

April 11, 2011

REQUEST FOR PROPOSAL FOR DRUG SCREENING SERVICES FOR TRI-COUNTY HUMAN SERVICES, INC..

Tri-County Human Services is soliciting proposals from qualified providers in response to this (RFP) to provide drug screen test kits (urine and oral) and appropriate GC/MS testing for non-negative results for Tri-County Human Services, Inc. Oral tests will be at least a 5-panel test to include the following drugs: Amphetamine (50 mg/ml), Benzodiazepine (20 mg/ml), Cocaine (20 mg/ml), Morphine (40 mg/ml), Marijuana (12 mg/ml). Urine tests will be at least an 8- panel test to include the following test:

Test	Calibrator	Cut-off (ng/ml)
AMP	d-Amphetamine	1000
BZO	Oxazepam	300
COC	Benzoylcegonine	300
MET	d-Methamphetamine	1000
MTD	Methadone	300
OPI	Morphine	2000
OXY	Oxycodone	100
THC	11-nor- Δ^9 -THC-9-COOH	50

Urine kits must have adulterant test of specific gravity, acidity (pH) and temperature strip on the cup at a minimum. Pricing includes Chain of Custody (COC) forms for the non-negative test results and milers to the conforming lavatory and confirming laboratory pricing.

The intent of this RFP is to select a firm for the procurement of drug screening test kits and conformation testing as contained in this document.

Provider's wishing to submit a proposal can call (863) 709-9392, fax (863) 709-8923 and notify Tri-County of your intent to submit a bid for these services.

Any addenda will be available on the internet, and mailed to only those vendors who were provided a copy in person or by mail.

Each provider must submit with his/her proposal a bond in the form of either a certified check, cashier's check, proposal bond, certificate of deposit or other form of security deemed acceptable by Tri-County at its sole discretion. This proposal bond should be payable to the Tri-County Human Services, Inc. and should be in the amount of \$500.00. In order for your proposal to be considered, it must be accompanied by an acceptable proposal bond. Once an award is made, the proposal bond will be returned unless we attempt to make an award to your company and you fail to accept the award.

Tri-County has 90 days after receipt to accept proposals at the prices proposed, and for any period of time thereafter if Tri-County requests and the proposer agree to an additional period of time.

Tri-County shall determine as non-responsive any proposals submitted that are deemed not to meet the minimum requirements of the specification. Tri-County reserves the right to waive any informality, if deemed in the best interest of Tri-County to do so.

Tri-County reserves the right to make an award without conducting negotiations. However, if negotiations are deemed necessary, they will be conducted with all providers who have at least a minimally acceptable proposal as determined by the proposal evaluation committee. Once all negotiations are complete, if conducted, Tri-County will give each provider the opportunity to submit a revised proposal in the form of a Best and Final Offer.

Tri-County reserves the right to reject any and all proposals submitted, any part or section of any proposal, and to waive any informality.

Tri-County follows a policy of non-discrimination. No contractor with Tri-County should discriminate on the basis of race, sex, religion or national origin.

Proposals will be received by Donn C. VanStee, Administrative Director, Agency Operations (email dvanstee@tchsonline.com) 1815 Crystal Lake dr., Lakeland, FL 33801. Proposals must be received by 4:00 p.m. EDST, May 15, 2011. Proposals received after this time will not be considered.

An original and two (2) hard copies as well as one (1) digital copy of your proposal must be submitted in a sealed envelope, marked “**DRUG SCREENING SERVICES**” **4:00 p.m. EDST, May 13, 2011**. Proposals may be hand delivered to 1815 Crystal Lake Dr., Lakeland FL, 33801 or mailed to 1815 Crystal Lake Dr., Lakeland, FL 33801.

It is the proposer’s responsibility to make sure that his proposal is in the possession of the Donn C. VanStee on or before 4:00 p.m., EDST, May 13, 2011.

Donn C. VanStee
Administrative Director
Agency Operations

REQUEST FOR PROPOSAL FOR DRUG SCREENING SERVICES FOR TRI-COUNTY HUMAN SERVICES, INC.

Section I

A. Purpose

Tri-County Human Services, Inc. provides oral and urine drug screens and other services to protect and support the persons served that are utilizing services within the Tri-County Catchment area of Polk, Hardee, and Highlands Counties. Tri-County is soliciting proposals from qualified providers for drug screening (oral and urine) kits and confirmation of positive results to help ensure compliance with our substance abuse programs and for the purpose of contracting for the best service offering at a competitive rate. Provider (proposer) must have the capability to invoice for services in Provider's own name. Tri-County shall not accept invoicing by a third party.

B. Scope

Tri-County will require the selected provider to provide screening kits and confirmation testing mailers to each Tri-County service locations. Tri-County will require the provider to provide approximately 3,000 urine test kits and about 1,000 oral test kits, annually, for the purpose of random drug test for program compliance, and follow up drug tests. These quantities represent estimated usage and should not be considered guaranteed quantities.

The successful provider must meet the following minimum qualifications:

1. Certification by the U.S. Department of Health and Human Services (HHS) under the National Laboratory Certification Program. Provide copies of certification documents With your proposal.
2. DOT approved HHS laboratory certification standards for all testing required by 49CFRPart 40. Provide documentation with your proposal.
3. At least five (3) years experience providing the types of drug testing services specified. If you are supplying drug tests from a outsourced manufacturer, please indicate the manufacturer compliance with item 2 above.
4. Ability to provide test kits (oral and urine) to each Tri-County location specified. The successful provider shall outline how they will meet this requirement.
5. Electronic data transmission capability for confirmation of positive results to each facility is essential. Describe your current capabilities.
6. Provider must be capable of providing detailed, itemized billing for all services provided. Provide sample invoice and describe billing process features.

C. Tri-County's Intent

Providers are asked to submit a response to the RFP documenting the experience of their company

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and its assigned personnel. Tri-County intends to award a contract to one provider to provide the drug screening kits and confirmation testing.

Tri-County will enter into a contract, which it determines, after evaluation of all proposals, to be most favorable for Tri-County. Contract award will be based on evaluation of the selection criteria set forth later in this RFP. Tri-County reserves the right to select a provider and make an award to the provider determined to be the most advantageous to Tri-county based on Tri-County's evaluation criteria, or to make no award at all. Tri-County anticipates that negotiations may be necessary; however, Tri-County reserves the right to make an award without negotiations. If negotiations are initiated, they will be conducted with all providers still in the competitive range at the time negotiations may be deemed necessary.

C. RFP Procedures

1. Contacts & Queries

For additional information or questions regarding this RFP contact Donn C. VanStee, Administrative Director, Agency Operations (email dvanstee@tchsonline.com) 1815 Crystal Lake dr., Lakeland, Fl 33801 phone (863) 709-9392, Fax (863) 709-8923.

2. Amendment and Clarification Procedures

Inquiries about this RFP must be received in writing by the Administrative Director, Agency Operations as mentioned above. Any questions or clarifications deemed to be of a significant nature will be answered by amendment to the RFP and will be available on the internet, and mailed to only those providers who were provided a copy in person or by mail. Tri-County may delay the proposal receipt date if it deems necessary.

Any verbal clarifications provided by Tri-County representatives shall not be binding on Tri-County and shall in no way excuse the respondent from obligations as set forth in this RFP, or in any way amend the provisions of this RFP.

3. Submission Requirements

Proposers should submit an original plus two (2) copies as well as one (1) digital copy of their proposal. Proposals shall be complete and address all the information listed in Section II of this document. Proposals and all conditions therein shall remain in effect for at least 90 days after the submittal deadline. Tri-County reserves the right to request further proposal extensions after the initial 90 days. Tri-County reserves the right to reject any proposal as nonresponsive if it does not provide all data requested in Section II of this RFP.

4. Preparation of Proposals

Responses to this RFP must be completed as mentioned above. Elaborate qualifications and brochures are not desired. Clear, concise, and orderly information is important. All pages shall be numbered consecutively. Proposals shall be included in binders with tabs to separate the information requested in Section II.

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The provider is expected to respond to all items in Section II in as much detail as necessary for Tri-County to make a fair evaluation of the provider's proposal.

Responses which are incomplete, not properly signed, not accompanied by a \$500.00 proposal bond, or otherwise contrary to the guidelines of this RFP, may be deemed as non-responsive and rejected and will receive no further consideration.

5. Submittal Deadline for Responses

Proposals must be received on or **before 4:00 p.m., May 13, 2011 EDST** at the following address:

**Tri-County Human Services, Inc.
1815 Crystal Lake Dr.
Lakeland, FL 33801**

All proposals shall be submitted in sealed envelopes and clearly marked "Response to RFP for Drug Screening Services". No proposals will be opened until after the submittal deadline.

Tri-County will return, unopened, any proposals received after the time and date specified.

6. Disposition of Proposals

All proposals become the property of Tri-County and will be returned only at the provider's expense. In any event, one copy of each proposal will be retained for the official files.

7. Proprietary Data

If a proposal includes any proprietary data or information that the provider does not want disclosed to the public, such data or information must be specifically identified as "Proprietary" on each individual page which contains such information. Pages of the proposal that do not contain proprietary information should not be marked as such. Information marked as such will only be used by Tri-County for the purpose of evaluating proposals and conducting contract negotiations.

All proposals, exclusive of pages designated "Proprietary" may become a matter of public record. Each provider agrees, by submitting their proposal, that Tri-County Administration has the right to use any or all ideas or concepts presented, in any proposal, without restrictions and without compensation to proposer thereof.

8. Modification or Withdrawal of Proposals

Any proposal may be withdrawn or modified by written request of the provider provided such request is received by Tri-County prior to the submittal deadline. Modifications received after the deadline will not be considered. Withdrawal of proposals after the submittal deadline will cause the provider to forfeit their proposal bond.

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9. Cost of Response Preparation

The cost of preparing a proposal to this RFP will not be reimbursed to the proposers.

10. General Contract Requirements

a. Choice of Law

Any contract resulting from this RFP shall be governed in all respects by the laws of the State of Florida, Polk County, and the City of Lakeland.

b. Negotiations

Tri-County reserves the right to negotiate with the successful provider any terms and conditions which may be necessary or appropriate to accomplish the purpose and scope of the RFP; however, Tri-County reserves the right to make an award without conducting negotiations.

c. Best and Final Offers (BAFO)

If negotiations are conducted, once negotiations are completed, BAFO's will be requested. At this time providers will have the opportunity, if they so desire, to revise their proposal being offered.

d. Non appropriation of funds

Any agreement entered into shall have a clause that addresses the non-appropriation of funds for any fiscal year following the initial fiscal year contract term similar to:

In the event no funds or insufficient funds are appropriated and budgeted in any fiscal year for service charges under this Agreement, then Tri-County shall immediately notify provider or its assignee of such occurrence and this Agreement shall terminate on the last day of the fiscal period for which appropriations were received without penalty or expense to Tri-County of any kind whatsoever, except as to service charges or portions of service charges herein agreed upon for which funds shall have been appropriated and budgeted or are otherwise available. In the event of such termination, Tri-County agrees to peaceable surrender use of the services to provider or its assignee on the date of such termination.

Notwithstanding the foregoing, Tri-County agrees (I) that it will not cancel this Agreement under the provisions of this Addendum if any funds are appropriated to it, or by it, for the acquisition, retention, or operation of the drug screening services or services similar to the drug screening services for the fiscal period in which such termination occurs or the next succeeding fiscal period thereafter, and (II) that Tri-County shall not, during the term of this Agreement, give priority in the application of funds to any other functionally similar drug screening services. This paragraph shall not be construed so as to permit Tri-County to terminate this Agreement to acquire any other drug screening service or to allow funds directly or indirectly to perform essentially the same application for which the provided drug screening services are intended.

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e. Early Termination

Tri-County reserves the right to cancel the contract with thirty (30) days written notice and seek new bids/proposals at any time for cause or convenience. Cause may be defined as, but not limited to, failure to satisfactorily continue to meet the minimum qualification requirements/capabilities outlined in this document. Cancellation for cause will result in the provider being deemed non-responsible and may result in the rejection of any future bids/proposals by the provider.

f. Assignment

Successful provider shall not assign this contract to any other party without prior written approval of Tri-County Human Services, Inc.

g. Non-Exclusive

Bids may be solicited for any item included in this contract where an immediate/emergency need exists, including large quantities. The decision of the Administrative Director as to what constitutes a biddable situation shall be final and shall not be construed as a breach of contract.

h. Contract Time Frame

The base contract shall be for a period of two (2) years with an option for two independent one year term extensions for a third and fourth year upon mutual agreement of both parties.

Other contract time options may be proposed, but none shall exceed four years total.

i. Insurance

The successful provider shall carry general liability insurance (either primary or a combination of primary and umbrella coverage) with limits of not less than \$1,000,000.00 total with a maximum of \$1,000,000.00 for each occurrence and shall include, but not be limited to, personal injury. Such policies shall name Tri-County Human Services, Inc. as an additional insured and shall contain an endorsement providing that Tri-County will be given not less than thirty (30) days notice in writing prior to cancellation or change of coverage provided by said policies. Insurance shall be through companies authorized to do business in the State of Florida. Certificate of insurance must be presented to Tri-County within ten (10) days of notice of award and prior to commencement of any orders placed by Tri-County to the winning bidder. Successful provider is required to include the proposal number on the evidence of insurance document. Policies that state the company will endeavor to provide thirty (30) days notice prior to cancellation or change of coverage, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives are not acceptable. Insurance shall be through companies authorized to do business in the State of Florida with a B+ rating or better according to the most current edition of Best's Insurance Reports. Provider is to provide written documentation of the company's rating with the proposal.

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j. Indemnity

After the award, the successful provider shall assume all liability for and shall indemnify and save and hold harmless Tri-County Human Services, Inc., and all of the officers, directors, agents, and employees of the aforementioned entities from all damages and liability for injury to any person or persons, and shall also assume the liability for injury.

11. Evaluation and Selection Procedures

Tri-County will evaluate provider's proposals based upon technical capability and cost. The following ranking indicates the priority and weight of each of these evaluation criteria elements:

Rating value

1. Technical 50%
2. Cost 50%

All proposals will be evaluated by an evaluation team consisting of several members of the Tri-County's clinical staff along with other appropriate administrative staff. The Administrative Director and a representative of the Law Department will be members of the evaluation team as advisors only. The provider or providers deemed to have proposals within the competitive range will be contacted for negotiations, if negotiations are deemed necessary. Once negotiations and BAFO's are completed, the evaluation team will make a recommendation to the Administrative Director. After the directors approval, a necessary resolution for Board of Director authorization for the executive director to sign the contract.

D. Selection Criteria

1. Development of Short List

Selected providers will be placed on a short list by the evaluation team according to the quality and responsiveness of their proposals. Proposals, which are not placed on the short list, will receive no further consideration. Tri-County reserves the right to shortlist any number of providers based on the merits of their proposals. Each provider's proposal may be selected for the short list after being reviewed for completeness and adherence to format. A proposal will be considered complete if all requested sections as outlined in Section II below are addressed and in the proper order.

2. Formal Evaluation of Short Listed Vendors

a. The evaluation team will grade each short listed provider's proposal based on its' merits. Responses will be evaluated in light of the material actually provided and not on the basis of what is inferred. The evaluation process may include verification of references, verification of project team resumes, confirmation of financial information, and may also include site visits or other information as directed by Tri-County.

b. Notification

Tri-County will notify all the short listed firms of the eventual notice of the award.

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Section II Vendor Proposal Guidelines

A. Table of Contents

B. Executive Summary

C. Provider's Qualifications

1. Profile Data

a. Provider's Name and Address

b. Name, Title, Phone and Fax Number of Two Contact People

c. Type of Entity

Discuss the type of entity your company represents (i.e., corporation, partnership, etc.), and whether your company is the parent company, a division, subsidiary, or branch office of another entity.

d. Provider's Philosophy

Discuss what you believe distinguishes your company in the industry.

e. Federal Employee Identification Number

f. Statement of Provider's Compliance with this RFP

Provide a signed statement from an authorized officer of the firm stating that any related contracts with Tri-County will comply with criteria defined in this RFP, and that all material, dates and conditions contained in the provider's proposal to this RFP shall remain in effect for at least 90 days.

2. Capability of Provider

a. Number of years in business.

b. Provide a list of at least five references (of a similar size and contract make up as being requested in this proposal) currently using the Drug Screening Services included in this proposal. Each reference must include: name and contact information, contact person and phone number – fax number – email address.

D. Technical Information

Provide a detailed description of the drug screening services proposed. Itemize each service and provide detailed description of the service.

E. Pricing

Provide unit prices for each component of the drug screening services plus any and all monthly service costs/charges associated with the service. Tri-County will not pay for charges not specifically itemized and/or addressed in this proposal.

NOTE: Proposal must be signed by an official with authority to bind the provider contractually.

The original proposal must have original signature. The name and title of the individual signing the proposal shall be typed immediately below the signature.

Successful provider acknowledges and agrees that Tri-County has the right to deduct from total amount of consideration to be paid, if any, to the successful provider under this agreement all unpaid, delinquent, or overdue license fees, taxes, fines, penalties and other amounts due Tri-County from the successful provider.

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I hereby certify that we do not discriminate in employment of our personnel against any persons on account of race, creed, color, sex, or national origins, and acknowledges and agrees that Tri-County encourages minority - and women – owned business participation to the maximum extent possible. This policy includes Historically Underutilized Business Enterprises such as architectural firms, engineering firms, investment banking firms, other professional service providers, and construction contractors as part of Tri-County’s business, economic and community revitalization programs.

Vendor:

_____ **Contact Person:** _____ **Title:** _____

E-Mail: _____

_____ **Phone:** _____

Fax: _____

Business Address
: _____

City: _____ **State:** _____

Zip _____

Signature: _____

Name: _____

(Type or Print)

Date: _____

Complete and return this page with your proposal.