

**REQUEST FOR QUOTE ON BARBER/HAIRCUTTING
SERVICES FOR COUNTY JAIL**



QUOTE: COR 49-13

QUOTES DUE: JULY 26, 2013 @ 2:00 P.M.

NOTICE TO QUOTERS

Notice is hereby given that the Board of County Commissioners of Okaloosa County, FL will accept quotes until **2:00 p.m. (local time) July 26, 2013** for **BARBER/HAIRCUTTING SERVICES FOR COUNTY JAIL** Pursuant to copies of quote provisions, quote forms, and specifications may be obtained from the Okaloosa County Purchasing Department, 602-C North Pearl St, Crestview FL 32536; 850-689-5960.

All quotes must be received by 2:00 p.m., July 26, 2013. Quotes may be properly submitted by fax; 850-689-5998, E-mail jallen@co.okaloosa.fl.us or deliver to Okaloosa County Purchasing, Attn: Jack Allen, 602-C North Pearl St, Crestview FL 32536.

There is no obligation on the part of the County to award the highest quote and the County reserves the right to award the one submitting a responsive quote with a resulting negotiated agreement which is most advantageous and in the best interest of Okaloosa County, and to waive any irregularity or technicality in quotes received. Okaloosa County shall be the sole judge of the quote and resulting negotiating agreement that is in its best interest and its decision shall be final.

SPECIFICATIONS

QUOTE #: COR 49-13

QUOTE ITEM: BARBER/HAIRCUTTING SERVICES FOR COUNTY JAIL

A. Scope

Okaloosa County Board of County Commissioners is interested in entering into agreement with a contractor to provide Barber/Haircutting Service for the County Jail.

B. Term of resulting Contract

The resulting contract shall be in effect August 1, 2013 through September 30, 2014 with the option to renew for two additional one year periods, upon mutual agreement of both parties under the same terms and conditions.

C. Scope of Work

Once per week service during the hours of 7pm (after count clears) and 10 pm.

Provides a person each week on the scheduled day and time.

Documents an accurate count of haircuts / beard trims through a signed and dated invoice.

If extreme emergency occurs, the jail is notified by 3 pm if the scheduled person cannot make it and the service is made up later within the same week.

Barber will provide their own equipment such as cape, scissors, clippers and sterilization cleaner.

Barber will maintain General Liability insurance and a current license that is to be provided upon acceptance of the contract.

Barbers will complete a scheduled security briefing prior to being allowed to provide services.

The Department will provide:

A list each week with at least thirty names.

A consistent flow of inmates on the night of service unless exigent circumstances occur and the Barber will be notified of the emergency and the need to re-schedule as soon as practical.

Timely processing for billing – the completed invoice will be pulled and submitted for payment through the process with finance within 2 business days of completion - payment may take up to two weeks for processing.

QUOTE SHEET

Date Submitted: _____

QUOTE #: COR 49-13

QUOTE ITEM: BARBER/HAIRCUTTING SERVICES FOR COUNTY JAIL

Price per Haircut- \$ _____ Written in Words - _____

Price per Beard trim- \$ _____ Written in Words - _____

Comments: _____

ANTI-COLLUSION STATEMENT: The below signed bidder has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other bidder or parties to bid whatever. (Note: No premiums, rebates, or gratuities permitted either with, prior to, or after any delivery of materials. Any such violation will result in the cancellation and/or return of material (as applicable) and the removal from bid list(s).

Bidder's Company Name

Authorized Signature – Manual

Authorized Signature – Typed

Address

Title

Phone #

Fax #

Federal ID # or SS #

E-mail address

INSURANCE REQUIREMENTS

Commercial General Liability Insurance

1. The **CONTRACTOR** shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage. The coverage shall include both On and Off Premises Operations, Contractual Liability, Board Form Property Damage, and Professional Liability.
2. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, the **CONTRACTOR** shall notify the County representative in writing. The **CONTRACTOR** shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.
3. Commercial General Liability coverage shall be endorsed to include the following:
 - 1.) Premises – Operation Liability
 - 2.) Occurrence Bodily Injury and Property Damage Liability
 - 3.) Independent Contractor's Liability
 - 4.) Completed Operations and Products Liability
5. **CONTRACTOR** shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for two (2) years beyond acceptance of project.

Limits of Liability

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Commercial General Liability Insurance	\$1,000,000 each occurrence (A combined single limit)

Notice of Claims or Litigation

The **CONTRACTOR** agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the **CONTRACTOR**'s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the **CONTRACTOR** becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

Indemnification & Hold Harmless

To the fullest extent permitted by law, **CONTRACTOR** shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the

CONTRACTOR and other persons employed or utilized by the **CONTRACTOR** in the performance of this contract.

Certificate of Insurance

1. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows:

Okaloosa County
602-C North Pearl Street
Crestview, Florida 32536

2. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.
3. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer.
4. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs). Deductibles or SIRs in excess of \$10,000 will not be accepted unless specifically approved in writing by Okaloosa County. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the **CONTRACTOR's** full responsibility. In particular, the **CONTRACTOR** shall afford full coverage as specified herein to entities listed as Additional Insured.
5. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the **CONTRACTOR** has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.
6. In the event of failure of the **CONTRACTOR** to furnish and maintain said insurance and to furnish satisfactory evidence thereof, Okaloosa County shall have the right (but not the obligation) to take out and maintain insurance on the project. All costs for the coverage will be paid by **CONTRACTOR** upon presentation of a bill.

General Terms

Any type of insurance or increase of limits of liability not described above which the **CONTRACTOR** required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the **CONTRACTOR** of any responsibility under this contract.

Should the **CONTRACTOR** engage a subcontractor or sub-subcontractor, the same conditions will apply under this agreement to each subcontractor and sub-subcontractor.

The **CONTRACTOR** hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the **CONTRACTOR** under all the foregoing policies of insurance.

Umbrella Insurance

The **CONTRACTOR** shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this agreement.

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all bidders/proposers, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____

NO _____

NAME(S)

POSITION(S)

FIRM NAME: _____

BY (PRINTED): _____

BY (SIGNATURE): _____

TITLE: _____

DATE: _____

ADDRESS: _____

PHONE # _____

E-MAIL _____

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, CONTRACTOR shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the CONTRACTOR and other persons employed or utilized by the CONTRACTOR in the performance of this Agreement.

Bidder's Company Name

Authorized Signature

Physical Address

Authorized Signature – Print

Mailing Address

Title

Phone Number

FAX Number

Cell Number

After-Hours Number(s)

DATE

E-mail address

NO CONTACT CLAUSE

The Board has established a solicitation silence policy (**No Contact Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department.

The period commences when the procurement document is received and terminates when the Board approves an award.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective bidders/proposers and members of the Board, the County Administrator or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **must** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Director or his appointed representative. It shall be the Purchasing Director's decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the proposer from consideration during the selection process.

All proposers must agree to comply with this policy by signing the following statement and including it with their submittal.

I _____ representing _____
Signature Company Name

on this ____ day of _____, 20__ hereby agree to abide by the County's "**No Contact Clause**" and understand violation of this policy shall result in disqualification of my proposal/submittal.

CONTRACT

This agreement, executed in Crestview, Florida this ____ day of _____ 2013 between the County of Okaloosa, Florida, the Owner, hereinafter called the Party of the First Part, and _____ or **its** successors, executors, administrators and assigns, hereinafter called the Party of the Second Part.

WITNESSETH:

That for and in consideration of payments, hereinafter mentioned, to be made by the Party of the First Part, the Party of the Second Part agrees to furnish all equipment, machinery, tools and labor; to furnish and deliver all materials required to be furnished and delivered in and about the improvement and to do and perform all work **relating to providing Barber/Haircutting Services for the County Jail, RFQ # COR 49-13 for the unit pricing schedule** in strict conformity with the provisions of this Contract, the Notice to Contractors, the Specifications and the Plans approved by the Owner. The said Plans, Specifications, the Notice to Contractors, and the Proposal are hereby made a part of this agreement as fully and to the same effect as if the same had been set forth at length in the body of this agreement.

In consideration of the foregoing promises, the Party of the First Part agrees to pay to the Party of the Second Part such unit prices for the work actually done as are set out in the accompanying proposal in the manner provided in the said Specifications.

The Contractor shall be prepared to begin work to be performed under the contract as he set forth in his proposal, but will not commence until the contract has been executed and Notice to proceed issued. This contract shall be in effect upon signatures by both parties. **The term for the contract shall extend through September 30, 2014 and may be renewed for two (2) additional 1-year periods if agreed upon by both parties.**

REPRESENTATIVES: The authorized representative of the County shall be:

Tammy Matthews
1200 East James Lee Blvd.
Crestview, Fl. 32539
850-689-5690
E-Mail: tmatthews@co.okaloosa.fl.us

The authorized representative for _____ shall be:

E-Mail: _____

All notices required by this agreement shall be in writing to the representative listed above with a courtesy copy to the following:

Jack Allen
Contracts & Leases
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, FL 32536
850-689-5960 / 850-689-5998 (FAX)
E-Mail: jallen@co.okaloosa.fl.us

IN WITNESS WHEREOF, the Purchasing Director, by authority vested in him, has hereunto subscribed his name on behalf of the County of Okaloosa, Florida, the Owner, and the said _____ has hereto fixed his/her signature, the day and year above written.

WITNESS:

CONTRACTOR

BY _____

TITLE

**STATE OF FLORIDA
COUNTY OF OKALOOSA**

This contract is accepted this _____ day of _____ 2013 and is effective on the _____ day of _____ 2013.

COUNTY OF OKALOOSA, FLORIDA

BY _____

Richard L. Brannon
Purchasing Director