

Hillsborough County Purchasing Department
601 E. Kennedy Blvd. County Center. 18th Floor
P.O. Box 1110
Tampa, FL 33601

Telephone (813) 272-5790
FAX (813) 272-6290
www.hillsboroughcounty.org/purchasing

PROCUREMENT SUMMARY AND REGISTRATION

This form provides a brief summary of this procurement and is to be used to register as a prospective bidder/proposer.

In order to receive notice of any changes or addenda to these documents, you MUST register using this form. Please mail or FAX the completed form to the Purchasing Department as soon as possible.

Document Number: S-551-03(JH)

Title: PROVISION OF DENTAL SERVICES FOR HEAD START / EARLY HEAD START CHILDREN

Description: Hillsborough County Children's Services Department, through the Head Start / Early Head Start Division is currently providing dental services to 2, 3, 4, and 5 year old children from low income families in accordance with federal guidelines. It is the intent of the County to accept responses / applications for participation on an **on-going basis** and to contract as needed with qualified respondents who will provide professional **Dental Services** to preschool Head Start / Early Head Start children.

Procurement Submittal Deadline: On-Going Participation

Pre-Bid/Proposal Conference: Vendor Evaluations

For additional information, contact : John Hollingshead, Senior Procurement Analyst
Telephone: (813) 301-7099

Special Instructions: None

Hillsborough County supports the growth and development of small, minority and women owned businesses in the County's procurement and contracting activities. For more information contact the Economic Development Department at County Center, 24th FL, 601 E. Kennedy Blvd.; P.O. Box 1110; Tampa, FL 33602, (813) 272-7232.

BIDDER REGISTRATION

FAX OR MAIL THIS FORM BACK IMMEDIATELY

FAX: (813)-272-6290

Use this form to register as a potential bidder or proposer for this procurement. Only registered vendors will be mailed courtesy notices of changes or addenda to these procurement documents. Carefully complete this form and mail or Fax it to the Purchasing Department. You must submit one form for each procurement that you are registering for. FAILURE TO INCLUDE AN ADDENDUM IN YOUR BID MAY RESULT IN THE REJECTION OF YOUR BID.

Company Name: _____

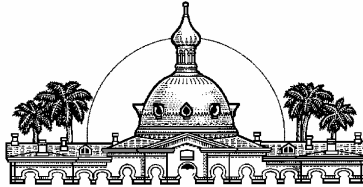
Contact Person: _____

Mailing Address: _____

City: _____ State/Zip: _____

Phone: (____) _____ Fax: (____) _____ E-mail (optional) _____

HILLSBOROUGH
COUNTY



RFQ NO. S-551-03(JH)
REQUEST FOR QUALIFICATIONS
FOR
PROVISION OF DENTAL SERVICES FOR HEAD START / EARLY HEAD START CHILDREN
FOR

Children Services Department

BOARD OF COUNTY COMMISSIONERS
PURCHASING DEPARTMENT

LULA F. BANKS, CPPO, CPPB
DIRECTOR OF PURCHASING

JOHN HOLLINGSHEAD, SENIOR PROCUREMENT ANALYST

601 E. KENNEDY BLVD., COUNTY CENTER, 18TH FLOOR
TAMPA, FLORIDA 33602

P. O. BOX 1110
TAMPA, FLORIDA 33601
TELEPHONE: (813) 272-5790
FAX NUMBER: (813) 272-6290
WEB SITE: www.hillsboroughcounty.org/purchasing

	Approval	Date
Dept.	<u>R.T.</u>	<u>11/20/2002</u>
Purchasing	<u>J.H.</u>	<u>11/22/2002</u>
Co. Attorney	<u>C.O.</u>	<u>11/26/2002</u>

IMPORTANT

**PRE-RESPONSE CONFERENCE
AND
DEADLINE**

INFORMATION

A PRE-RESPONSE CONFERENCE WILL BE HELD ON:

NONE

AT

HILLSBOROUGH COUNTY PURCHASING DEPARTMENT
601 EAST KENNEDY BLVD., 18TH FLOOR, COUNTY CENTER
TAMPA, FLORIDA 33602

The RESPONDENT is directed to deliver **ONE ORIGINAL** (clearly marked "ORIGINAL")
and **THREE (3) COPIES** (clearly marked "COPY") of their
RESPONSE to:

Hillsborough County Purchasing Department
601 East Kennedy Boulevard, County Center 18th Floor
Tampa, FL 33602

PRIOR TO THE DEADLINE, WHICH IS

On-Going Participation Evaluations

All RESPONSES should be marked:

SEALED RESPONSE FOR: RFQ #S-551-03(JH)
PROVISION OF DENTAL SERVICES FOR HEAD START / EARLY HEAD START CHILDREN

TO BE OPENED AT THE PURCHASING DEPARTMENT, County Center, 18th Floor
601 East Kennedy Boulevard, Tampa, Florida 33602.
(THERE WILL NOT BE A "FORMAL" RESPONSE OPENING FOR THIS PROJECT.)

NOTE:

This document is constructed in THREE PARTS. PART 1 contains the general information and conditions a RESPONDENT needs to prepare a RESPONSE. PART 2 contains the various forms that are required as part of the RESPONSE. RESPONDENT should remove PART 2 and attach it, completed, to their RESPONSE. PART 3 contains the project specific information and specific RESPONSE requirements.

PART 1
General Information & Conditions

RFQ For: S-551-03(JH) Provision of Dental Services for Head Start / Early Head Start Children

Pre-response Conference: None

Response Due Date: On-Going Participation Evaluations

1. INSTRUCTIONS TO RESPONDENTS

1.1 DELIVERY OF RESPONSES

The delivery of the RESPONSE to the Purchasing Department prior to the deadline is solely and strictly the responsibility of the RESPONDENT. The deadline is located above and on Page 1-1 of this document.

For informational purposes, the RESPONDENT is advised that United States Postal Service delivery is made to the County's Post Office Box. Delivery is not made directly to the Purchasing Department street address even if the RESPONDENT specifies the street address and/or even if Express Mail Service is utilized; therefore, use of United States Postal Service may cause a delay in the receipt of the RESPONSE. RESPONDENTS are cautioned to plan necessary delivery time accordingly. The Director of Purchasing will in no way be responsible for delays caused by the United States Postal Service or for delays caused by any other occurrence.

1.2 REQUESTS FOR INTERPRETATION

No substantive interpretation of the RFQ will be made to any RESPONDENT orally. Every request for such interpretation must be in writing, addressed to the Hillsborough County Director of Purchasing, 601 East Kennedy Boulevard, County Center, 18th Floor, Tampa, FL 33602 or P.O. Box 1110, Tampa, FL 33601. Telefax requests for interpretations will be accepted for this project. The telefax number for the Director of the Purchasing Department is (813) 272-6290. To be given consideration, such requests should be received at least five (5) working days prior to the date fixed for the deadline for RESPONSES. All such interpretations and any supplemental instructions will be in the form of a written addendum which, if issued, will be posted on the Purchasing Department's website at www.hillsboroughcounty.org/purchasing, at least five (5) days prior to the date fixed for the opening of responses. Failure of any RESPONDENT to receive any such addendum or interpretation shall not relieve said RESPONDENTS from any obligation contained therein. All addenda so issued shall become part of the Contract Documents.

1.3 COST OF PREPARATION

The cost of preparing a RESPONSE to this Request for Qualifications shall be borne entirely by the RESPONDENT.

1.4 RFQ RESULTS

Preliminary results (or listings of Proposers in the case of RFQ's) are available on the Purchasing Department's website at www.hillsboroughcounty.org/purchasing. The bid results can be viewed on the Notice of Bids page by clicking on the "View Archived Bids and Tabulation" link.

2. GENERAL CONDITIONS

2.1 REJECTION OF RESPONSES

Hillsborough County reserves the right to reject any or all RESPONSES; to re-advertise this Request for Qualifications; to postpone or cancel this process; to waive irregularities in the RFQ process or in responses thereto; and to change or modify the RFQ schedule at any time.

2.2 BINDING OFFER

A RESPONDENT'S submittal will be considered a binding offer to perform the required services, assuming all terms are satisfactorily negotiated.

The submission of a RESPONSE shall be taken as prima facie evidence that the RESPONDENT has familiarized itself with the contents of the RFQ.

2.3 AVAILABILITY OF PERSONNEL

Personnel described in the RESPONSE shall be available to perform the services described. All personnel shall be considered to be, at all times, the employees or agents of the RESPONDENT, and not employees or agents of the COUNTY.

2.4 OWNERSHIP OF DOCUMENTS

All documents resulting from this project will become the sole property of the COUNTY.

2.5 HILLSBOROUGH COUNTY EQUAL OPPORTUNITY CLAUSE

APPLICABLE TO ALL CONTRACTS AND SUBCONTRACTS IN THE AMOUNT OF \$10,000 OR MORE.

During the performance of this contract, the CONTRACTOR agrees as follows:

- (1) General. The CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, handicap or marital status. The CONTRACTOR will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, national origin, age, handicap or marital status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.
- (2) Recruitment. The CONTRACTOR will in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, handicap or marital status.
- (3) Unions. The CONTRACTOR will send, to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice advertising the labor union or worker's representative of the CONTRACTOR'S commitments under this assurance, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (4) Compliance Reports. The CONTRACTOR will maintain records and information assuring compliance with these requirements and shall submit to the designated Hillsborough County official timely, complete and accurate compliance reports at such times and in such form containing such information as the responsible official or his designee may determine to be necessary to enable him to ascertain whether the CONTRACTOR has complied or is complying with these requirements. The CONTRACTOR will permit access to his books, records and accounts by Hillsborough County for purposes of investigation to ascertain compliance with such rules, regulations and orders. In general, the CONTRACTOR and subcontractors should have available racial and ethnic data showing the extent to which members of minority groups are beneficiaries under these contracts.

- (5) Sanctions. In the event of the CONTRACTOR'S non-compliance with the non-discrimination clauses of this contract or with any of such rules, regulations or orders, this contract may be cancelled, terminated or suspended in whole or in part and the CONTRACTOR may be declared ineligible for further Hillsborough County contracts by rule, regulation or order of the Board of County Commissioners of Hillsborough County, or as otherwise provided by law.
- (6) Subcontractors. The CONTRACTOR will include the provisions of paragraphs (1) through (6) in every subcontract under this contract so that such provisions will be binding upon each subcontractor. The CONTRACTOR will take such action with respect to any subcontractor as the contracting agency may direct as a means of enforcing such provisions including sanctions for non-compliance.
- (7) Federal Requirements. In the event this contract is paid in whole or in part from any federal governmental agency or source, the specific terms, regulations and requirements governing the disbursement of these funds shall be specified herein and become a part of this clause.

APPLICABLE STATUTES, ORDERS AND REGULATIONS

FEDERAL

- Section I of the Fourteenth Amendment to the United States Constitution.
- Title VI of the Civil Rights Act of 1964.
- Title VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972 and 1975.
- Civil Rights Acts of 1866 and 1870.
- Standards for a Merit System of Personnel Administration, 45 CFR 70.
- Revised Order Number 4, 41 CFR 60-2.10.
- Rehabilitation Act of 1973, P.L. 93-112.
- Interagency Agreement dated March 23, 1973.
- Executive Order 11914, Non-discrimination with Respect to the Handicapped in Federally Assisted Programs.
- Age Discrimination Act of 1967, P.L. 94-135
- Civil Rights Act of 1968, P.L. 90-284
- Veterans Readjustment Act.
- Section 14001 of the Consolidated Omnibus Budget Reconciliation Act of 1985, (State and Local Assistance Act of 1972, as amended)
- Office of Management and Budget Circular 102, Attachment O.
- Age Discrimination in Employment Act, as amended.
- Civil Rights Restoration Act of 1987.
- Federal Civil Rights Act of 1991.
- Americans with Disabilities Act
- General Accounting Procedures, 45 CFR, Part 74 and/or Part 92
- Clean Air Act, 42 USC 1857(h), section 306
- Clean Water Act, 33 USC 1368, section 508
- Executive Order 11738
- Environmental Protection Agency Regulations, 40 CFR, Part 15

STATE

- State Constitution, Preamble and Article I, Section 2 protects citizens from discrimination because of race, national origin, or religion, national origin, sex or physical disability.
- Florida Statutes, Chapter 112.042, requires non-discrimination in employment by counties and municipalities, because of race, color, national origin, sex, handicap, or religious creed.
- Florida Statutes, Chapter 112.043, prohibits age discrimination in employment.
- Florida Statutes Chapter 413.08, prohibits discrimination against the handicapped in employment.
- Florida Statutes, Chapter 448.07, prohibits wage rate discrimination based on sex.
- Florida Civil Rights Act of 1992, as amended

HILLSBOROUGH COUNTY

- Hillsborough County Ordinance #00-37, (Human Rights Ordinance) prohibits discrimination in housing, employment, public accommodations, and procurement and contracting.
- Hillsborough County Ordinance #83-9, (Homerule Charter) Article IX, Section 9.11, provides that no person shall be deprived of any right because of race, sex, age, national origin, religion, handicap, marital status, or political affiliation.

2.6 INSURANCE REQUIREMENTS

Before starting and until acceptance of the work by the COUNTY, the successful RESPONDENT (CONTRACTOR) shall procure and maintain insurance of the types and to limits specified in **PART 3, EXHIBIT I, INSURANCE REQUIREMENTS.**

2.7 ASSIGNMENT OF CONTRACT

The Contractor may not make any assignment of their obligations resulting from this RFQ without the prior written authorization of the COUNTY.

2.8 NON-EXCLUSIVITY OF CONTRACT

The successful RESPONDENT understands and agrees that any resulting contractual relationship is non-exclusive and the COUNTY reserves the right to seek similar or identical services elsewhere if deemed in the best interests of the COUNTY.

2.9 PUBLIC ENTITY CRIMES STATEMENT

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids 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, Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

Additionally, pursuant to COUNTY policy, a conviction of a public entity crime may cause the rejection of a bid, offer, or proposal. The COUNTY may make inquiries regarding alleged convictions of public entity crimes. The unreasonable failure of a bidder, offerer or proposer to promptly supply information in connection with an inquiry may be grounds for rejection of a bid, offer or proposal.

2.10 YEAR 2000 COMPLIANCE, WARRANTY AND REMEDY

Notwithstanding any provisions contained in the Contract, the CONTRACTOR represents and warrants that all hardware, software, firmware and systems delivered, developed or modified by CONTRACTOR, suppliers, sub-contractors and any other party involved are Year 2000 compliant. The duration of this warranty shall be until the latter of the end of the contract, December 31, 2000, or the date by which there has been no breach of the Year 2000 Compliance Warranty for six consecutive months. Year 2000 compliant means that the technology accurately processes (including, but not limited to, calculating, comparing, sequencing, displaying, and storing) transmits and receives date/time data from, into, and between the 20th and 21st centuries, and the years 1999 and 2000 and leap year calculations, to the extent that other technology, used in combination with the technology being acquired, properly exchanges date/time data with it.

If the COUNTY experiences any decrease in hardware or software program functionality related to time and date related codes and internal subroutines that impede the hardware and software programs from operating beyond the Millennium Date Change, CONTRACTOR agrees to immediately make required corrections to restore hardware and software programs to the same level of functionality as warranted herein at no charge to the COUNTY, and without interruption to the ongoing business of the COUNTY, time being of the essence.

3. RESPONSE FORMAT AND CONTENT

RESPONDENTS are advised to carefully follow the instructions listed below in order to be considered fully responsive to this RFQ.

RESPONDENTS are further advised that lengthy or wordy submissions are not necessary.

Cover Page. The RESPONSE should provide a cover page that:

- States the RFQ Number and complete Title (located on the cover and Page 1-1 of this document)
- Contains the RESPONDENT's name, mailing and location address, telephone number, facsimile number, and the name of the RESPONDENT's contact person and, if different from that of the

RESPONDENT, the contact person's mailing and location address, telephone number, and facsimile number.

Responses to Questions & Other. The RESPONSE must, in order to be fully considered, contain responses to all questions and other requests for information contained in this document. RESPONSES should be submitted in the order the questions and other information requests appear in this document. RESPONDENTS should list each question with the corresponding answer immediately thereafter.

Format. The RESPONSE should be submitted on 8-1/2 inch-by-11 inch pages. Each page should be typewritten and single-spaced. Text of the original should be presented single-sided on each separate page. Duplicate copies can be reproduced double-sided. Each response section should be tabbed to comply with the sections of this document.

Signature. All RESPONSES must be manually and duly signed by an authorized corporate officer, principal, or partner (as applicable).

Complete RESPONSES will, at a minimum, contain the following:

All of the PART 2 forms and documentation requested therein, including but not limited to:

- Questionnaire. The Equal Employment Opportunity/Affirmative Action Questionnaire
- Declaration. Declaration of RESPONDENT and Acknowledgement
- References. In order for the COUNTY to verify, document and evaluate the RESPONDENT'S relevant experience, each RESPONDENT should include a list of current customers receiving services that are analogous with those contained in this RFQ. RESPONDENT shall provide examples of prior experience and past performance of similar projects. The customer's name and address, and the name, title, address, telephone and facsimile numbers of a contact person that is qualified to discuss the RESPONDENT's performance must be included. In the event the RESPONDENT does not have at least three (3) current customers receiving services that are analogous with those required by this RFQ, the RESPONDENT may substitute past customers that received such services within the previous three (3) years. The COUNTY reserves the right to contact any person(s) or organization(s) who are familiar with the work of the RESPONDENT to document the qualifications and successful experience of the RESPONDENT.
- Responses to all questions and requests for information contained in **Part 3.**

4. RFQ PROCESS

It is the County's intention to solicit RESPONSES from potentially qualified RESPONDENTS; to evaluate their RESPONSES; to require oral presentations (where necessary); and to award a contract for services upon successful negotiation of a reasonable contract.

The COUNTY will evaluate all RESPONSES received forth in this RFQ, or as amended by addendum, on the basis of the criteria stated below.

The COUNTY reserves the right to request additional information and clarification of any information submitted, including any omission from the original RESPONSE. All RESPONDENTS will be treated equally with regard to this item.

In order to achieve maximum scores, RESPONDENTS must demonstrate to the COUNTY's Evaluation Team that they are fully qualified to provide the services required by this RFQ. Fully qualified RESPONDENTS (and/or their Project Team assigned to this project) will have the qualifications (knowledge, education, training, expertise and skills) and experience (documented, successful, and relevant) necessary to meet the requirements of this RFQ.

RESPONDENT presentation may be required. The RESPONDENT shall be responsible for providing any special audio-visual support required and seeking approval from the COUNTY beforehand for usage of any special support equipment.

It is the objective of the COUNTY to award contracts to the RESPONDENTS whose RESPONSE is judged through the evaluation and negotiation process to be in the best interest of the COUNTY.

The evaluation criteria, as further described in PART 3 of this document, should be addressed in sufficient detail to allow the Evaluation Team to properly evaluate the RESPONSES.

**PART 2
HILLSBOROUGH COUNTY EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS
STATEMENT OF COMPLIANCE**

THE RESPONDENT REPRESENTS THAT THE INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT. THE RESPONDENT ASSURES HILLSBOROUGH COUNTY OF ITS COMPLIANCE WITH FEDERAL, STATE AND COUNTY AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS. THE RESPONDENT FURTHER ASSURES THAT IT AND ITS SUBCONTRACTOR'S/SUBRECIPIENT'S FACILITIES ARE ACCESSIBLE TO THE HANDICAPPED (IF APPLICABLE).

INSTRUCTIONS

As a proposer/contractor with the County, you are urged to carefully review the Equal Employment Opportunity Affirmative Action Questionnaire and respond to it as it relates to your own employment practices.

Please note particularly that:

1. Where federally-assisted contracts are involved, the proposer/ contractor is bound by Revised Order No. 4 (41 CFR Part 60-2) and Executive Order 11246 of September 24, 1965 as amended, by Executive Orders 11375 and 12086; or Title VI of the Civil Rights Act of 1964 and Federal contract Compliance "bid conditions" in the proposal package.
2. The proposer/contractor must complete **ALL** forms of this Equal Employment Opportunity Affirmative Action Questionnaire if the total amount of the contract is equal to or exceeds \$10,000.

If at any time there arises a question, problem or need for assistance in meeting the equal opportunity requirements on County contracts, please contact Hillsborough County's Economic Development Department, DM/DWBE & SBE Programs Section, P.O. Box 1110, Tampa, Florida 33601, (813) 272-5969.

**EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION QUESTIONNAIRE**

FIRM'S CIVIL RIGHTS STATUS

All responding firms are requested to carefully review the following questions and provide responses as it relates to the firm's own affirmative action and equal opportunity practices.

Please respond to the following:

1. *Provide a copy of your organization's Affirmative Action Plan or Program. (If not submitted within the past twelve (12) months.)
2. Workforce Analysis by race/sex and EEO Category.
3. If organization receives federal/state/local funding, please list source and dollar amount.
4. Name of person designated as EEO representative.
5. Is the organization receptive to on-site reviews?
6. Does the organization have a procedure for resolving discrimination complaints?
7. Has your firm been charged with discrimination within the past eighteen (18) months? If yes, how many charges, nature of charge; when; and where?
8. Do you anticipate hiring additional staff to perform this contract? If yes, please provide the number of positions and type of positions.
9. Please provide a copy of the company's Affirmative Action/Equal Employment Opportunity Policy Statement, signed and dated by the Chief Executive Officer. (If not submitted within the past twelve (12) months).

*A written Affirmative Action Plan or Program is required if the firm has fifteen (15) or more employees.

SANCTIONS AND PENALTIES

1. Failure to comply with the Equal Opportunity and Affirmative Action requirements adopted by the Board of County Commissioners of Hillsborough County may result in suspension or debarment of the firms or individuals involved. Debarment of firms by Hillsborough County for activity contrary to this program will be carried out according to the debarment procedures contained in the Hillsborough County Purchasing Manual. Said firm or individual will be notified by registered mail of said suspension or debarment and may appeal suspension or debarment through the procedure set forth in the Purchasing Manual.
2. The Board of County Commissioners encourages each proposer/bidder to submit EEO documentation with the bid.
3. The Board of County Commissioners also reserves the right to reject any proposals from firms who have previously failed to perform properly and who have done so by commission or omission of an act of such serious or compelling nature that the act indicates a serious lack of business integrity or honesty or willingness to comply.

FIRM NAME: _____

JOB CATEGORY	TOTAL EMPLOYEES		MALES					FEMALES				
	MALE	FEMALE	WHT	BLK	HISP	API	AI	WHT	BLK	HISP	API	AI
Officials & Managers												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craftsmen (Skilled)												
Operatives (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
TOTAL												

HISP: Hispanic
 API: Asian/Pacific Islander
 AI: American Indian

Job categories as provided herein are those categories identified and used in EEO (1-6) reporting requirements, required from employers by the Federal government.

(DO NOT LEAVE THIS PAGE BLANK)

DECLARATION OF RESPONDENT AND ACKNOWLEDGEMENT

(THESE PAGES MUST BE SUBMITTED WITH THE RESPONDENT'S SUBMITTAL)

1. Name of RESPONDENT: _____
(typed or printed: firm, corporation, business or individual)

2. Name of Contact Person: _____

3. Our local (to Tampa, Florida) business and mailing address is:

4. Our primary business and mailing address is:

5. Our present business phone number is: (____) _____
Our present business fax number (if any) is: (____) _____
Our present e-mail address (if any) is: _____

6. Our business has been in operation under its present name since:

7. Our Federal Tax ID Number is: _____

The below named RESPONDENT affirms and declares:

1. That the RESPONDENT has contractual capacity, and that no other person, RESPONDENT or corporation has any interest in this RESPONSE.
2. That this RESPONSE is made without any understanding, agreement, or connection with any other person, RESPONDENT or corporation making a RESPONSE for the same purpose, and is in all respects fair and without collusion of fraud.
3. That the RESPONDENT is not in arrears to COUNTY upon debt or contract and is not a defaulter, as surety or otherwise, upon any obligation to COUNTY.
4. That no officer or employee or person whose salary is payable in whole or in part from the COUNTY is, shall be or become interested, directly or indirectly, as surety or other wise in this RESPONSE, in the performance of any subsequent contract; for the supplies materials, equipment, and work or labor to which they relate; or in any portion of the profits thereof.

IN WITNESS WHEREOF, this RESPONSE is hereby signed and sealed as of the date indicated below.

ATTEST:

RESPONDENT

WITNESS

BY: _____
AUTHORIZED SIGNATURE

WITNESS

Printed Name Of Signer

Title

Date

ACKNOWLEDGEMENT OF RESPONDENT, IF A CORPORATION

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this

_____ By _____
(Date) (Name of officer or agent, title of officer or agent)

of _____ a _____ corporation,
(Name of corporation acknowledging) (State or place of incorporation)

on behalf of the corporation, pursuant to the powers conferred upon said officer or agent by the corporation. He/she personally appeared before me at the time of notarization, and is personally known to me or has produced

_____ as identification and did certify to have knowledge of the matters stated
(Type of Identification)

in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this _____
(Date)

_____ Commission Number _____
(Official Notary Signature and Notary Seal)

_____ Commission Expiration Date _____
(Name of Notary typed, printed or stamped)

ACKNOWLEDGEMENT OF RESPONDENT, IF A PARTNERSHIP

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this

_____ By _____
(Date) (Name of acknowledging partner or agent)

partner (or agent) on behalf _____ a partnership. He/she personally appeared before me at the time of notarization, and is personally known to me or has produced

_____ as identification and did certify to have knowledge of the matters stated
(Type of Identification)

in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this _____
(Date)

_____ Commission Number _____
(Official Notary Signature and Notary Seal)

_____ Commission Expiration Date _____
(Name of Notary typed, printed or stamped)

ACKNOWLEDGEMENT OF RESPONDENT, IF AN INDIVIDUAL

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this

_____ By _____
(Date) (Name of acknowledging)

who personally appeared before me at the time of notarization, and is personally known to me or has produced

_____ as identification and did certify to have knowledge of the matters stated
(Type of Identification)

in the foregoing instrument and certified the same to be true in all respects.

Subscribed and sworn to (or affirmed) before me this _____
(Date)

_____ Commission Number _____
(Official Notary Signature and Notary Seal)

_____ Commission Expiration Date _____
(Name of Notary typed, printed or stamped)

**PART 3
REQUEST FOR QUALIFICATIONS FOR:
PROVISION OF DENTAL SERVICES FOR HEAD START / EARLY HEAD START CHILDREN**

1. INTRODUCTION & PURPOSE

Hillsborough County (County) Children's Services Department, through the Head Start / Early Head Start Division is currently providing dental services to 3, 4, and 5 year old children from low income families in accordance with federal guidelines. It is the intent of the County to accept responses / applications for participation on an **on-going basis** and to contract as needed with qualified respondents who will provide professional **Dental Services** to preschool Head Start / Early Head Start children.

It is possible that not all qualified applications for participation will result in an award of a contract as the County may already have a sufficient number of vendors providing the specific service applied for or there is not otherwise a need for the applied for service. The needs of the County for specific types of dental services will determine to whom a contract is offered. Applications for participation from qualified vendors will be kept by the Children's Services Department in anticipation of future needs for dental services providers. At the discretion of the County, applications for participation received by the County may expire upon issuance of a new solicitation for similar services.

2. ANTICIPATED TERM OF PERFORMANCE

2.1 Contract Period. It is anticipated that the contract period shall be from the date of the "Notice to Proceed" and continue on an on-going basis until such time either party declines continuing the agreement in writing with at least 30 days notification to other party.

3. COMPENSATION, INVOICING & PRICE ADJUSTMENTS

3.1 Initial Compensation. The rates of compensation and maximum compensation for services provided shall be established by the "Fee Schedule" attached as **Exhibit III** based on current Medicaid rates.

3.2 Change Orders. Without invalidating the Agreement, the County, through its Director of Purchasing, reserves the right to unilaterally issue change orders the cumulative total of which shall not exceed \$25,000.00, for additions, deletions or revisions in the services to be rendered under the Agreement. All other additions, deletions or revisions in the services shall be valid and enforceable only when evidenced by a written modification executed and approved by the Contractor and the County.

In such case, the Contractor will be required to provide services in accordance with the terms, conditions, and specifications of this Agreement at a comparable rate to the prices submitted in the Contractor's Proposal.

3.3 Annual Price Adjustments. Price adjustments may be automatically adjusted based on the current Medicaid rates.

3.4 Price Reduction. If the Contractor notifies the County of any reductions in price, the reductions shall be effective upon receipt of the Contractor's written notice to the Hillsborough County Purchasing Department and shall remain in effect for the remaining term of the Contract unless further reductions are granted by the Contractor.

3.5 Contingency of Funding: Any agreements entered into as a result of this RFQ may be canceled by the County with 24 hours notice in the event funds for this program become unavailable. The County shall be the sole authority with regards to the availability of funds. In the event of cancellation for non-availability of funds, the County shall reimburse the Contractor for all authorized services provided prior to the issuance of said notice.

4. **MINIMUM QUALIFICATIONS & REQUIREMENTS**

Participation shall be contingent upon the respondent meeting all the minimum qualifications set out below:

- 4.1. Licensure - The Contractor must be licensed in accordance with Chapter 466, Florida Statutes. Proof of licensing should be submitted with the signed "Letter of Participation" and will be required prior to execution of the "Professional Services Agreement". Throughout the length of the contract, the dentist must maintain all legally and administratively required licenses.
- 4.2. Business Office - The Contractor shall have a business office located within Hillsborough County. Said office must remain open a minimum of 30 hours per week, Monday through Friday.
- 4.3. Willingness to participate in accordance with the conditions and terms of this Request for Qualifications.

RESPONDENTS WHO DO NOT MEET THE MINIMUM QUALIFICATIONS SHALL BE DEEMED NON-QUALIFIED; THEIR APPLICATIONS FOR PARTICIPATION WILL NOT RECEIVE FURTHER CONSIDERATION.

5. **CONDITIONS OF PERFORMANCE**

- 5.1 Scheduling of Clients - The County has ninety days after enrollment to acquire dental exams for all Head Start clients; therefore, all dentists involved in the provision of dental services to Head Start clients will be required to set aside "blocks of time" for scheduling Head Start clients for the initial dental examinations.
- 5.2 The Contractor must be willing to treat both Medicaid and Non-Medicaid patients in accordance with the terms of this RFQ and the agreement hereto.
- 5.3 The Contractor will adhere to the "Insurance requirements" (Exhibit I), "Dental Treatment Guidelines" (Exhibit II), and "Fee Schedules" (Exhibit III) throughout the term of the agreement.
- 5.4 Assignment of Clients: The assignment of clients to any participating service provider (Contractor) shall be based upon the geographic location of the client to the service providers office. In the event multiple service providers are within close proximity to the client, the assignment shall be on a "rotating" basis unless some other basis is determined, by the County, to be in the best interest of the client and/or the County.
- 5.5 Billing: All requests for payment shall be submitted in accordance with County procedures and in a form acceptable to the applicable Department.
- 5.6 Laws and Regulations: All applicable Federal and State laws, municipal and County ordinances, and rules and regulations of all authorities having jurisdiction over any part of this project shall apply to the contract throughout and will be deemed to be included in the contract the same as though herein written.

6. **RESPONSE REQUIREMENTS**

- 6.1 Complete and submit Hillsborough County Equal Employment Opportunity Affirmative Action Questionnaire located in Part 2, pages 2-2 through 2-4 of this RFQ.
- 6.2 Complete and submit the Declaration of Respondent and Acknowledgement located in Part 2, pages 2-5 through 2-7 of this RFQ.
- 6.3 Submit current copy of Dentistry License.
- 6.4 Submit Certificate of Liability Insurance as required by this RFQ in Exhibit 1.
- 6.5 Complete and submit the attached "Letter of Participation" Exhibit IV contained in this RFQ.
- 6.6 If your company is interested in participating, please complete and return all above required response requirements to the **Hillsborough County Purchasing Department, 601 E. Kennedy Blvd., 18th Floor, P.O. Box 1110, Tampa, FL 33601**

**EXHIBIT I
INSURANCE REQUIREMENTS**

Contractor's Liability Insurance:

The CONTRACTOR shall procure and maintain in force such insurance as will protect him from claims under Workers' Compensation laws, disability benefit laws or other similar employee benefit laws; from claims for damages because of bodily injury, occupational sickness or disease, or death of his employees including claims insured by usual personal injury liability coverage; from claims for damages because of bodily injury, sickness or disease, or death of any person other than his employees including claims insured by usual personal injury liability coverage; and from claims for injury to or destruction of tangible property including loss of use resulting therefrom, any or all of which may arise out of or result from the CONTRACTOR'S operations under the Contract Documents, whether such operations be by himself or by any subcontractor or anyone directly or indirectly employed by any of them or for whose acts any of them may be legally liable. This insurance shall be written for not less than any limits of liability specified in the Contract Documents or required by law, whichever is greater, and shall include contractual liability insurance. Before starting the work, the CONTRACTOR will file with the COUNTY certificates of such insurance, acceptable to the COUNTY; these certificates shall contain a provision for cancellation as found in paragraph 5 of Section B immediately below.

Insurance Required:

A. General

Before starting and until acceptance of the Work by the COUNTY, the CONTRACTOR shall procure and maintain insurance of the types and to the limits specified in paragraphs B. (1) through (4) below. All policies of insurance under this contract shall include as additional insured Hillsborough County and its employees. All policies shall provide for separation of insured's interests such that the insurance afforded applies separately to each insured against whom a claim is made or a suit is brought.

B. Coverage

The CONTRACTOR shall procure and maintain in force during the life of this contract the following types of insurance coverage written on standard forms and placed with insurance carriers acceptable to the County and approved by the Insurance Department of the State of Florida. The amounts and type of insurance shall conform to the following requirements:

1. **Workers' Compensation** - The CONTRACTOR shall procure and shall maintain in force during the life of this Contract, Workers' Compensation Insurance providing statutory benefits, including those that may be required by an applicable federal statute, for all of his employees to be engaged in work on the project under this Contract. In case any class of employee engaged in hazardous work on the project under this contract is not protected under the Workers' Compensation statute, the CONTRACTOR shall provide employer's liability insurance for all said employees.

Employer's Liability

\$N/A Limit each accident

\$N/A Limit disease aggregate

\$N/A Limit disease each employee

2. **Commercial General Liability** - Coverage must be afforded on a form no more restrictive than the latest edition of the Commercial General Liability Policy filed by the Insurance Service office with limits of not less than those listed below and must include:

General Aggregate	\$N/A
Products & completed operations	\$N/A
Personal and advertising injury	\$N/A
Each occurrence	\$N/A
Fire Damage (any one fire)	\$N/A

3. **Business Automobile Liability** - Coverage must be afforded on a form no more restrictive than the latest edition of the Business Automobile Liability Policy filed by the Insurance Service office with limits not less than those listed below and must include:

\$ N/A combined single limits each accident, for bodily injury and property damage liability - Any Auto.

4. **Professional Liability**

- a. Minimum limits of \$1,000,000.00 per claim
- b. Notice of cancellation and or restrictions: The policy must be endorsed to provide the county with thirty (30) days notice of cancellation and/or restrictions.

5. **Certificate of Insurance and Copies of Policies** - Certificates of Insurance furnished by Hillsborough County evidencing the insurance coverage specified in the previous paragraphs B. 1. through 4. inclusive, and on request of the COUNTY certified copies of the policies required shall be filed with the Insurance and Claims Management Department of the COUNTY on a timely basis.

The required Certificates of Insurance shall list "Hillsborough County, a political subdivision of the State of Florida, and its employees as additional insured for the operations of the CONTRACTOR under this contract" (excluding the worker's compensation and professional liability policies), shall name the types of policies provided, and shall refer specifically to this Contract.

If the initial insurance expires prior to the completion of the Contract, renewal Certificates of Insurance shall be furnished thirty (30) days prior to the date of their expiration.

The required limits for insurance may be achieved through a combination of primary and umbrella policies.

These policies will provide that: the insurer(s) waive their rights of subrogation against the Hillsborough County Board of Commissioners, their officials, employees, agents, and consultants.

Cancellation - Should any of the above described policies be cancelled or non-renewed before the stated expiration date thereof, insurer will not cancel same until at least **thirty (30)** days prior written notice has been given to the below named certificate holder. This prior notice provision is a part of each of the above described policies.

Project Title: S-551-03(JH), Provision of Dental Services for Head Start / Early Head Start Children

Reviewed, Insurance and Claims Management Division: **SIGNED COPY IN FILE**

Date: October 31, 2002

EXHIBIT II

DENTAL TREATMENT GUIDELINES

- A. Head Start will pay for the following services on all Non-Medicaid, non-insured children:
1. Dental Examinations
 2. Prophylaxis
 3. Oral hygiene education
 4. Bitewing radiographs, if necessary, but not as a routine procedure.
 5. Services required for the relief of pain or infection.
 6. Restoration of decayed teeth.
 - a. Permanent teeth - amalgam or composites as indicated.
 - b. Primary teeth - only molars and cuspids are restored. Composite restorations may be used on primary cuspids if their cost is equal to, or less than that of amalgam.
 7. Pulp Therapy - when indicated to save permanent teeth or primary molars.
 8. Extractions - only when pain or infection is present. Decayed teeth that are not to be restored should be retained if pain or infection is absent.
- B. Head Start **will not** pay for the following services to non-Medicaid children without the permission of the Regional Head Start Dental Coordinator.
1. Panorex radiographs.
 2. Restoration of primary incisors.
 3. Space maintainers.
 4. Routine Bite-wing radiographs.
 5. Any service not listed in A.
 6. Dental Sealants (only authorized on permanent 6-year molars).
- C. Children with Medicaid cards or other dental insurance may receive all applicable benefits. If coverage does not include all services listed in Section A, these should be provided and will be paid for by Head Start. Head Start will not pay any difference between usual-and-customary charges and Medicaid reimbursement.
- D. The use of presedative and nitrous oxide Analgesia prior to and during dental treatment is not routinely permitted in Head Start Programs.

NOTE:

Because of funding limitations, Head Start is forced to provide only those services which will give the greatest long-term benefit to the child. For this reason, certain services are excluded from Head Start programs. The dentist may chart parental responsibility treatment plans on a separate sheet of paper and forward with the dental record if he/she chooses.

**EXHIBIT III
DENTAL FEE SCHEDULE**

Oral Examination	Visual oral inspection, charting dental findings (in red) And recommended treatment plan and cost estimate.	\$15.00
Prophylaxis and Oral Hygiene Instructions		\$29.00
Fluoride Treatment		\$11.00
Emergency Exam		\$23.00
Extractions	Tooth (includes x-ray/anesthesia if necessary)	\$27.00
Extractions	Each additional tooth with same quadrant	\$22.00
Restorations:	<u>Amalgam</u>	
	One surface	\$31.00
	Two surface	\$41.00
	Three surface	\$51.00
<u>Composite</u>		
	One surface	\$34.00
	Two surface	\$39.00
	Three surface	\$44.00
Nuva Type	Fracture repair of anterior permanent tooth	\$72.00
Pulpotomy		\$50.00
Stainless Steel Crown		\$68.00
Radiographs:	Only if necessary- (Bite wing) – Single film	\$6.00
	<u>Intraoral Periapical</u>	
	First single film	\$4.00
	Each additional film	\$2.00
Sealants	Only authorized for permanent six-year molars or as recommended by dentist due to child's propensity for extreme decay.	\$13.00
Nitrous Oxide	(Per visit – LIMITED to three (3) times per year from date of occurrence)	\$28.00
Versed Sedation	By written authorization of Health, Nutrition and Early Intervention Assistant Director or Health Services Supervisor	\$57.00
Behavior Management		\$24.00
Other Dental Services:	By written authorization of Assistant Director, Health/Early Intervention Services or Health Services Supervisor	

Children who lose their Medicaid eligibility after being assigned to providers, can receive dental care in accordance with the guidelines for Non-Medicaid enrollees.

There are no provisions in the Health Services Dental Program budget to compensate the provider for broken or unkept appointments. However, the program encourages the staff, parents, and volunteers to give the dentist at least 48 hours notice when they are unable to keep a scheduled appointment. Whenever possible, another child will be substituted from the eligibility list.

D,E,F and G EXTRACTIONS ONLY APPROVED BY HEAD START

EXHIBIT IV
LETTER OF PARTICIPATION

I have read the Request for Qualifications (RFQ) as it relates to participation in the provision of Dental Services to Head Start Clients, and:

Participation

____ Yes, I am interested in becoming a service provider for Head Start Clients.

Non-participation

____ No, I am not interested in becoming a service provider at this time.

Authorized Signature

Date

***** PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION *****

Name of Dentist: _____

Street Address: _____

City and Zip code: _____

Telephone Number: _____

PLEASE PROVIDE A COPY OF LICENSE WITH LETTER OF PARTICIPATION

This letter of participation should be returned to:

Hillsborough County Purchasing Department
601 E. Kennedy Boulevard, County Center, 18th Floor
P.O. Box 1110
Tampa, FL 33601-1110