



Invitation for Bid

For

Bank Courier Services

Solicitation # 2015 BC

Sealed bids are due March 23, 2015

Manatee County Rural Health Services Administration

Attn: Sam Love, Procurement Manager

700 8th Avenue West Suite 101

Palmetto, FL 34221

Bank Courier Services
IFB 2015 BC

SECTION 1: INSTRUCTIONS TO THE BIDDERS

INVITATION TO BID

Manatee County Rural Health Services, Inc. (MCRHS) invites your firm to submit a bid in accordance with this Invitation for Bid (IFB). Your response to this request will be evaluated to determine the qualifications of your firm. Bids must adhere to the format and content of this IFB. Bids will not be evaluated unless all parts requested are submitted in a complete package. The information set forth is the minimum required in order to qualify for consideration. Issuance of this IFB does not obligate MCRHS to select any vendor or enter into any contracts for services.

BACKGROUND

Manatee County Rural Health Services is a private, not-for-profit medical group featuring multiple locations in Manatee, Desoto and Sarasota counties.

SUMMARY SCOPE OF SERVICES

The purpose of this proposal is to identify a vendor collect and deposit cash, checks and other negotiable instruments from daily business transactions. There are approximately 22 sites and 40 pick-up points requiring daily service. **The Deposits will be delivered to the Bank of America.**

PROPOSAL CONTACTS

Any questions concerning this IFB and all correspondence must be submitted in writing via e-mail to the following contact:

Name: Sam Love, Procurement Manager
Contact Phone: 941-776-4000 ext. 268
Contact E-Mail: slove@mcrhs.org

Questions may not be submitted by telephone. All questions must include: Contractor's name, IFB title; contact name, telephone number and email address.

Questions from IFB participants and the corresponding response will be shared with all bidders via email. All questions shall be received at least 48 hours prior to bid date and time. Questions submitted after that time shall not be addressed.

All bidders are hereby instructed not to contact any member of the MCRHS Board of Directors, Management or staff member other than the contact person indicated above. Any such contact shall be cause for rejection of your submittal.

SUBMISSION OF PROPOSALS:

In order to qualify for the work on this project, bidders must submit all information requested in the following bid forms **(3 copies)**. **All bids must be received by 12 noon on March 23, 2015.** Bids will be received at: Manatee County Rural Health Services, Attn: Sam Love, Procurement Manager, 700 8th Avenue West Suite 101, Palmetto, FL 34221 prior to the time and date indicated above.

IFB submission should be labeled in a manner that the response clearly indicates that it is a response to this solicitation for bid.

CONTRACTOR INFORMATION

MCRHS may request additional information support of bids. Additionally, MCRHS may perform an interview with contractors under consideration to clarify any information provided, or to gather more evidence of technical abilities.

CANCELLATION

MCRHS reserves the right to reject any or all bids, request new bids, consider alternate bids which meet the general specifications set forth and waive any informality. It also reserves the right to award bids on such items and/or services it deems will best serve the organization from the standpoint of price, quality and suitability for the intended purpose and any other determining factors. In addition, MCRHS reserves the right to create, and select suppliers from a "short list" in order to enter into negotiations with one or more suppliers, with the intent of awarding this contract.

In the event that any of the provisions of this proposal and/or awarded contract are violated by the vendor, MCRHS shall give written notice to the vendor outlining the performance defects. Vendor has five (5) days to comply with the corrective action plan. If plan is not followed, MCRHS may terminate the agreement immediately. Ongoing unsatisfactory performance may result in suspension or debarment from future MCRHS projects. MCRHS reserves the right to terminate any contract resulting from this proposal/invitation at any time and for no reason, upon giving thirty (30) days written notice to the contractor.

IFB TIMELINE

Please respond to this IFB by the date and time indicated in the submission of proposals sections of this IFB. You must meet the minimum qualifications and your proposal should present all associated costs for this business engagement.

Final selection and notification of award will be no later than March 30, 2015.

SECTION 2: PROPOSAL SUBMISSIONS

VENDOR QUALIFICATIONS

1. The vendor must be capable and qualified to transport from our facilities negotiable instruments, cash, bank checks and other documents to banking institutions in a confidential and secure manner.
2. Included in the transportation may be protected health information as identified under HIPPA laws. HIPPA privacy rules and any applicable HITECH act. As such the vendor must agree to abide by all confidentiality and security agreements and must agree to enter into a business associated agreement at the time the contract is signed.
3. The vendor must agree to declare any conflict of interest with Manatee County Rural Health at the time of entering into an agreement for service.

SECTION 3: GENERAL CONDITIONS

Throughout the term of this Agreement, the Contractor shall maintain at his sole expense effective insurance covering his activities at the project premises. Said insurance shall be secured from a company(s) licensed to do business in the locale of the Project premises. The Contractor shall furnish the MCRHS with documentation of this insurance coverage. Such insurance shall be in the amounts stated below.

1. *Worker's Compensation Insurance:*

a. As required by State of Florida for all of the Contractor's employees engaged in work associated with the Project.

b. The Contractor shall maintain Employer's Liability Insurance with a policy limit of not less than \$100,000 each accident,

2. *General Liability Insurance:*

The Contractor shall maintain during the life of this Contract, and until one year after completion of this Contract Commercial General Liability Insurance, including Products and Completed Operations for all claims that might occur in carrying out the Contract. Minimum coverage shall be \$1,000,000 per occurrence, \$1,000,000 general aggregate per project, combined single limit for bodily injury, personal injury and property damage. Such coverage shall be of the "occurrence" type form. Such General Liability coverage shall include employees of the Contractor as insured's.

3. *Auto Liability Insurance:*

Contractor shall procure and shall maintain during the life of the Contract, Commercial Automobile Liability Insurance for all owned, non-owned and hired vehicles that are used in carrying out the Contract. Minimum coverage shall be \$300,000 per occurrence combined single limit for Bodily Injury and property damage.

Proof of Insurance: Contractor shall provide a certificate of insurance from a company licensed to do business in the State of the Florida indicating coverage is in place at the limits set forth in this Article. The insurer shall give the MCRHS thirty (30) day notice of cancellation or changes in coverage. The insurance certificate shall be provided at time of bid and as a part of the proposal..

PAYMENTS

Contractor shall submit an Application Payment/Invoice, to the MCRHS, for services on a monthly basis. The MCRHS shall render the Contractor regularly scheduled payments in remuneration for the Contractor's services in amounts as specified. Said payments shall be made, net (30) days from receipt of the Contractor's invoice.

SECTION 4: ADDITIONAL PROVISIONS

The MCRHS shall provide full information regarding all requirements for the Project, not specifically contained herein, and shall establish and maintain an effective communications system with the Contractor throughout all phases of the Work

MCRHS reserves the right to reject any and all proposals received as a result of this IFB. If a proposal is selected it will be the most advantageous regarding price, quality of service, the Contractor's qualifications and capabilities to provide the specified service, and other factors which MCRHS may consider.

Proposals must be signed by an official authorized to bind the Contractor to the provisions of this contract. Failure of the successful bidder to accept the obligation of the contract will result in the cancellation of any award.

In the event it becomes necessary to revise any part of the IFB, addenda will be provided. Deadlines for submission of the RFP may be adjusted to allow for revisions.

The price quotations stated in the bidder's proposal will not be subject to any price increase from the date on which the proposal is opened to the date mutually agreed upon for termination of the contract. Quotations are firm and will remain in effect for no less than one year from the date of commencement of the contract.

Please provide three (3) references involving bank courier services

Company Name	
Contact Name and Number	
Number of Sites	
Number of Pick up Points	
Years of Service	

Company Name	
Contact Name and Number	
Number of Sites	
Number of Pick up Points	
Years of Service	

Company Name	
Contact Name and Number	
Number of Sites	
Number of Pick Up Points and Sites	
Years of Service	

Firm Name _____

Authorized Signature _____

Date _____

Certificates of Insurance Attached

Yes _____ No _____

Agree to Sign No Conflict Statement

Yes _____ No _____

Agree to enter into Business Associates
Agreement

Yes _____ No _____

Pick Up Sites

Firm Name _____

Name	Address	Sites	Daily Pick Ups
DESOTO COUNTY:			
Arcadia Pediatrics	250 North Brevard Avenue Arcadia Florida	1	1
Arcadia Optometry	122 North Brevard Avenue Arcadia Florida	1	1
Arcadia OB	1148 East Gibson Street Arcadia Florida	1	2
Community Care	1110 East Gibson Street Arcadia Florida	1	4
Community Care Mental Health	725 North 12th Street Arcadia Florida	1	1
SARASOTA COUNTY:			
North County Health Care	1949 Northgate Blvd Sarasota	1	3
MANATEE COUNTY:			
Myakka Health Care	37220 Glenwood Avenue Myakka City	1	1
Edgar Price Health Care	12271 US highway 301 North Parrish	1	2
North Manatee Health Care	5600 Bayshore Road Palmetto	1	3

Palmetto Health Care	404 7th Street West Palmetto	1	1
Manatee Memorial General Surgery	250 2nd Street East Bradenton	1	1
Riverside Health Care	300 Riverside Drive East Bradenton	1	2
West Manatee OB	2318 Manatee Avenue West Bradenton	1	1
Manatee Pediatrics	712 39th Street West Bradenton	1	1
South West Health Care	5325 26th Street West Bradenton	1	1
Bradenton Family	4805 26th Street West Bradenton	1	1
South East Health Care	919 53rd Avenue East Bradenton	1	3
Lawton Chiles Dental	1515 26 th Avenue East Bradenton	1	1
Lawton Chiles Health Central Pharmacy	1505 26th Avenue East Bradenton	1	1
Lawton Chiles Health Care	1515 26th Avenue East Bradenton	1	1
Whole Child Pediatric	8936 77 Terrace East #103 Bradenton	1	1
River Landings OB	5460 63rd Street East Bradenton	1	1
East Manatee Health Center	1312 East Manatee Avenue Bradenton	1	6

Monthly Bid Total
\$_____

