

**COUNTY OF YUBA
HEALTH AND HUMAN SERVICES DEPARTMENT**

**REQUEST FOR QUOTE
(RFQ)**



PROPOSAL CLOSING DATE:

***Friday, May 12, 2017
at 5:00 pm PST***

All questions related to this RFQ should be directed to the county email address of:
HSD_RFPquestions@co.yuba.ca.us

The Yuba County Health and Human Services Department (HHSD) wishes to obtain professional services from a qualified firm to provide laboratory services and drug testing products for its Child Welfare Services (CWS) Division. Our expectation would be to execute a Professional Services Agreement with the winning firm upon award and then initiate services. A sample contract can be viewed at:

<http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitaions.aspx>

Selection will be based on *best value* to the County.

DEFINITIONS: The terms Bidder, Proposer, Contractor and Vendor are all used interchangeably and refer to that person, partnership, corporation, organization, agency, etc. which is offering the quotation for this Request For Quote (RFQ).

Please review the document carefully to insure you are familiar with the County's requirements.

1. SCOPE OF SERVICES

The HHSD will accept bids from interested and qualified parties to provide laboratory services and drug testing products. Contractor must be licensed by the State of California, the Drug Enforcement Administration, and the Centers for Medicare & Medicaid Services, Clinical Laboratory Improvement Amendments to perform drugs of abuse testing throughout the United States and must participate in the proficiency testing program administered by the American Association of Bioanalysts.

The services being requested requires numerous types of tests, a strong accuracy in the testing results along with willingness to testify in court. Services/capabilities include:

- A. Urine and oral fluid laboratory drug testing for Standard Lab Panels (*which includes Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Methadone, Methadone Metabolite, Methamphetamine (including Ecstasy), Opiates, Oxycodone, PCP, Propoxyphene, and Marijuana.*) See attachment D for list of tests.
- B. Ability to email Standard Lab Test results, both negative and positive, within twenty-four (24) hours of receipt of specimens. Fax and/or hard copy shall be made available, when requested by County. Positive specimens will be kept by Contractor for six (6) months.
- C. Have and maintain general and products liability insurance coverage.
- D. Ability to submit claims to Medi-Cal for laboratory tests conducted for Medi-Cal eligible clients.

If you have other capabilities we should know of, please feel free to include them in your response and they will be considered as alternate capabilities but will have no bearing on the selection. Choosing to omit specific tasks above shall not necessarily disqualify any bidder.

2. PROPOSAL DOCUMENT INSTRUCTIONS

As stated above, the County intends to award the work to at least one (1) Contractor. Proposals should include the following:

- A. A Cover Letter/Executive Summary, including:

- A brief statement as to the proposers understanding of the work to be performed, the commitment to perform the work, and a statement as to why the vendor believes it to be the best qualified to perform the engagement.
 - Please also highlight any of the requirements in the Scope of Services you are not able to accommodate.
- B. A signature of the person authorized to commit the vendor.
- C. References
Please provide references from three (3) clients with whom you have done similar work. Please explain the scope or work performed and any particular success or challenges you faced.
- D. Exhibits
Please make sure Exhibits A, B, C, and D (or a reasonable facsimile) are included and complete.

3. EVALUATION CRITERIA

The County reserves the right to cancel this RFQ for any reason without any liability to any Contractor or to waive irregularities at its discretion. This solicitation does not constitute an Agreement or offer of purchase. The County makes no representation that any Agreement will be awarded to any respondent to this solicitation. The County also reserves the right to reject any and all proposals at its sole discretion.

The Agreement, if awarded, will be awarded to a Contractor whose proposal is considered the best **value** to the County. Best value will be determined based on price, responsiveness, capability and responsibility. The following factors will be taken into account to determine price, responsiveness, capability and responsibility:

- A. Demonstrated ability of the firm to provide support, training, and reporting.
- B. Vendor's understanding of the needs and objectives of the County.
- C. The qualifications of the vendor and our perception of the ability of the vendor to meet the terms of the RFQ.
- D. Financial terms of proposal.
- E. Completeness and professionalism of submission.
- F. Submissions which are deemed incomplete may be eliminated as being non-responsive.
- G. Responsiveness means a Contractor who has submitted a proposal that conforms to the solicitation documents in all material aspects.
- H. A 'Responsible Contractor' shall mean a Contractor who has the capability, in all respects, to fully perform the requirements. A "Responsible Contractor" shall also have the moral and business integrity and reliability that will assure good faith performance.
- I. The proper licensing.

Thus the result will not be determined based solely on price. Although price is a key factor, the County will consider awarding the Agreement to the Contractor that meets the best interest of the County as interpreted by the County.

The County reserves the right to modify the scope of required services based on pricing of proposals, available budget, and priority of requested services. The final determination will be incorporated in the final Agreement for services.

4. PROPOSAL SUBMITTALS

Please include the following with your proposal in this order:

- A. Proposal to include all items indicated in Section II
- B. Detailed Cost Estimate
- C. Attached Exhibits A through D (or a reasonable facsimile of each)

5. TERMS AND CONDITIONS

Proposals are subject to the following terms and conditions:

- A. **Contract Term.** The term of the Agreement resulting from this solicitation will be for the period of one (1) year with the option for two (2) one year extensions at the discretion of the County.
- B. **Project Schedule.** Upon receipt of proposals, and suitable review, County expects to select a Contractor. Once selected, Contractor and County will complete the Agreement.
- C. **Agreement Form.** The County would expect to enter into a Professional Services Agreement with the awardee. The final Agreement will incorporate the appropriate terms and conditions from this solicitation.
- D. **References.** Proposal must include a Statement of Experience and three (3) references including contact information from projects similar to ours which we may contact as references.
- E. **Questions.** All questions should be submitted to the contact in Section 5. K (below) and should be submitted in writing prior to May 9, 2017.
- F. **Amendments and Addenda.** For the most up to date information, visit: <http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitation.s.aspx>
- G. **Submittal Instructions.** Before submitting a proposal, Contractor shall fully inform themselves as to all conditions and limitations. TWO (2) proposals must be submitted in a sealed envelope, clearly marked:
Yuba County Health and Human Services Department
Attention: Michele Mazerolle, Administrative Analyst
5730 Packard Avenue, Suite 100
Marysville, California 95901

No responsibility will attach to a County employee for the premature opening of a proposal not properly addressed and identified. Proposals will not be publicly opened and read. Proposals will be privately reviewed and evaluated by a County Evaluation Team.
- H. **Proposal Due Date.** In order to be considered, proposals must be received at the above address no later than **May 12, 2017 at 5:00 pm**. A proposal may be withdrawn by written request received from the County prior to the time set for the closing date. Please provide two hard copies of your proposal.

- I. **Proposal Validity.** Proposals must be valid for a period of not less than ninety (90) days after the solicitation closing date.
- J. **Proposal Becomes Public:** All proposals shall be deemed public documents at the time of Agreement award to the successful proposer. The RFQ is intended to be worded in a manner so as not to elicit proprietary information. If proprietary information is submitted as part of the proposal, such information shall be clearly labeled "Proprietary" and accompanied by a request that the information be returned by the County to the Proposer. If proposals contain proprietary information, then proprietary paragraphs and/or other data should be clearly marked as noted above. The information on the pages of the proposal identified as proprietary will be used only for the evaluation of the proposal, but proposer understands that disclosure may be required under the California Public Records Act or other federal, state, and local law, as determined by the County.
- Note that wholesale use of headers/footers bearing designations such as "confidential", "proprietary", or "trade secret" on all or nearly all of a proposal is not acceptable, and may be deemed by the County as a waiver of any exemption claim. Any proposal that includes a blanket statement or limitation, which would prohibit or limit public inspection may be considered non-responsive and may be rejected. Pricing information is generally not considered proprietary information.
- K. **Contact Information.** Any questions related to this RFQ should be directed to the county email address of: HHSD_RFPquestions@co.yuba.ca.us All questions and responses will be posted and shared with all participants, applicants and Contractors. **Any applicant that makes any effort to communicate with any elected or appointed officials of Yuba County, either directly or indirectly, during this process will be EXCLUDED from consideration.**

EXHIBIT A

BIDDERS STATEMENT

By submitting a bid, the bidder acknowledges that he/she has acquainted themselves with the terms, scope, and requirements of the project based on the information contained in this RFQ. Any failure by the bidder to acquaint him or herself with available information will not relieve them from the responsibility of estimating properly the difficulty or cost of successfully performing the work. The County is not responsible for any conclusions or interpretations made by the bidder on the basis of the information made available by the County.

The following addendums have been acknowledged and are included in our proposal. RFQs that do not acknowledge addendums may be rejected.

Addendum#	Initials

COMPLETE LEGAL NAME OF COMPANY

BUSINESS ADDRESS

PHONE NUMBER

PRINTED NAME OF AUTHORIZED AGENT (TITLE)

SIGNATURE OF AUTHORIZED AGENT

DATE

FEDERAL IDENTIFICATION NUMBER

DUNS NUMBER

THIS FORM TO BE COMPLETED BY CONTRACTOR AND INCLUDED IN THE BID.

EXHIBIT B

LIST OF SUBCONTRACTORS

Mark one of the boxes below:

BIDDER does not propose to subcontract the work.

BIDDER proposes to subcontract certain portions of the work to the individuals / firms listed below:

NAME:	TYPE OF WORK:
ADDRESS:	
	LICENSE #:
PHONE:	

NAME:	TYPE OF WORK:
ADDRESS:	
	LICENSE #:
PHONE:	

NAME:	TYPE OF WORK:
ADDRESS:	
	LICENSE #:
PHONE:	

NAME:	TYPE OF WORK:
ADDRESS:	
	LICENSE #:
PHONE:	

NAME:	TYPE OF WORK:
ADDRESS:	
	LICENSE #:
PHONE:	

Name of Individual / Firm Submitting Bid: _____

Signature of Bidder: _____

THIS FORM TO BE COMPLETED BY THE CONTRACTOR AND INCLUDED IN THE BID.

EXHIBIT C

LIST OF REFERENCES

The following are the names, addresses, and telephone numbers of three (3) references for which BIDDER has performed similar work within the past three years. Public Agencies are preferred.

1.

Name and Address of Owner

Name and Telephone Number of Person Familiar with Project

Contract Amount	Type of Work	Date Completed
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2.

Name and Address of Owner

Name and Telephone Number of Person Familiar with Project

Contract Amount	Type of Work	Date Completed
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3.

Name and Address of Owner

Name and Telephone Number of Person Familiar with Project

Contract Amount	Type of Work	Date Completed
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THIS FORM TO BE COMPLETED BY CONTRACTOR AND INCLUDED IN THE BID.

EXHIBIT D

PRICE PROPOSAL

Contractor's Name

Please identify which drugs are available for standard panels:		
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone	<input type="checkbox"/> PCP
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Methadone Metabolite	<input type="checkbox"/> Propoxyphene
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Methamphetamine (including ecstasy)	<input type="checkbox"/> Marijuana (THC)
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Opiates	
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Oxycodone	

Laboratory Drug & Alcohol Testing Supply	Screening Methodology	Price Per Test
Urinalysis Standard Panels (Non-Esoteric)		
• One Drug Standard Lab Panel - Oxycodone		\$
• Five Drug Standard Lab Panel		\$
• Eleven Drug Standard Lab Panel		\$
Urinalysis Confirmation		
• GC-MS or LC-MS/MS Confirmation		\$
• GC-FID Alcohol		\$
Urinalysis Esoteric Tests		
• Ethyl Glucuronide/Ethyl Sulfate (EtG/EtS)		\$
• Synthetic Cannabinoids (K2/Spice) Premium Panel		\$
• Designer Stimulants (Bath Salts) Expanded Panel		\$
• Comprehensive Panel		\$
• Steroid Testing		\$
• GHB		\$
• Fentanyl		\$
• Cotinine (Nicotine Metabolite)		\$
• LSD		\$
• Kratom		\$
Oral Fluid Collection Device		
• Oral Fluid Collection Device		\$
Oral Fluid Panels		
• Six Drug Standard Oral Fluid Panel		\$
• Seven Drug Standard Oral Fluid Panel		\$
• Eight Drug Standard Oral Fluid Panel		\$
• Twelve Standard Oral Fluid Panel		\$
Oral Fluid Confirmation		
• GC-MS or LC-MS/MS Confirmation		\$
Court Representation/Testimony/Support		
• In-Court Testimony		\$
• Written Affidavits/Telephonic Testimony		\$
Laboratory Shipping & Supplies – Do you provide any of the following laboratory urine testing specimen collection and shipping supplies? If, please indicate cost.		
• Outbound Lab Supply Orders		\$
• Next day air service of inbound specimens		\$
• 60 and 90 ml Urine Collection Bottle with Built-in Temp Strip		\$
• Specimen baggies with absorbent material		\$
• Preprinted Chain of Custody forms/labels		\$
• Security Seals		\$
• FedEx overnight lab pack & shipping labels		\$
• Large Ziploc bags for shipping through FedEx		\$

• FedEx lab pack		
• UPS shipping box & shipping labels		\$
• UPS padded and/or lab pack		\$
• U.S. mailer box for 60 ml and 90 ml Urine Collection Bottles		\$
• Device order shipping & handling		\$
Specimen Shipment to Lab		
• Next day air service of specimens		
On-Site Drug & Alcohol Screening Devices		
• Panel-Dip Substance Abuse Test Device		
○ Panel Dip – 1 Drug		\$
○ Panel Dip – BUP		\$
○ Panel Dip – 2 Drug		\$
○ Panel Dip – 3 Drug		\$
○ Panel Dip – 5 Drug		\$
○ Panel Dip – 6 Drug		\$
○ Panel Dip – 7 Drug		\$
○ Panel Dip – 10 Drug		\$
○ Panel Drip – 12 Drug		\$
• Cassette Substance Abuse Test Device		\$
• iCup Substance Abuse Test Device		
○ 5 Drug with adulteration		\$
○ 6 Drug with adulteration		\$
○ 8 Drug with adulteration		\$
○ 10 Drug with adulteration		\$
○ 12 Drug with adulteration		\$
• Integrated Cups II Substance Abuse Test Device		
○ EZ CUP II – 4 Drug		\$
○ EZ CUP II – 5 Drug with adulteration		\$
○ EZ CUP II – 6 Drug		\$
○ EZ CUP II – 8 Drug		\$
○ EZ CUP II – 10 Drug		\$
○ EZ Cup II – 12 Drug		\$
• Breath Alcohol Device		\$
• Instant Alcohol Saliva Test Strip		\$
• Urine Cotinine (Nicotine Metabolite) Cassette Device		\$
• Urine Pregnancy Cassette		\$
• Collection Bottle with Built-in Temp Strip		\$
• Graduated Beaker		\$
• Temperature Strip		\$

Please define your guaranteed results timeframe(s):		
Test	Screening Methodology	Reporting Timeframe
Ethyl Glucuronide and Ethyl Sulfate (EtG/EtS) tests		
Oxycodone tests		
Comprehensive Panel tests		
Oral Fluid tests		

Please list any exceptions or assumptions in your pricing in the space below: