

**COUNTY OF EL PASO**

800 E. Overland, Suite 300

El Paso, Texas 79901

(915) 546-2048 (915) 546-8180 Fax

**Notice to Interested Parties**

Sealed Request for Proposals (RFP) will be received at the County Purchasing Department, 800 E. Overland, RM 300, El Paso, Texas 79901 before 2:00 p.m., Wednesday, March 9, 2011 to be opened at the County Purchasing Office the same date for RFP - For Recruiting Firm to Hire Chief Medical Examiner.

**Proposals must be in a sealed envelope and marked:**

# “Proposals to be opened March 9, 2011

**RFP - For Recruiting Firm to Hire Chief Medical Examiner**

**RFP Number 11-008”**

**Any questions or additional information required by interested vendors must be submitted in writing to the attention of the County Purchasing Agent before Tuesday, March 1, 2011, at 12:00 p.m. Questions can be faxed to (915)-546-8180.**

Award will be made based on a review of qualifications, scope of services and price. **COMMISSIONER’S COURT RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS AND WAIVE TECHNICALITIES.**Only proposals that conform to specifications will be considered. Successful Proposer shall not order items or services until a Purchasing Order is received from the County Purchasing Office. Payment will not be made on items delivered without an Agreement.

If the proposal totals more than $100,000.00, the bidder shall furnish a certified cashiers check made payable to the County of El Paso or a good and sufficient bid bond in the amount of 5% of the total contract price, executed with a surety company authorized to do business in the State of Texas. The certified cashiers check must be included with the proposal at the time of the opening.

In order to remain active on the El Paso County Vendor list, each Vendor receiving this proposal must respond in some form. Vendors submitting a proposal must meet or exceed all specifications herein. Vendors submitting a no proposal must submit their reason in writing to the El Paso County Purchasing Department.

**PITI VASQUEZ**

County Purchasing Agent

### **PROPOSAL SCHEDULE**

#### To: El Paso County, Texas

I or we agree to furnish the following described equipment, supplies, or services for the prices shown in accordance with specifications listed below or attached. By execution of this proposal, I hereby represent and warrant to El Paso County that I have read and understood the Proposal Documents and the Contract Documents and this proposal is made in accordance with the Proposal Documents.

Please quote prices and discounts on the following items:

F. O. B. El Paso County

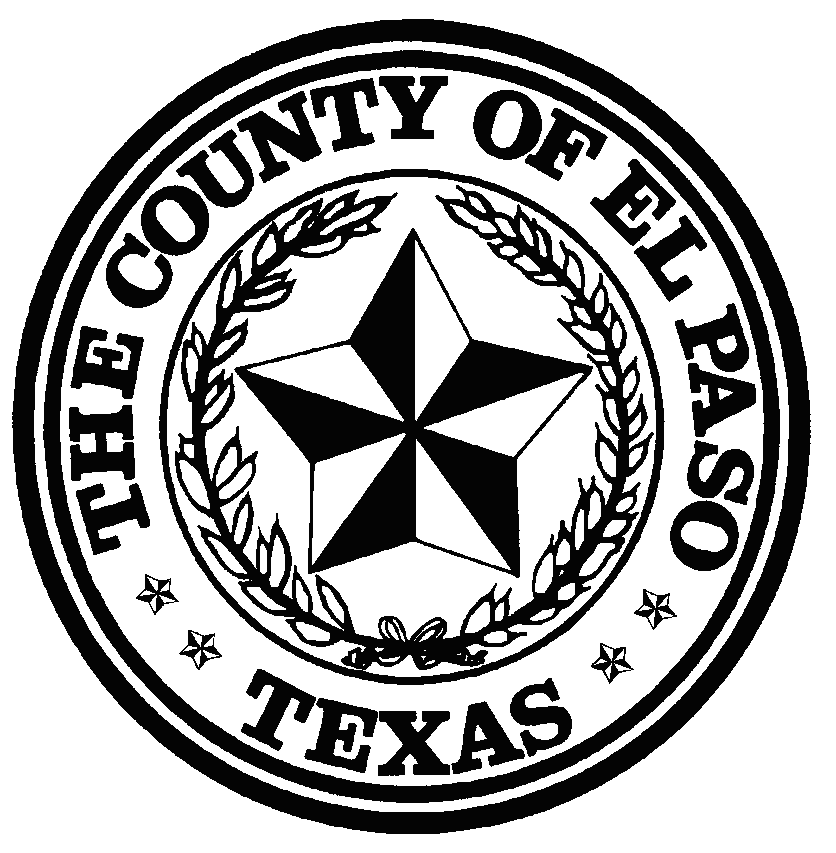
|  |
| --- |
| Description – RFP # 11-008RFP - For Recruiting Firm to Hire Chief Medical ExaminerVendor must meet or exceed specifications |
| **TOTAL** |
|  |
| Please do not include tax, as the County is tax-exempt. We will sign tax exemption certificates covering these items. **Please submit one (1) original copy** and **two (2) copies of your bid.** |

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| --- | --- | --- |
|  |  |  |
| Company |  | Mailing Address |
|  |  |  |
| Federal Tax Identification No. |  | City, State, Zip Code |
|  |  |  |
| CIQ Confirmation Number |  | CIQ Sent Date |
|  |  |  |
| Representative Name & Title |  | Telephone |
|  |  |  |
| Signature |  | Fax Number |
| Date |  | Email Address |

**\*\*\*THIS MUST BE THE FIRST PAGE ON ALL BIDS\*\*\***

**RFP - For Recruiting Firm to Hire Chief Medical Examiner**

**RFP #11-008**



**Opening Date**

**Wednesday, March 9, 2011**

**EL PASO COUNTY HUMAN RESOURCES OFFICE**

**Request for Proposal**

**Services Sought: Chief Medical Examiner Recruiting Firm**

El Paso County is seeking the services of a recruiting firm, herein referred to as independent contractor, to provide qualified candidates for a Chief Medical Examiner position for the county. The independent contractor will perform these screenings in compliance with state, federal and agency requirements as specified using certified and/or licensed testing methods recognized and endorsed by the profession.

**I. Qualifications:**

An evaluation committee selected by the El Paso County Human Resources Department, and approved by Commissioners Court, shall evaluate the proposals based upon the following factors:

Particular capability to perform the services required;

Experienced staff available to perform the services required, including each proposer’s recent, current, and projected workloads;

Performance history;

Approach and philosophy used in providing services;

Fees or costs;

References.

**II. Services:**

1. The independent contractor will work with and report to the Human Resources Director or her designee.
2. The independent contractor will create and develop a timeline and recruitment/selection process which includes the development of standards, criteria and policy directives used in hiring a Medical Examiner.
3. The independent contractor is to provide a clear, written scope with projected costs and schedules. This plan should also include a proposal of the firm’s policy/position should the recruitment and/or the selection process prove to be unsuccessful.
4. The independent contractor will conduct pre-employment background

screenings for any and all Medical Examiner candidates.

1. The independent contractor will provide the required form(s) for endorsing or rejecting a qualified applicant.
2. When requested and scheduled, the independent contractor will attend meetings with members of management to discuss relevant issues affecting assessments, or other issues relating to the services provided by the independent contractor.
3. The independent contractor will notify the County’s Human Resource Department when there is a change in their professional status which may affect their ability to assess, qualify, or disqualify candidates.
4. The independent contractor may be asked to provide special written reports on eligibility assessments for qualified applicants.
5. Billing terms and procedures should be clearly stated within the proposal.
6. The independent contractor will conduct the initial screening of applicants.
7. The independent contractor will be responsible for reviewing resumes of each applicant to better determine those which meet minimum qualifications and follow up with telephone interviews to clarify each applicant’s relevant work-related experience.
8. The independent contractor shall evaluate candidates for serious consideration (four to six candidates) by conducting employment reference checks with employers who are or have been in a position to evaluate the candidates’ previous performance on the job. Through these reference checks, the independent contractor shall ascertain the candidates’ strengths and personal dimensions that would qualify him or her for the position. This assessment shall include areas in which the Commissioners can investigate deeper during its interview process.
9. The independent contractor shall develop potential interview questions and possible rating methods for the Commissioners to use.
10. The independent contractor shall coordinate interviews with the County’s Human Resource Department.
11. The independent contractor is responsible for debriefing with the County’s Human Resource Department following interviews, and shall be able to identify additional candidates if necessary.
12. The independent contractor shall conduct a thorough background investigation on the finalist which will include specifics found within the background.

**III. Additional Requirements:**

1. All services which result from this request for proposal, at time of award, shall become contractual.
2. All of the above elements must be addressed in the submittal in sufficient detail to allow the review committee the ability to determine reasonableness of the planned approach and corresponding cost.
3. The proposal shall include the potential to re-initiate a one-time additional Medical Examiner search in accordance with the specifications set forth above, at no fee to the County, if the successful candidate leaves the employment of the El Paso County within one year of placement.
4. **Reports:**
   1. From the existing job description, the independent contractor shall develop a candidate profile, including the knowledge, skills and abilities required to become a successful candidate for the position. They must also coordinate with the County’s Human Resource Department to ensure the list meets its requirements.

* 1. The independent contractor shall prepare a written summary which includes 10 to 15 candidates with the most promising qualifications.

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| --- | --- | --- | --- | --- |
| **QUESTIONNAIRE** | | | | |
|
| **General Company Information** | | | | |
| 1 | Parent Company Name: |  | | |
| 2 | Address: |  | | |
| 3 | City/State/Zip: |  | | |
| 4 | Company Name: (If not same as above) |  | | |
| 5 | Address: |  | | |
| 6 | City/State/Zip: |  | | |
| 7 | Contact Person: (Employee of vendor) |  | | |
| 8 | Contact Phone #: |  | | |
| 9 | Contact Cellular #: |  | | |
| 10 | Contact Email: |  | | |
| 11 | Contact Fax #: |  | | |
| 12 | Local Address: |  | | |
| 13 | Local City/State/Zip: |  | | |
| 14 | Local Contact Person: (Employee of vendor) |  | | |
| 15 | Local Contact Phone #: |  | | |
| 16 | Local Contact Cellular #: |  | | |
| 17 | Local Contact Email: |  | | |
| 18 | Local Contact Fax #: |  | | |
| 19 | Federal Tax ID Number: |  | | |
| 20 | Date Parent Company formed: |  | | |
| 21 | Date Subsidiary Company formed: |  | | |
| 22 | Is your company using any sub-contractors? If so, please provide the following information in your response for each sub-contractor: Name of sub-contractor, the scope of services the sub-contractor will perform, the reasons why you are sub-contracting these services, the benefit of sub-contracting these services, the depth of experience of the sub-contractor performing these services, and how you evaluated the sub-contractor, and why you selected this vendor to perform these services. |  | | |
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| 23 | Has your company recently been acquired or been involved with any merger/acquisition? If yes, briefly describe. |  | | |
| 24 | Is your company involved in any pending or contemplated acquisition in the next 36 months? If yes, briefly describe. |  | | |
| 25 | Under what other or former names has your company operated? If yes, briefly describe. |  | | |
| 26 | Identify any officer, director, employee or agent of your organization who is also an employee of County of El Paso. |  | | |
| 27 | Disclose the name of any County of El Paso employee who owns, directly or indirectly, an interest of 5% or more in your firm or any of its subsidiaries. Also disclose any familial or financial relationship anyone in your firm may have with any employee of the County of El Paso or member of the family of an employee of the County of El Paso. |  | | |
|
| 28 | Identify any affiliation your firm or an employee of yours currently has with County of El Paso such as a current contract, sub-contractor on a current contract, a member of an advisory board, etc.: |  | | |
| 29 | Are any services necessary for the operation of your organization provided by a third party? If so, briefly describe. |  | | |
| 30 | Describe your company’s disaster recovery and contingency plans. Have you ever tested or actually implemented these plans? |  | | |
| 31 | State your type of business: corporation, non-profit corporation, partnership, joint venture, etc. |  | | |
| 32 | Does your proposal involve a joint venture with other organizations? If so, specify your role, those of other organizations and identify which organization would be the primary contractor. |  | | |
| 33 | How many years of experience does your company have servicing contracts for Medical Examiners? |  | | |
| 34 | Will acquiring the County of El Paso account result in more than a 5% increase in your company’s current book of business, as measured by total premium paid? |  | | |
| 35 | Has your company been involved in any litigation over the last five years; pending, settled, or dismissed? Explain each separately. If there is any pending litigation, please include an opinion of counsel as to whether the pending litigation will impair the proposer’s performance in a contract under this RFP. |  | | |
|  | | |
|  | | |
| 36 | Has the proposer or any of the proposer’s employees, agents, independent contractors or sub-contractors ever been convicted of, pled guilty to, or pled nolo contendere to any felony; and if so, provide an explanation of the relevant details. |  | | |
| 37 | Has your company, within the last 10 years, filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, provide an explanation of the relevant details. |  | | |
| 38 | What separates your firm from other competitors? |  | | |
| 39 | Has the interested firm, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details. |  | | |
| 40 | Have you ever failed to complete any work awarded to you? If so, where and why? |  | | |
| **FINANCIAL INFORMATION** | | | | |
| **Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.** | | | | |
| 1 | | Ratings: | |  |
| AM Best | |  |
| Moody’s | |  |
| Standard & Poors | |  |
| Fitch | |  |
| 2 | | Describe your firm’s financial condition for the last three years. Specify fiscal period, retained earnings, debt, and equity. Detail each year separately: | |  |
| Year1 | |  |
| Year2 | |  |
| Year3 | |  |
| 3 | | Has your company received any corrective action requests from any State or Federal Government in the last 5 years? If yes, briefly explain. | |  |
| 4 | | How do you establish and maintain the turnover rate of hires by your organization? | |  |
|
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| 5 | | how do you establish and maintain the time to fill a vacant position? | |  |
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| **REFERENCES** | | | | |
| Provide the contact information for **five current and three former clients of similar size**, **preferably in the public sector area.** Include Organization Name, Address, Contact Person Name and Phone #, number of employees, indicate private/public sector, and briefly explain what services you provided and for how long was your contract. | | | | |
| 1 | **#1 Current** | |  | |
| **Organization Name:** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Private/public sector:** | |  | |
| **Length of Service:** | |  | |
| **Services Provided:** | |  | |
| 2 | **#2 Current** | |  | |
| **Organization Name:** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Length of Service:** | |  | |
| **Services Provided:** | |  | |
|  | |
| 3 | **#3 Current** | |  | |
| **Organization Name:** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Private/public sector:** | |  | |
| **Length of Service:** | |  | |
| **Services Provided:** | |  | |
| 4 | **#4 Current** | |  | |
| **Organization Name:** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Private/public sector:** | |  | |
| **Length of Service:** | |  | |
|  | |
| **Services Provided:** | |  | |
|  | |
| 5 | **#5 Current** | |  | |
| **Organization Name:** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Private/public sector:** | |  | |
| **Length of Service:** | |  | |
| **Services Provided:** | |  | |
| 6 | **#1 Former** | |  | |
| **Organization Name:** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Private/public sector:** | |  | |
| **Length of Service:** | |  | |
| **Services Provided:** | |  | |
| 7 | **#2 Former** | |  | |
| **Organization Name:** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Private/public sector:** | |  | |
| **Length of Service:** | |  | |
|
| **Services Provided:** | |  | |
| 8 | **#3 Former** | |  | |
| **Organization Name** | |  | |
| **Address:** | |  | |
| **Contact Person:** | |  | |
| **Phone #:** | |  | |
| **Fax #:** | |  | |
| **Email:** | |  | |
| **Number of Employees:** | |  | |
| **Private/public sector:** | |  | |
| **Length of Service:** | |  | |
| **Services Provided:** | |  | |
| **SERVICES - Chief Medical Examiner Consultant** | | | | |
| **Notice: All questions must be answered. Please refrain from responding with a phrase such as “cannot provide at this time or will provide at a later date if selected, etc.” The reviewer will consider these answers non-responsive to the question. All responses must be made within the designated cell(s) of the worksheet provided.** | | | | |
| 1 | How long have you been in business? |  | | |
| 2 | What percentage of your overall business is related to the Medical field or more specific to Medical Examiners? |  | | |
| 3 | What is your guarantee of the selected applicant to continue working for our organization up to 2 years? |  | | |
| 4 | What is your experience and ability to provide a permanent placement for the Medical Examiner position? Include full references of three current clients. |  | | |
| 5 | include a timeline and recruitment/selection process which includes development of standards, criteria and policy directives used in hiring a Medical Examiner? |  | | |
| 6 | Please explain your company’s procedure for determining reimbursement of hires that do not make it through the probationary period. When would those amounts be reimbursed? |  | | |
| 7 | What is your guarantee of not recruiting the hired applicant after 2 years for another organization? |  | | |
| 8 | What is your average placement time? |  | | |
| 9 | What is your performance guarantee? |  | | |
| 10 | Do you conduct backgrounds on selected personnel? If so, describe the process in detail? At what point are the backgrounds conducted? Will your company conduct a thorough background investigation on the finalist (propose specifics)? |  | | |
| 11 | Our organization would like to screen and select from a pool of prescreened, qualified applicants. How will your company conduct he initial screening of applicants and will you provide a recommendation/ranking? How much notice will you provide to us to set up the interviews? |  | | |
| 12 | How will you screen applicants? Will your company prepare and provide a candidate profile for our use? |  | | |
| 13 | Is our organization required to hire qualified applicants your company selects? |  | | |
| 14 | Will your organization develop interview questions and a rating method for our use? Please provide samples. |  | | |
| 15 | Will your company prepare all correspondence to applicants (provide samples) |  | | |
| 16 | Are you licensed to conduct business in the State of Texas? |  | | |
| 17 | Are there any additional surcharges or taxes not disclosed in this proposal? Please explain |  | | |
| 18 | Offer your rate quotations in your standard format. Include a clear written scope with projected costs and schedules. Include in your proposal your company's policy/position should the recruitment and/or selection process prove to be unsuccessful |  | | |

**COUNTY OF EL PASO, TEXAS**

**CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS; FEDERAL DEBT STATUS, AND NONDISCRIMINATION STATUS AND IMPLEMENTING REGULATIONS\***

Instructions for the certifications:

General Requirements

The County of El Paso, Texas is required to obtain from all applicants of federal funds or pass-through certifications regarding federal debt status, debarment and suspension, and a drug free workplace. Institutional applicants are required to certify that they will comply with the nondiscrimination statutes and implementing regulations.

Applicants should refer to the regulations cited below to determine the certifications to which they are required to attest. Signature of the form provides for compliance with certification requirements under 21 CFR part 1405, "New Restrictions on Lobbying," 21 CFR part 1414, Government wide Debarment and Suspension (Non procurement), Certification Regarding Federal Debt Status (0MB Circular A-129), and Certification Regarding the Nondiscrimination Statutes and Implementing Regulations. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the County of El Paso determines to award the covered cooperative agreement

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented in 21 CFR part 1405, for persons entering into a cooperative agreement over $100,000, as defined at 21 CPR Part 1405, the applicant certifies that;

(a) 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 employee of any agency, a member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement,

(b) 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 Congress, or an employee of a Member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award document for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

1. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension and implemented at 21 CFR Part 1404, for prospective participants in primary covered transactions

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or and a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local) transaction or contract under a public transaction violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to the application.

1. DRUG-FREE WORKPLACE

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

A. The applicant certifies that it will or will continue to provide a drug free workplace by:

(a). Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The applicant's policy of maintaining a drug free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee must

1. Abide by the terms of the statement; and
2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice including position title, to: The County of El Paso, Texas, 500 East San Antonio Street, Suite 406, El Paso, Texas 79901. Notice shall include the identification number of each affected grant

(f) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal State, or local health, law enforcement, or other appropriate agency

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

1. CERTIFICATION REGARDING FEDERAL DEBT STATUS (0MB Circular A-129)

The Applicant certifies to the best of its knowledge and belief, that it is not delinquent in the repayment of any federal debt.

1. CERTIFICATION REGARDING THE NONDISCRIMINATION STATUTES AND IMPLEMENTING REGULATIONS

The applicant certifies that it will comply with the following nondiscrimination statues and their implementing regulations: (a) title VI of the Civil right Act of 1964 (42 U.S.C. 2000D et seq.) which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance; (b) Section 504 of the rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance; (c) title IX of the Education Amendments of 1972m as amended (20 U.S.C. 1981 et seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance; and (d) the Age Discrimination Act of 1975, and amended (42 U.S.C. 6101 ec seq.) which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Business Name |  | Date |
|  |  |  |
| Name of Authorized Representative |  | Signature of Authorized Representative |

\*All three (3) pages of this document must be included in all responses.

**COUNTY OF EL PASO PURCHASING DEPARTMENT**

MDR Building, 800 E. Overland PITI VASQUEZ, PURCHASING AGENT

ROOM 300, EL PASO, TEXAS 79901 JOSE LOPEZ, JR. ASST. PURCHASING AGENT (915) 546-2048, FAX: (915) 546-8180 LUCY BALDERAMA, INVENTORY BID TECHNICIAN

**PROPOSAL CONDITIONS**

This is the only approved instruction for use on your invitation to bid. Items below apply to and become a part of the terms and conditions of the bid.

1. BY SUBMITTING A PROPOSAL, EACH BIDDER AGREES TO WAIVE ANY AND ALL CLAIMS IT HAS OR MAY HAVE AGAINST THE COUNTY OF EL PASO, AND ITS OFFICERS, AGENTS AND EMPLOYEES, ARISING OUT OF OR IN CONNECTION WITH: THE DOCUMENTS, PROCEDURES, ADMINISTRATION, EVALUATION, OR RECOMMENDATION OF ANY PROPOSAL; THE WAIVER BY EL PASO COUNTY OF ANY REQUIREMENTS UNDER THE PROPOSAL DOCUMENTS OR THE CONTRACT DOCUMENTS; THE ACCEPTANCE OR REJECTION OF ANY PROPOSAL; AND THE AWARD OF THE CONTRACT.
2. Proposal must be in the Purchasing Department **BEFORE** the hour and date specified. Faxed proposals will not be accepted.
3. Late proposals properly identified will be returned to bidder unopened. Late proposals will not be considered under any circumstances.
4. All proposals are for new equipment or merchandise unless otherwise specified (merchandise

only).

1. Quotes F.O.B. destination. If otherwise, show exact cost to deliver (merchandise only).

1. Proposal unit price on quantity specified-extend and show total. In case of error in extension, unit prices shall govern. RFP subject to unlimited price increases will not be considered.
2. Proposals must give full firm name and address of offeror. Failure to manually sign the proposal will disqualify it. Person signing should show title or authority to bind his firm in a contract.
3. No substitutions or cancellations permitted without written approval of County Purchasing Agent for merchandise.
4. The County reserves the right to accept or reject all or any part of the proposal, waive minor technicalities and award the proposal to the lowest responsible proposer. The County of El Paso reserves the right to award by item or by total proposal. Prices should be itemized.
5. RFP $100,000.00 and over, the proposer shall furnish a certified cashiers check made payable to the County of El Paso or a good and sufficient bid bond in the amount of 5% of the total contract prices and execute with a surety company authorized to do business in the State of Texas. The bid bond must be included with the bid at the time of the opening.
6. This is a quotation inquiry only and implies no obligation of the part of the County of El Paso.
7. The County of El Paso reserves the right to reject any proposal due to failure of performance on deliveries. The County Purchasing Agent will justify this.
8. Brand names are for descriptive purposes only, not restrictive (merchandise only).
9. The County of El Paso is an Equal Opportunity Employer.
10. Any proposal sent via express mail or overnight delivery service must have the RFP number and title clearly marked on the outside of the express mail or overnight delivery service envelope or package. Failure to clearly identify your proposal may be cause for disqualification.
11. PURSUANT TO TEXAS GOVERNMENT CODE SECTION 2253.021, A PRIME CONTRACTOR WHO IS AWARDED A PUBLIC WORKS CONSTRUCTION CONTRACT SHALL, PRIOR TO BEGINNING THE WORK, EXECUTE TO THE COUNTY:
12. A PERFORMANCE BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF $100,000; AND
13. A PAYMENT BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF $25,000.
14. PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 262.032(b), ANY SUCCESSFUL BIDDER WHO IS AWARDED ANY CONTRACT IN EXCESS OF $50,000 MAY BE REQUIRED TO EXECUTE A PERFORMANCE BOND TO THE COUNTY.  SAID BOND SHALL BE IN THE FULL AMOUNT OF THE CONTRACT AND MUST BE FURNISHED WITHIN 30 DAYS AFTER THE DATE A PURCHASE ORDER IS ISSUED OR THE CONTRACT IS SIGNED AND PRIOR TO COMMENCEMENT OF THE ACTUAL WORK.  ANY PERFORMANCE BOND REQUIRED PURSUANT TO THIS SECTION SHALL BE NOTED IN THE ATTACHED DETAILED BID SPECIFICATIONS OR SCOPE OF WORK.  THIS SECTION DOES NOT APPLY TO A PERFORMANCE BOND REQUIRED BY CHAPTER 2253, TEXAS GOVERNMENT CODE.
15. “Beginning January 1, 2006, in order to implement HB 914 (adding new Local Government Code Chapter 176), ALL VENDORS MUST SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE (Form CIQ) disclosing its affiliations and business relationships with the County’s Officers (County Judge and Commissioners Court) as well as the County employees and contractors who make recommendations for the expenditure of County funds. The names of the County Officers and of the County employees and contractors making recommendations to the County Officers on this contract are listed in the Specifications.

THE CONFLICT OF INTEREST QUESTIONNAIRE MUST BE FILED WITH THE COUNTY CLERK AND A COPY OR PROOF OF FILING MUST BE ATTACHED TO THE BIDDER’S RESPONSE SUBMITTED TO THE PURCHASING DEPARTMENT.

Bidders should be aware that this bidding condition is not intended to cover or to advise you about all situations in which Local Government Code Chapter 176 would require you to file a Form CIQ. You should consult your private attorney with regard to the application of this law and your compliance requirements. Failure to comply is punishable as a Class C misdemeanor.

**NOTICE:**

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE EL PASO COUNTY PURCHASING DEPARTMENT. **THE EL PASO COUNTY CODE OF ETHICS PROHIBITS ALL PRIVATE COMMUNICATION BETWEEN VENDORS AND CERTAIN COUNTY OFFICIALS AND EMPLOYEES AS DESCRIBED BELOW:**

No vendor, its representative, agent, or employee shall engage in private communication with a member of the El Paso County Commissioners Court or county department heads regarding any procurement of goods or services by the County from the date that the bid, RFP, or RFQ is released. No private communication regarding the purchase shall be permitted until the procurement process is complete and a purchase order is granted or a contract is entered into. Members of the commissioners court are required to make a reasonable effort to inform themselves regarding potential procurements and have a duty to inquire of vendors, their representatives or employees, the nature of any private communication being sought prior to engaging in any communication. “Private Communication” means communication with any vendor outside of a posted meeting of the governing body, a regular meeting of a standing or appointed committee, or a negotiation with a vendor which has been specifically authorized by the governing body.

**Health Insurance Benefits**

**Provided By Bidder**

**Consideration of Health Insurance Benefits\***

1. Do you or your subcontractor(s) currently offer health insurance benefits to your employees?

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| --- |
|  |
|  |

If so, please describe those health insurance benefits that you or your subcontractor(s) currently provide/offer to your employees.

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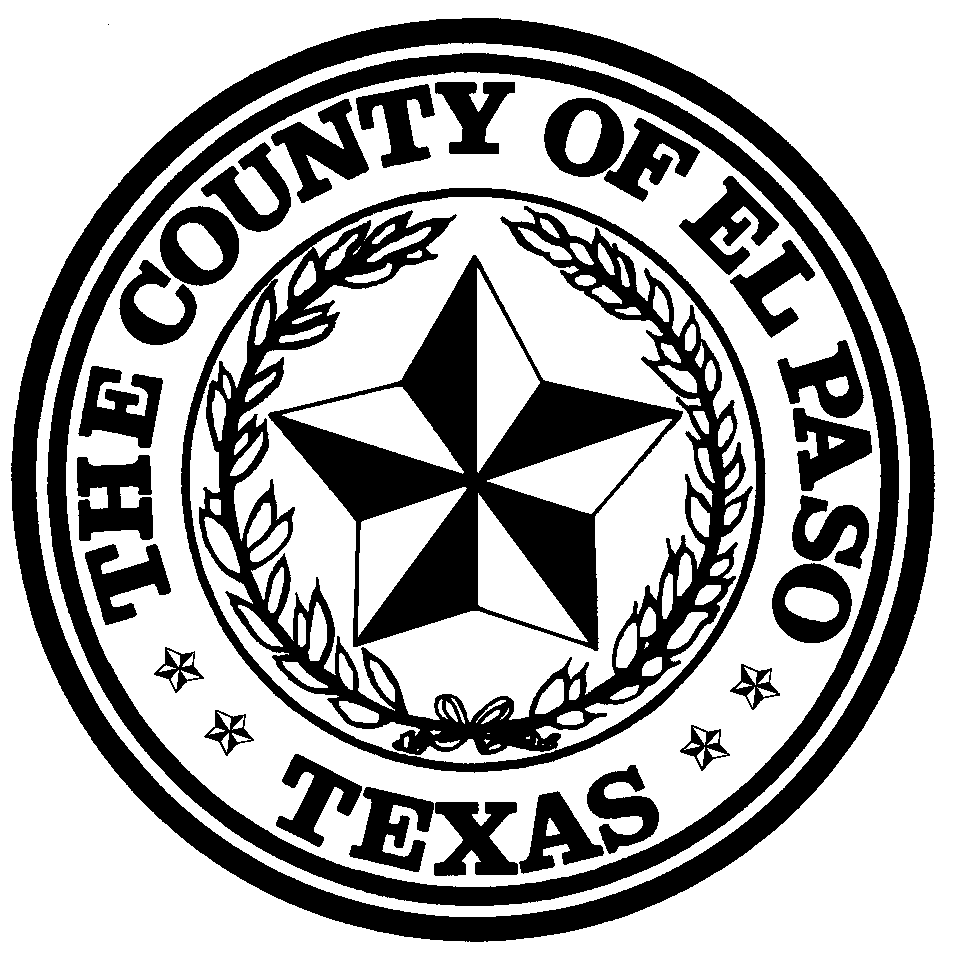
2. What percentage, if any, of your of your subcontractor’s employees are currently enrolled in the health insurance benefits program?

|  |
| --- |
|  |
|  |

**El Paso County may consider provision of health insurance benefits as part of the overall “best value” determination**. Failure to provide health insurance benefits will not disqualify you from participating in this bid selection process.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Business Name |  | Date |
|  |  |  |
| Name of Authorized Representative |  | Signature of Authorized Representative |

[[1]](#footnote-1)\*

**

**COUNTY OF EL PASO**

County Purchasing Department

800 E. Overland, RM 300

El Paso, Texas 79901

(915) 546-2048

(915) 546-8180 Fax

RE: RFP #11-008, RFP - For Recruiting Firm to Hire Chief Medical Examiner

Dear Vendor:

As of January 1, 2006, the Texas Local Government Code Chapter 176 requires all vendors and potential vendors who contract or seek to contract for the sale or purchase of property, goods, or services with any local government entity to complete and submit a Conflicts of Interest Questionnaire. A copy of the requirements regarding vendors is attached. Also attached is a copy of the Questionnaire which needs to be filed and was prepared and approved for statewide use by the Texas Ethics Commission.

In filing out the Questionnaire, the following are the County Officers that will award the bid and the employees which will make a recommendation to the Commissioners Court:

County Officers: County Judge Veronica Escobar

Commissioner Anna Perez

Commissioner Sergio Lewis

Commissioner Willie Gandara, Jr.

Commissioner Dan Haggerty

County Employees: Piti Vasquez, Purchasing Agent

Jose Lopez, Jr., Assistant Purchasing Agent

Peter Gutierrez, Buyer II

Linda Mena, Inventory Bid Technician

Lucy Balderama, Inventory Bid Technician

Please note that the state law requires that the Questionnaire be filed with the **COUNTY CLERK** no later than **the 7th business day after submitting an application, response to an RFP, RFQ or bid** or any other writing related to a potential agreement with the County. Failure to file the questionnaire within the time provided by the statute is a Class C misdemeanor

**COUNTY OF EL PASO PURCHASING DEPARTMENT**

PITI VASQUEZ, PURCHASING AGENT MDR BUILDING, 800 E. OVERLAND

JOSE LOPEZ, JR. ASST. PURCHASING AGENT ROOM 300, EL PASO TEXAS 79901

LUCY BALDERAMA, INVENTORY BID TECHNICIAN (915)546-2048, FAX (915)546-8180

**Instructions: Conflict of Interest Form (CIQ)**

* ***Please complete CIQ Form whether or not a conflict exists.***
* **Box #1 *All Vendors*** Must Print Clearly their names and company name.
* **Box #2** If the vendor has already filed a CIQ for the current year and is updating (filing a new one) due to changes on bid, please check box. If this is the first time within the current year that the vendor is submitting a CIQ, then do not check this box.
* **Box #3** If you are filing a disclosure of conflict of interest, meaning that you do have a relationship with someone listed on the page prior to the CIQ form on your BID, RFP, RFQ, or RFI, then you must print the name of the person whom you have a business relationship with.

* If you answer ***yes*** to any of the following: **Item A, B, C** you have a conflict and must disclose on this form.
* **Item D** List the type of relationship and what department in the local government the person you have listed in **Box #3.**
* **Box #4** Please have the person that is named on **Box# 1**, sign and date in this box. We request a contact number in case there are any questions or form is missing information. This is a courtesy to you.
* It is the vendor’s responsibility to submit the CIQ document number provided by the County Clerk’s to the Purchasing Department.
* Please note that the state law requires that the Questionnaire be filed with the COUNTY CLERK no later than the 7th business day after submitting an application, response to an RFP, RFQ, RFI or bid or any other writing related to a potential agreement with the County. Failure to file the questionnaire within the time provided by the statute is a Class C misdemeanor.
* File a completed Conflict of Interest Questionnaire (Form CIQ) with the El Paso County Clerk in person or by mail to 500 E. San Antonio, Suite 105, El Paso, TX 79901 or by fax to 915-543-3816 the attention of the County Clerks office.
* If filing by fax use your fax confirmation (date/time) for your records. To obtain a copy/CIQ document number go to our website at [www.epcounty.com](http://www.epcounty.com/), click on public records, click on to [Official Public Records](http://www.epcounty.com/clerk/deedsearch.asp) - Deeds of Trust, Liens and other public documents (County Clerk), type in the name of your company, on Style: scroll to CIQ-Conflict INT. QUESTIONNAIRE, and click on Search. It will be available on the web-site approximately 7 to 15 business days. Please fax a copy of your fax confirmation (date/time) to The Purchasing Department at (915) 546-8180. If you have not yet placed it in your Bid, RFP, RFQ, RFI.
* If you have any questions, please call Linda Mena or Lucy Balderama at 915-546-2048

|  |  |  |
| --- | --- | --- |
| **CONFLICT OF INTEREST QUESTIONNAIRE FORM CIQ**  **For vendor or other person doing business with local governmental entity** | | |
| **This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.**  This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).  By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.  A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. | **OFFICE USE ONLY** |
| Date Received  RFP # 11-008 |
| **1 Name of person who has a business relationship with local governmental entity.** |
| **2**  **Check this box if you are filing an update to a previously filed questionnaire.**  (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.) | | |
| **3**  **Name of local government officer with whom filer has employment or business relationship.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Officer  This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.  A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment  income, from the filer of the questionnaire?  Yes No  B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at  the direction of the local government officer named in this section AND the taxable income is not received from the  local governmental entity?  Yes No  C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local  government officer serves as an officer or director, or holds an ownership of 10 percent or more?    Yes No    D. Describe each employment or business relationship with the local government officer named in this section. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of person doing business with the governmental entity Date | | |

Adopted 06/29/2007

**Tex. Local Gov't Code § 176.006  (2005)**

§ 176.006.  Disclosure Requirements for Vendors and Other Persons; Questionnaire  
  
    (a) A person described by Section 176.002(a) shall file a completed conflict of interest questionnaire with the appropriate records administrator not later than the seventh business day after the date that the person:  
   
   (1) begins contract discussions or negotiations with the local governmental entity; or  
   
   (2) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with the local governmental entity.  
   
   (b) The commission shall adopt a conflict of interest questionnaire for use under this section that requires disclosure of a person's affiliations or business relationships that might cause a conflict of interest with a local governmental entity.  
   
   (c) The questionnaire adopted under Subsection (b) must require, for the local governmental entity with respect to which the questionnaire is filed, that the person filing the questionnaire:  
   
   (1) describe each affiliation or business relationship the person has with each local government officer of the local governmental entity;  
   
   (2) identify each affiliation or business relationship described by Subdivision (1) with respect to which the local government officer receives, or is likely to receive, taxable income from the person filing the questionnaire;  
   
   (3) identify each affiliation or business relationship described by Subdivision (1) with respect to which the person filing the questionnaire receives, or is likely to receive, taxable income that:  
   
     (A) is received from, or at the direction of, a local government officer of the local governmental entity; and  
   
     (B) is not received from the local governmental entity;  
   
   (4) describe each affiliation or business relationship with a corporation or other business entity with respect to which a local government officer of the local governmental entity:  
   
     (A) serves as an officer or director; or  
   
     (B) holds an ownership interest of 10 percent or more;  
   
   (5) describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to the expenditure of money;  
   
   (6) describe each affiliation or business relationship with a person who:  
   
     (A) is a local government officer; and  
   
     (B) appoints or employs a local government officer of the local governmental entity that is the subject of the questionnaire; and  
   
   (7) describe any other affiliation or business relationship that might cause a conflict of interest.  
   
   (d) A person described by Subsection (a) shall file an updated completed questionnaire with the appropriate records administrator not later than:  
   
   (1) September 1 of each year in which an activity described by Subsection (a) is pending; and  
   
   (2) the seventh business day after the date of an event that would make a statement in the questionnaire incomplete or inaccurate.  
   
   (e) A person is not required to file an updated completed questionnaire under Subsection (d)(1) in a year if the person has filed a questionnaire under Subsection (c) or (d)(2) on or after June 1, but before September 1, of that year.  
   
   (f) A person commits an offense if the person violates this section. An offense under this subsection is a Class C misdemeanor.  
   
   (g) It is a defense to prosecution under Subsection (f) that the person filed the required questionnaire not later than the seventh business day after the date the person received notice of the violation.

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**Tex. Local Gov't Code § 176.001  (2005)**

§ 176.001.  Definitions  
  
   In this chapter:  
   
   (1) "Commission" means the Texas Ethics Commission.  
   
   (2) "Family member" means a person related to another person within the first degree by consanguinity or affinity, as described by Subchapter B, Chapter 573, Government Code.  
   
   (3) "Local governmental entity" means a county, municipality, school district, junior college district, or other political subdivision of this state or a local government corporation, board, commission, district, or authority to which a member is appointed by the commissioners court of a county, the mayor of a municipality, or the governing body of a municipality. The term does not include an association, corporation, or organization of governmental entities organized to provide to its members education, assistance, products, or services or to represent its members before the legislative, administrative, or judicial branches of the state or federal government.  
   
   (4) "Local government officer" means:  
   
     (A) a member of the governing body of a local governmental entity; or  
   
     (B) a director, superintendent, administrator, president, or other person designated as the executive officer of the local governmental entity.  
   
   (5) "Records administrator" means the director, county clerk, municipal secretary, superintendent, or other person responsible for maintaining the records of the local governmental entity.

**COUNTY OF EL PASO, TEXAS**

Check List

**RFP - For Recruiting Firm to Hire Chief Medical Examiner**

**RFP #11-008**

**THIS CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE**

|  |  |  |
| --- | --- | --- |
|  |  | Responses should be delivered to the County Purchasing Department by 2:00 p.m., Wednesday, March 9, 2011. Did you visit our website ([www.epcounty.com](http://www.epcounty.com)) for any addendums? |
|  |
|  |  | Did you sign the Bidding Schedule? |
|  |  | Did you sign the “Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements; Federal Debt Status, and Nondiscrimination Status And Implementing Regulations” document? |
|  |
|  |  | Did you sign the “Consideration of Insurance Benefits” form? |
|  |  | Did you file a copy of the completed Conflict of Interest Questionnaire (Form CIQ) with the El Paso County Clerk (in person or by mail to 500 E. San Antonio, Suite 105, El Paso, TX 79901 or by fax to 915-543-3816 attention Joann) and write the confirmation number given as proof of filing on your bidding schedule? Please include the completed and signed form with your response whether a relationship exists or not. |
|  |
|  |  | If your bid totals more than $100,000, did you include a bid bond? |
|  |  | Did you provide one original and two (2) copies of your response? |
|  |  |  |
|  |  |  |
|  |  |  |

1. \* This page must be included in all responses. [↑](#footnote-ref-1)