

Request for Proposal



Mail and Pharmaceutical Courier Services for MHMRA of Harris County

**May 2010
Project# 10/0026**

**MHMRA of Harris County
Purchasing Department
7011 Southwest Freeway
Houston, Texas 77074**

INVITATION

Mental Health Mental Retardation Authority of Harris County (MHMRA) is accepting Proposals from vendors experienced in providing Mail and Pharmaceutical Courier Services for MHMRA in the Houston Area.

Mental Health Mental Retardation Authority of Harris County invites your firm to submit a Proposal. If you are interested in submitting a proposal, please adhere to the *General Instructions and Requirements* as outlined in the enclosed Request for Proposal.

Vendors shall pay particular attention to all *INSTRUCTIONS, REQUIREMENTS and DEADLINES* indicated in the attached documents and should govern themselves accordingly.

In accepting Proposals, MHMRA reserves the right to reject any and all Proposals, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action, which it deems to be in the best interest of MHMRA, and is not obligated to accept the lowest proposal.

At the time and place established for receipt of the Proposal, MHMRA of Harris County will only release the names of the Vendor and/or Contractor. No other information will be released until after MHMRA's Evaluation Team has evaluated the Proposals, and an award has been made and approved by Executive staff and MHMRA's Board of Trustees.

We greatly appreciate your efforts and look forward to reviewing your submission.

Nina cook

Nina M. Cook, MBA, CPPB
Purchasing Manager
MHMRA, Harris County

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SECTION I – OVERVIEW

BACKGROUND AND OBJECTIVES

The Mental Health Mental Retardation Authority of Harris County (MHMRA) is a Community Center in Houston, Harris County, Texas providing Behavioral Health Services to approximately (25) twenty-five to (30) thirty thousand Harris County residents each year.

MHMRA is the largest community based provider of clinical services to mental health and mental retardation consumers in the United States. It maintains operations at over 25 facilities throughout all parts of Harris County and operates on an annual budget in excess of \$177 million. The Agency has fixed pricing budgets and all pricing quoted should remain fixed for the duration of the contract. Our goal is to employ best practices and cost effectiveness.

MHMRA of Harris County requests proposals for **Mail and Pharmaceutical Courier Service** between our Corporate Headquarters at 7011 Southwest Freeway and outlying locations. The supplier will provide mail and small package pick-up and delivery between various agency locations daily Monday through Friday between the hours of 8:30 a.m.- 4:30 p.m. The supplier will provide total cost solution that drives best value, price *and* operation efficiency.

The contract period is anticipated to begin on September 1, 2010 for a one (1) year base period with four (4) one-year renewal options at the discretion of MHMRA, provided the contractor has satisfactory performance and service.

SECTION II - PROPOSAL (RFP) TIME LINE OF EVENTS

Deadline for Questions:	Tuesday, June 01, 2010 by 4:30 p.m.
Deadline for Final Response to Questions:	Wednesday, June 09, 2010 by 4:30 p.m.
Sealed Proposal Due:	Wednesday, June 16, 2010 by 10:00 a.m.
Proposal Opening: (Vendor Names on the Proposal Reply forms will be disclosed)	Wednesday, June 16, 2010. A public Proposal opening will be held at 10:15 a.m., 7011 Southwest Freeway, Houston, Texas 77074
Anticipated Award Date:	Contingent upon Board Approval

SECTION III - GENERAL INSTRUCTIONS

A. Questions

Deadline for questions from Providers: Tuesday, June 1, 2010 by 4:30 p.m.

Deadline for Response to Questions: Wednesday, June 9, 2010 by 4:30 p.m.

All questions concerning the PROPOSAL specifications must be submitted in writing and faxed to the following team members or emailed to Joycie Sheba, Buyer II:

Joycie Sheba, Buyer II
Ofc: (713) 970 – 7116
Fax: (713) 970 – 7682
Email: joycie.sheba@mhmraharris.org

CC:

Sharon Brauner, Buyer III
Ofc: (713) 970 – 7279
Fax: (713) 970 – 7682
Email: nina.cook@mhmraharris.org

B. Submittal Procedure

The Proposal, subject to all conditions and specifications attached hereto, must be signed in INK by the Independent Provider or a person or officer of the Provider Firm submitting the Proposal that is authorized to enter into contractual agreements on behalf of the Provider. ***Proposals received unsigned will not be accepted.***

Deadline to submit “**Final Proposal**” is **Wednesday, June 16, 2010 @ 10:00 a.m.** The original Proposal, signed in ink, plus five (5) additional photocopies and an electronic copy (CD-ROM) should be submitted in a **SEALED ENVELOPE** and delivered to the attention of:

MHMRA of Harris County
Purchasing Department
Attn: Joycie Sheba, Buyer II
7011 Southwest Freeway, Houston, Texas 77074

“MAIL AND PHARMACEUTICAL COURIER SERVICES FOR MHMRA”
DO NOT OPEN UNTIL WEDNESDAY, JUNE 16, 2010 @ 10:00 A.M.

No Proposal will be accepted after the stated deadline.

Respondents may mail or personally deliver their Proposals to the Purchasing Office of MHMRA at the above address. MHMRA will not be responsible for any Proposal(s) that is (are) lost in the mail or not delivered to the Purchasing Department by the stated deadline for any reason.

Proposals shall include all documentation as requested in the Request for Proposal.

C. Proposal Opening

A **Public Proposal Opening** will be held immediately following receipt of Proposals on **Wednesday, June 16, 2010**, at 7011 Southwest Freeway, Houston, Texas 77074.

D. Non-Discrimination Policy Statement

The Mental Health Mental Retardation Authority of Harris County does not discriminate against any individual or vendor with respect to his/her compensation, terms, conditions, or award of contract because of race, color, religion, sex, national origin, age, disability, political affiliation, or limit, segregate, or classify candidates for award of contract in any way which would deprive or tend to deprive any individual or company of business opportunities or otherwise adversely affect status as a vendor because of race, color, religion, sex, national origin, age, disability, or political affiliation

E. Immigration Reform and Control Act

The successful vendor shall provide appropriate identification and employment eligibility documents and complete a W-9 form to meet requirements of the Immigration Reform and Control Act of 1986.

F. Reference and Experience

All interested parties are required to submit with their Proposal a minimum of three (3) local references where interested party has provided services that pertain to the size and scope of this project (within the last two years). References shall include **company name, address, telephone, fax number, email address and contact person.** The interested parties must agree to authorize clients to furnish any information required by MHMRA to verify references provided, and for determining the quality and timeliness of previous work performed.

Vendor shall submit with their Proposal, documentation of past performance in projects of similar magnitude and resulting customer satisfaction particularly in the areas of professionalism, contract performance, quality of the personnel, responsiveness and flexibility, etc.

G. Proposal Guarantee/Award Procedure

It is anticipated that a recommendation for award for this Proposal will be made no more than thirty (30) days after the **PROPOSAL DUE DATE**. All interested parties are required to guarantee their Proposals as an irrevocable offer valid for one hundred and twenty (120) days after the Proposal due date.

Mental Health Mental Retardation Authority of Harris County in its sole and absolute discretion shall have the right to award Proposal(s) for any or all items/services listed in each Proposal, shall have the right to reject any and all Proposal(s) as it deems to be in its best interest, to waive formalities and reasonable irregularities in submitted documents, shall not be bound to accept the lowest Proposal and shall be allowed to accept partial or total Proposal(s) of any one vendor.

H. Permits

Any and all permits as required by authorities having jurisdiction; local, state, county, and/or federal, are the total responsibility of the interested parties/vendor and must be obtained prior to commencement of any work or service. Any and all expense/cost related to obtaining required permits is the sole responsibility of the vendor.

I. Financial Information

Vendor must submit a copy of their last AUDITED financial statement. A letter from your CPA is an acceptable alternative for Non Public companies, but must include a statement that financial solvency is adequate to meet expenditures for at least one year.

J. Payments

Vendor is to submit properly completed invoice(s) to the address specified on the purchase order. To insure prompt payment each invoice should indicate purchase order number, description of purchased item or service, unit and total price, discount terms and include vendor's name and return remittance address.

K. Price Adjustments

Vendor will be required to honor their Proposal prices for the term of the contract period.

L. Historically Under-Utilized Business (HUB)

This Agency shall make a good faith effort to utilize Historically Underutilized Businesses (HUB'S) in contracts for constructions, services, (including professional and consulting services), and commodities. Please submit proof of Historically Underutilized Business "HUB" state certificate.

If your firm is not certified, please submit *Attachment B*, if you intend to subcontract services. If not, write "none" on *Attachment B*, and submit it.

M. Minority / Women and / or Disadvantaged Business

This Agency shall make a good faith effort to utilize Minority/Women and/or Disadvantaged Businesses (M/W/DBE'S) in contracts for constructions, services, (including professional and consulting services), and commodities. Please submit proof of City of Houston M/W/DBE certificate.

N. Direct or Indirect Assignment

The successful Vendor will not be permitted to directly or indirectly assign its rights and duties under the contract without express approval by MHMRA.

O. Form W-9

Offerors are to complete Form W-9 and Submit with their Proposal documents. <http://www.irs.gov/pub/irs-pdf/fw9.pdf> (Attachment E)

SECTION IV - PROPOSAL STIPULATIONS AND REQUIREMENTS

A. Modification or Withdrawal of Proposals

Any Proposal may be modified or withdrawn prior to the deadline, provided such modification or withdrawal is submitted prior to the deadline. Any modification received after the deadline shall be deemed late and will not be considered.

B. Offer and Acceptance Period

All Proposals must be an irrevocable offer valid for ninety (90) days after the Proposal opening.

C. Late Proposals

Proposal received after the stated deadline shall be deemed late and will not be considered.

D. Irregularities in Proposals

Except as otherwise stated in this Request for Proposal, evaluation of all Proposals will be based solely upon information contained in the vendor's response to this Proposal. MHMRA shall not be held responsible for errors, omissions or oversights in any vendor's response to this Proposal. MHMRA may waive technical irregularities, which do not alter the price or quality of the services.

MHMRA shall have the right to reject Proposals containing a statement, representation, warranty or certification which is determined by MHMRA and its counsel to be materially false, incorrect, misleading or incomplete. Additionally, any errors, omissions, or oversights of a material nature may constitute grounds for rejection of any Proposal.

The inability of a vendor to provide one or more of the required components or specified features or capabilities required by this Proposal does not, in and of itself, preclude acceptance by MHMRA of the Proposal. All Proposals will be evaluated as a whole in the best interest of MHMRA.

E. Oral Presentations

Any vendor that submits a Proposal in response to this request may be required to make an oral presentation for further clarification upon MHMRA's request.

F. Amendments to the Proposal

If it becomes necessary to revise any part of this Proposal package or if additional information is necessary to clarify any provision, the revision and/or additional information will be provided to each vendor via faxed amendment or e-mail.

G. Availability of the Proposal

After opening, each Proposal, except those portions for which a vendor has included a written request for confidentially (e.g., proprietary information), shall be open to public inspection.

H. Retention of Proposals

All Proposals considered by MHMRA shall become the property of MHMRA and shall not be returned.

I. Notice “Not to Participate” Form

Vendors must respond to the Proposal request whether they can or cannot provide the products, supplies and/or services listed in the Proposal request. (*See Attachment D – Notice “Not to Participate” Form*)

J. Incurred Expenses

MHMRA shall not be responsible for expenses incurred by a vendor in the preparation and submission of a Proposal. This provision also includes any costs involved in providing an oral presentation of the Proposal.

L. Locations

MHMRA has various locations throughout Harris County. The successful vendor should not have geographical limitations.

M. Deviation Form

Each response to this Solicitation shall contain a Deviation Form, which states the prospective contractor’s commitment to the provisions of this Solicitation and Sample Contract. An individual authorized to execute contracts must sign the Deviation Form. Any exceptions taken to the terms and conditions identified in this Solicitation Package including the Sample Contract must be expressly stated in the Deviation Form. (*See Attachment C*)

N. Subcontractors

All provisions and/or stipulations within this Proposal also apply to any authorized subcontractors.

O. Term of Contract

The intent of the RFP is to award this contract to the qualified vendor who can provide and meet all specified requirements of this request for proposal. The contract shall commence with a tentative award date for a one (1) year base period with four (4) years one-year renewal options at the sole discretion of MHMRA based upon satisfactory performance, which will be reviewed on an annual basis.

Each Proposer shall provide responses to “Proposal Reply” page with their cost details.

P. Pricing

Each vendor shall provide responses to “Proposal Reply” page with total pricing.

Q. Licensure

The vendor shall submit, with their Proposal, a copy of any other license(s), certification(s), registration(s), permit(s), etc. as required by authorities having jurisdiction; local, state, county, and/or federal.

R. Conflict of Interest Provision

The Health and Human Services Commission organizational conflict of interest provision is applicable, in that contractors who develop of draft specifications, requirements, statements of work and/or RFP for a proposed procurement shall be excluded from Proposal or submitting a proposal to compete for the award of such procurement. (HHSC Uniform Contract Terms & Conditions Version 1.3).

S. Bonding

Vendor must submit, with their Proposal, the ability to obtain a Surety Bond as required by State of Texas that covers the transportation of Pharmaceutical drugs in a locked unmarked container from the various sites/facilities. It is recommended that the bond requirement is equal to the value of the medications carried at any one time. The estimated daily delivery of Pharmaceuticals is \$20,000.

T. Contractor Requirements and Responsibilities

The Contractor agrees to perform all work and to take any required actions, including the furnishing of all supervision, labor, insurance, services, and transportation required for the accomplishment of Mail and Pharmaceutical Courier Services as described in these specifications. Services are to be rendered in a workmanlike manner, and in accordance with the provisions of this contract.

SECTION V - INSURANCE REQUIREMENTS

A. Policies, Coverages, and Endorsements.

Contractor agrees to maintain the following insurance policies, with the specified coverages and limits, to protect and insure the Agency and Contractor against any claim for damages arising in connection with Contractor's responsibilities or the responsibilities of Contractor's personnel under this agreement **and all extensions and amendments thereto.**

- | | | |
|-----|--|---|
| 1- | Commercial General Liability | |
| | Each Occurrence | \$1,000,000 |
| | General Aggregate | \$2,000,000 for bodily injury and property damage combined. |
| 2 - | Workers' Compensation & Employers' Liability if applicable | |
| | Medical & Indemnity | Statutory Requirements |
| | Bodily Injury by Accident | \$500,000 Each Accident |
| | Bodily Injury by Disease | \$500,000 Each Employee |
| | Bodily Injury by Disease | \$500,000 Policy Limit |
| 3 - | Automobile Insurance | \$500,000 Combined Single Limit Bodily Injury & Property Damage |

A CURRENT "CERTIFICATE OF INSURANCE" **MUST ACCOMPANY ALL PROPOSALS**

B. Insured Parties

All policies shall contain a provision naming the Agency (and its officers, agents and employees) as Additional Insured parties on the original policy and all renewals or replacements during the term of this agreement.

C. Subrogation

All policies must contain a Waiver of Subrogation endorsement to the effect that the issuer waives any claim or right in the nature of subrogation to recover against the Agency, its officers, agents or employees.

D. Proof of Insurance

The policies, coverage's and endorsements required by this provision shall be shown on a Certificate of Insurance on which the Agency must be listed as the Certificate Holder and which should be furnished to the Agency prior to the commencement of this agreement. All such insurance shall be secured and maintained with an insurance company, or companies, licensed to do business in the State of Texas. The Agency may withhold payments under the terms of this agreement until the firm furnishes the Agency copies of all Certificates of Insurance from the insurance carriers, showing that such insurance is in full force and effect.

E. Cancellation

New Certificates of Insurance shall be furnished to the Agency at the renewal date of all policies named on these Certificates. Firm shall give the Agency thirty (30) days prior written notice of any proposed cancellation of any of the above described insurance policies.

F. Bonding

Vendor must submit, with their Proposal, the ability to obtain a Surety Bond as required by State of Texas.

G. Indemnification

To the extent permitted under the Constitution and the laws of the State of Texas, Contractor hereby agrees to indemnify and hold harmless the Agency and all of its directors, officers, employees, and agents from all suits, actions, claims or cost of any character, type, or description brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by any acts or negligence of Contractor or Contractor's personnel, if any, or its agents or employees whether occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this agreement.

SECTION VI - PROPOSAL EVALUATION CRITERIA

Not all evaluation factors are equal in importance and each factor is weighted in accordance with its importance to MHMRA. Each item has been assessed a percentage upon which the final score will be determined. A total of 100 percentage points for the following items will be considered a perfect score.

After following will be significant factors evaluating, but the evaluation will not be limited to these items when making a final recommendation.

A.	Overall Program Concept 25% (For Mail and/or Pharmaceuticals)	Indication that the vendor has a well-defined concept and program structure for providing mail courier services to MHMRA. Ability to obtain a Surety Bond as required by State of Texas that covers the transportation of Pharmaceutical drugs.
B.	Personnel 15%	Experience, skill sets and quality of the personnel proposed for this proposal. Additionally, the adequacy of the staff in size and availability to services as needed.
C.	Financial Condition 10%	Indication that the firm, or firms, is financially stable and able to meet the obligations if entered into an agreement.
D.	References 15%	The quality of the responses from references particularly those in the Houston area. Issues that will be addressed include contract performance, quality of the personnel, responsiveness, etc.
E.	Past Performance 15%	Documentation of past performance in projects of this magnitude and resulting customer satisfaction.
F.	Cost 20%	Since final cost will eventually be negotiated with the successful Vendor, this factor will only become a determining factor when all other conditions are equal

Your Proposal shall include responses to the following questions and or statement.

A. Overall Program Concept

- Provide your detailed plan to handle delivery services between 7011 Southwest Freeway and Route Locations A & B (EXHIBIT I) and vice versa.
- What type of courier services are your currently providing?
- How long have you been providing these services?
- What are your hours of availability?
- Does your company have a parent or partner company? If so, who is it? How long has this relationship existed?
- The Estimated daily delivery of Pharmaceutical drugs is \$20,000. Is your company certified/bonded or able to get certified/bonded to transport pharmaceutical drugs/prescriptions? Do you have experience providing this kind of transportation? Explain.
- Do you comply with all government driving regulations? Explain...
- How many insurance covered delivery vehicles do you currently have?
- Are your couriers aware of HIPPA regulations on confidentiality? Explain.

B. Personnel

- What type of qualifications do your couriers have?
- How many couriers do you currently have on staff? Explain.
- Explain your process and or requirements for employee training.
- Do all your couriers have up-to-date driver licenses?
- What type of pre-employment screening do you provide for each courier? Explain.

C. Financial Condition

- Have you provided proof of your financial condition?
- Have you provided your last audited financial statement?

D. References

- Have you provided at least three (3) references from current local customers complete with contact name, phone number, fax number, physical address and email address?

E. Past Performance

- Please provide any documentation you may have of projects of this magnitude and resulting customer satisfaction.

F. Cost

- Have you provided your most aggressive pricing?

SECTION VII – SPECIALIZED SERVICES TO BE PERFORMED

SCOPE OF SERVICES

The Mental Health Mental Retardation Authority of Harris County (MHMRA) is seeking Mail and Pharmaceutical Courier services between 7011 Southwest Freeway and outlying locations.

- Qualified vendor will provide Mail and Pharmaceutical Courier services from 7011 Southwest Freeway and outlying locations (See Exhibit I).
- All pickup and delivery **MUST** be performed in the order listed in Exhibit I (Page 16-19).
- Packages and letters pickup and delivery vary by location, the flexibility of vendors is requested in order to meet agency needs.
- Vendor must transport all mail and packages in insured and covered vehicles.
- Mail and Pharmaceutical delivery start and end at 7011 Southwest Freeway.
- Vendors must ensure that their courier staffs are HIPPA and PHI compliant.

SPECIFICATIONS

MHMRA of Harris County requests a fixed-price quotation for Mail Courier Service between our Corporate Headquarters at 7011 Southwest Freeway and outlying locations (**EXHIBIT I**). The supplier will provide mail, pharmaceutical drugs, and small package pick-up and delivery between various agency locations daily Monday through Friday between the hours of 8:30 a.m.-4:30 p.m.

All Mail and Pharmaceutical packages are sorted and bundled by location and marked accordingly. Pharmaceutical packages are in locked containers before given to the driver.

There is an average of 1-2 buckets or boxes of mail, and 3+ parcels transported between Route A and B; this varies by size, location and event.

Parking varies by each facility, each driver would have to use their own judgment, however designated building contacts will be provided, and their signatures are required everyday with deliveries.

SECTION VIII - PROPOSAL REPLY CONTENTS

Title Page:

- Name of vendor, local address, telephone number, fax number, e-mail address and contact name.

Table of Contents:

All Proposals must include the following information:

- Clear identification of information by section and page.
- List of at least three (3) references, including contact person, telephone number, fax number and email address.
- Identification of all services provided.
- Proposed Pricing for one (1) year initial period of performance with four (4) one-year renewal options at the sole discretion of MHMRA based upon satisfactory performance, which will be reviewed on an annual basis.

Proposal:

- Vendor must provide a brief history of company, including but not limited to ownership, date started business, mission statement, etc.
- Vendor must supply a price schedule by services.
- Must bear the **original signature** of a principal or authorized officer of the interested party.
- Must be typed.
- Interested parties are encouraged to submit along with their Proposal any additional descriptive information about their services.
- All Proposals must be submitted with one original and four (4) additional photocopies and an electronic copy (CD-ROM or Floppy), mailed or delivered in a sealed envelope to MHMRA of Harris County.

Additional documents to be submitted:

- Proposal Signature Page. Must bear the **original signature in INK** of the person or officer of the vendor submitting the Proposal that is authorized to enter into contractual agreements on behalf of the vendor. *Proposals received unsigned will not be accepted.*
- Proposal Reply Pages
- Deviation Form (Attachment C)
- Notice "Not to Participate" Form (Attachment D)
- Acknowledgement of Mail Route A & B (EXHIBIT I)
- Completed Form W-9 (Attachment E)
- Submit proof of Historically Underutilized Business "HUB" State Certificate and/or City of Houston M/W/DBE Certificate. (Attachment B)
- Reference list
- Documentation of experience addressing professionalism, contract performance, quality of personnel, responsiveness and flexibility, etc. to achieve overall customer satisfaction.
- Proof of Insurance
- Policy & Procedure for criminal background checks of personnel or subcontractor that would gain entrance to MHMRA properties and/or written consent to authorize MHMRA to conduct criminal background checks as applicable.

****PLEASE INCLUDE ANY ADDITIONAL DESCRIPTIVE LITERATURE WHICH MIGHT BE OF ASSISTANCE IN THE DECISION-MAKING PROCESS. ****

SECTION IX - PROPOSAL REPLY PAGE

MHMRA OF HARRIS COUNTY
Mail and Pharmaceutical Courier Services for MHMRA

Proposal Opening: 10:15 a.m., Wednesday, June 16, 2010

Submitted by: _____

Scope of Services:

The successful vendor will provide a total cost solution for delivery of Mail and Pharmaceuticals from 7011 Southwest Freeway and outlying locations that drives best value, price and operation efficiency. The contract period is anticipated to begin on September 1, 2010 for a one – (1) year initial period of performance with four (4) one –year renewal options at the sole discretion of MHMRA based upon satisfactory performance and service, which will be reviewed, on an annual basis.

The following is required in your response to this RFP:

For Contract Period:

COURIER SERVICES BREAKDOWN	Initial Period – 8/31/2011	9/1/2011- 8/31/2012	9/1/2012- 8/31/2013	9/1/2013- 8/31/2014	9/1/2014- 8/31/2015
Annual Cost for Mail ONLY	\$	\$	\$	\$	\$
Annual Cost for Pharmaceuticals ONLY	\$	\$	\$	\$	\$
Total Annual Cost of Both Mail and Pharmaceutical Courier Services					

1. Provide copy of Policy coverage for commercial general liability, workers' compensation and automobile liability.
2. MHMRA shall be allowed to accept partial or total proposals for this service.

***** If your pricing is government pricing please provide copy of your agreement with specific state, federal or local organization. (Ex: GSA, DIR etc.) *****

SECTION X - MAIL ROUTES A & B (EXHIBIT I)

All pick-up and deliveries must be performed in the following order:

ROUTE A

LOC NO.	UNIT ADDRESS	KEY MAP#	#ITEMS DELIVERED	SIGNATURE	#ITEMS RECEIVED	SIGNATURE	PHARMACY & BOXES	SIGNATURE	Medical Records	Signature
	PICK UP ALL MAIL AND PHARMACEUTICALS FROM 7011 SW FREEWAY									
1	3737 Dacoma	452S								
1A	ABA SKLP									
1B	Northwest CSC (Meds Drop Off)									
1C	Act Team (Pick up consta)									
2	7200 N. Loop East									
A	New start (Drop Off Consta & Meds)									
B	MCOT (SECOND FLOOR)									
C	CTI INDIVIDUALS									
3	2310 ATACOSITA ROAD (Meds Drop off)									
4	4414 Navigation (Consta & Meds Dropoff)	494P								
4A	Ripley CSC									
5	1502 Taub Loop	533E								
	NPC									
	Pharmacy									
6	5901 LONGDRIVE (Consta and Meds Drop off)	534K								
A	Southeast CSC									
B	Southeast FRC									
C	Employment Connection South									
7	3540 W. Dallas									
	Children Forensic									

8	3630 W. Dallas	492M								
8A	Consumer Benefits office									
8B	New Day Treatment									
8C	Eligibility Center									
8D	CAS UNITS									
9	6032 Airline	453B								
	Early Childhood Intervention									
10	6805 Oak Village Drive	375T								
	N. & NW Houston Employment Connection									
DATE:										
DRIVER:										
STARTING MILEAGE:										
ENDING MILEAGE:										
TOTAL MILEAGE										
TOTAL NUMBER OF ITEMS DELIVERED:										
TOTAL NUMBER OF ITEMS RECEIVED:										
ARRIVAL TIME:										

ROUTE B

LOC NO	UNIT ADDRESS	KEY MAP #	# ITEMS DELIVERED	SIGNATURE	# ITEMS RECEIVED	SIGNATURE	PHAR & BOXES	SIGNATURE	Medical Records	Signature
1	Managed Care	493 Q								
1	6200 Savoy Suite #345	531A								
A	MH IKE CCP									
2	2909 HILLCROFT	531A								
A	Katrina/Rita/KRCP (Suite #320)									
3	6125 HILLCROFT	531A								
A	Early Childhood Intervention									
4	6500 A Chimney Rock	531F								
A	BBRC									
5	6425 Chimney Rock (Room 23)	531F								
A	TRIAD									
6	2525 MURWORTH	532M								
A	Tcomi									
7	612 BRANARD STREET	493S								
A	Branard street Apts									
8	2627 caroline	493U								
A	MCOT									
B	Bristow Center									
C	CRISIS RESIDENTIAL UNIT (CRU)									
9	1215 Dennis	493U								
A	Safe Havens									

10	1200 Baker ST.	493M								
A	Adult Forensic									
11	<u>1105 E. Harris Pasadena Tx 77506(Annex behind Gardens Elementary)</u>									
A	<u>Co-Location Program</u>									
12	3600 South Gessner	530E								
A	HCS (suite #245)									
B	Coffe House (suite #110)									
C	MR Residential (suite #110)									
D	Adapt (suite #110)									
E	EC SW (suite #110)									
13	HCPC (2800 MacGregor)									

DATE: _____

DRIVER: _____

STARTING MILEAGE:	
ENDING MILEAGE:	
TOTAL MILEAGE:	
TOTAL NUMBER OF ITEMS DELIVERED:	
TOTAL NUMBER OF ITEMS RECEIVED:	
ARRIVAL TIME:	

SECTION XI - SIGNATURE PAGE

MAIL AND PHARMACEUTICAL COURIER SERVICES

MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY IN ITS SOLE AND ABSOLUTE DISCRETION SHALL HAVE THE RIGHT TO AWARD CONTRACTS FOR ANY OR ALL MATERIALS LISTED IN EACH PROPOSAL, SHALL HAVE THE RIGHT TO REJECT ANY AND ALL PROPOSALS, AND SHALL NOT BE BOUND TO ACCEPT THE LOWEST AND SHALL BE ALLOWED TO ACCEPT THE TOTAL PROPOSAL OF ANY ONE CONTRACTOR.

THIS SUBMISSION IS GUARANTEED AS AN IRREVOCABLE OFFER VALID FOR NINETY (90) DAYS AFTER THE PROPOSAL OPENING DATE.

Authorized Signature

Firm's Name

Typed or Printed Name

Number and Street

Title

City, State, Zip Code

() _____
Telephone Number

() _____
Fax Number

E-mail Address

***Proposal Will Not Be Accepted If This Page
Is Not Signed By An Authorized Representative.***

SECTION XII- ATTACHMENTS

A - SAMPLE CONTRACT

A sample contract is included for your review. (*See Attachment A – Sample Contract*) Any exceptions to terms and/or conditions must be identified in your Deviation Form. (*See Attachment B – Deviation Form*)

B - HUB Subcontracting Plan (Historically Underutilized Business)

C - DEVIATION FORM

D – NOTICE “NOT TO PARTICIPATE” FORM

E – Form W-9, Rev. November 2005, Request for Taxpayer Identification Number and Certification <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

ATTACHMENT A

Contract ID No. _____

STANDARD SUPPORT SERVICES CONTRACT

THIS AGREEMENT is made and entered into this _____, 2010 by and between the **MENTAL HEALTH AND MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY**, at **7011 Southwest Freeway, Houston, Texas 77074**, a community center and an agency of the State of Texas, under the provisions of Chapter 534 of the Texas Health & Safety Code Ann. (Vernon 1992), as amended, (the "Agency") and _____ ("**Contractor**") with offices at _____, **Houston, Texas** _____, for the purpose of providing specialized services currently not available to the Agency through its present staff of employees.

RECITALS

WHEREAS, Agency is the state designated mental health and mental retardation community center established to provide, arrange for, and coordinate mental health and mental retardation services for the residents of Harris County, Texas; and

WHEREAS, the Agency desires that Contractor provide **Courier Services** under the terms and conditions set forth in this Agreement;

WHEREAS, each of the parties is committed to the delivery of services in an effective, cost efficient, and quality manner; and

WHEREAS, this Agreement sets forth the terms and conditions evidencing the Agreement of the parties hereto;

NOW THEREFORE, in consideration of the mutual covenants, rights, and obligations set forth herein, the benefits to be derived there from, and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

I. PERSONNEL

The Agency staff member authorized to approve billing is **Nina Cook**. The Agency staff member responsible for overseeing this Agreement is **Nina Cook**.

II. INDEPENDENT CONTRACTOR RELATIONSHIP BETWEEN THE PARTIES

1. **Independent Contractor.** The relationship between the Agency and Contractor shall be that of an independent contractor. The parties agree that none of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship between the Agency and Contractor other than that of independent parties contracting with each other solely for the purpose of effectuating the provisions of this Agreement. It is expressly agreed that Contractor and Contractor's personnel, if any, shall not for any purpose be deemed to be an employee, agent, partner, joint venturer, ostensible or apparent agent, servant or borrowed servant of the Agency. Contractor agrees that he will not hold himself out as an agent of the Agency to any persons.

2. **Withholding of Sums.** Contractor understands and agrees that Agency:

(a) Will not withhold on behalf of Contractor pursuant to this Agreement any sums for income tax, unemployment insurance, social security, or any other withholding pursuant to any law or requirement of any governmental body relating to Contractor, or make available to Contractor any of the benefits afforded to employees of Agency;

(b) All of such payments, withholdings, and benefits, if any, are the sole responsibility of Contractor; and

(c) Contractor will indemnify and hold Agency harmless from any and all loss or liability arising in respect to such payments, withholdings, and benefits, if any. In the event the Internal Revenue Service should challenge the

independent contractor status of Contractor, the parties hereto mutually agree that both Contractor and Agency shall have the right to participate in any discussion or negotiation occurring with the Internal Revenue Service, irrespective of whom or by whom such discussions or negotiations are initiated.

3. **Professional Judgment.** In the performance of all pursuant to this Agreement, Contractor is at all times acting as an independent contractor engaged in the delivery of a professional service. Contractor and his personnel, if any, shall employ his own means and methods and exercise his own professional judgment in the performance of services pursuant to this Agreement. The sole concern of the Agency under this Agreement or otherwise is that, irrespective of the means selected, such services shall be provided in a competent, efficient, and satisfactory manner in compliance with the policies and procedures of the Agency and the applicable federal, state, and local laws, rules and regulations.

III. OBLIGATIONS OF CONTRACTOR

1. **Services.** The specialized support services, to be provided by Contractor and the schedule of hours Contractor will deliver such services are set forth in **Exhibit A**. Said schedule and services may be changed only with the mutual consent of the parties.

2. **Agency Approval of Contractor Personnel.** Contractor agrees that any individual or entity selected by him to deliver designated services for Agency, including any and all contractors, are subject to approval by Agency. The services of any individual to whom Contractor delegates the delivery of designated services are the direct responsibility of Contractor, and Contractor agrees to indemnify and hold harmless Agency, its employees, agents, officers, and assigns from any claim or liability arising from the negligent acts or any other acts of Contractor or an individual to whom he delegates the delivery of designated services.

3. **Representations and Warranties.**

(a) Contractor represents and warrants that, at all times during this Agreement, he will comply with all applicable policies of the Agency and all applicable local, state and federal laws, rules and regulations now in effect and that become effective during the term of this Agreement. Contractor further agrees to provide services to the Agency in a manner consistent with applicable professional standards and consistent with standards of reasonable due care.

(b) Contractor agrees to perform his services with decorum and in a manner designed to assist in the efficient operation of the Agency. Contractor agrees to interact with Agency staff in a cooperative manner. The adequacy of the performance of this obligation will be determined at the sole discretion of the Agency.

(c) Contractor represents and warrants that it is not currently an employee of the Agency.

4. **Disclosure.** Contractor declares that (a) neither Contractor nor any of its subcontractors or employees rendering services to an individual pursuant to this Agreement is held in abeyance or barred from the award of a federal or state contract at the time of executing this Agreement; or (b) has been convicted of a criminal act related to any state or federally funded program; and (c) Contractor will give immediate notification to the Agency if such occurs anytime during the term of this Agreement.

5. **Immigration Reform and Control Act.** Contractor agrees to maintain appropriate identification and employment eligibility documents and complete a W-9 form to meet requirements of the Immigration Reform and Control Act of 1986.

6. **Franchise Tax.** If Contractor is a corporation and is or becomes delinquent in the payment of its Texas tax, then payment may be withheld until such delinquency is remedied.

7. **Required Information for Criminal Conviction Checks.**

(a) Contractor shall provide to the Agency proof that criminal history record checks have been conducted on Contractor/subcontractor's applicants or employees, whose duties place them in direct contact with clients, pursuant to Texas Health and Safety Code, Section 533.007 and Chapter 250, the Texas Government Code, Section 411.115, and Chapter 414, Subchapter K of the Texas Administrative Code (relating to Criminal History Clearance of Applicants for Employment); and

(b) That if an applicant or employee of the Contractor/subcontractor has a criminal history relevant to his or her employment as described in Chapter 414, Subchapter K of the Texas Administrative Code (relating to Criminal History Clearance of Applicants for Employment), then the Contractor/subcontractor will take appropriate action

with respect to the applicant or employee, including terminating or removing the employee from direct contact with persons with a mental disability served by the Contractor/subcontractor; and

(c) If Contractor's employee has such a conviction, and Contractor fails to remove such employee, then this contract may be terminated without prior notice.

8. **Access:** Contractor agrees, pursuant to Texas Health and Safety Code, Section 534.060, that the Agency and its representatives, including independent financial auditors, shall have access to all facilities, service providers, records, data, and other information under the control of the contracting entity or its Contractors/subcontractors as necessary to enable the HHSC or the Agency to audit, monitor, and review all financial or programmatic activities and services associated with this.

In compliance with Section 2262.003, Government Code, as amended by House Bill 905 of the 79th Regular Session of the Texas Legislature, effective on June 18, 2005, the Mental Health Mental Retardation Authority of Harris County (MHMRA) and the Contractor do hereby agree that:

(a) The State Auditor's Office (SAO) may conduct an audit or investigation of any entity receiving funds from the state directly under the contract or indirectly through a subcontract under the contract;

(b) Acceptance of funds directly under the contract or indirectly through a subcontract under the contract acts as acceptance of the authority of the state auditor, under the direction of the legislative audit committee, to conduct an audit or investigation in connection with those funds; and

(c) Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the SAO must provide the state auditor with access to any information the state auditor considers relevant to: (A) evaluating the entity's performance under the contract or subcontract; (B) determining the state's rights or remedies under the contract; (C) evaluating whether the entity has acted in the best interest of the state.

IV. OBLIGATIONS OF THE AGENCY

1. **Payment.**

(a) In consideration of the obligations undertaken by Contractor, the Agency agrees to pay Contractor, in accordance with the fee schedule attached as **Exhibit A**, for an amount not to exceed \$_____.

(b) The payment amount will be based on a monthly invoice which shall reflect the services provided by Contractor, and is approved by the Agency employee(s) authorized to approve billing(s) as set forth above. Invoices or claim forms for services rendered are to be submitted by the fifth (5) calendar day of the month following that in which the services were rendered.

(c) **Invoices or claim forms for services must be received no later than 45 calendar days after the end of the month in which services were rendered. Invoices or claim forms for services received later than 45 days after the end of the month in which the services were rendered will not be paid.**

(d) Payment shall be made 45 days after receipt of goods, services, or invoice, whichever is latest. Payment may be delayed, adjusted or withheld, where a deficiency is noted in goods, services, or invoices received. MHMRA retains the right to offset payments for prior invoices paid where a deficiency is noted after payment has been processed.

Invoices shall be submitted in duplicate as follows:

(i) **Invoices must include a MHMRA purchase order number, which will be indicated on the final fully executed copy of the contract.**

(ii) **Original sent to Agency staff member authorized to approve billing**

(iii) **Duplicate to be marked "Duplicate" sent to Accounts Payable as follows:**

Mental Health Mental Retardation Authority of Harris County

P.O. Box 25381

Houston, Texas 77265

Attn: Accounts Payable

Fax (713) 970-7681

(e) No Guarantee of Utilization - In the event this contract identifies a "Pooled Not-to-Exceed amount for community services, be advised that this amount represents an *aggregate* not-to-exceed limit that applies to all service providers included in the pool. CONTRACTORS ARE NOT GUARANTEED ANY

MINIMUM AMOUNT UNDER THIS CONTRACT. Consumers shall choose freely between providers without influence by the Local Authority staff or representative or any contractor that provides services under contract with the Local Authority.

(f) **Contract Rate Change clause – If a vendor/provider’s contracted rates change during the period of the contract, the vendor/provider will be notified in writing and the contract will be amended to reflect such changes.**

2. **Staff and Facilities.** The Agency agrees to allow Contractor access to its staff and facilities necessary for carrying out the services provided by the Contractor.

V. INSURANCE

A. Policies, Coverages, and Endorsements.

Contractor agrees to maintain the following insurance policies, with the specified coverages and limits, to protect and insure the Agency and Contractor against any claim for damages arising in connection with Contractor’s responsibilities or the responsibilities of Contractor’s personnel under this Agreement and all extensions and amendments thereto.

- | | | |
|-----|--|---|
| 1- | Commercial General Liability | |
| | Each Occurrence | \$1,000,000 |
| | General Aggregate | \$2,000,000 for bodily injury and property damage combined. |
| 2 - | Workers’ Compensation & Employers’ Liability if applicable | |
| | Medical & Indemnity | Statutory Requirements |
| | Bodily Injury by Accident | \$500,000 Each Accident |
| | Bodily Injury by Disease | \$500,000 Each Employee |
| | Bodily Injury by Disease | \$500,000 Policy Limit |
| 3 - | Automobile Insurance | \$500,000 Combined Single Limit Bodily Injury & Property Damage |

B. Insured Parties

All Policies except professional liability and workers compensation shall contain a provision naming the Agency (and its officers, agents and employees) as **Additional Insured parties** on the original policy and all renewals or replacements during the term of this Agreement.

C. Subrogation

All Policies must contain a Waiver of Subrogation endorsement to the effect that the issuer waives any claim or right in the nature of subrogation to recover against the Agency, its officers, agents or employees.

D. Proof of Insurance

The policies, coverages and endorsements required by this provision shall be shown on a Certificate of Insurance on which the Agency must be listed as the Certificate Holder and which should be furnished to the Agency prior to the commencement of this Agreement. All such insurance shall be secured and maintained with an insurance company, or companies, licensed to do business in the State of Texas. The Agency may withhold payments under the terms of this Agreement until the Contractor furnishes the Agency copies of all Certificates of Insurance from the insurance carrier, or carriers, showing that such insurance is in full force and effect.

E. Cancellation

New Certificates of Insurance shall be furnished to the Agency at the renewal date of all policies named on these Certificates. *Contractor shall give the Agency thirty (30) days prior written notice of any proposed cancellation of any of the above described insurance policies.*

F. Surety Bond

Contractor shall provide a Surety Bond that covers the transportation of Pharmaceutical drugs from the various Agencies' facilities. The estimated daily drug cost of \$_____ is the appropriate value of the Surety Bond.

VI. INDEMNIFICATION

To the extent permitted under the Constitution and the laws of the State of Texas, Contractor hereby agrees to indemnify and hold harmless the Agency and all of its directors, officers, employees, and agents from all suits, actions, claims, or cost of any character, type, or description brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by any acts or negligence of Contractor or Contractor's personnel, if any, or its agents or employees whether occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

VII. TERM AND TERMINATION

1. **Term.** This Agreement is effective _____, **2010 to August 31, 2011**, unless sooner terminated pursuant to this Agreement.

2. **Renewal Options.** This Agreement may be renewed at the sole discretion of Agency for up to (__) _____ succeeding years at rates and placement fees specified in Exhibits A and Exhibit A1.

3. **Immediate Termination.** Agency may terminate this Agreement immediately if

- (a) Agency does not receive the funding to pay for designated services under this Agreement from the Texas Legislature;
- (b) Agency has cause to believe that termination of the Agreement is in the best interests of the health and safety of the mentally disabled persons served under this Agreement,
- (c) Contractor has become ineligible to receive Agency funds;
- (d) Contractor has its applicable license or certification suspended or revoked.
- (e) If the Contractor submits falsified documents or fraudulent billings, or if the Contractor makes false statements.
- (f) Agency may terminate this Agreement immediately upon written notice to Contractor, if it is determined by the Agency that Contractor will not be able to deliver services in a timely or appropriate manner to meet the business needs of the Agency.

4. **Termination Upon Default.** Either party may terminate this Agreement after thirty (30) days written notice if the other party is in default of any of the provisions herein and/or any of the provisions in the bid forms or specifications, which are attached hereto and incorporated herein by reference as if set out in full. Such termination shall be ineffective if within said thirty (30) day period Contractor cures such default to the satisfaction of the Agency. The Agency at its sole discretion may extend the period to cure the default for a reasonable time if the Agency determines that the Contractor has initiated action to cure the default within the thirty (30) day period. The Agency reserves the right to suspend services provided by the Contractor and payment for services not authorized during the thirty (30) day cure period, if at the Agency's sole discretion it is determined that suspension is in the best interest of the Agency and/or its consumers.

5. **Termination For Convenience.** Due to the need for Agency to replace the services being provided by Contractor, this Agreement may be terminated by Contractor, without cause, after one hundred and twenty (120) days written notice to the Agency.

6. **Termination by Mutual Consent.** This Agreement may be terminated by the mutual consent of both parties after thirty (30) days written notice to the other party.

VIII. MISCELLANEOUS

1. **Nondiscrimination.** Each party to this Agreement agrees that no person, on the basis of race, color, national origin, religion, sex, age, handicap, or political affiliation, will be excluded from participation, be denied the benefits of, or be subject to discrimination in the provision of any services hereunder. Without limiting the foregoing, the parties hereto agree to comply with the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, as amended, and the Civil Rights Act of 1991, as amended.

2. **Business Ethics.** During the course of pursuing contracts, and the course of contract performance, MHMRA will maintain business ethics standards aimed at avoiding real or apparent impropriety, abuse, fraud, waste, or conflicts of interest. No substantial gifts, entertainment, payments, loans or other considerations beyond that which would be collectively categorized as incidental shall be made to any employees or officials of Contractor by MHMRA employees, directors, officers and agents. At any time Contractor believes there may have been a violation of this obligation or any business ethics standard, Contractor shall notify MHMRA of the possible violation.

3. **Certification of Non-Violation.** Under Texas Government Code §2261.053, Contractor certifies that Contractor has not been convicted of violating federal law in connection with contracts relating to relief, recovery, or reconstruction as a result of Hurricane Rita, Hurricane Katrina, or any other disaster occurring after September 24, 2005.

4. **Amendment.** Unless otherwise specifically provided herein, this Agreement may be amended or changed only by mutual written consent of an authorized representative of the Agency and Contractor.

5. **Entire Agreement.** This Agreement and the documents incorporated herein constitute the sole and only Agreement of the parties hereto and supersedes any prior understandings and any prior written or oral Agreements between the parties respecting the subject matter herein.

6. **Assignment.** No assignment of this Agreement or rights or obligations thereunder shall be valid without written consent of the parties.

7. **Additional Requirements.** If Contractor is required to comply with an additional requirement pursuant to compliance with HHSC rule, state or federal law, or community standard, regulations, resolutions, settlements, or plans, and compliance results in a material change in Contractor's rights or obligations under the contract or places a significant financial burden on the Contractor, the Contractor may, upon giving sixty (60) days notice of such intention, be entitled to renegotiate the Agreement.

8. **Governing Law and Venue.** This Agreement shall be construed and enforced in accordance with the laws of the State of Texas, and venue shall lie in Harris County, Texas.

9. **Captions.** The captions contained herein are for reference purposes only and shall not affect the meaning of this Agreement.

10. **Gender and Number.** The masculine, feminine or neuter gender and the singular or plural number shall be deemed to include the other whenever the context so indicates or requires.

11. **Notices.** Any notice required to be given pursuant to this Agreement shall be in writing and shall be sent, postage prepaid, by certified mail, return receipt requested, to Agency or Contractor at the address below. The notice shall be effective on the date of delivery indicated on the return receipt.

If to the Agency:
Steven B. Schnee, Ph.D., Executive Director
MHMRA of Harris Co.
PO Box 25381
Houston, Texas 77265-5381

If to Contractor:

Houston, Texas _____

12. **Remedies.** All rights, powers, and remedies granted either party by any particular term of this Agreement are in addition to, and not in limitation of, any rights, powers, or remedies which it has under any other term of this Agreement, at common law, in equity, by statute, or otherwise, and all such rights, powers, and remedies may be exercised separately or concurrently, in such order and as often as may be deemed expedient by either party. No delay or omission by either party to exercise any right, power, or remedy shall impair such right, power, or remedy or be construed to be a waiver of any breach or default or an acquiescence therein. A waiver by either party of any breach or default there under shall not constitute a waiver of any subsequent breach or default.

13. **Dispute Resolution.** In the event a dispute arises between the parties involving the provisions or interpretation of any term or condition of the Agreement, and if both parties desire to attempt to resolve the dispute prior to termination or expiration of the Agreement, or withholding payments, then the parties may refer the issue to a mutually agreeable dispute resolution process.

14. **Severability.** The invalidity or unenforceability of any term or provision hereof shall not affect the validity or enforceability of any other term (s) or provision (s).

15. **Effect of Severable Provision.** In the event that a provision of this Agreement is rendered invalid or unenforceable and its removal has the effect of materially altering the obligations of either the Agency or Contractor in such manner as, in the sole judgment of the affected party, (1) will cause serious financial hardship to such party, or (2) will cause such party to act in violation of its corporate Articles or Bylaws, the party so affected shall have the right to terminate this Agreement upon thirty (30) calendar days prior written notice to the other party.

16. **Exhibits.** All Exhibits referred to in this Agreement and attached hereto are incorporated herein by this reference.

The Contractor warrants and assures MHMRA of Harris County that it possesses adequate legal authority to enter into this Agreement. The Contractor's governing body, where applicable, has authorized the signatory official(s) to enter this Agreement and bind the Contractor to the terms of this Agreement and any subsequent amendments hereto.

CONTRACTOR

Printed/Typed Name: _____ Signature
Title: _____
Date: _____

I hereby certify that funds are available to pay the obligation of the Agency under and within the foregoing agreement. Executed this _____ day of _____, 2010, in Houston, Harris County, Texas.

MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY

Steven B. Schnee, Ph.D. Date
Executive Director

Approved As To Form By Date
MHMRA General Counsel

Unit (s) To Be Charged: 1107

EXHIBIT A

CONTRACTOR: _____

CONTRACT ID#: _____

CONTRACT PERIOD: _____

SERVICE: Courier Service for Agency Mail and Prescription Drug Distribution

SERVICE DESCRIPTION: Contractor will provide mail and package pick-up, delivery service to various Agency (MHMRA, Harris County) locations/facilities within Harris County including the Jail location at 1200 Baker (downtown). Contractor shall also deliver prescription drugs to all the clinics daily for nursing and pharmacy. Routes to the various locations are subject to change based on program and or agency requirements. Current MHMRA facility locations listed on the attached Exhibit A1.

PERFORMANCE: Contractor will provide service by two (2) couriers, Monday through Friday. Driver departs for first stop no later than 8:00 am Monday through Friday. Driver makes last stop no later than 5:00 pm. Routes to the various locations are subject to change.

RATE AND RATE DESCRIPTION: _____

NOT TO EXCEED: _____

UNITS/ACCOUNT CODE: _____

PAYMENT DOCUMENTATION: Contractor will submit invoices for services rendered by the 5th day of each month for all claims for the preceding month.

ATTACHMENT B

**HUB SUBCONTRACTING PLAN
HISTORICALLY UNDERUTILIZED BUSINESS**

(HUB-LOI IS USED BY POTENTIAL CONTRACTOR/VENDOR TO IDENTIFY SUB-
CONTRACTORS SELECTED FOR WORK ON THE CONTRACT)

Contractor _____ Vendor Identification Number: _____

Address: _____

Phone: ____-____-____ Proposal Number: _____ Contract Amount: _____

Description of commodities/specifications: _____

Duration of Contract: _____

Name of Subcontractor/Supplier: _____

Address: _____

Phone: ____-____-____ Is the subcontractor a certified HUB? ____ Yes ____ No

If yes, enter the GSC Certificate (VID) number: _____

Dollar amount of contract with subcontractor/supplier: \$ _____

Percentage amount of contract with subcontractor/supplier: % _____

Description of materials/services performed under agreement with the subcontractor
for amount indicated above:

PLEASE SUBMIT A SEPARATE FORM FOR EACH SUBCONTRACTOR/SUPPLIER

ATTACHMENT C

DEVIATION FORM

All deviations to this Solicitation (Proposal and Sample Contract) must be noted on this sheet. In the absence of any entry on this Deviation Form, the prospective contractor assures MHMRA of their full agreement and compliance with the Specifications, Terms and Conditions including all provisions of the Sample Contract.

Each response to this Solicitation shall contain a Deviation Form, which states the prospective contractor's commitment to the provisions of this Solicitation and Sample Contract. An individual authorized to execute contracts must sign the Deviation Form. Any exceptions taken to the terms and conditions identified in this Solicitation Package including the Sample Contract must be expressly stated in the Deviation Form. (*Attachment C*)

SPEC # Section # Or Page #	DEVIATION

Independent Provider and/or Provider Firm

Authorized Signature

Date

ATTACHMENT D –

NOTICE “NOT TO PARTICIPATE” FORM

Dear Vendor

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled Date and Time:

- I/Our Company cannot provide the products, supplies and/or services listed in this request. Please MOVE my/our name and address to the following category(ies) so that we may Proposal at a later date:

Category (ies): _____

- I/We have chosen NOT to submit a Proposal at this time, but would like to remain on your list for this Proposal category. We did not submit a Proposal because:

Reason(s): _____

- Please REMOVE my/our name from all MHMRA Harris County lists until further notice.

Reason(s): _____

Independent Provider and/or Provider Firm Name: _____

Representative: _____

Please Print

Address: _____ Phone () _____

E-mail: _____ Fax () _____

PLEASE RETURN THIS FORM ONLY TO:

**MHMRA Harris County
Purchasing Department
*Notice “Not to Participate” – MAIL AND PHARMACEUTICAL COURIER
SERVICES FOR MHMRA*
7011 Southwest Freeway
Houston, Texas 77074**

Authorized Signature: _____

Title: _____ **Date:** _____

VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED PROPOSAL FORM WILL REMAIN ON OUR MAILING LIST. VENDORS MAKING NO RESPONSE MAY BE REMOVED FROM THAT LISTING.

Thank you for your time and assistance.

ATTACHMENT E –

**W – 9
Request for Taxpayer
Identification Number and Certification**

Form W-9, Pages 1 – 4

Attached

Vendors are to complete this form and submit with their response to this Request for Qualification documents. Go to attached link for W-9, if an invitation to this Request for Qualification was emailed.

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>