



Infant Safe Haven Training and Outreach

Request for Letters of Interest (RLI) # AD-19-02

General Information		
Evaluation of Proposals	Staff	See Section 1.5
Question Due Date	February 25, 2019	See Section 1.6
Proposals will be accepted until	2:00 p.m. on March 5, 2019	See Section 1.6

THE CITY OF PEMBROKE PINES
PURCHASING DIVISION
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ATTACHMENTS

- Attachment A: Contact Information Form
- Attachment B: Vendor Information Form and a W-9
- Attachment C: Non-Collusive Affidavit
- Attachment D: Sworn Statement on Public Entity Crimes Form
- Attachment E: Local Vendor Preference Certification
- Attachment F: Veteran Owned Small Business Preference Certification
- Attachment G: Equal Benefits Certification Form
- Attachment H: Vendor Drug-Free Workplace Certification Form
- Attachment I: Vendor Certification Regarding Scrutinized Companies List



SECTION 1 - INSTRUCTIONS

1.1 NOTICE

Notice is hereby given that the City Commission of the City of Pembroke Pines is seeking sealed proposals for:

RLI # AD-19-02 Infant Safe Haven Training and Outreach

Solicitations may be obtained from the City of Pembroke Pines website at <http://www.ppines.com/index.aspx?NID=667> and on the www.BidSync.com website.

If you have any problems downloading the solicitation, please contact the BidSync Support line at 1-800-990-9339.

If additional information help is needed with downloading the solicitation package please contact the Purchasing Office at (954) 518-9020 or by email at purchasing@ppines.com. The Purchasing Office hours are between 7:00 a.m. - 6:00 p.m. on Monday through Thursday and is located at 8300 South Palm Drive, Pembroke Pines, Florida 33025.

The City requires all questions relating to the solicitation be entered through the "Ask a Question" option tab available on the BidSync website. Responses to the questions will be provided online at www.bidsync.com. Such request must be received by the "Question Due Date" stated in the solicitation. The issuance of a response via BidSync is considered an Addendum and shall be the only official method whereby such an interpretation or clarification will be made.

Proposals will be accepted until 2:00 p.m., Tuesday, March 5, 2019. Proposals must be submitted electronically at www.BidSync.com. The sealed electronic proposals will be publicly opened at 2:30 p.m. by the City Clerk's Office, in the City Hall Administration Building, 4th Floor Conference Room located at 601 City Center Way, Pembroke Pines, Florida, 33025.

1.2 PURPOSE

The City of Pembroke Pines is seeking letters of interest from qualified nonprofit organizations, hereinafter referred to as the Contractor, that are interested in entering into a mutually beneficial arrangement, **with no expenditure of public funds**, in which the Contractor would work to initiate a program to increase greater community awareness of the Florida Safe Haven Law throughout the city, and provide state-sanctioned Safe Haven training to city Fire/EMS, Law Enforcement, and Community Service Staff in accordance with the terms, conditions, and specifications contained in this solicitation.



The City has already been approached by the Gloria M. Silverio Foundation, 501(c)(3), “A Safe Haven for Newborns” that is interested in entering into a mutually beneficial arrangement to provide said services.

Pursuant to the City’s Procurement Code Section 35.34, “Promoting Business with the City; No Expenditure of Public Funds”, which states, “Notwithstanding any provision of this chapter, the city may, by a majority vote of the City Commission, enter into a mutually beneficial arrangement with a private business entity for the specific benefit of the citizens and residents of the city provided that no public funds are expended in furtherance of such arrangement. If the City Commission votes to enter into such an arrangement with a particular private business entity, all such other private businesses within the city that provide the same or similar goods or services shall be fully afforded the same or similar business opportunity. Notwithstanding the other provisions of this section, the City Manager, at his or her discretion, may adopt an administrative policy permitting the city to enter into sponsorships or other similar relationships with private businesses in the city.”

As a result, the City is requesting letters of interest to determine if there are any other nonprofit organizations that provide similar services relating to the Florida Safe Haven Law and that would like to enter into a mutually beneficial arrangement with no expenditure of public funds.

This RLI is designed to provide interested Offerors with sufficient basic information to submit letters of interest in response to the minimum requirements stated in this solicitation, but is not intended to limit a proposal’s content or exclude any relevant or essential data. Offerors are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement.

1.3 SCOPE OF WORK

1.3.1 HISTORY

Florida’s Safe Haven law, Statute 383.50, “Treatment of Surrendered Newborn Infant”, was initially enacted in in the year 2000 and amended in 2008 to prevent the abandonment of newborn infants. The law allows for a parent to surrender their unharmed newborn infant (up to 7 days of age) to any 24-hour staffed Fire or EMS Station or Hospital while remaining completely anonymous and without fear of prosecution. The intent is that the facility acts as a "Safe Haven" for infants that might otherwise be abandoned in an unsafe place and harmed as a result.

Any hospital, emergency medical service station or fire station staffed with full time emergency medical service technicians, paramedics, or fire fighters may accept custody of a newborn infant surrendered by its parents. [i] Fla. Stat. § 383.50(1) defines a “newborn infant” as a child who a licensed physician believes to be approximately not older than seven (7) days when it is abandoned at the hospital, emergency medical service station, or fire station.



1.3.2 PROGRAM REQUIREMENTS

The anticipated Safe Haven program resulting from this solicitation would consist of providing outreach and training about the Safe Haven law and its provisions, media opportunities, and other activities to raise general awareness in the City of Pembroke Pines of the state's Safe Haven laws and organizations that act as resources for interested members of the general public.

The not-for-profit agency or organization selected must be able to oversee the following activities:

Training and Education:

- Provide training and education to public service agencies (e.g. police and fire departments, and other pertinent agencies);
- Provide education and educational materials during various types of community events;

Social Marketing:

- Create articles for publication on the organization's website and the City of Pembroke Pines website, subject to approval by the City of Pembroke Pines, announcing the initiation of the outreach program and updates on the program;
- Coordinate multilingual public service announcements for release by the City;
- Produce and distribute multilingual outreach materials;
- Issue press releases about the City's outreach program as appropriate.

1.3.3 AGENCY QUALIFICATIONS

The Offeror must demonstrate: not for profit status; experience in providing education and training to the public; and experience in representing Florida's Safe Haven programs to communities at large. Experience in public outreach and social marketing is required. Experience in working with news media is preferred.

The proposal must describe the background and capabilities of the Offeror and details of how services will be provided.

1.4 PROPOSAL REQUIREMENTS

Interested organizations should submit the following:

Title Page:

List the following:

Subject: **RLI # AD-19-02 "Infant Safe Haven Training and Outreach"**



1. Date
2. Name of the Organization
3. Contact Person (including title) authorized to represent your organization
4. Telephone Number
5. Email Address

Tab 1 – Summary of Organization:

Limit to two (2) pages.

1. Explain your organization's interest in working on this project, a positive commitment to perform the required work and a description of the organization including:
 - a. A brief history of the organization
 - b. The size, range of activities, nonprofit status, strength, stability, experience, honors, awards, recognitions, etc.
 - c. Summary of abilities and experience of the organizations' professional personnel
 - d. Summary of past performance of the organization on similar projects

Tab 2 - Experience and Ability:

The relative experience and qualification of the organization with respect to the project scope. This parameter expresses the general and specific project-related capability of the team and indicates the adequate depth and abilities of the organization which it can draw upon as needed. This will include management, technical, and support staff.

1. Describe the specialized experience of the organization or persons with respect to working on similar projects.
2. A minimum of five (5) years of experience. Please provide proof of such experience.
3. The organization or persons must provide information on their familiarity with the project.
4. Identify the contact person and supervisory personnel who will work on the various projects, including the relative experience of all professionals proposed for use on the team.
5. Provide specific examples of similar projects. References should be from the last five (5) years and should be capable of explaining and confirming your organization's capacity to successfully complete the scope of work outlined herein.

Tab 3 - Organization's Understanding and Approach to the Work:

The understanding that the applicant demonstrates as to the requirements and needs of the project.

1. Provide a narrative statement demonstrating an understanding of the overall intent of this solicitation, as well as the organization's ability to educate agencies and



- other community resources. Include educational opportunities that your organization would implement for the Safe Haven project.
2. Please clearly describe all aspects of the project proposed.
3. Include details of your approach and work plans.
4. Identify any issues or concerns of significance that may be appropriate.
5. Describe the organization's experience in public outreach, social marketing, and working with news media, and include what your organization will complete for the Safe Haven project.
6. Describe the organization's ability to provide social marketing and print materials in multiple languages.
7. Describe the organization's experience in maintaining social marketing activities and provide an outline of the organization's plan to maintain the City's Safe Haven social marketing activities.
8. A brief statement must be included which explains why your proposal would be the most effective and beneficial to the City of Pembroke Pines.
9. Provide a timeline for the implementation of the project requirements.

Tab 4 – Other Completed Documents:

1. Attachment A: Contact Information Form
2. Attachment B: Vendor Information Form and a W-9
 - a. In addition to the Vendor Information Form, please ensure that you provide the completed W-9 (Rev. October 2018).
3. Attachment C: Non-Collusive Affidavit
4. Attachment D: Sworn Statement on Public Entity Crimes Form
5. Attachment E: Local Vendor Preference Certification
 - a. If claiming Local Pembroke Pines Vendor Preference, business must attach a current business tax receipt from the City of Pembroke Pines
 - b. If claiming Local Broward County Vendor Preference, business must attach a current business tax receipt from Broward County or the city within Broward County where the business resides.
 - c. The Local Vendor Preference Certification form must be completed by/for the proposer; the proposer **WILL NOT** qualify for Local Vendor Preference based on their sub-contractors' qualifications.
6. Attachment F: Veteran Owned Small Business Preference Certification
 - a. If claiming Veteran Owned Small Business Preference Certification, business must attach the "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).
 - b. The Veteran Owned Small Business Preference Certification form must be completed by/for the proposer; the proposer **WILL NOT** qualify for Veteran Owned Small Business Preference based on their sub-contractors' qualifications.
7. Attachment G: Equal Benefits Certification Form
8. Attachment H: Vendor Drug-Free Workplace Certification Form
9. Attachment I: Vendor Certification Regarding Scrutinized Companies List



Tab 5 - Business Structure, Licenses and Professional Registration Certificates:

1. Provide a copy of your organization's not for profit status.
2. Business tax receipts.

Note – If claiming Local Vendor Preference, the business must attach a current business tax receipt from Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Tab 6 - Additional Information:

Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.

1.5 EVALUATION OF PROPOSALS & PROCESS OF SELECTION

Evaluation of the RLI's, based on the experience, ability, scope and approach of the firm, will be performed by City Administration. These proposers may be invited to an oral interview before Administration to assure full understanding of the solicitation requirements. Administration will then determine which proposer(s) are the most responsive/responsible and will recommended the firm(s) to the City Commission for approval to enter into a mutually beneficial arrangement.

1.6 TENTATIVE SCHEDULE OF EVENTS

Event	Time &/or Date
Issuance of Solicitation (Posting Date)	February 12, 2019
Question Due Date	February 25, 2019
Anticipated Date of Issuance for the Addenda with Questions and Answers	February 27, 2019
Proposals will be accepted until	2:00 p.m. on March 5, 2019
Proposals will be opened at	2:30 p.m. on March 5, 2019
Evaluation of Proposals	TBD
Recommendation of Contractor to City Commission award	TBD

1.7 SUBMISSION REQUIREMENTS

Proposals **must be submitted electronically** at www.bidsync.com on or before **2:00 p.m. on March 5, 2019**.

Please note vendors should be registered on BidSync under the name of the organization that they are operating as and it should match the organization name on the documents that they are submitting and utilizing when responding to the solicitation.

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City of Pembroke Pines

The vendor must provide their pricing through the designated lines items listed on the BidSync website. In addition, the vendor must complete any webforms on the BidSync website and provide any additional information requested throughout this solicitation. Any additional information requested in the solicitation should be scanned and uploaded. **Unless otherwise specified, the City requests for vendors to upload their documents as one (1) PDF document in the order that is outline in the bid package.**

The City recommends for proposers to submit their proposals as soon as they are ready to do so. Please allow ample time to submit your proposals on the BidSync website. Proposals may be modified or withdrawn prior to the deadline for submitting Proposals. BidSync Support is happy to help you with submitting your proposal and to ensure that you are submitting your proposals correctly, but we ask that you contact their support line at 1-800-990-9339 with ample time before the bid closing date and time.

PLEASE DO NOT SUBMIT ANY PROPOSALS VIA MAIL, E-MAIL OR FAX.



CONTACT INFORMATION FORM

IN ACCORDANCE WITH “AD-19-02” titled “**Infant Safe Haven Training and Outreach**” attached hereto as a part hereof, the undersigned submits the following:

A) Contact Information

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through www.bidsync.com as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

COMPANY INFORMATION:

COMPANY: _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PRIMARY CONTACT FOR THE PROJECT:

NAME: _____ TITLE: _____

E-MAIL: _____

TELEPHONE: _____ FAX: _____

AUTHORIZED APPROVER:

NAME: _____ TITLE: _____

E-MAIL: _____

TELEPHONE: _____ FAX: _____

SIGNATURE: _____

B) Proposal Checklist

Did you make sure to submit the following items, as stated in section 1.4 “Proposal Requirements” of the bid package?

Title Page	Yes_____
Tab 1 – Summary of Organization	Yes_____

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City of Pembroke Pines

Attachment A

Tab 2 - Experience and Ability	Yes_____
Tab 3 – Organization’s Understanding and Approach to the Work	Yes_____
Tab 4 – Other Completed Documents	Yes_____
1. Attachment A -Contact Information Form	Yes_____
2. Attachment B - Vendor Information Form	Yes_____
W-9 (Rev. October 2018)	Yes_____
3. Attachment C - Non-Collusive Affidavit	Yes_____
4. Attachment D - Sworn Statement on Public Entity Crimes Form	Yes_____
5. Attachment E - Local Vendor Preference Certification	Yes_____
6. Attachment F - Veteran Owned Small Business Preference Certification	Yes_____
7. Attachment G - Equal Benefits Certification Form	Yes_____
8. Attachment H - Vendor Drug-Free Workplace Certification Form	Yes_____
9. Attachment I - Vendor Certification Regarding Scrutinized Companies List	Yes_____
Tab 5 – Business Structure, Licenses and Professional Registration Certificates	Yes_____
1. Copy of organization’s not for profit status.	Yes_____
2. Business tax receipts. Note – If claiming Local Vendor Preference, the business must attach a current business tax receipt from Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.	Yes_____