

CONTRACT SUMMARY

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPARTMENT

Period Covered: 5/2/10 – 5/1/12	Contract No.: 202-10511	Master Blanket: N/A
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Awarded Vendor:

Healthcare Waste Solutions of Florida, LLC
3577 NW 19 Street
Lauderhill, FL 33311

Delivery: 1 Day
Payment Terms: Net 30

Attn: Ralph Aguilar or Brian Isrow
954-730-9019
Fax 954-717-7030
Email: raguilar@hwsusa.com or bisrow@hwsusa.com

Insurance Coverage Required: Yes No
Authorized for Purchases: Under \$25,000 Over
Extension Options: Yes No Years: 2, 1 yr extensions

EMERGENCY MEDICAL BIO-HAZARDOUS WASTE REMOVAL SERVICES

Medical Waste Pick-up \$ 8.00 / box

Containers must provide medical waste exterior 3-pack storage containers with three (3), thirty (30) gallon bins/boxes/bags inside.

Department Contract Co-Ordinator: Alexandra Rampy, Fire-Rescue, (954) 828-6085

Procurement Specialist: James Hemphill, CPPB

THIS AGREEMENT, made and entered into this 4th day of May, 2010, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Healthcare Waste Solutions of Florida, LLC, a Florida Limited Liability Company ("Contractor"), whose address and phone are 3577 NW 19 Street, Lauderhill, FL 33311, Phone 954-730-9019, Fax: 954-717-7030.

WHEREAS, the City issued Invitation to Bid Number 202-10511 ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on, May 4, 2010, the Procurement Services Director of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the ITB

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City Emergency Medical Bio-Hazardous Waste Removal Services in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the ITB and any and all addenda thereto beginning May 2, 2010 and ending May 1, 2012. This contract may be extended for up to two (2) additional consecutive one (1) year terms upon agreement by both parties and approval by the City Commission providing all the terms, conditions and specifications remain the same.

2. This contract form G-110 Rev. 01/10, the ITB, any and all addenda to the ITB, and the Contractor's proposal in response to the ITB are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

First, this contract form, G-110 Rev. 01/10;
Second, any and all addenda to the City's ITB in reverse chronological order;
Third, the ITB;
Fourth, the Contractor's response to any addendum requiring a response;
Fifth, the Contractor's response to the ITB.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the ITB and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the ITB the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the services as described in the ITB within 30 days following written notice to the Contractor.

6. The Contractor shall not present any invoice to the City that includes sales tax (85-8012514506C-7) or federal excise tax (59-6000319).

7. Contractor shall direct all invoices in duplicate for payment to Finance Department, City of Fort Lauderdale, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. Any applicable discount MUST appear on the invoice.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE
By: [Signature]
Director of Procurement Services

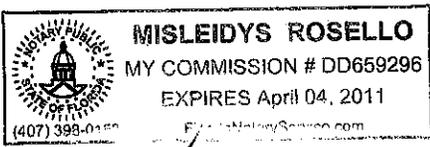
ATTEST
Fernando Verde
Print Name
Title: Office Manager
(Member or Manager for L.L.C.)

CONTRACTOR
By: [Signature]
Print Name: Rafael J. Aguilar
Title: General Manager
(If not Managing Member of Limited Liability Company, please attach proof of authorization to sign this document)

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 21st day of MAY, 2010, by Rafael J. Aguilar as (title): General Manager for Healthcare Waste Solutions of Florida, LLC, a Florida Limited Liability Company.

(SEAL)



[Signature]
Notary Public, State of Florida
(Signature of Notary Public)
Misleidys Rosello
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced ID Type of ID Produced _____

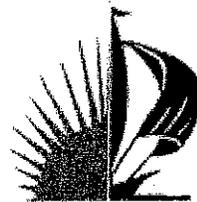
**CITY OF FORT LAUDERDALE
SPECIFICATIONS PACKAGE**

**CONTRACT
COPY**

202-10511

**ORIGINAL
BID**

**Emergency Medical BioHazardous Waste
Removal Services**



CITY OF FORT LAUDERDALE

Jim Hemphill

954-828-5143

Bid 202-10511 Emergency Medical BioHazardous Waste Removal Services

Bid Number **202-10511**
 Bid Title **Emergency Medical BioHazardous Waste Removal Services**

Bid Start Date **Apr 14, 2010 9:13:03 AM EDT**
 Bid End Date **Apr 27, 2010 2:00:00 PM EDT**
 Question & Answer End Date **Apr 23, 2010 5:00:00 PM EDT**

Bid Contact **Jim Hemphill**
Sr. Procurement Specialist
Procurement Department
954-828-5143
jhemphill@fortlauderdale.gov

Contract Duration **2 years**
 Contract Renewal **2 annual renewals**
 Prices Good for **90 days**

Bid Comments **The City of Fort Lauderdale, Florida (City) is seeking bids from qualified firms, hereinafter referred to as the Contractor, to provide Emergency Medical BioHazardous Waste removal for the City's Fire-Rescue Department, in accordance with the terms, conditions, and specifications contained in this Invitation to Bid (ITB). Added on Apr 19, 2010: Addendum #1 has been added to the Documents Page**

Changes made on Apr 19, 2010 10:28:20 AM EDT

New Documents **Addendum 1 - 202-10511 Biohaz. waste removal.doc**

Changes made on Apr 19, 2010 11:27:35 AM EDT

Previous Q & A End Date **Apr 21, 2010 5:00:00 PM EDT** New Q & A End Date **Apr 23, 2010 5:00:00 PM EDT**

Item Response Form

Item **202-10511-1-01 - Medical Waste Pick-up**
 Quantity **156 box**
 Unit Price **\$8.00**
 Delivery Location **City of Fort Lauderdale**
 See ITB Specifications
 See ITB Specifications
 Fort Lauderdale FL 33301
 Qty 156

Description

Bidder agrees to supply the products or services at the price bid herein in accordance with the terms, conditions, and specifications contained in this ITB.

Provide your price per 30 gallon box/bin/bag, etc. Do not price per Container. (Containers hold three (3) 30 gallon boxes/bags and there usage is to be included in your price).

Questionnaire

Please print or type:

- Provide three references for which you have performed similar services.

Company Name: MEMORIAL HOSPITAL MIRAMAR
 Address: 1901 SW 172 Ave Hollywood FL 33027
 Contact Name: Deanis Mikez
 Telephone: 954-538-4549

Company Name: Division of Pacifi-Mutuel Agency
 Address: 1940 N. Monroe Street
 Contact Name: Janet G Walker, OMC II
 Telephone: 850-414-8701

Company Name: Holy Cross Hospital
 Address: 4725 N Federal Hwy Ft. Laud FL 33308
 Contact Name: Sam Reyes
 Telephone: 954-776-3178

- Number of years experience the proposer has had in providing similar services:

15 Years

- Have you ever failed to complete work awarded to you? If so, where and why?

Never

- List appropriate licenses as issued by Broward County.

Biomedical Waste Storage (Annual) 06-64-04241
Biomedical Waste Transporter WT-08-0089
Broward County Local Tax 277-7095

- Briefly describe the number of employees and supervisors available for this contract and the firm's ability to secure subcontractors, if necessary.

Drivers = 12 Cellular and email
Supervisors = 2 access to top managers
Regional Manager = 1 included.
BRIAN Isrow cell 305-717-8493
Ralph Aguilar 786-367-2784
bisnow or raguilar@HWSUSA.com

We have access to and can provide service at below retail for incinerator or biomedical container supply/service.

6. Briefly describe your firm's financial status and provide proof of adequate line of credit or other financial assets to access funds for construction of multiple projects during the same time period.

Shareholder Equity as of end of March 2010
was 39.5 Million USD. 900,000 Line of Credit
is through CBANK

The proposer understands that the information contained in these proposal pages is to be relied upon by the City in awarding the proposed contract, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

Please review the questionnaire to make sure all questions have been answered. Attach additional sheets if necessary. Failure to answer each question could result in the disqualification of your bid.

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below **must** be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: [Signature] (signature) 4/27/10 (date)

Name (printed): Ralph Aguilar Title: Regional Manager

Company: (Legal Registration) Healthcare Waste Solutions of FL

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: 3577 NW 19th Street

City: Lauderhill State: FL

Zip: 33311

Telephone No. 954-730-9019 FAX No. 954-717-7030

Email: raguilar@hwsusa.com
bisrow@hwsusa.com - Brian Isrow

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): 24 hours or sooner

Payment Terms (section 1.03): Net 30

Total Bid Discount (section 1.04): No Discounts

Does your firm qualify for MBE or WBE status (section 1.08): MBE WBE

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No. number one

Date Issued April 19 2010

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS. If this section does not apply to your bid, simply mark N/A in the section below.

Variances:
revised 3-23-10

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City of Fort Lauderdale • Procurement Services Department
100 N. Andrews Avenue, #619 • Fort Lauderdale, Florida 33301
954-828-5933 FAX 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 1

ITB 202-10511
Emergency Medical Biohazardous Waste Removal Services

ISSUED April 19, 2010

1. This addendum is being issued to make the following changes:

In PART I – INTRODUCTION / INFORMATION , section 03. ELIGIBILITY, Add the following eligibility requirements:

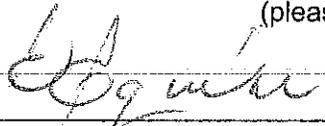
Bidders shall be registered with their County Health Department as a Biomedical Waste Transporter. Additionally bidders shall possess a Biomedical Waste Transporter License. Please submit evidence of these requirements with your bid. A Waste Storage Permit, although not an absolute requirement, should also be submitted if your company has one.

All other terms, conditions, and specifications remain unchanged.

This addendum should be signed and returned with the bid response or acknowledged on the BID/PROPOSAL SIGNATURE PAGE of the bid

James T. Hemphill
Sr. Procurement Specialist

Company Name: Healthcare Waste Solutions of FL
(please print)

Bidders Signature: 

Date: 4-27-2010