this outline may result in the rejection of the Proposals, or result in a lower evaluation score**.** Use **ATTACHMENT C** for this purpose.  See **Pricing Examples** below in 3.4

**Do not include any COSTS/FeeS in any part of TECHNICAL PROPOSAL.**

A completed copy of attached *COST/FEE PROPOSAL FORM* must be included in COST/FEE PROPOSAL only. Costs must be guaranteed for a period of not less than three (3) years from the effective date of the ensuing contract.

3.4 TECHNICAL AND COST/FEE PROPOSAL SHALL BE DELIVERED AS FOLLOWS:

 All proposals must be delivered SEALED to Jackson County at the address shown below no later than the time and date set for receipt of proposals (see Section 4.0 – Schedule of Events). Failure to comply with this or any other paragraph of the Request for Proposals may be sufficient reason for rejection of the entire proposal.

DELIVER the separate TECHNICAL PROPOSAL and COST PROPOSAL envelopes/packages to:

**JACKSON COUNTY ADMINISTRATOR**

**2864 MADISON STREET**

**MARIANNA FL 32448**

3.4.1 EACH SEALED PROPOSAL PACKAGE SHOULD BE LABELED WITH THE PROPER IDENTIFICATION. **ATTACHMENT D – PROPOSAL LABEL** HAS BEEN PROVIDED FOR YOUR USE.

* For time and date set for receipt of proposals see Section 4.0 – Schedule of Events.
* Number each sealed package sequentially (i.e. "1 of 3”, "2 of 3", "3 of 3").

3.4.2 **ALL PROPOSALS RECEIVED WILL BE RECORDED AND CLOCKED-IN AT THE COUNTY ADMINISTRATOR’S OFFICE.** The responsibility for submitting the proposal to the County Administrator’s Office no later than the specified time and date is solely that of the proposer. Jackson County will in no way be responsible for delays in mail delivery, courier, or any other third-party delivery, or delays caused by any other occurrence.

 **LATE PROPOSALS WILL NOT BE ACCEPTED OR CONSIDERED FOR EVALUATION.**

3.4.4 All proposals must be in writing. Non-responsive proposals will not be considered. The signer of the proposal must declare that the proposal is in all respects fair and in good faith without collusion or fraud and that the signer of the proposal has the authority to bind the principal Proposer.

3.4.5 Jackson County shall not be liable for any costs incurred by a Proposer prior to entering into a contract. Therefore, all Proposers are encouraged to provide a simple, straightforward, and concise description of their ability to meet the project requirements.

3.4.6 REQUEST FOR COPY OF SUBMITTED PROPOSALS

Sealed bids, proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from s. [119.07](http://www.flsenate.gov/Laws/Statutes/2011/119.07)(1) and s. 24(a), Art. I of the State Constitution [State of Florida] until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier. If an agency rejects all bids, proposals, or replies submitted in response to a competitive solicitation and the agency concurrently provides notice of its intent to reissue the competitive solicitation, the rejected bids, proposals, or replies remain exempt from s. [119.07](http://www.flsenate.gov/Laws/Statutes/2011/119.07)(1) and s. 24(a), Art. I of the State Constitution until such time as the agency provides notice of an intended decision concerning the reissued competitive solicitation or until the agency withdraws the reissued competitive solicitation. A bid, proposal, or reply is not exempt for longer than 12 months after the initial agency notice rejecting all bids, proposals, or replies.

(<http://www.flsenate.gov/Laws/Statutes/2011/119.071>)

**SECTION 4.0 SCHEDULE OF EVENTS**

The proposed time schedule as related to this procurement is as follows:

|  |  |
| --- | --- |
| **EVENT** | **DATE** |
| Release of RFP | 10/\_\_/2018 |
| Deadline for Requests for Clarification, Questions, etc. | \_\_\_\_\_\_\_\_\_\_ |
| Anticipated Addendum in Response to Questions Received on or about | \_\_\_\_\_\_\_\_\_\_ |
| Proposal Due Date/Time (Deadline)  | \_\_\_\_\_\_\_\_\_\_, Due By \_\_\_\_ PM Central Time |
| Scoring by Evaluation Committee  | \_\_\_\_\_\_\_\_\_\_ |
| Anticipated Posting of the Bid Tab on or about | \_\_\_\_\_\_\_\_\_\_ |
| Anticipated Contract Approval/Award on or about | \_\_\_\_\_\_\_\_\_\_ |

 An addendum to this RFP will be issued if any of these dates/times change.

**SECTION 5.0 EVALUATION OF PROPOSALS**

Evaluation of proposals will be performed consistent with Jackson County's Procedures Manual using the following criteria and weighted values:

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Max score** | **Factor** | **Maximum Points** |
| **TECHNICAL PROPOSAL** |  |  |  |
| Executive Summary  | 5 | 0 | 0 |
| Response to Proposal | 5 | 1 | 5 |
| Statement of Work  | 5 | 2 | 10 |
| Minimum qualifications  | 5 | 4 | 20 |
| References  | 5 | 4 | 20 |
| General Statement of Experience | 5 | 2 | 10 |
| Proposed Management and Operations Plan | 5 | 7 | 35 |
|  |  |  |  |
| **COST/FEE PROPOSAL** |  |  |  |
| Cost to Jackson County  | 30 | 1 | 30 |
| **Maximum Points Allowed** |  |  | **130** |

**SECTION 6.0 CONTRACT AWARD**

6.1 Jackson County intends to award to one (1) prime Contractor who will be responsible for providing services offered in the proposal to Jackson County, whether performed by the Contractor’s own employees or through the use of sub-Contractors. This prime Contractor shall be the sole point of contact for Jackson County with regard to contractual matters.

6.2 Jackson County reserves the right to award to a single Prime Contractor two (2) contracts, one for Jackson County and a separate contract for the County.

6.3 Jackson County also reserves the right to award to a second Prime Contractor who will be responsible for providing services offered in the proposal to the County, whether performed by the Contractor’s own employees or through the use of sub-Contractors. This prime Contractor shall be the sole point of contact for the County with regard to contractual matters.

6.4 Any multiple awards, if selected, shall be awarded at the sole discretion of Jackson County.

6.5 Jackson County reserves the right to incorporate the Contractor’s proposal into a contract. Failure of a firm to accept this obligation may result in the cancellation of any award.

6.6 The selected firm(s) will be required to assume responsibility for all services offered in the proposal. Jackson County will consider a selected firm to be the sole point of contact with regard to contractual matters, including payment of any or all charges.

6.7 A copy of the official final scores, ranking, and recommendation will be posted and may available for review in Jackson County’s County Administrator’s Office, upon completion of the evaluation process by the evaluation committee.

**SECTION 7.0 RIGHT OF REJECTION**

Jackson County reserves the right to waive any informality in any proposal, to reject any or all proposals in whole or in part, with or without cause, and/or to accept the proposal that in its judgment will be in the best interest of Jackson County and its citizens.

**SECTION 8.0 REQUESTS FOR CLARIFICATIONS, INTERPRETATIONS, ASSISTANCE**

All questions concerning this Request for Proposals must be directed through:

**interim County Administrator Willane Daniels**

All telephone conversations are to be considered unofficial responses and will not be binding. Questions, verifying the Request for Proposals' content, if appropriate, will be responded to in writing. The written response will be Jackson County's official response and will be mailed to all Proposers that requested the Request for Proposals. All Questions must be submitted no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018, at 12:00 Noon, Central Time.

**SECTION 9.0 GENERAL TERMS AND CONDITIONS USED IN THE FINAL CONTRACT**

These clauses are not all inclusive; the final contract will be sent to successful Proposer:

**9.1 EQUAL OPPORTUNITY AGREEMENT** In connection with work performed under a Jackson County contract, the Proposer agrees, upon receipt of a written award or acceptance of a contract, to support and abide by Jackson County's Equal Opportunity Pledge.

By submitting a proposal in response to this solicitation, the Proposer agrees to –

1. Not discriminate against any employee or job applicant because of their race, creed, color, sex, marital status or national origin;
2. Post a copy of this pledge in a conspicuous place, available to all employees and job applicants.

(c ) Place or cause to be placed a statement in all solicitations or advertisement for job applicants, including subcontracts, that the Proposer is an "Equal Opportunity Employer".

**9.2 PUBLIC ENTITY CRIMES**

As required by Florida State Statute 287.133, (2 (a), A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or a public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or Contractor under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in s.287.017 for CATEGORY TWO [$35,000] for a period of 36 months from the date of being placed on the convicted vendor list. Any person must notify Jackson County within 30 days after a conviction of a public entity crime applicable to that person or to an affiliate of that person.

**9.3 INDEMNIFICATION**

The Contractor shall indemnify and save harmless Jackson County, its officials and employees, from all losses, damages, costs, expenses, liability, claims, actions, and judgments of any kind whatsoever brought or asserted against, or incurred by, Jackson County, including without limitation attorney’s fees and costs of litigation, to the extent that the same arise out of or are caused by any act or omission of the Contractor, its sub-Contractors or subcontractors, or by the employees, officers, directors, or agents of the Contractor, or its subcontractors.

**9.4 ISSUANCE OF ADDENDA**

9.4.1 If this solicitation is amended, Jackson County will issue an appropriate addendum to the solicitation. If an addendum is issued, all terms and conditions that are not specifically modified shall remain unchanged.

9.4.2 Proponents shall acknowledge receipt of each addendum to this solicitation using one of the following methods:

* + By signing and returning the addendum;
	+ By signed letter;
	+ By signed facsimile (subject to the conditions specified in the provision entitled “FACSIMILE DOCUMENTS”.)

9.4.3 Jackson County must receive the acknowledgment by the time and date, and at the location specified for receipt of proposals.

**9.5 PAYMENT**

9.5.1 Prompt Pay Policy

 It is the policy of Jackson County to fully implement the provisions of the State of Florida Prompt Payment Act. For more information, please refer to Florida Statutes Chapter 218.

9.5.2 Withholding Payment

In the event a contract is canceled under any provision herein, Jackson County may withhold from the Contractor any monies owed on that or any contract, an amount sufficient to compensate for damages suffered because of the violation resulting in cancellation.

9.5.3 Financial Consequences

The Contract will contain financial consequences language similar to the following:

The Division reserves the right to withhold payment of 5 percent from invoices for late performance, or to implement other appropriate remedies, such as contract termination or nonrenewal, when the Contractor has failed to perform or comply with provisions of this Contract. These consequences for non-performance shall not be considered penalties.

**9.6 INSURANCE REQUIREMENTS:**

Prior to commencing work, the Contractor shall procure and maintain at Contractor's own cost and expense for the duration of the agreement the following insurance against claims for injuries to person or damages to property which may arise from or in connection with the performance of the work or services hereunder by the Contractor, his agents, representatives, employees or Subcontractors. The cost of such insurance shall be included in Contractor's proposal.

9.6.1 Contractor shall maintain limits no less than:

Commercial General/Umbrella Liability Insurance - $1,000,000 limit per occurrence for property damage and bodily injury. The service provider should indicate in its proposal whether the coverage is provided on a claims-made or preferably on an occurrence basis. The insurance shall include coverage for the following:

1. Premise/Operations
2. Explosion, Collapse and Underground Property Damage Hazard (only when applicable to the project)
3. Products/Completed Operations
4. Contractual
5. Independent Contractors
6. Broad Form Property Damage
7. Personal Injury

Workers’ Compensation and Employers’/Umbrella Liability Insurance -- Workers’ Compensation coverage with benefits and monetary limits as set forth in Chapter 440, Florida Statutes. This policy shall include Employers’/Umbrella Liability coverage for $1,000,000 per accident. Workers’ Compensation coverage is required as a condition of performing work or services for Jackson County whether or not the Contractor or Vendor is otherwise required by law to provide such coverage.

9.6.2 Other Insurance Provisions

9.6.2.1 Commercial General Liability and Automobile Liability Coverage

1. Jackson County, members of its County Commission, boards, commissions and committees, officers, agents, employees and volunteers are to be covered as additional insureds as respects: liability arising out of activities performed by or on behalf of the Contractor; products and completed operations of the Contractor; premises owned, leased or used by the Contractor or premises on which Contractor is performing services on behalf of Jackson County. The coverage shall contain no special limitations on the scope of protection afforded to Jackson County, members of the Jackson County Commission, boards, commissions and committees, officers, agents, employees and volunteers.
2. The Contractor's insurance coverage shall be primary insurance as respects Jackson County, members of its County Commission, boards, commissions and committees, officers, agents, employees and volunteers. Any insurance or self-insurance maintained by Jackson County, members of its County Commission, boards, commissions and committees, officers, agents, employees and volunteers shall be excess of Contractor's insurance and shall not contribute with it.
3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to Jackson County, members of its County Commission, boards, commissions and committees, officers, agents, employees and volunteers.
4. Coverage shall state that Contractor's insurance shall apply separately to each insured against whom a claim is made or suit is brought, except with respect to the limits of the insurer's liability.

9.6.2.2 Workers' Compensation and Employers’ Liability and Property Coverage

The insurer shall agree to waive all rights of subrogation against Jackson County, members of its County Commission, boards, commissions and committees, officers, agents, employees and volunteers for losses arising from activities and operations of Contractor in the performance of services under this Agreement.

9.6.2.3 All Coverage

1. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to Jackson County.
2. If Contractor, for any reason, fails to maintain insurance coverage which is required pursuant to this Agreement, the same shall be deemed a material breach of contract. Jackson County, at its sole option, may terminate this Agreement and obtain damages from the Contractor resulting from said breach.
3. Alternatively, Jackson County may purchase such required insurance coverage (but has no special obligation to do so), and without further notice to Contractor, Jackson County may deduct from sums due to Contractor any premium costs advanced by Jackson County for such insurance.
4. Jackson County named as "additional insured" as its interest may appear.

9.6.2.4 Deductibles and Self-Insured Retentions

Any deductibles or self-insured retention must be declared to and approved by Jackson County. At the option of Jackson County, the insurer shall reduce or eliminate such deductibles or self-insured retention as respects Jackson County, members of its County Commission, boards, commissions and committees, officers, agents, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses, related investigation, claim administration and defense expenses.

9.6.2.5 Acceptability of Insurers

Insurance is to be placed with Florida admitted insurers rated B+, VIII or better by A.M. Best's rating service.

9.6.2.6 Verification of Coverage

Contractor shall furnish Jackson County with certificates of insurance and with original endorsements affecting coverage required by this clause. The certificates and endorsements for each policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be received and approved by Jackson County before work commences.

9.6.2.7 Subcontractors

Contractor shall include each of its subcontractors as insureds under the policies of insurance required herein.

**9.7 ACCESS TO MEETINGS**

Persons with disabilities requiring reasonable accommodations to attend meetings, please contact the purchasing representative specified above in Section 9, at least forty-eight (48) hours in advance (excluding weekends and holidays). Public notice of all Selection Committee meetings will be posted in the County Administration Building, 2864 Madison Street, Marianna, FL 32448, as far in advance of the meeting as possible.

**9.8 CONFIDENTIALITY**

9.8.1 By submitting a proposal in response to this solicitation, a Proposer acknowledges that Jackson County is a governmental entity subject to the Florida Public Records Law (Chapter 119, Florida Statutes). The Proposer further acknowledges that any materials or documents provided to Jackson County may be "public records" and, as such, may be subject to disclosure to, and copying by, the public unless otherwise specifically exempt by statute. Should a Proposer provide Jackson County with any materials which it believes, in good faith, contain information which would be exempt from disclosure or copying under Florida law, the Proposer shall indicate that belief by typing or printing, in bold letters, the phrase "Proprietary Information" on the face of each affected page of such material. The Proposer shall submit to Jackson County both a complete copy of such material and a redacted copy in which the exempt information on each affected page, and only such exempt information, has been rendered unreadable. In the event a Proposer fails to submit both copies of such material, the copy submitted will be deemed a public record subject to disclosure and copying regardless of any annotations to the contrary on the face of such document or any page(s) thereof.

9.8.2 Should any person request to examine or copy any material so designated, and provided the affected Proposer has otherwise fully complied with this provision, Jackson County, in reliance on the representations of the Proposer, will produce for that person only the redacted version of the affected material. If the person requests to examine or copy the complete version of the affected material, Jackson County shall notify the Proposer of that request, and the Proposer shall reply to such notification, in a writing that must be received by Jackson County no later than 4:00 p.m., CT, of the second County business day following Proposer’s receipt of such notification, either permitting or refusing to permit such disclosure or copying. Failure to provide a timely written reply shall be deemed consent to disclosure and copying of the complete copy of such material. If the Proposer refuses to permit disclosure or copying, the Proposer agrees to, and shall, hold harmless and indemnify Jackson County for all expenses, costs, damages, and penalties of any kind whatsoever which may be incurred by Jackson County, or assessed or awarded against Jackson County, in regard to Jackson County's refusal to permit disclosure or copying of such material. If litigation is filed in relation to such request and the Proposer is not initially named as a party, the Proposer shall promptly seek to intervene as a defendant in such litigation to defend its claim regarding the confidentiality of such material. This provision shall take precedence over any provisions or conditions of any proposal submitted by a Proposer in response to the RFP and shall constitute Jackson County's sole obligation with regard to maintaining confidentiality of any document, material, or information submitted to Jackson County.

**9.9 GRIEVANCE PROCEDURES**

9.9.1 Right to Protest. Any bid award recommendation may be challenged on the grounds of material irregularities in the bid procedure, or material irregularities in the evaluation of the bid. Such notice of intent of bid challenge shall be made in writing and delivered to the County within seventy-two (72) hours after posting of the intended recommendation of award. A formal written bid challenge shall be filed within five (5) working days in the County Administrator’s Office after the date on which the notice of intent of bid challenge has been submitted. Failure to file a timely notice of intent of bid challenge or failure to file a timely formal written bid challenge shall constitute a waiver of bid challenge proceedings. Bidders who do not submit a legitimate bid do not have standing to file a protest. Furthermore, bidders who would not be awarded the subject contract even if the protest were successful lack standing.

The notice of intent of bid challenge shall contain at a minimum: the name of the bidder, the bidder’s address, fax number and phone number, the name of the bidder’s representative to whom notices may be sent, the name and bid number of the solicitation, and a brief factual summary of the basis of the intended challenge.

The formal written bid challenge shall: identify the challenger and the solicitation involved, include a clear statement of the grounds on which the challenge is based, refer to the statutes, laws, ordinances, or other legal authorities which the challenger deems applicable to such grounds, and specifically request the relief to which the challenger deems itself entitled by application of such authorities to such grounds. The challenger shall mail a copy of the notice of challenge and the formal written challenge to the apparent best bidder. The County Administrator shall, within ten (10) working days of receipt of the formal written challenge, cause the challenge to be investigated. In the event the challenge is not resolved, the Board shall, within a reasonable time, be presented with the written challenge and the County Administrator’s decision to the challenge prior to award of the bid. The procurement, which is the subject of the protest, shall not proceed until a final decision has been made, unless the Board makes a determination that the contract must proceed without delay to protect substantial interest of the County.

Nothing herein relinquishes the County’s rights to waive irregularities and formalities in accordance with its bid package and instructions. Further, nothing herein shall create any rights in the unsuccessful bidder. All decisions of the Board shall be final.

**9.10 PROHIBITED COMMUNICATIONS**

Any form of communication, other than written correspondence, shall be prohibited between any person or representative of any company seeking an award of this solicitation and any County Commissioner or Commissioners staff, or any Jackson County employee authorized to act on behalf of the Jackson County Commission. Prohibited communications shall be in effect from the date/time submittals are due for this solicitation until the County Commission or authorized designee awards or approves a contract, rejects all responses, or otherwise takes action which ends the solicitation process.

**9.11 PURCHASES BY OTHER PUBLIC AGENCIES**

With the consent and agreement of the successful bidder(s), purchases may be made under this bid by other governmental agencies or political subdivisions within the State of Florida. Such purchases shall be governed by the same terms and conditions stated herein. This agreement in no way restricts or interferes with the right of any Florida State or political subdivision or other public entity to bid any or all of these items independently.

**9.12 CERTIFICATION OF DRUG-FREE WORKPLACE**

Proposers should submit, with their proposal, an executed Drug Free Workplace Certification (Attachment B) indicating that the proposer has implemented a Drug Free Workplace Program which meets the requirements of Section 287.087, Florida Statutes.

 **ATTACHMENT A**

**REPRESENTATIONS / CERTIFICATIONS**

**TAXPAYER IDENTIFICATION**

Bidder must complete Federal Form W-9 and submit it with their bid. The form may be downloaded from the Internal Revenue web site at [www.irs.gov](http://www.irs.gov).

**OFFICIAL COMPANY INFORMATION AS REGISTERED (Type/Print)**

|  |  |
| --- | --- |
| COMPANY NAME:MAIL ADDRESS:TELEPHONE NO:(Toll-Free Preferred)EMAIL ADDRESS:WEBSITE URL: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City) (State) (Zip Code+4)VOICE: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_, EXTENSION: \_\_\_\_\_\_\_\_\_\_\_\_OTHER: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_; FAX: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**COMPANY CONTACT FOR CONTRACT MANAGEMENT (Type/Print)**

|  |  |
| --- | --- |
| PERSON NAME:TELEPHONE NO:(Toll-Free Preferred)EMAIL ADDRESS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VOICE: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_, EXTENSION: \_\_\_\_\_\_\_\_\_\_\_\_OTHER: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_; FAX: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PAYMENT REMITTANCE ADDRESS (Type/Print)** (if same as 2.8, enter “SAME 2.8”)

|  |  |
| --- | --- |
| NAME:MAIL ADDRESS:TELEPHONE NO:(Toll-Free Preferred)EMAIL ADDRESS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City) (State) (Zip Code+4)VOICE: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_, EXTENSION: \_\_\_\_\_\_\_\_\_\_\_\_OTHER: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_; FAX: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONTACT FOR INVOICE INQUIRIES**

|  |  |
| --- | --- |
| NAME:TELEPHONE NO:(Toll-Free Preferred)EMAIL ADDRESS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VOICE: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_, EXTENSION: \_\_\_\_\_\_\_\_\_\_\_\_OTHER: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_; FAX: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**WHERE TO SEND PURCHASE ORDER (IF APPLICABLE)**

|  |  |
| --- | --- |
| COMPANY NAME:MAIL ADDRESS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City) (State) (Zip Code+4) |

**Attachment B**

**Certification of Drug-Free Workplace:**

Section 287.087 of the Florida Statutes provides that, where identical tie bids are received, preference shall be given to a bid received from a bidder that certifies it has implemented a drug-free workforce program. Please sign below and return this form to certify that your business has a drug-free workplace program.

1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.

3) Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in Subsection (1).

4) In the statement specified in Subsection (1), notify the employees, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any State, for a violation occurring in the workplace no later than five (5) days after such conviction.

5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is so convicted.

6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements. False statements are punishable at law.

BIDDER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Print Name and Title

**Attachment C**

**COST / FEE Proposal**

**(Sample)**

**Submit your recommended deliverables, timeline and pricing shall be submitted in MICROSOFT EXCEL FORMAT. Please add additional lines as needed.**

**Do not include any pricing in any part of THE TECHNICAL PROPOSAL.**

**RESPONDENT/COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **DELIVERABLES****#** | **DESCRIPTION** | **ANTICIPATED TIME TO COMPLETE DELIVERABLE** | **DELIVERABLE COST** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  **\* GRAND TOTAL COST** |  |
|  |  |  |  |
| **\* Evaluation Points will be calculated on the Grand Total Cost.**  |  |  |
|  |  |  |  |
| **The following cost breakdown is required to identify the key personnel, roles and pay scale of those working on this project. These costs outlined below are not additional to those Task costs identified above. Add additional pages as needed to include proposed Personnel.**  |
|  |  |  |  |
| **EMPLOYEE #** | **PERSONNEL NAME – TITLE** | **HOURLY RATE**  | **PERCENTAGE OF TIME DEDICATED TO PROJECT**  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

**Attachment D**

**PROPOSAL LABEL**

**Each Proposal envelope/box shall be sealed and identified as specified below:**

**PLEASE FILL OUT THE LABEL BELOW AND ATTACH IT TO YOUR RFP RESPONSE PACKAGE(S).**

*Cut out label and tape to outer sealed envelope(s) or package(s).*

|  |
| --- |
| **DO NOT OPEN - SEALED PROPOSAL** |
| **RFP NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **RFP TITLE: Disaster Recovery Services** |
| **DUE DATE AND TIME:** |
| **LATE PROPOSAL WILL NOT BE ACCEPTED** |
| FROMName of Firm: |
| Contact Name: | Phone No.: |
| Email Address: | Fax No.: |
| Deliver To:  **COUNTY ADMINISTRATOR’S OFFICE** **2864 Madison Street, Marianna FL 32448** |