STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
FLORIDA STATE HOSPITAL

REQUEST FOR PROPOSALS
TO
PROVIDE AND INSTALL AN AUTOMATED MEDICATION DISPENSING SYSTEM

RFP # FSH 2014-001

COMMODITY CODE #S 465-670, 465-700

OFFICE OF MATERIALS MANAGEMENT
FY 13-14
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REQUEST FOR PROPOSAL

A. INTRODUCTION

1. STATEMENT OF NEED

Florida State Hospital, hereinafter referred to as the Hospital, is seeking competitive proposals for the provision and installation of an Automated Medication Dispensing System in all specified resident areas throughout the campus.

2. STATEMENT OF PURPOSE

Florida State Hospital is a 1,000+ bed mental health treatment facility with a full service pharmacy providing medications as needed for all residents. These medications are provided in approximately 39 resident wards in 16 buildings located across a 400+ acre campus. Routine medications for each resident are prepared in a medication cart on a weekly basis in an area of the central pharmacy. The cart is delivered to the unit and manually inventoried and dispensed by the nurse on duty. All inventories and dispensing activities are recorded manually.

The desired system will increase safety and accuracy of medication administration by allowing bulk storage of routine medications in resident areas, providing electronic inventory and dispensing records and requiring positive identification of patient and staff for access to a particular medication.

An automated dispensing system will lower cost and improve availability through a more accurate inventory management and allow charges and credits to be posted in a timely manner as medications are dispensed or returned to the dispensing device. This will enhance billing accuracy, improve reimbursement times and produce a net effect of increased revenues due to greater efficiency and accuracy.

The system will provide improved tracking of medication movements within the hospital. This will increase accountability and enhance the facility's compliance with state and federal laws and guidelines.

3. TERM OF AGREEMENT

It is anticipated that a contract will be awarded by December 31, 2013 and all work be completed by June 30, 2014.

4. DEFINITIONS

1. **Campus:** This is the entire area of the hospital or facility grounds, including those buildings used for the provision of resident services, or subleased or rented to other agencies by the department, as well as vacant buildings.

2. **Certified Minority Business Enterprise:** Has the same meaning as that provided in s. 288.703(4), Florida Statutes.

3. **Consultation:** The provision of professional advice or services upon request.

4. **Contract Manager:** The Hospital employee responsible for enforcing performance of contract terms and conditions on behalf of the Hospital.

5. **Department:** Department means the State of Florida, Department of Children and Families, or its successor in interest. Department is specifically intended to include officers, agents, and employees of the department. The word, “department,” as used herein, is intended to subsume and include the entity that is responsible for mental health and developmental disabilities within the State of Florida, regardless of name.

6. **External Communications:** Any exchange of information regarding this Request for Proposals that originates outside of the department and its employees.
7. **Forensic Area:** Areas within the Hospital designated for the purpose of housing and providing treatment for those residents that are at this facility as a result of court action under Chapter 916, Florida Statutes.

8. **Vendor:** Any qualified private sector business entity, non-profit or for-profit organization that has timely responded to all of the applicable provisions of this Request for Proposals. By explicit statement within the Introduction, “vendor” is synonymous with “qualified vendor” in that all vendors must be qualified in order to participate in the request-for-proposal-process.

9. **Provider:** The responsive private sector business entity, non-profit or for-profit organization which provides the services contemplated by this Request for Proposals as a result of being awarded a contract to do so. The use of the terms “successful vendor,” “selected vendor,” or any similar term is synonymous with the term provider.

10. **Qualified Vendor:** Any private sector business entity or non-profit or for-profit organization desiring to respond to this Request for Proposals; having the capability in all respects to perform fully the contract requirements; and having the integrity and reliability that will assure good faith performance.

11. **Request for Proposals:** This term in general refers to a written solicitation for competitive sealed proposals meeting the specifications delineated in the solicitation document. As used herein, it is the entirety of the procurement documents, including attachments and subsequent addenda.

12. **Resident:** Those persons residing in or receiving services from a Developmental Services or Mental Health facility. This includes those voluntarily and involuntarily admitted persons meeting the criteria of Chapter 393, Florida Statutes and individuals placed in the facility by the department pursuant to s. 916.13, 916.15 and 916.302, Florida Statutes. This also includes those voluntarily and involuntarily committed adults meeting the criteria of Chapter 394, Florida Statutes, individuals placed in the facility by the department pursuant to s. 916.105(3), Florida Statutes, and persons detained under federal court orders recognized by the provisions of Title 18 U.S.C. and the Interstate Compact adopted as part of Chapter 394, Florida Statutes.
B. RFP PROCESS

1. CONTACT PERSON

This RFP is issued by the State of Florida, Department of Children and Families, Florida State Hospital, Materials Management Department. The Hospital’s contact person for all communication regarding this RFP is:

Kathy Thomason, Procurement Manager

Mailing Address:
Florida State Hospital
Building 1153
Post Office Box 1000
Chattahoochee, Florida 32324-1000
(850) 663-7224

Email: Kathy_thomason@dcf.state.fl.us

All contact with the Procurement Manager shall be in writing via electronic mail, U.S. mail or other common courier. No facsimiles or telephone calls will be accepted for any reason.

2. LIMITATIONS ON CONTACTING HOSPITAL PERSONNEL

2.a. Respondents or persons acting on their behalf may not contact, between the release of this RFP and the end of the 72-hour period (Saturdays, Sundays and state holidays excluded) following the Hospital’s posting of the notice of intended award, Hospital personnel or any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to contact person identified in Section B.1 above. Any such contact by an affiliate, a person with a relevant business relationship with a Respondent or an existing or prospective subcontractor to a Respondent is assumed to be on behalf of the Respondent unless otherwise known.

2.b. Violation of the provisions of Section 2.a of this RFP will be grounds for rejecting a response, if determined by the Hospital, in its sole discretion, to be material in nature. Violation of Section 2.a is material in nature if the contact (oral, electronic or written):

- Is heard or read by a person, prior to the completion of that person’s final duties under this RFP, which person is responsible for reviewing, evaluating, scoring, ranking or selecting Respondents under this RFP or for advising any such person;
- Advocates for the selection of the Respondent, the disqualification of any other Respondent or the rejection of all bids; (ii) comments on the qualifications of any Respondent or the responsiveness of any proposal; (iii) presents additional information favorable to the Respondent or adverse to another Respondent or (iv) otherwise seeks to influence the outcome of this RFP; and
- May not be waived as a minor irregularity by virtue of the nature, intent and extent of the information conveyed.

The foregoing does not preclude a determination by the Hospital that other forms of contact are material violations of the provisions of this RFP.

2.c. All electronic and written communications referred to in this Section 2 are subject to the public records law.
3. POSTING

All notices, decisions and intended decisions and other matters relating to this RFP will be electronically posted on the Department of Management Services Vendor Bid System (VBS) website located at:
http://vbs.dms.state.fl.us/

Then:
1. Click on Search Advertisements
2. Under “Agency” select Department of Children and Families
3. Scroll down to the bottom of the screen and click on “Initiate Search.”

3.a. Clarifications or Addenda to the RFP. Information regarding any addenda to this RFP and copies of written Hospital responses to questions resulting in clarifications or addenda to RFP will be electronically posted at the VBS web address posted in Section B.3.

3.b. It is the responsibility of the Respondent to check the VBS for addenda or clarification to this RFP.

4. PUBLIC ENTITY CRIMES

Pursuant to section 287.133, F.S., the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the Department: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity, may not submit a bid, proposal, or reply on a contract with a public entity for the construction or the repair of a public building or public work, may not submit bids, proposals, or replies on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, F.S., for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

5. RESPONDENT DISQUALIFICATION

In addition to other criteria set forth herein, failure to have performed any previous contractual obligations with the Department or any other State Agency in a manner satisfactory to the Department/State Agency will be sufficient cause for disqualification or termination. To be disqualified as a Respondent under this provision, the Respondent must have:

(1) Previously failed to satisfactorily perform in a contract with the Department or any other State Agency, been notified by the Department/State Agency of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the Department/State Agency;
(2) Had a contract terminated by the Department/State Agency for cause; or
(3) Failed to sign a Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Contract/Subcontracts (Appendix III) prior to contract execution.

6. DISCRIMINATORY VENDOR LIST

Pursuant to section 287.134, F.S., the following restrictions are placed on the ability of persons placed on the discriminatory vendor list to transact business with the Department: When an entity or affiliate has been placed on the discriminatory vendor list, he/she may not submit a bid on a Contract to provide any goods or services to a public entity, submit a bid on a Contract with a public entity for the construction or repair of a public building or public work, submit bids on leases of real property to a public entity, be awarded or perform work as a contractor, supplier, sub-contractor, or consultant under a contract with a public entity, or transact business with any public entity.

7. SCHEDULE OF EVENTS AND DEADLINES
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DUE DATE</th>
<th>TIME</th>
<th>ADDRESS</th>
</tr>
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<tbody>
<tr>
<td>Advertise/Release RFP on VBS</td>
<td>Sept. 17, 2013</td>
<td>3:00 PM</td>
<td>Vendor Bid System (VBS): <a href="http://vbs.dms.state.fl.us/">http://vbs.dms.state.fl.us/</a> See Section B.3 for instructions</td>
</tr>
<tr>
<td>Deadline to Submit Notice of Intent to Submit a Proposal and Registration for Site Visit/Solicitation Conference</td>
<td>Sept. 24, 2013</td>
<td>5:00 PM</td>
<td>Contact person listed in Section B.1</td>
</tr>
<tr>
<td><strong>Note: This step is not required.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Site Visit/Orientation Tour</td>
<td>Oct. 1, 2013</td>
<td>9:00 AM</td>
<td>Florida State Hospital Purchasing Department Conference Room Chattahoochee, FL</td>
</tr>
<tr>
<td><strong>Note: This is a required step.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solicitation Conference</td>
<td>Oct. 1, 2013</td>
<td>2:00 PM</td>
<td>Florida State Hospital Administration Conference Room Administration Bldg 1001, Rm 121 Chattahoochee, FL 32324-1000</td>
</tr>
<tr>
<td><strong>Note: This is a required step.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive all Inquiries</td>
<td>Oct. 7, 2013</td>
<td>5:00 PM</td>
<td>Contact person listed in Section B.1</td>
</tr>
<tr>
<td>Respond to Inquiries</td>
<td>Oct. 9, 2013</td>
<td>N/A</td>
<td><a href="http://vbs.dms.state.fl.us/">http://vbs.dms.state.fl.us/</a></td>
</tr>
<tr>
<td>Sealed proposals must be received by the Hospital</td>
<td>Oct. 16, 2013</td>
<td>3:00 PM</td>
<td>Florida State Hospital Bldg 1153 100 N. Main Street Chattahoochee, FL 32324</td>
</tr>
<tr>
<td>Public opening of proposals</td>
<td>Oct. 16, 2013</td>
<td>3:15 PM</td>
<td>Florida State Hospital Bldg 1153 100 N. Main Street Chattahoochee, FL 32324</td>
</tr>
<tr>
<td>Evaluation Team Initial Meeting</td>
<td>Oct. 17, 2013</td>
<td>9:00 AM</td>
<td>Florida State Hospital Bldg 1153 100 N. Main Street Chattahoochee, FL 32324</td>
</tr>
<tr>
<td>Evaluation Team Debriefing</td>
<td>Oct. 24, 2013</td>
<td>9:00 AM</td>
<td>Florida State Hospital Bldg 1153 100 N. Main Street Chattahoochee, FL 32324</td>
</tr>
<tr>
<td>Post the Notice of Intent to Award</td>
<td>Oct. 28, 2013</td>
<td>9:00 AM</td>
<td><a href="http://vbs.dms.state.fl.us/">http://vbs.dms.state.fl.us/</a></td>
</tr>
<tr>
<td>Anticipated effective Date of Contract</td>
<td>Dec. 31, 2103</td>
<td>N/A</td>
<td>N/A</td>
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**NOTE:** All times correspond to Eastern Time Zone

Although the Hospital may choose to use additional means of publicizing the results of this procurement, posting on the VBS is the only official notice recognized for the purpose of determining timeliness in the event of a protest.
8. NOTICE OF INTENT TO SUBMIT A PROPOSAL

Respondents who are interested in responding to this RFP shall submit a Notice of Intent to Submit a Proposal (Appendix I) to the Procurement Manager specified in Section B.1, on or before the date and time specified in the Schedule of Events and Deadlines (Section B.7). Submission of a Notice of Intent is NOT a pre-requisite for acceptance of proposals from Respondents.

Small Businesses, Certified Minority and Women’s Business Enterprises are encouraged to participate in any conferences, conference calls, pre-solicitation, or pre-bid meetings which are scheduled. All Respondents shall be accorded fair and equal treatment.

9. MANDATORY SITE VISIT/FACILITY ORIENTATION TOUR

The purpose of the Mandatory Site Visit/Facility Orientation Tour is to familiarize interested Respondents with the environment in which the system is to be installed. Representatives of interested Respondents and other attendees must contact the contact person listed in Section B.1 of this solicitation document to register for the Site Visit/Facility Orientation Tour no later than the date and time listed in Section B.7, Schedule of Events and Deadlines. The Site Visit/Facility Orientation Tour is a pre-requisite for acceptance of proposals from Respondents.

9.a. While Respondents will be able to submit additional questions during the Site Visit/Facility Orientation Tour, Respondents should be aware that any oral explanations or instructions are not binding and should not be relied on in the absence of written confirmation. The Department reserves the right not to address any questions raised for the first time at the Site Visit/Facility Orientation Tour until the questions have been later submitted in writing. Respondents will have until the date and time specified in Section B.7 to submit these or additional written inquiries to the Hospital’s contact for this RFP.

9.b. Only responses posted on the VBS website are to be considered official Hospital responses by the Respondent.

10. MANDATORY SOLICITATION CONFERENCE

10.a. The purpose of the Solicitation Conference is to review the RFP with interested Respondents so that areas of misunderstanding or ambiguity are clarified. Representatives of interested Respondents and other attendees attending the Conference must register their attendance by completing the registration forms available at the Conference. Since this site visit/conference is mandatory, failure to participate and/or properly register will disqualify a Respondent from eligibility for the contract award. In this regard, no attendance exceptions will be made under any circumstances.

The Solicitation Conference for this RFP will be held at the location and time specified in Section B.7, Schedule of Events and Deadlines.

10.b. Written answers to any questions received prior to the Solicitation Conference from Respondents will be provided during the formal question and answer period. While Respondents will be able to submit additional questions during the Solicitation Conference, Respondents should be aware that any oral explanations or instructions are not binding and should not be relied on in the absence of written confirmation. The Department reserves the right not to address any questions raised for the first time at the Solicitation Conference until the questions have been later submitted in writing. Respondents will have until the date and time specified in Section 2.7 to submit these or additional written inquiries to the Hospital’s contact for this RFP.

10.c. Only responses posted on the VBS website are to be considered official Hospital responses by the Respondent.
11. WRITTEN INQUIRIES

Prospective Respondent questions will only be accepted if submitted in writing to the Procurement Manager specified in Section B.1 and received on or before the date and time specified in Section B.7. No questions will be accepted by facsimile or telephone.

All questions submitted during the site visit/facility orientation tour and/or the solicitation conference, either written or verbal, will be recorded during the tour or conference and Respondents are not required to submit verbal questions in writing.

Copies of the responses to all inquiries, and clarifications and/or addenda if made to the RFP, will be made available through electronic posting on the VBS website at: [http://vbs.dms.state.fl.us](http://vbs.dms.state.fl.us)

12. ACCEPTANCE/REJECTION OF PROPOSALS AND WAIVER OF MINOR IRREGULARITIES

12.a. Proposal Deadline Proposals must be received by the Hospital no later than the time and date at the address listed in Section B.7. All methods of delivery or transmittal to the Hospital’s contact person shall remain the responsibility of the Respondent and the risk of non-receipt or delayed receipt shall be upon the Respondent. Any proposal submitted shall remain a valid offer for at least 90 days after the proposal submission date. Except as provided in Section 2.11.3 below, no changes, modifications, or additions to the proposal submitted (after the deadline for proposal opening has passed) will be accepted by or be binding on the Hospital.

12.b. Receipt Statement Proposals not received at either the specified place, or by the specified date and time, or both, will be rejected and returned unopened to the vendor by the Hospital. The Hospital will retain one unopened copy for use in the event of a dispute.

12.c. Right to Reject or to Waive Minor Irregularities Statement The Hospital reserves the right to reject any and all proposals or to waive minor irregularities when to do so would be in the best interest of the State of Florida. Minor irregularity is defined as a variation from the RFP terms and conditions which does not affect the price of the proposal, give the Respondent an advantage or benefit not enjoyed by other Respondents, or does not adversely impact the interest of the Hospital. At its option, the Hospital may correct minor irregularities but is under no obligation to do so. In doing so the Hospital may request a Respondent to provide, and at the request of the Hospital the Respondent may provide to the Hospital, additional materials to correct the irregularity. However, the Hospital will not request and a Respondent may not provide the Hospital with additional materials that affect the price of the proposal, or give the Respondent an advantage or benefit not enjoyed by other Respondents.

The Hospital reserves the right to withdraw this RFP, even after an award has been made, if to do so would be in the best interests of the state.

13. WITHDRAWAL OF PROPOSAL

A written request for withdrawal, signed by the Respondent may be considered if received by the Department within 72 hours after the proposal opening time and date indicated in Section B.7. A request received in accordance with this provision may be granted by the Department upon proof of the impossibility to perform based upon an obvious error on the part of the Respondent.

14. PROTESTS AND DISPUTES

14.a. Any person who is adversely affected by decision or intended decision made by the Department pursuant to this solicitation shall file with the Department a notice of protest in writing within 72 hours (Saturdays, Sundays, and state holidays excluded) after the posting of the notice of decision, or intended decision.
14.b. With respect to a protest of the terms, conditions, or specifications contained in this solicitation, including any provisions governing the methods for ranking bids, proposals, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours (Saturdays, Sundays, and state holidays excluded) after the posting of the solicitation. For purposes of this provision, the term “solicitation” includes any addendum, response to written questions, clarification or other document concerning the terms, conditions or specifications of the solicitation. The formal written protest shall be filed within 10 days after the date the notice of protest is filed.

14.c. When protesting a decision or intended decision (including a protest of the terms, conditions and specifications contained in this solicitation), the protestor must post a bond equal to one percent (1%) of the Hospital’s estimated contract amount. The estimated contract amount shall be based upon the contract price submitted by the protestor. If no contract price was submitted, the Hospital shall provide the estimated contract amount to the protestor within 72 hours (excluding Saturdays, Sundays, and state holidays) after the notice of protest has been filed. The estimated contract amount is not subject to protest pursuant to section 120.57(3), F.S. The bond shall be conditioned upon the payment of all costs and charges that are adjudged against the protestor in the administrative hearing in which action is brought and in any subsequent appellate court proceeding. FAILURE TO FILE THE PROPER BOND AT THE TIME OF FILING THE FORMAL PROTEST WILL RESULT IN A REJECTION OF THE PROTEST. In lieu of a bond, the Hospital may accept a cashier’s check, official bank check, or money order in the amount of the bond. Upon issuance of a final order, if the Hospital prevails and if no appeal is taken, the bond shall be returned to the protestor upon payment of all costs and charges adjudged against the protestor in the final order. However, if the protestor prevails and if no appeal is taken, the bond shall be returned to the protestor.

14.d. A notice of protest, formal protest and bond are “filed,” when received by the contact person listed in Section 2.1 of this RFP. Filing may be achieved by hand-delivery, courier, US Mail, or facsimile transfer. Filing by email will not be accepted. All methods of delivery or transmittal to the Department’s contact person shall remain the responsibility of the protestor and the risk of non-receipt or delayed receipt shall be upon the protestor. FAILURE TO FILE A PROTEST WITHIN THE TIME PRESCRIBED IN SECTION 120.57(3), F.S., OR FAILURE TO POST THE BOND OR OTHER SECURITY REQUIRED BY LAW WITHIN THE TIME ALLOWED FOR FILING A BOND SHALL CONSTITUTE A WAIVER OF PROCEEDINGS UNDER CHAPTER 120, F.S.

THIS SECTION INTENTIONALLY LEFT BLANK
C. PROPOSAL EVALUATION AND AWARD

1. EVALUATION AND AWARD PROCESS

The Hospital intends to award the contract to the responsible and responsive Respondent whose proposal is determined by the Hospital Administrator or her designee to be the most advantageous to the state. The Hospital’s evaluators will develop a recommended ranking of all proposals determined to be responsive by the Procurement Manager. The Procurement Manager will provide the Administrator or her designee the recommended ranking of the Hospital’s evaluators, along with her report and recommendation for final action. The Hospital will award the contract based on a final selection by the Administrator or her designee, who will consider the relative importance of price and other evaluation criteria set forth in Section 3.5.1 of this solicitation. The Administrator or designee may also make a determination as to whether to deem one or more vendors ineligible for award. The Hospital will electronically post the Administrator’s or designee’s final decision and intent to award in accordance with s. 120.57(3)(a), F.S. and Rule 60A-1.021, F.A.C.

2. APPLICATION OF MANDATORY REQUIREMENTS

a. The Procurement Manager will examine each proposal to determine whether the proposal meets the Mandatory Requirements specified in Appendix V.

b. A proposal that fails to meet the Mandatory Requirements will be deemed nonresponsive. No points will be awarded for meeting the Mandatory Requirements. The ranking will not be affected by meeting the Mandatory Requirements. An initial determination that a proposal meets the Mandatory Requirements does not preclude a subsequent determination of non-responsiveness.

3. RECOMMENDATION OF EVALUATORS

a. All proposals that meet the Mandatory Requirements and are determined to be otherwise responsive will then be evaluated using the following process:

- The evaluation of proposals will be made by no less than five (5) nor more than nine (9) Hospital/Department personnel. The evaluators will evaluate each proposal in accordance with the instructions to Evaluators (Appendix VI).
- The RFP Rating Sheets (Appendices VIII through XII) list the evaluation criteria and specific considerations of those criteria used to assess the degree to which the Respondent’s proposal meets those criteria.
- The Procurement Manager will develop a ranking in accordance with the instructions provided in Appendix VI. This ranking will serve as the recommended ranking of the Hospital’s evaluators.

Evaluation criteria will be grouped in the following categories:

- Category 1 - Programmatic Proposal
- Category 2 - Cost Proposal
- Category 3 – Telephone Reference Survey

Each of these categories will be discussed further in this section.

b. Category 1 - Programmatic Proposal. This portion of the evaluation will be performed independently by all members of the Evaluation Committee and will address specifically:

- The extent and quality of the Respondent’s experience in the provision and installation of Automated Medication Dispensing Systems similar in nature to that required by the Hospital;
- The capabilities of providing a mobile medication management system, ease of operation and integrated with the system database of the proposed system.
- The availability of repair service when needed – guaranteed on-site response time following notification of a problem.
c. **Category 2 – Cost Proposal.** The Cost Proposal will be evaluated based on the overall cost for equipment and installation:

\[(X ÷ N) \times A = Z\]

Where;

- \(X\) = Lowest Reasonable Cost Proposal Submitted
- \(N\) = Respondent’s Proposed Cost
- \(A\) = Total Points for Category 2
- \(Z\) = Points Awarded

d. **Category 3 – Telephone Reference Survey.** The Telephone Reference Survey will be evaluated on a rating scale of 1 – 5, 1 being the lowest, 5 being the highest rating level.

- Quality of System Designed/Installed
- Quality of finished product
- Completed contract in timely manner
- Quality of Maintenance Service provided after completion of contract
- Quality of the ease of use with the system
- Overall rating of contractor performance.

3. **RECOMMENDATION OF THE PROCUREMENT MANAGER**

After developing the recommended ranking per Section C.3.a, the Procurement Manager will provide to the Administrator or her designee a report on proposals deemed nonresponsive and, as to those deemed responsive, the scores of the evaluators and, as to those proposals deemed responsive, the recommended ranking of the evaluators, along with a recommendation for final action, which may include a recommendation that one or more otherwise responsive proposals be deemed ineligible pursuant to the terms of this RFP.

4. **SELECTION AND AWARD**

a. The contract will be awarded to the responsible and responsive Respondent whose proposal is determined in writing by the Administrator or her designee to be the most advantageous to the State, taking into consideration the following criteria:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RELATIVE VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAMMATIC PROPOSAL</strong></td>
<td></td>
</tr>
<tr>
<td>The extent and quality of the Respondent’s experience in the installation of automated medication dispensing pharmacy systems similar in nature to that required by the Hospital.</td>
<td>20</td>
</tr>
<tr>
<td>The capabilities of providing a mobile medication management system, ease of operation and integrated with the system database of the proposed system.</td>
<td>15</td>
</tr>
<tr>
<td>The availability of repair service when needed – guaranteed on-site response time following notification of a problem. Factory trained service technicians, third party repair services. Service technician must be employee of the vendor.</td>
<td>15</td>
</tr>
<tr>
<td><strong>COST PROPOSAL</strong></td>
<td></td>
</tr>
<tr>
<td>Cost proposal as calculated in accordance with Section C.3.c</td>
<td>50</td>
</tr>
<tr>
<td><strong>REFERENCES</strong></td>
<td></td>
</tr>
<tr>
<td>The references of the company as calculated in accordance with Appendix XII.</td>
<td>35</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>135</td>
</tr>
</tbody>
</table>
FSH 2014-001 Automated Medication Dispensing System

The Administrator or her designee will make the selection of the Respondent(s) for an intended award of the contract.

- The selection and award by the Administrator or her designee will be based on the criteria set forth in Section C.4 of this solicitation, taking into consideration the recommended ranking of the evaluators and the report and recommendation of the Procurement Manager.

- No scoring by the Administrator or her designee will be required in arriving at this selection and award, but the Administrator or her designee will consider the relative importance of price and other evaluation criteria set forth in Section C.4 of this solicitation. The ranking by the evaluators shall serve as a recommendation only.

- The Administrator or her designee will also make a determination as to whether to deem one or more respondents ineligible for award due to the qualifications of the Respondent or the quality of the proposal.

- The Hospital will electronically post the intended award of the contract by the Administrator or her designee in accordance with the terms of this RFP.

5. IDENTICAL OR TIE RESPONSES

If the Administrator or her designee determines that two (2) or more responses most advantageous to the State are equal with respect to all relevant considerations, including price, quality, and service, the award will be made in accordance with Rule 60A-1.011, Florida Administrative Code and Section 295.187, F.S, the Florida Service-Disabled Veteran Business Enterprise Opportunity Act.

THIS SPACE IS INTENTIONALLY LEFT BLANK
D. THE HOSPITAL’S RESERVED RIGHTS

The Hospital reserves the right to reject any or all proposals or to withdraw this RFP, even after award, if it determines that doing so would be in the best interest of the Hospital.

E. MINIMUM PROGRAMMATIC REQUIREMENTS

1. GENERAL STATEMENT

The selected vendor must comply with all applicable state and federal laws, codes, regulations and standards governing the facility operations in mental health facilities and developmental services facilities. All phases of this project will be performed within the confines of a resident buildings at the Hospital and special precautions will be required. The Hospital will provide information relative to these precautions during the mandatory solicitation conference on the date listed in Section B.7.

2. SYSTEM REQUIREMENTS

The system must provide:

- A high degree of security and storage capacity to control drug inventory;
- Periodic updates at no charge while under support agreement with the manufacturer;
- Reliable and customizable interface engine that must interface with the HCD Medics Pharmacy application as well as internal applications. Specific requirements for internal applications include, but are not limited to:
  - Interfaces to internal systems must be OBDC compliant for MS SQL Server 2008;
  - ADT (Resident Admission, Discharge, Transfer) interface must be fixed field;
  - Interface with HCS Medics to track individual resident medication administration;
- Remote support services;
- One (1) pharmacy profile console or equivalent software;
- Interface license;
- Narcotic vault;
- Approximately 39 dispensing cabinets;
- Approximately 39 auxiliary dispensing cabinets;
- Approximately 39 refrigerator remote temperature monitoring and locking devices;
- Approximately one (1) auxiliary single column tower;
- Lock lidded drawers in multiple sizes and configurations (to secure controlled substances);
- Operation on Windows 7 or equivalent contemporary operating system;
- BioID fingerprint identification capability for additional security;
- Barcode reader technology;
- Capability to identify and track drug diversion;
- Capability to display medication orders and patient profiles;
- Server requirements:
  - Dell rack-mountable server configuration to adequately run supplied system with capacity for expansion;
  - All applicable software and server licenses required for above server;
  - Backup solution for system that includes both hardware and software;
- Ethernet connectivity as well as wireless for dispensing cabinets, single column tower and refrigerator remote temperature monitoring and locking devices.

3. PROGRAMMATIC AUTHORITY

This program is administered under the authority of Florida Statutes and applicable portions of Florida Administrative Code.

4. SCOPE OF SERVICE

Successful vendor will provide all materials, supervision and labor to design and install a state of the art automated medication dispensing system in all designated resident areas of Florida State Hospital.
5. TASK LIMITS.

The selected Provider is not authorized by the Hospital to perform any tasks related to the project other than those described in the resulting purchase order without the express written consent or at the request of the Hospital.

6. STAFFING LEVELS

The successful vendor will provide adequate staffing to complete the project within the time frame established.

NOTE: All workers assigned to this project will be subject to background checks and must be approved by the Florida State Hospital Security Department prior to entering the work site. It will be the responsibility of the vendor to provide the required NCIC background information on each employee to the Hospital Security Department.

7. PROFESSIONAL QUALIFICATIONS.

The successful vendor must hold any and/or all certifications and licenses as required by law to perform this contract. The vendor must be authorized and certified as necessary by the manufacturer to install and service the particular brand of equipment included in the proposal.

8. SUBCONTRACTORS.

Subcontracting for services will be permitted as approved in writing by the Hospital, in its sole discretion. The selected Provider shall submit qualifications and information regarding any proposed subcontractor and the tasks to be performed with a written request for Hospital approval to subcontract prior to entering into a contractual agreement with the proposed subcontractor for any services funded in whole or in part with funds from any contract resulting from this RFP. Background screening as noted above will also apply to any workers for subcontractors performing tasks on-site associated with this project. No subcontract which the successful Provider enters into with respect to performance under the contract resulting from this Request for Proposal shall in any way relieve the successful Provider of any responsibility for performance of its duties.

9. SERVICE DELIVERY LOCATION

Service will be provided at the Department of Children & Families Florida State Hospital, a mental health treatment facility in Chattahoochee, Florida.

10. SERVICE TIMES.

Work may be performed Monday through Friday, excluding holidays observed by the State of Florida, 7:30 AM to 5:00 PM eastern time.

11. EQUIPMENT

The successful vendor will be responsible for supplying, at its own expense, all equipment necessary to perform under, conduct and complete the contract.

12. PERFORMANCE MEASURES

Successful performance of this contract will be accomplished when all equipment identified in the project is installed and operating properly.
13. PROVIDER RESPONSIBILITIES

The selected Provider is solely and uniquely responsible for the satisfactory performance of the services described in this RFP. Submission of a proposal signifies acceptance by the selected Provider that it accepts all Hospital requirements, terms and conditions in this RFP and in the Hospital's Purchase Order and Attachments, including any reference contained therein. By execution of the resulting contract, the selected Provider recognizes its singular responsibility for the tasks, activities, and deliverables described therein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities and deliverables and agrees to be fully accountable for the performance thereof.

14. DEPARTMENT OBLIGATIONS

The Hospital will provide all normal utilities necessary for the performance of this project.

15. DEPARTMENT DETERMINATIONS

The hospital has reserved the exclusive right to make certain determinations in these specifications. The absence of the hospital setting forth a specific reservation of rights does not mean that all other areas of the resulting contract are subject to mutual agreement. The hospital reserves the right to make any and all determinations exclusively which it deems are necessary to protect the best interests of the State of Florida and the health, safety, and welfare of the clients who are served by the department either directly or through any one of its contracted providers.

The Department has the final authority in:

- Determining the selected Provider for this contract;
- Determining the type of services that will be rendered;
- Determining the funding for this contract;
- Determining the adequacy and availability of the selected Provider’s records;
- Approving the quality and acceptability of the selected Provider’s performance and services provided; and
- All decisions involving availability of program funding.

16. DISPUTE RESOLUTION

It is desired that the selected Provider and the Department shall agree to cooperate in resolving any differences concerning performance or in interpreting the resulting contract. Within fifteen (15) working days of the execution of a Contract for services, each party shall designate one person to act as its representative for dispute resolution purposes, and shall notify the other party of the person’s name and business address and telephone number. Within five (5) working days from delivery to the designated representative of the other party of a written request for dispute resolution, the representatives will conduct a face-to-face meeting to resolve the disagreement amicably. If the representatives are unable to reach a mutually satisfactory resolution, the representatives shall make written recommendations to the Secretary of the Department who will work with both parties to resolve the dispute. The parties reserve all their rights and remedies under Florida law. Venue for any court action shall be Leon County, Florida and all parties shall consent to jurisdiction in all courts of competent jurisdiction in and for the 2nd Judicial Circuit, Florida.

F. INSTRUCTIONS TO RESPONDENTS TO THE RFP

1. PUBLIC RECORDS AND TRADE SECRETS

These provisions apply in lieu of Section 18 of PUR 1001. All materials submitted in response to this RFP become the property of the State of Florida and will be a public record subject to the provisions of Chapter 119, F.S. The State of Florida shall have the right to use such ideas or adaptations of those ideas contained in any proposal without cost or charge. Selection or rejection of a proposal will not affect this right.
Unless exempted by law, all public records are subject to public inspection and copying under Florida’s Public Records Law, Chapter 119, F.S. Any claim of confidentiality for any information contained in a Respondent’s response to this solicitation will be waived upon opening of the response by the Hospital, unless the claimed confidential information is submitted in accordance with this Section. This waiver includes any information included in the Respondent’s response outside of the separately bound document described below.

If the Respondent considers any portion of the documents, data or records submitted in response to this solicitation to be confidential, trade secret or otherwise exempt from public inspection or disclosure pursuant to Florida’s Public Records Law, the Respondent must submit all such information in a separately bound document clearly labeled “Attachment to Request For Proposal,” Number RFP #FSH 2014-001 - Confidential Material’. Where such information is part of material already required to be submitted as a separately bound or enclosed portion of the response, it shall be further segregated and separately bound or enclosed and clearly labeled as set forth above in addition to any other labeling required of the material. The separately bound document or documents must contain a signed written statement identifying the specific statutes and facts that authorize exemption of the information from the Public Records Law and agreeing to all terms of this solicitation. If different exemptions are claimed to be applicable to different portions of the protected information, the Respondent shall include information correlating the nature of the claims to the particular protected information.

In response to any notice by the Hospital that a public records request received by the Hospital encompasses any portion of the separately bound material, the Respondent shall expeditiously provide the Hospital with a redacted version of the separately bound material and identify in writing the specific statutes and facts that authorize exemption of the information from the Public Records Law. If different exemptions are claimed to be applicable to different portions of the redacted information, the Respondent shall provide information correlating the nature of the claims to the particular redacted information. The redacted copy must only exclude or obliterate only those exact portions that are claimed confidential, proprietary, or trade secret. If the Respondent fails to promptly submit a redacted copy and justification in response to the notice of a public records request, the Hospital is authorized to produce the records sought without any redaction.

The Hospital is not obligated to agree with the Respondent’s claim of exemption and the Respondent shall be responsible for defending its claim that each and every portion of the redactions is exempt from inspection and copying under Florida’s Public Records Law. Further, the Respondent shall protect, defend, and indemnify, including attorneys fees and costs, the Hospital for any and all claims and litigation (including litigation initiated by the Hospital) arising from or relating to Respondent's claim that the redacted portions of its response are confidential, proprietary, trade secret, or otherwise not subject to disclosure or the scope of the Respondent’s redaction.

Any and all ideas, suggestions, concepts, operating procedures, manuals, etc. related to the provision of these services will become and remain the property of the Hospital upon submission of a response to this RFP.

2. COST OF PREPARATION OF PROPOSAL

By submitting a proposal, the Respondent agrees that the Department is not liable for any costs incurred by a Respondent in responding to this RFP.

3. HOW TO SUBMIT A PROPOSAL

- All proposals must be received by the Procurement Manager identified in Section 2.1, by the deadline and at the location set forth in Section 2.7, Schedule of Events and Deadlines. Late proposals will not be evaluated.
- Facsimile or electronic transmissions of proposals will not be accepted. The Respondent may choose the appropriate means for delivery, and is responsible for receipt of the proposal by the Department.
- Any amendments to the proposal as originally submitted by the Respondent, not required by the Department, must comply with the requirements of this section and must be received on or before the due date as specified in Section 2.7, Schedule of Events and Deadlines.

4. RESPONSE FORMAT

The Respondents will provide thorough and specific responses in the Programmatic Proposal for how they propose to meet each of the minimum programmatic requirements as specified in Section 5 of this RFP, and must include all the documentation required in Section 6.10 in a separate Cost Proposal, as well as the separate Financial Stability Documentation required in Section 6.11.
Respondents' proposals must follow the format described below:

- Respondents are advised that the Hospital’s ability to conduct a thorough review of proposals is dependent on the Respondent’s ability and willingness to submit proposals which are well ordered, detailed, comprehensive, and readable. Clarity of language and adequate, accessible documentation is essential, and is the responsibility of the Respondent.

- The proposal should be prepared concisely and economically, providing a straightforward description of services to be provided and capability to satisfy the requirements of this RFP. Emphasis should be on completeness and clarity of content. For the purpose of this section, the terms “shall”, “will” and “must” are intended to identify items that are required to be submitted as part of the proposal. Failure to comply may result in the proposal being rejected at the Hospital’s discretion.

- Proposals must be typed, single-spaced, on 8-1/2” x 11” paper. Pages must be numbered in a logical, consistent fashion. Figures, charts and tables should be numbered and referenced by number in the text. The proposal must be bound in 3-ring binders, labeled and submitted in Tabbed Sections.

- References to any separately bound, supporting materials may be made. Any such references must be clear. Referenced documents must be numbered for ease of use and must be identified as such. References to supporting documents must include the document, page, and paragraph numbers. The Hospital’s evaluators will not be responsible for searching for relevant reference material.

a. Number of Copies Required.

- Programmatic Proposal – One (1) original and five (5) copies. The original must contain an original signature of an official who is authorized to bind the Respondent to their proposal.

- Cost Proposal – One (1) original. The original must contain an original signature of an official who is authorized to bind the Respondent to their proposal.

- References – One (1) original. The original must contain an original signature of an official who is authorized to bind the Respondent to their proposal.

b. Sealed and Labeled Each copy of the Proposal must be individually sealed in separate envelopes. The outside of each envelope must be clearly marked with the title of the proposal, the RFP number, the Respondent’s name, and identification of enclosed documents. The originals must be clearly marked as such, and the copies identified and numbered (e.g., “Original,” “Copy #1 of 5,” etc).

c. Sealed Mailing Container All individually sealed envelopes must be placed in an appropriate sealed mailing container. Clearly mark the exterior of the mailing container “Proposal in Response to RFP # FSH 2012-003”.

5. TITLE PAGE

The first page of the proposal shall be a Title Page that contains the following information:

- Department to which the proposal is submitted;
- Title of proposal;
- RFP number;
- Identification of enclosed documents;
- Respondent’s name and federal tax identification number; and
- Name, title, telephone number, email address, and mailing address of person who can respond to inquiries regarding the proposal;

6. RESPONDENT’S CROSS REFERENCE TABLE

Proposals must include a cross-reference between the proposal and all of the RFP requirements in Sections 5 and 6. The cross-reference table must be formatted as in the sample below:
7. PROGRAMMATIC PROPOSAL

a. REQUIRED RESPONDENT’S STATEMENTS AND CERTIFICATIONS – MANDATORY REQUIREMENTS

Mandatory Requirements are listed in Appendix V. Failure to comply with each and every mandatory requirement will render a proposal non-responsive and ineligible for further evaluation.

• Receipt of Proposal. The proposal must be received by the Procurement Manager by the time, date and at the location specified in Section B.7 of this RFP.

• Respondent Statements and Certifications. The proposal must include a signed Appendix II, completed with the required information for the following mandatory requirements:

   1. Acceptance of Contract Terms and Conditions. The proposal must include a signed statement in response to the RFP indicating that the Respondent has obtained, read, and understands the requirements of this RFP, including any documents attached hereto or referred herein, acceptance of the terms and conditions governing the provision of services as specified in the RFP.

   2. Statement of No Involvement. The proposal must include a signed statement indicating that neither the Respondent nor any person with an interest in the firm had been awarded a contract by the Department of Children and Families on a noncompetitive basis to perform a feasibility study concerning the scope of work contained in this Solicitation, or participated in drafting this Solicitation, or developed a program for future implementation with specific subject matter contained in this Solicitation.

   3. Conflict of Interest Statement (Non-Collusion). The proposal must include a signed statement indicating that the proposal is made without collusion with any other party.

   4. Proof of Signature Authority. The proposal must include a signed statement indicating the name of the individual, if the Respondent is a sole proprietorship, or individual representative of the Respondent’s agency who is authorized to sign the RFP, accompanied by, if applicable, a delegation of signature authority letter or corporate resolution.

   5. Drug-Free Workplace. The proposal must include a signed statement indicating that the Respondent maintains a drug-free workplace environment in accordance with Chapter 287.087, F.S., and will continue to promote this policy through implementation of that section.

• Certification Regarding Debarment. The proposal must include a completed and signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts (Appendix III).

• Certification Regarding Lobbying. The proposal must include a completed and signed copy of the Certification Regarding Lobbying (Appendix IV).

• Evidence of Authority to Do Business in the State of Florida. Any Respondent, other than a governmental entity or public health trust organized pursuant to Part II of Chapter 154, F.S., must provide evidence of each corporation, partnership, firm, and person’s ability to do business in the State of Florida. Domestic and foreign profit and nonprofit corporations, limited liability companies, and limited partnerships
FSH 2014-001 Automated Medication Dispensing System

must supply a current Certificate of Status from the Florida Department of State’s office. To access and print the Certificate of Status online, log on to www.sunbiz.org. Choose the link for “Electronic Certification,” and then choose the link for “Certificate of Status.” General Partnerships and limited liability partnerships must furnish evidence of registration with the Florida Department of State. Respondents may telephone the Department of State’s office at 850-245-6053 to obtain a current Certificate of Status or evidence of registration. A copy of the current Certificate of Status or evidence of registration must be included in the Respondent’s proposal.

- **Liability Insurance Coverage.** The proposal must include a copy of the Respondent’s verification of Liability Insurance Coverage as provided in Section 10 of the Standard Contract. The verification must show the amounts of liability insurance provided.

- **Vendor Registration in MyFloridaMarketPlace.** To comply with Rule 60A-1.030, Florida Administrative Code (F.A.C.), each Respondent doing business with the State for the sale of commodities or contractual services as defined in section 287.012 F.S., shall register in the MyFloridaMarketPlace system, unless exempted under Rule 60A-1030(3), F.A.C., in order to be paid. Information about the registration process is available, and registration may be completed, at http://myfloridamarketplace.com. All Respondents are responsible for submitting evidence of registration, or proof of exemption by Rule from registration, with any response to a Request for Proposal.

b. **DESCRIPTION OF APPROACH TO PERFORMING REQUIRED TASKS**

The proposal should include:

1. A clear and concise description of all equipment proposed for the Automated Medication Dispensing System and any other items pertinent to this project.
2. A specific detailing of the operations and capabilities of the system proposed.
3. A clear and concise outline and schedule of how the installation will be performed.
4. All warranty information.
5. Extended warranty/maintenance service available, if any.

c. **COST PROPOSAL**

The Respondents must submit a detailed Cost Proposal as follows:

- An itemized cost list for the system;
- Cost for supervision and labor to perform the installation and
- Total cost to complete the project.

**NOTE:** The cost proposal must be for a firm price. Any cost proposal with attached contingencies will not be accepted and will result in a rejection of the proposal.

d. **REFERENCES**

The Respondents must submit at least five (5) references where projects similar in scope have been completed. The list should include telephone numbers and a contact person with knowledge of the work performed. These references may be utilized by the evaluation team in order to get a better understanding of the actual operation of the systems proposed but will not be used in the official evaluation process.

g. **FINANCIAL SPECIFICATIONS**

1. **FUNDING SOURCE**

Funding for this project is provided by an allocation from the Florida State Hospital Operating Capital Outlay budget for Fiscal Year 2013-14.
2. INVOICING AND PAYMENT OF INVOICES

The vendor may submit monthly invoices based on the materials and equipment delivered to the Hospital and the percentage of work completed to date on the project. All invoices should be submitted to the Project Manager for approval and forwarding to the Hospital’s Financial Services Department for payment. The Project Manager will be identified and all contact information provided to the successful vendor.
NOTICE OF INTENT TO SUBMIT A PROPOSAL

(Respondent name) wishes to inform Florida State Hospital of its intent to respond to the Request for Proposal entitled "Automated Medication Dispensing Pharmacy System" for Building 1235, RFP #FSH 2014-001.

PLEASE PRINT OR TYPE REQUESTED INFORMATION

Name of Authorized Official: __________________________________________________________

Title of Authorized Official: ______________________________________________________

Signature of Authorized Official: __________________________________________________

Date: ____________________________________________________

Address: _____________________________________________________

Telephone No: ________________________________________________

FAX No: ______________________________________________________

E-mail Address: ______________________________________________
APPENDIX II

RESPONDENT’S STATEMENTS AND CERTIFICATIONS

MANDATORY REQUIREMENTS

ANY ALTERATIONS TO THE CONTENTS OF THIS FORM SHALL RENDER THE PROPOSAL NON-RESPONSIVE AND INELIGIBLE FOR FURTHER EVALUATION

<table>
<thead>
<tr>
<th>a. Acceptance of Contract Terms and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, _________________________________________, as an authorized representative of _________________________________________, hereby submit this proposal in response to the Department of Children and Families’ Request for Proposal, and agree that if awarded any contract as a result of the Department of Children and Families solicitation, the Respondent will comply with the requirements, terms, and conditions stated in the Request for Proposal and in the State of Florida, Department of Children and Families Standard Contract. In recognition thereof, the Respondent’s authorized representative has read, understood, and agrees to comply with, and any intent by the Respondent to deviate from the terms and conditions set forth therein may result, at the Department’s exclusive determination, in rejection of the proposal. The Respondent’s authorized representative hereby certifies, to the best of his or her knowledge, that the information contained in this proposal is true and correct.</td>
</tr>
<tr>
<td>Type Name of Authorized Official:</td>
</tr>
<tr>
<td>Signature of Authorized Official:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Statement of No Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, _________________________________________, as an authorized representative of _________________________________________, certify that no member of this firm or any person having interest in this firm has:</td>
</tr>
<tr>
<td>2. Participated in drafting of a solicitation for this specific project; or</td>
</tr>
<tr>
<td>3. Developed a program for future implementation of this project.</td>
</tr>
<tr>
<td>Type Name of Authorized Official:</td>
</tr>
<tr>
<td>Signature of Authorized Official:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Conflict of Interest Statement (Non-Collusion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby certify, that all persons, companies, or parties interested in the Request for Proposal as principals are named therein, that the proposal is made without collusion with any other person, persons, company, or parties submitting a proposal; that it is in all respect made in good faith; and as the signer of the proposal, I have full authority to legally bind the Respondent to the provisions of this proposal.</td>
</tr>
<tr>
<td>Type Name of Authorized Representative:</td>
</tr>
<tr>
<td>Signature of Authorized Representative:</td>
</tr>
</tbody>
</table>
d. Proof of Signature Authority

The Department must receive proof that the person signing this proposal is authorized to do so:

If the submitting Respondent is an individual signing on his/her own behalf, no further proof is required.

If the submitting Respondent is a limited liability organization, this proposal shall include a copy of the organizational documents establishing the signing authority of the signer.

If the submitting Respondent is a corporation, this proposal shall include proof of signature authority if someone signs the proposal other than the President of the corporation. If the signer is someone other than the President, this proof shall be one of the following:

- A written statement by the President delegating authority to a particular person; or
- A copy of the entity’s by-laws reflecting signature authority to a particular position; or
- A copy of the Board of Directors’ meeting minutes that documents delegation of signature authority to a particular person or position; or
- A Certificate of Incumbency issued by the corporation’s Secretary.

If delegating signature authority, please complete below and include the above requested document(s).

<table>
<thead>
<tr>
<th>Type Name of President:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of President:</td>
<td>Date:</td>
</tr>
<tr>
<td>Type Title of Person to Whom Signature Authority is Delegated:</td>
<td></td>
</tr>
<tr>
<td>Type Name of Person to Whom Signature Authority is Delegated:</td>
<td></td>
</tr>
</tbody>
</table>

e. Drug-Free Workplace

I, ____________________________, as an authorized representative of ____________________________, hereby certify that my agency currently maintains a drug-free workplace environment in accordance with Chapter 287.087, F.S., and will continue to promote this policy through implementation of that section.

<table>
<thead>
<tr>
<th>Type Name of Authorized Representative:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Authorized Representative:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR CONTRACTS/SUBCONTRACTS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

INSTRUCTIONS

1. Each successful vendor whose contract/subcontract equals or exceeds $25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, successful vendors who audit federal programs must also sign, regardless of the contract amount. The Department of Children and Families cannot contract with these types of successful vendors if they are debarred or suspended by the federal government.

2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.

3. The successful vendor shall provide immediate written notice to the contract manager at any time the successful vendor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms “debarred,” “suspended,” “person,” “principal,” and “voluntarily excluded,” as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the Department’s contract manager for assistance in obtaining a copy of those regulations.

5. The successful vendor agrees by submitting this certification that it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.

6. The successful vendor further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed $25,000 in federal moneys, to submit a signed copy of this certification.

7. The Department of Children and Families may rely upon a certification of a successful vendor that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.

8. This signed certification must be kept in the contract manager’s contract file. Subcontractor’s certification must be kept at the successful vendor’s business location.

CERTIFICATION

(1) The prospective successful vendor certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal Department or agency.

(2) Where the prospective successful vendor is unable to certify to any of the statements in this certification, such prospective successful vendor shall attach an explanation to this certification.

___________________________________________________ ________________________
Signature Date
CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

__________________________________________ __________________________
Signature Date

__________________________________________ __________________________
Name of Authorized Individual Application or Contract Number

___________________________________________________ __________________________
Name and Address of Organization
## MANDATORY REQUIREMENTS IN RESPONSE TO RFP

If any of these criteria are not met, the response cannot be considered further. If any responses are "no," the proposal is disqualified from further evaluation.

<table>
<thead>
<tr>
<th>Type or Print Respondent's Name (Agency):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type or Print Name of Department Reviewer (Procurement Manager):</td>
</tr>
<tr>
<td>Signature of Department Reviewer:</td>
</tr>
<tr>
<td>Type or Print Name of Department Witness:</td>
</tr>
<tr>
<td>Signature of Department Witness:</td>
</tr>
</tbody>
</table>

### 1.1.1.
The proposal was received by the Procurement Manager by the time, date and at the location specified in this RFP, as specified in Section B.7.

### (2)
The Respondent participated in the Mandatory Site Visit/Facility Tour, as specified in Section B.9.

### (3)
The Respondent participated in the Mandatory Solicitation Conference, as specified in Section B.10.

### (4)
The proposal includes Appendix II, as required by Section F.7.a, with the Respondent's information and signature regarding the following required Statements and Certifications:
   a. Signed Acceptance of Contract Terms and Conditions
   b. Signed Statement of No Involvement
   c. Signed Conflict of Interest Statement (Non-Collusion)
   d. Signed Proof of Signature Authority
   e. Signed Certification Regarding Drug-Free Workplace

### (5)
The proposal includes a Signed Certification Regarding Debarment form (Appendix III), as required by Section F.7.a.

### (6)
The proposal includes a Signed Certification Regarding Lobbying form (Appendix IV), as required by Section F.7.a.

### (7)
The proposal includes Evidence of Authority to Do Business in the State of Florida as required by Section F.7.a.

### (8)
The proposal verification of the Respondent's Liability Insurance Coverage as required by Section F.7.a.

### (9)
The proposal includes verification of Respondent Registration in MyFloridaMarketPlace as required by Section F.7.a.
INSTRUCTIONS TO EVALUATORS

The following instructions will be given to all evaluators at the initial meeting of the evaluators:

1. The Hospital will appoint five (5) or more persons to evaluate the programmatic proposals who collectively have experience and knowledge in the program areas and service requirements for the commodities or contractual services being sought by this solicitation. The evaluators will not participate in the scoring of the cost proposals or the evaluation of the Proposers’ references.

2. The Procurement Manager identified in Section B.1 of this RFP, or that person’s designee, will screen the proposals for compliance with the Mandatory Requirements. This is done with another department employee looking on to prevent error. As a result, the Programmatic Proposals, which the evaluators will score, have already met the Mandatory Requirements.

3. Each evaluator shall fill out a Conflict of Interest Certification prior to evaluating any proposal.

4. The evaluators shall evaluate Criteria 1-4 of Appendix VIII through Appendix X.

5. Prior to reviewing the proposals, each evaluator will read the RFP and become familiar with all requirements.

6. Each evaluator must independently evaluate each proposal. Only the rating scale included in the RFP solicitation document and its explanation may be used in determining the score for each criterion. Comparisons of one proposal to another are not permitted.

7. Proposals must be evaluated based upon the material within the proposal. Evaluators also may refer to the RFP which will be provided during the initial meeting. No additional information may be used. No group discussions of the relative merits of any proposal will be allowed.

8. It is the Respondent’s responsibility to present its proposal in a clear and understandable manner. Evaluators should not feel obligated to interpret responses to make them more valuable to the Hospital.

9. Evaluators may request assistance in understanding evaluation criteria and proposal responses only from the Procurement Manager. Technical assistance, if needed, will be provided by the Procurement Manager to all evaluators at the same time.

10. The Procurement Manager will make as many copies of Appendix VII through Appendix XI as there are proposals, to carry out the following scoring process.

11. In filling out the RFP Rating Sheets in Appendix VIII through X, all scores for each consideration must be assigned utilizing the scoring range provided within each consideration.

12. On the Rating Sheets, record the score beside each consideration. Add the scores from all of the considerations related to that criterion and total the scores to calculate the Total Score for each criterion and insert it in the blank space for that purpose on the Rating Sheet for that criterion.

13. In the boxes on the Rating Sheets marked “References”, record the page number, section, and/or attachment number where the main information upon which the score was based was found.

14. In the Rating Sheets section marked “Notes”, record short notes that will indicate why the numerical score for the consideration related to that criterion was chosen.

15. If an error is made, do not erase. Simply draw a single line through any errors or changes and write in the correct score, note, or reference.

16. Any fractional values or missing scores will be returned to the evaluator for scoring.

17. Insert the Total Score for each criterion for each Respondent in the boxes for that purpose in each proposal’s Rating Summary Sheet, Appendix VIII.
Cost Proposal
18. On the Rating Sheet Summary (Appendix VII) for the Cost Proposal, the Procurement Manager will assign a score corresponding to the cost proposal’s total price for the project, relative to the lowest price of any responsive Respondent responding to this RFP. This is done with another department employee looking on to prevent error.

19. There is no separate Appendix for the Cost Proposal. Instead, the following formula is to be used by the Procurement Manager to calculate the Cost Proposal points:

\[
\text{Points Awarded} = \frac{\text{Lowest Acceptable Cost Proposal Submitted} \times \text{Total Possible Points}}{\text{Respondent's Proposed Cost}}
\]

References Criterion
1. The Procurement Manager will contact five (5) client references provided by the Respondent and will complete the evaluation utilizing the Telephone Reference Sheet, Appendix XII. The total scores for each reference will added and divided by five (5). This average score will be awarded to the Respondent and entered in the boxes for that purpose on the Rating Summary Sheet, Appendix VII.

2. Following completion of the independent evaluations of the programmatic proposals, the Procurement Manager will hold a debriefing meeting with the evaluators to record their scores. There may be discussion to ensure that each evaluator considered all of the relevant information in each proposal and each evaluator will have an opportunity to change their written scores, if desired, after the discussion. However, there will be no effort made to persuade an evaluator to change their score. No attempt will be made by the Hospital or anyone else to influence the evaluator’s scoring. If any attempt is made to do so the evaluator must immediately report that attempt to the Procurement Manager and, if the attempt is made by the Procurement Manager, to the Procurement Manager’s supervisor.

3. All evaluators’ proposal copies, RFP copies, and rating sheets will be turned in to the Procurement Manager at the end of the debriefing meeting. These documents will be filed with the procurement file.

Calculation of each Respondent’s Average Total Score
4. The Procurement Manager will average each proposal’s Total Programmatic Proposal Scores, Total Cost Proposal Score and Total Reference Score, yielding that Respondent’s Average Score for the Proposal.
**RATING SUMMARY SHEET**

**Automated Pharmacy Dispensing System**

**Respondent Name:** ____________________________________________________________

**Evaluator Name:** ___________________________________________________________

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>Maximum Possible Points</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAMMATIC PROPOSAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The extent and quality of the Respondent’s experience in the installation of automated medication dispensing pharmacy systems similar in nature to that required by the Hospital</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>2. The capabilities of providing a mobile medication management system, ease of operation and integrated with the system database of the proposed system.</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>3. The availability of repair service when needed – guaranteed <strong>on-site</strong> response time following notification of a problem. Factory trained service technicians, no third party repair services. Service technician must be employee of the vendor.</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td><strong>COST PROPOSAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost proposal points as calculated in accordance with Section C.3.c.</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td><strong>REFERENCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The references of the company as calculated in accordance with Appendix XII.</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td></td>
<td>135</td>
</tr>
</tbody>
</table>
### CRITERION 1
The extent and quality of the Respondent’s experience in the installation of automated medication pharmacy systems similar in nature to that required by the Hospital

#### Considerations

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Number of years of experience performing installations similar in nature to that required by the Hospital.</strong></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>4</td>
</tr>
<tr>
<td>6-10 years</td>
<td>8</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>12</td>
</tr>
<tr>
<td><strong>b. Number of similar installations performed in the previous 5 years:</strong></td>
<td></td>
</tr>
<tr>
<td>0-5</td>
<td>2</td>
</tr>
<tr>
<td>6-10</td>
<td>5</td>
</tr>
<tr>
<td>Over 10</td>
<td>8</td>
</tr>
<tr>
<td><strong>(Total Possible = 20)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SCORE:**

**REFERENCES:**

**NOTES:**
RATING SHEET FOR THE PROGRAMMATIC PROPOSAL

Respondent Name: _______________________________________________________
Evaluator Name: _______________________________________________________

CRITERION 2
The capabilities of providing a mobile medication management system, ease of operation and integrated with the system database of the proposed system

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Does Not Contain</th>
<th>Does Contain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contains Mobile Medication Management System</td>
<td>0 points</td>
<td>12 points</td>
</tr>
<tr>
<td>Integrated with System Database:</td>
<td>0 points</td>
<td>3 points</td>
</tr>
</tbody>
</table>

(Total Possible = 15) TOTAL SCORE:

REFERENCES:

NOTES:
# Rating Sheet for the Programmatic Proposal

**Respondent Name:** ________________________________

**Evaluator Name:** ____________________________________

## Criterion 3

The location/availability of repair service when needed – guaranteed **on-site** response time following notification of a problem. Vendor ability to provide technician.

### Considerations

<table>
<thead>
<tr>
<th>a. Repair service technician is located:</th>
<th>0 points</th>
<th>1 points</th>
<th>2 points</th>
<th>3 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 300 miles from Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 150 - 300 miles of Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 50 – 150 miles of Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 50 miles of Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Guaranteed on-site response time is:</th>
<th>0 points</th>
<th>3 points</th>
<th>5 points</th>
<th>7 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 24 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 to 24 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 – 12 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 4 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Vendor’s ability to provide technician:</th>
<th>0 points</th>
<th>5 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor cannot provide technician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vendor can provide technician</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Total Possible = 15) **Total Score:**

**References:**

**Notes:**
Price Proposal

SUBJECT: Installation of an automated medication dispensing pharmacy system in Building 1235 at Florida State Hospital

We, in compliance with the Request for Proposals to provide and install an automated medication dispensing pharmacy system in Building 1235 at Florida State Hospital, number FSH #2014-001, dated February 15, 2012, propose to charge the rate stated herein. In making this offer, we acknowledge that we have read and understand the Request for Proposal and hereby submit our bid in accordance with the terms and conditions of the specifications and agree to fulfill our legal obligations pursuant to the stated contractual provisions.

| Price to provide and install the closed an automated medication dispensing pharmacy system at Florida State Hospital. | $ |

THIS SPACE INTENTIONALLY LEFT BLANK
APPENDIX XII

Telephone Reference Survey

Information provided by contractor in RFP:

Firm Name ________________________________________________

Client Name________________________________________________

Address_________________________ City __________ State __________

Telephone_________________________ Contract Date ____/____ Mo/Yr

Contact __________________________ Title __________________________

Service Provided______________________________________________

PERFORMANCE FACTORS

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY OF SYSTEM DESIGNED/INSTALLED.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>QUALITY OF EASE OF USE WITH THE SYSTEM.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>QUALITY OF FINISHED PRODUCT</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>COMPLETED CONTRACT IN TIMELY MANNER</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>QUALITY OF MAINTENANCE SERVICE PROVIDED AFTER COMPLETION OF CONTRACT</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>OVERALL RATING OF CONTRACTOR PERFORMANCE</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

TOTAL ______________

Evaluator_________________________ Date Reference Received ____/____/____

Grand Total of 5 Surveys = Points for Evaluation

5