

Scott County Board of Health
REQUEST FOR APPLICATION 64165-200122
For
Scott County Medical Examiner Autopsy Transportation

I. INTRODUCTION

The purpose of this Request for Application (RFA) 64165-200122 is to solicit proposals which will enable the Scott County Board of Health, hereafter known as the Board, to select the most qualified and cost effective applicant to **provide transportation of Bodies for autopsy.**

The Board expects the contract period to be a three-year term from July 1, 2021 to June 30, 2024, subject to review of applicant performance, compliance with the terms and conditions of the contract, and availability of funds.

The issuance of this RFA in no way constitutes a commitment by the Board to award a contract.

II. SCOPE OF SERVICES

Candidate will provide transportation services for the Scott County Medical Examiner's Office pursuant to Iowa code 144.32. There are approximately 103 autopsy transportations annually. There are two destinations for transport: Ankeny, Iowa, and Iowa City, Iowa.

As of the posting of this RFA, the primary location for transport is Ankeny, Iowa. Transportation services are needed on Monday, Wednesday, and/or Friday. Unusual circumstances may occur and a transportation outside of this schedule may be authorized by the Scott County Medical Examiner.

III. ADMINISTRATIVE MATTERS

The dates set forth below are for informational planning purposes only. The Board reserves the right to change any of these dates:

4/21/2021	Public Notice Issued
5/04/2021	Written Questions Due
5/05/2021	SCHD Responses to Written Questions Issued
5/10/2021	Proposals Due
5/21/2021	Issue Notice of Award

Proposals should include the Applicant's plan for accomplishing the work set forth in the Scope of Services and should include sufficient information regarding the Applicant's ability to perform the services sought to enable the Board to make a judgment about the Applicant's ability to perform the work identified in the Scope of Services.

Applicants interested in providing these services should submit one original, two copies and an electronic copy via flash drive or e-mailed to health@scottcountyiowa.gov, of their proposal by no later than 4:00 p.m. (local time) on 5/10/2021 to:

Tiffany Peterson
Scott County Health Department
Scott County Administrative Center, 4th Floor
600 West 4th Street
Davenport, IA 52801

Proposals received after the stated due date and time will be rejected, returned to the applicant, and not reviewed by the Board. A full submission includes both the paper and electronic copies being received by the deadline outlined above.

Applicants who choose to mail proposals must allow ample mail delivery time to ensure timely receipt of their proposals. Postmarking by the due date will not substitute for actual receipt of the proposal by the Board. It is the applicant's responsibility to ensure that the proposal is date and time stamped as received prior to the deadline.

Any information submitted separately from the proposal will not be considered in the review process.

From the date of issuance of this RFA until announcement of the successful Applicant, Applicants may contact only Tiffany Peterson regarding this procurement. Written questions related to the interpretation of this RFA and the procurement process must be submitted to Tiffany Peterson, Scott County Health Department, Administrative Center, 600 West 4th Street, Davenport, IA. 52801, or by electronic mail at health@scottcountyiowa.gov, or by facsimile at (563) 326-8774. Written responses to all questions received will be posted on the Health Department's website at www.scottcountyiowa.gov/health.

The Board reserves the right to reject any or all proposals, in whole or in part, to advertise for new applications, to abandon the need for such services, and to cancel this RFA at any time prior to the execution of the written contract.

All information submitted by the Applicant will be treated by the Board as a public record unless the Applicant properly requests that the information be treated as confidential information in accordance with the public records laws of the State of Iowa at the time its proposal is submitted.

By submitting a proposal, the Applicant agrees that the Board may copy the proposal for purposes of facilitating the evaluation of the proposal or to respond to requests for public records and represents that such copying will not violate the rights of any third party.

Negotiation and execution of contract with the successful Applicant shall be completed no later than June 1, 2021. If the apparent successful Applicant fails to negotiate and deliver an executed contract by that date, the Board may, in its sole discretion, cancel the award and award the contract to the next highest ranked Applicant.

IV. APPLICATION REQUIREMENTS

These instructions prescribe the format and content of the application proposal and are designed to facilitate the submission of a proposal that is easy to understand, review, and evaluate. Failure to adhere to the proposal format shall result in disqualification of the proposal.

4.01 Instructions

- A. Proposals must be typewritten and follow the format delineated herein. Photocopies or exact computer generated replicas are permissible.
- B. Applicants must submit one (1) signed original, two (2) copies, and an electronic copy on flash drive or through e-mail to health@scottcountyiowa.gov of the entire application.
- C. Proposals shall not contain promotional or display materials unless requested.
- D. All questions posed by the RFA shall be answered concisely and clearly. All proposals shall include and describe in detail all integral elements necessary for successful implementation and operation of the required services, including labor, equipment, and services offered. Proposals shall be in such a form that, upon approval, the proposal shall be contractually binding. The Board may visit any applicant's facility to verify information submitted in this proposal.

4.02 Technical Requirements

Aspect	Requirement
Length	Not to exceed 10 pages, excluding cover page and cost page.
Font size	Narrative must be a minimum of 12-point font.
Margins	Margins must be a minimum of one inch on all sides.
Spacing	Narrative may be single- or double-spaced.
Pagination	Number pages beginning after the cover page.
Footer	The applicant's name and date of submission must be in the footer on each page.
Copies and electronic copy	Submit one original application signed with non-black ink, two photocopies, and an electronic copy on a flash drive or via e-mail to health@scottcountyiowa.gov .
Cover page	The cover page must be completed with original signatures in non-black ink to easily distinguish the original. (Required Form A)

4.03 Cover page

The cover page is the top sheet of the application and contains applicant identification information and certification signatures. The cover page is Required Form A.

4.04 Business Organization

- A. Identify the legal structure of the applicant and the state of incorporation or registration, if applicable. Provide evidence of an Iowa business license and any necessary applicable professional licenses required by law.
- B. Identify and specify the location(s) of the applicant's offices and other facilities involved in provision of services under this application.
- C. Describe the history of the organization and the organization mission's and vision statements.
- D. Describe the executive, management, technical, and professional staff who would perform duties related to this project. Include the number of staff, their roles, and their expertise and experience in providing these types of services.
- E. Describe other contracts or projects in which the applicant is currently providing or has provided services similar to the services described in this RFA.
- F. Discuss the capacity of the organization to provide the services. Please include financial capacity to manage the contract including ability to submit bills to be considered for payment within a 30-day window.
- G. Disclose if during the preceding three (3)-year period the applicant or any subcontractor identified in the proposal has defaulted on a contract. List all such contracts, contact persons and telephone numbers for the other parties and provide a brief description of each incident.
- H. Disclose if during the preceding three (3)-year period the applicant or any subcontractor identified in the proposal has terminated a contract prior to its stated term or has had a contract terminated by the other party prior to its stated term. List all such contracts, contact persons, and telephone numbers for the other parties and provide a brief description of each incident.

4.05 Litigation or Investigation

The applicant shall list and summarize pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the ability of the applicant to perform the required services. Failure to disclose such matters may result in rejection of the proposal or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of a proposal must be disclosed in a timely manner in a written statement to the Board.

4.06 Cost form

The cost form should follow the narrative section of the application. The cost form is Required Form B.

Costs for transportation are calculated based upon two expenses: vehicle and non-vehicle. The vehicle charge has been established as the mileage between Davenport and the autopsy location times the Internal Revenue Codes standard mileage rate for business expense times each trip (to and from).

Non-vehicle costs should be calculated by the applicant to assure that expenses for time, training, licensure, billing, etc. are captured.

The vehicle and non-vehicle cost combined equal the reimbursement rate per autopsy transport. The vehicle cost will be adjusted annually as the Internal Revenue Code on January 1.

V. EVALUATION CRITERIA

An evaluation committee will review proposals. The committee will consider all information provided in the proposal when making its recommendation and may consider relevant information from other sources. The evaluation committee will make a recommendation to the Scott County Board of Health of the applicant submitting the best proposal. The lowest priced proposal is not necessarily the best proposal. The evaluation committee's selection will be subject to the final approval of the Board.

The proposals will be evaluated and a recommendation will be made using the following criteria, which are listed in no particular order:

- a. Cost;
- b. Past performance of work that is identical or similar to the scope of services identified;
- c. Experience and references that demonstrate, to the satisfaction of the Board, the expertise and ability of the Applicant to provide the Scope of Services described in the RFA;
- d. The capacity of the Applicant to complete responsibilities described in the Scope of Services;
- e. The Applicant's financial capacity to fulfill the Contract;
- f. Ability to submit bills to be considered for payment within a 30 day window of the date of service.

The maximum points to be awarded for each proposal section are as follows:

Evaluation Criteria	Above Standard Above the Current Level of Service = + 1	At Standard Current Level Of Service = 0	Below Standard Does Not Demonstrate Current Level Of Service = - 1
Cost			
Past Performance of Work			
Experience and References			
Ability to Complete Responsibilities			
Ability to Submit Bills to be considered for Payment in a Timely Manner			
Applicant's Financial Capability to fulfill the Contract			

VI. CONTRACTUAL TERMS

The Contract, which the Board expects to award as a result of this RFA, shall be based upon the proposal submitted by the successful Applicant and this RFA. The Contract between the Board and the successful Applicant shall be a combination of the scope of services, terms and conditions of the RFA, the proposal of the Applicant, and all written clarifications or changes made in accordance with the provisions herein. The Board reserves the right to either award a Contract without further negotiation with the successful Applicant or to negotiate Contract terms with the selected Applicant if the best interests of the Board would be served by negotiation.

Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

VII. APPEAL OF THE AWARD DECISION

Applicants may appeal the award decision by filing a written appeal to the Scott Board of Health within 10 working days of receipt of award decision in accordance with Iowa Administrative Code 641-176.8. Appeals shall be submitted in writing, return receipt requested, to Tiffany Peterson, Scott County Health Department, Administrative Center, 600 West 4th Street, Davenport, IA. 52801. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in this proposal were not followed.

In the event of an appeal, the Board will continue working with the selected Applicant pending the outcome of the appeal.

Scott County Board of Health
Medical Examiner Case Transportation
Request for Application
Cover Page

Applicant: _____

IRS #: _____

Applicant Address _____

Telephone _____

Fax _____

Director Name: _____

Director Email: _____

Conditions

I hereby affirm and certify that:

1. The information in this application is accurate, to the best of my knowledge.
2. The organization has the resources to meet the goals and objectives included in this application for the amount of funds applied for.
3. If a contract is awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions from the Scott County Medical Examiner Office.
4. I have read and understand the applicable Scope of Services.

Director's signature and date

Director's name (print or type)

Scott County Board of Health
Medical Examiner Case Transportation
Request for Application
Cost Form

Ankeny:	Cost Proposal
Non-vehicle cost	
Vehicle cost (167 miles) x federal mileage rate (\$.56) x each way	\$187.04
Total (non-vehicle + vehicle cost)	
Iowa City:	Cost Proposal
Non-vehicle cost	
Vehicle cost (55 miles) x federal mileage rate (\$.56) x each way	\$61.60
Total (non-vehicle + vehicle cost)	