



<a href="#"><u>Amendment 4, to RFP 14-12008-SR</u></a>
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Date: October 7, 2014

To: All Prospective Proposers

From: Sandra M. Rico, Procurement Contracting Officer

Subject: Amendment 4 to RFP 14-12008-SR

Reference: Program Management Owner's Representative Services for JHS Capital Plan

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Jackson Health Systems-Public Health Trust (JHS-PHT or Trust) does hereby amend the subject Request for Proposals (RFP) by the following actions.

**A. CLARIFICATIONS TO THE RFP:**

**CLARIFICATION 1:** This RFP is subject to Section 2-8.5 of the Code of Miami-Dade County, entitled "Procedure to Provide Preference to Local Business in County Contracts," as such section is amended from time to time.

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**B. ATTACHMENTS TO THE RFP:**

**ATTACHMENT 1:** Revised Form A-5 – Local Business Preference.

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**C. REVISIONS TO THE RFP:**

**REVISION 1:** Section 1.15 – Local Preference / Local Certified Service-Disabled Veterans Preference, as previously amended in Amendment 2 to this RFP, is hereby deleted and replaced with the following:

**1.15 LOCAL PREFERENCE / LOCAL CERTIFIED SERVICE-DISABLED VETERANS PREFERENCE**

Except where federal or state law, or any other funding source, mandates to the contrary, the Trust shall provide for preference to local businesses as set forth in Section 2-8.5 of the Miami-Dade County Code, as amended from time to time.

At this time, there is an inter-local agreement in effect between Miami-Dade and Broward Counties that provides for a Proposer who is a local business for Broward to be considered a local business pursuant to this Section.

The Proposer shall complete, sign and submit the attached **Form A-5** "Local Business Preference" with the Proposal in order to be considered for Local Preference.

In accordance with Section 2-8.5.1 of the Code of Miami-Dade County, this solicitation includes a preference for Miami-Dade County Local Certified Service-Disabled Veteran Business Enterprises (VBE). A VBE shall receive a local VBE preference equal to five percent (5%) of the

highest ranked score on the technical portion of the evaluation. At the time of proposal submission, Proposer must affirm in writing its compliance with the certification requirements of Section 295.187 of the Florida Statutes and submit this affirmation and a copy of the actual certification along with the proposal submission.

**REVISION 2:** Section 5.2 – Evaluation Criteria, is hereby amended as follows:

The following criteria will be evaluated when ranking the Proposals:

Criteria for Evaluation	Available Points
Proposer Qualifications including Corporate Past Performance & Key Personnel <b>(See description in Section 2.4)</b>	45
Technical Qualifications <b>(See description in Section 2.3)</b>	40
Price Considerations <b>(See description in Section 3.0)</b>	0
Partnership Strength <b>(See description in Section 5.3)</b>	5
Certified SBE Subcontractor Goal <b>(See description in Section 5.13)</b>	10
<b>Total Weighted Points</b>	<b>100*</b>

\*For qualifying Proposers, see ~~possible additional points~~, Section 1.15, Local Preference / **Local Certified Service-Disabled Veterans Preference.**

### END OF AMENDMENT 4 TO RFP 14-12008-SR

**Acknowledgement:**

Amendment 4 Acknowledgment and Acceptance	Date
Signature of Authorized Representative:	
Typed/Printed Name:	
Title:	

**Proposers must submit Acknowledgements to all amendments with their proposals.**

# **ATTACHMENT 1**

### Form A-5

#### LOCAL BUSINESS PREFERENCE

Check  the appropriate line below and provide the information within the parenthesis.  
 This form is not applicable, I am not claiming Local Preference status (signature and date required, notary not required)  
 This form is applicable, I am claiming Local Preference status (fill out entire form and attach required documents)

The evaluation of competitive solicitations is subject to Miami-Dade County Code § 2-8.5, which, except where contrary to federal or state law, or any other funding source requirements, provides that preference be given to local businesses. A local business, for the purposes of receiving the aforementioned preference above, shall be defined as a Proposer which meets all of the following, as applicable:

1. Proposer has a valid Business Tax Receipt issued by Miami-Dade County at least one year prior to Proposal submission that is appropriate for the goods, services or construction to be purchased.

**Proposer shall attach a copy of said Business Tax Receipt(s) hereto. Firms who provide goods and services which are exempt from Miami-Dade Business Tax Receipt requirements shall be required to submit documentation, to the Trust's satisfaction, fully demonstrating requirement number 2 below at least one year prior to Proposal submission. (Note: Current and past year receipts may need to be submitted as proof that Proposer has had the license at least one year prior to the Proposal due date.)**

2. Proposer has a physical business address located within the limits of Miami-Dade County from which the Proposer operates or performs business. (Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address.)

**Proposer shall state its Miami-Dade County (or Broward County if applicable, see note below) physical business address here:**

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3. Proposer contributes to the economic development and well-being of Miami-Dade County in a verifiable and measurable way. This may include but not be limited to the retention and expansion of employment opportunities and the support and increase in the County's tax base. To satisfy this requirement, the Proposer shall affirm in writing its compliance with any of the following objective criteria as of the Proposal submission date:

Check box, if applicable:

- a) Proposer shall submit verifiable and measurable evidence of the retention and expansion of employment opportunities within Miami-Dade County (or Broward County if applicable; see note below).
- b) Proposer contributes to the County's tax base by paying either real property taxes or tangible personal property taxes to Miami-Dade County (or Broward County if applicable; see note below).
- c) Proposer contributes to the economic development and well-being of Miami-Dade County (or Broward County if applicable; see note below) by some other verifiable and measurable contribution by \_\_\_\_\_

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**Proposer shall check the box if applicable and, if checking item "c", shall provide a written statement, above, defining how Proposer meets those criteria.**

By signing below, Proposer affirms that it meets the above criteria to qualify for Local Preference and has submitted the requested documents.

**Note:** At this time, there is an interlocal agreement in effect between Miami-Dade and Broward Counties. Therefore, a Proposer which meets the requirements of (1) and (2) above for Broward County shall be considered a local business for the purposes outlined herein.

Name of Firm: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief all the foregoing facts are true and correct.

Signature of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO (or affirmed) before me on \_\_\_\_\_,  
(Date)

by \_\_\_\_\_ He/She is personally known to me or has  
(Affiant)

presented \_\_\_\_\_ as identification.  
(Type of Identification)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Serial Number)

\_\_\_\_\_  
(Print or Stamp Name of Notary)

\_\_\_\_\_  
(Expiration Date)

Notary Public \_\_\_\_\_  
(State)

Notary Seal