



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
PURCHASING DEPARTMENT
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316 383-7055
<http://sedgwickcounty.org/finance/purchasing.asp>

REQUEST FOR BID
RFB #15-0102
MEDICAL WASTE PICK-UP AND DISPOSAL

October 2, 2015

PURPOSE

Sedgwick County, Kansas, will be accepting bids for Medical Waste Pick-Up and Disposal. It is anticipated that an official contract or purchase order will be issued after Board of County Commission approval of the recommended bid. It should be noted, however, that the County cannot guarantee the purchase of services/products described herein.

SUBMITTALS

Carefully review this Request for Bid. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) complete original and one (1) electronic copy (CD or USB) of the Bid Response Form with any supplementary materials to:

ATTN: Kara Kingsley
Sedgwick County Purchasing Department
525 N. Main St., Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, Tuesday October 20, 2015**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Bid responses will be acknowledged and read into record at bid opening, which will occur at 2:00 p.m. CDT on the due date.

QUESTIONS AND CLARIFICATIONS

All requests for clarifications of the RFB process and document content should be directed to Kara Kingsley at email kara.kingsley@sedgwick.gov. Questions are due **in writing** no later than 5 p.m. CDT on October 9, 2015. Any questions of a substantive nature will be responded to in addendum form to be sent to all vendors no later than 5 p.m. CDT on October 13, 2015.

Kara Kingsley
Purchasing Agent

Table of Contents

- 1. County Background**
- 2. Minimum Mandatory Requirements**
- 3. Scope of Work**
- 4. Selection Criteria**
- 5. Contract and Payment Terms and Termination**
- 6. Tentative Timeline**
- 7. Insurance Requirements**
- 8. Indemnification**
- 9. Request for Bid Conditions**
- 10. General Contract Provisions**

Attachment – Pricing Information Form

Attachment – Bid Response Form

1. COUNTY BACKGROUND

Sedgwick County, located in south-central Kansas, is the most populous of Kansas’ 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas’ counties. Organizationally, the County is a Commission/Manager entity, employs nearly 2,800 persons, and provides a full range of municipal services; e.g., public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

This request for bid will be for the entire county, currently we have 4 locations utilizing some sort of waste pick-up; other county departments may be added to the contract at a later date. If that situation occurs a request for quote will be obtained and added to the contract. Below is a list of current departments how many containers they currently have picked up and the current pick up schedule. Overall, the county spent approximately \$16,000.00 in 2014 on these services.

Location Description	Address	Number of Containers	Pick-Up Schedule
1. COMCARE: CSS/MED	1929/1969 W. 21st St. Wichita, KS	2 ea.	4 weeks
2. Health Department	2716 W. Central, Wichita, KS	8 ea.	4 weeks
3. Health Department	1900 E. 9th St. N. Wichita, KS	4 ea.	8 weeks
4. Corrections: JDF	700 S. Hydraulic, Wichita, KS	3 ea.	8weeks

2. MINIMUM MANDATORY REQUIREMENTS

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) specified in this Request for Bid. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in bidder’s response. Bidders shall:

		Yes	No	Comments
A.	Hold appropriate qualifications and/or credentials for the delivery of services specified and proposed.			
B.	Have the capacity to acquire all required bonds, escrows or insurances			
C.	Assure all staff have proper driver’s license for the types of vehicles used for transporting			
D.	Have provided services similar to those specified herein for a minimum of three (3) years			
E.	Maintain ability to provide ongoing services in the manner described within bid response.			

3. SCOPE OF WORK

Regulated medical waste is medically used trash contaminated with blood or other infectious materials that may include but is not limited to isolation waste, cultures, and stocks of infectious agents associated with biological human blood and blood products, pathological and human waste, contaminated sharps, miscellaneous laboratory waste, discarded dressings, and contaminated liner or disposable linen substitutes. Waste may also include expired sample drugs and bio-hazardous waste.

Sedgwick County is seeking a qualified contractor to provide Medical Disposal Services and disposal boxes. The successful contractor shall:

- A. Provide at no additional cost all labels, packing materials and some type of approved storage container (box). Either the disposable cardboard container with a red puncture resistant plastic liner of three (3) mil. thickness or an approved reusable plastic container. Containers and “red bags” must have all required identification including infectious waste symbol (biohazard).
- B. Pick up, transport, safely treat and properly dispose of the medical waste in accordance with the most current laws and regulations of the State of Kansas.
- C. Provide pricing options based on a fixed monthly schedule of pricing per container and frequency of pick-up. Contractor shall also provide pricing for on-call services to other various County locations (by container), allowing for pick-up within 48 hours of call requesting service.
- D. Be responsible for keeping complete documentation records. Providing shipment tracking numbers and shipment manifest which shall contain the date of service and the disposal site.
- E. Be responsible for providing complete chain of custody documentation essential for accountability and regulatory compliance of bio-hazardous materials. Invoices shall serve as verification of disposal, however additional documentation shall be provided upon request of Sedgwick County or government entities.

4. SELECTION CRITERIA

The selection process will be based on the responses to this solicitation document. The committee will be selecting one vendor to provide service to the entire county.

The county will judge each response on the following criteria (listed in no particular order):

- A. Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response.
- B. Ability to meet or exceed all requirements and scope of work.
- C. Proven ability to provide high quality service.
- D. Qualifications and expertise.
- E. The most advantageous and prudent methodology and costs as determined by the County.

5. CONTRACT AND PAYMENT TERMS AND TERMINATION

A one (1) year contractual period will begin after Board of County Commission approval of the recommended vendor, with options to renew for three (3) additional one (1) year terms. The County reserves the right to cancel the contract and discontinue services with a thirty (30) day written notice as a result of the failure of the contracted proposer to provide acceptable services and reports as delineated in the response to this document, or if determined that services can be provided by County or other sources. In the event of termination of this agreement as a result of a breach by contractor hereunder, the County will not be liable for any fees and may, at its sole option, award an agreement for the same services to another qualified firm to provide services.

Payments for all specified service(s) and/or products to the successful proposer can be made with the following criteria taken into consideration:

- Successful completion or delivery of the service(s) or product(s) requested;
- Completion of any necessary forms and/or service results;
- Receipt of a detailed invoice, emailed to ap_invoices@sedgwick.gov or faxed to 316-941-5127. All Payment and invoice provisions can be found at:
http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

6. TENTATIVE TIMELINE

The following dates are provided for informational purposes and are subject to change without notice. Contact Kara Kingsley, kara.kingsley@sedgwick.gov, to confirm any and all dates.

Distribution of Request for Bid to interested parties	October 2, 2015
Clarification, Information and Questions submitted in writing by 5:00 p.m. CDT	October 9, 2015
Addendum Issued	October 13, 2015
Sealed bids due before 1:45 p.m. CDT	October 20, 2015
Evaluation Period	October 20-29, 2015
Board of Bids and Contracts Recommendation	October 29, 2015
Board of County Commission Award	November 4, 2015

7. INSURANCE REQUIREMENTS

Worker’s Compensation:	
Applicable State Statutory Employer’s Liability	
Employer’s Liability Insurance:	\$100,000.00
Contractor’s Liability Insurance:	
Form of insurance shall be by a Commercial General Liability and include Automobile comprehensive/liability	
Bodily Injury:	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Property Damage:	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Personal Injury:	
Each Person Aggregate	\$500,000.00
General Aggregate	\$500,000.00
Automobile Liability-Owned, Non-owned and Hired	
Bodily Injury Each Person	\$500,000.00
Bodily Injury Each Occurrence	\$500,000.00
Professional Liability	\$500,000.00

Liability insurance coverage indicated above must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, worker’s compensation and employer’s liability. Certificate shall be provided with bid/proposal submittals. Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas. It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

8. INDEMNIFICATION

To the fullest extent of the law, the Provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the providers performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

9. REQUEST FOR BID CONDITIONS

All times indicated in this solicitation document are central daylight.

In submitting a response to this Request for Bid, vendors hereby understand the following as applicable:

http://www.sedgwickcounty.org/purchasing/pdf_files/Bid%20Terms%20%20Conditions.pdf

10. GENERAL CONTRACT PROVISIONS

In submitting a response to this Request for Bid, vendors hereby understand the following as applicable:

http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

PRICING INFORMATION
RFB #15-0102
MEDICAL WASTE PICK-UP AND DISPOSAL

Location Description	Address	Number of Containers	Pick-Up Schedule	Price Per Pick up
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4. Corrections: JDF	700 S. Hydraulic, Wichita, KS	3 ea.	8weeks	

Price per additional box \$_____

- A. State names, titles, and qualifications of lead professional personnel to be assigned to the county account.
- B. Provide a brief description of your firm, including qualifications, experience, depth of staff, quality control, and the demonstration of your ability to be the provider of the outlined services.
- C. Provide a list of any firm who will provide any sub-contracting services.
- D. Provide a minimum of three (3) references from firms to whom are currently receiving services requested in this RFB. Include the dates service is being furnished and the name, address, phone number, and e-mail address of each person the County has your permission to contact.
- E. Provide a statement discussing any current ongoing litigation, which may cause conflicts or affect the ability of the proposer to provide services.

BID RESPONSE FORM
RFB #15-0102
MEDICAL WASTE PICK-UP AND DISPOSAL

The undersigned, on behalf of the Bidder , certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a bid on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the bidder is entered; (4) they have read the complete Request for Bid and understands all provisions; (5) if accepted by the County, this bid is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted bid will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ E-MAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

LLC _____ LLP _____ Not For Profit Corporation _____ Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority Owned Business: _____ Minority-Owned Business: _____ Certification # _____

African American _____ Asian _____ Hispanic _____ Native American _____ Other _____ Woman-Owned Business _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

Yes, I would like to be on the emergency vendor list.

No, I would not like to be on the emergency vendor list.

After Hours Phone #: _____ Emergency Contact Name: _____

After Hours Fax #: _____

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature _____ Title _____

Print Name _____ Dated _____