

MISSISSIPPI DIVISION OF MEDICAID
Office of Procurement

SERVICE QUOTE REQUEST (QR)
#20240926
RFX 3140004010

FLEET DETAILING PROGRAM

Issue Date: September 26, 2024
Quote Due Date: October 10, 2024, by 3:00 p.m. CST

Division of Medicaid (DOM) Procurement Contact:

Jeanette Crawford
Jeanette.crawford@medicaid.ms.gov
550 High Street, Suite 1000
Jackson, Mississippi 39201

DOM WELCOMES PARTICIPATION OF MINORITY BUSINESSES

INVITATION: Subject to the attached and referenced terms and conditions, quotes for the acquisition of the herein required and described services will be received by the DOM Procurement Office by no later than the above required date and time.

INTRODUCTION

Pursuant to and by virtue of Miss. Code Ann. § 43-13-101, *et seq.* (1972, as amended) the Mississippi Division of Medicaid (DOM) is designated as the single state agency authorized and empowered to administer the provisions of the Medical Assistance Program as enacted by the Mississippi State Legislature in compliance with Title XIX of the Federal Social Security Act, as amended, to provide health coverage for eligible, low-income populations in Mississippi.

It is understood that any resultant contract from this solicitation does not require approval by the State of Mississippi's Public Procurement Review Board (PPRB). DOM intends to award one contract for the services required herein. DOM further reserves the right to reject any and all quotes provided in response to this solicitation at any point during the evaluation, awarding, or negotiation process.

PROJECT OVERVIEW

The Mississippi Division of Medicaid (DOM) seeks professional car cleaning and detailing services for its fleet of vehicles. The contractor shall provide comprehensive cleaning and detailing services monthly to the entire fleet, including but not limited to sedans, SUVs, and light-duty vans.

Attachment H contains a list of current vehicles in DOM's fleet. Services will include monthly cleaning for each vehicle on a regular basis as described below in the scope of services.

SCOPE OF SERVICES

The contractor shall provide the following services:

1. Monthly Maintenance Cleaning for all vehicles:

Exterior Requirements:

- a) Thorough washing of exterior;
- b) Washing fender walls;
- c) Tire and wheel cleaning and dressing;
- d) Exterior glass cleaning; and
- e) Cleaning of engine compartment.

Interior Requirements:

- a) Thorough vacuuming of all surfaces, including all compartments and trunk;
- b) Wipe-down of all surfaces including door jams;
- c) Steam cleaning/shampooing of carpets and upholstery (if applicable);
- d) Leather cleaning of seats (if applicable);
- e) Interior glass cleaning;
- f) Cleaning of brake and gas pedal;
- g) Air vent cleaning;
- h) Deodorize and sanitize; and install agency approved scent
- i) Install plastic or paper mats for floor protectors.

2. The contractor must be able to accommodate additional cleaning requests, within 72 hours, for a vehicle that has already been cleaned, at the same monthly quoted price per vehicle type.

3. DOM may add or remove vehicles as needed during the term of this agreement and will be charged the same quoted price per vehicle type.
4. DOM reserves the right to inspect vehicles after cleaning services have been performed and request touch-ups if necessary.
5. The contractor is responsible for any unexpected or additional expenses outside of the quoted price.
6. Work shall be conducted at DOM's Central Office located at 550 High St., Jackson, Mississippi, between 8:00 a.m. and 5:00 p.m. Central Time, Monday through Friday, excluding state holidays. Dates and times will be arranged between the Operations Manager at DOM's Central Office and the Contractor. Contractor shall coordinate and work in good faith with the Operations Manager in seeking and obtaining the best schedule for the services. Service schedule may be adjusted at any time by DOM to better compliment DOM's need for services.
7. Contractor is responsible for water and electricity needed for cleaning and detailing fleet.
8. DOM will be invoiced the monthly rate stated in the quote only for vehicles requested to be serviced during that month.
9. DOM has the right to cancel any scheduled service without charge or penalty up to two days prior to requested services. DOM is under no obligation to Contractor to continue the frequency of the regularly scheduled maintenance for every vehicle.
10. Contractor shall report any imperfections discovered during detailing services (example: new scratches, dents, stains set permanently in interior, visibly low air pressure in tires, etc.) on the monthly invoice, identifying the vehicle with the vehicle number from Attachment H list.
11. Contractor shall be responsible for any damage caused to vehicles during the cleaning process and shall notify the Operations Manager immediately of any damage.

MINIMUM QUALIFICATIONS

The Vendor must meet the following minimum requirements. Vendor shall submit supporting documentation, included as Attachment I to its response to this QR, reflecting Vendor's ability to meet the following:

1. Minimum of 2 years' experience in professional automotive detailing. Please provide a list of projects from the past two (2) years to demonstrate your qualifications and include at Attachment I, Supporting Documentation.
2. Vendor must supply two (2) or more references, as Attachment F. DOM staff must be able to contact two (2) references within three (3) business days of quote due date to be considered. Vendor may submit as many reference contacts as desired by submitting additional copies of Attachment F to ensure that at least two references can be contacted. Vendor must score a minimum of 8 points on each of the two references score sheets (total of 16 points) and meet other minimum requirements to be considered for award . See Reference Survey Score Sheet at Attachment G for informational purposes only.

TERM

The initial term for the services required herein shall be for a period of one (1) year, anticipated to begin on **October 24, 2024**, and end on **October 23, 2025**. DOM shall have the option to renew the contract for a period of two (2) optional one-year periods under the same prices, terms, and conditions as in the original contract.

SELECTED VENDOR REQUIREMENTS

Prospective vendors must be registered with the Mississippi Secretary of State's Office to do business in the state of Mississippi before they can be awarded a contract with the state. Please visit [Mississippi Secretary of State \(ms.gov\)](http://Mississippi Secretary of State (ms.gov)) for more information on how to register.

The awarded vendor will be required to register with the Mississippi's Accountability System for Government Information and Collaboration (MAGIC) system. MAGIC can be used to register as a supplier to allow businesses to receive upcoming RFX opportunity notifications by the product categories registered for. Businesses can search the MAGIC system for upcoming RFXs, respond electronically to some solicitations and receive purchase orders by email. To register, please visit <https://www.dfa.ms.gov/dfa-offices/mMrs/mississippi-suppliers-vendors/>.

INSURANCE REQUIREMENTS

On or before beginning performance under the Contract, the Contractor shall obtain from an insurance company, duly authorized to do business and doing business in Mississippi, insurance as follows:

Liability

The Contractor shall ensure that the professional staff and other decision-making staff shall be required to carry professional liability insurance in an amount commensurate with the professional responsibilities and liabilities under the terms of this quote.

The Contractor shall obtain, pay for, and keep in force during the Contract period general liability insurance against bodily injury or death in an amount commensurate with the responsibilities and liabilities under the terms of this quote, and insurance against property damage and fire insurance in an amount commensurate with the responsibilities and liabilities under the terms of this quote. Said insurance shall include coverage and/or an endorsement for pollution liability to cover damage to State property resulting from spills or releases while washing/detailing DOM vehicles.

Workers' Compensation

The Contractor shall take out and maintain, during the life of the Contract, workers' compensation insurance for all employees employed under the Contract in Mississippi. Such insurance shall fully comply with Mississippi Workers' Compensation Law. In case any class of employees engaged in hazardous work under the Contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide adequate insurance satisfactory for protection of his or her employees not otherwise protected.

On or before beginning performance under the Contract and on an annual basis thereafter, the Contractor shall furnish to DOM certificates evidencing such insurance is in effect.

CONTRACT TYPE AND COMPENSATION

The resultant contract from this solicitation shall be a firm fixed-price. Billing shall be made by Contractor on an invoice form prescribed by DOM.

Payments by state agencies using the State's accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Contractor's choice. The State may, at its sole discretion, require the

Contractor to electronically submit invoices and supporting documentation at any time during the term of this Agreement. Contractor understands and agrees that the State is exempt from the payment of taxes. The agency agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," which generally provides for payment of undisputed amounts by the agency within 45 days of receipt of invoice. Mississippi Code Annotated § 31-7-301 *et seq.*

SERVICE QUOTE SUBMISSION REQUIREMENTS

Responses to this solicitation shall be marked and designated as "QR No. 20240926" and may be submitted via standard mail, email, or hand delivery.

Responses submitted via email shall include "QR No. 20240926" as the subject line and be sent to the following:

Jeanette Crawford
procurement@medicaid.ms.gov

Responses submitted via standard mail or hand delivery shall be addressed and delivered to the following:

Jeanette Crawford
Office of Procurement and Contracts
550 High Street, Suite 1000
Jackson, Mississippi 39201.

Standard mail or hand delivered responses shall be delivered in an envelope or package that includes the following:

- Respondent Company Name (+individual Point of Contact),
- Respondent Company's Physical Address, and
- Service Quote Request Number (QR No. 20240926)

Responses are due no later than **3:00 p.m. CST, Thursday, October 10, 2024**. Responses submitted via facsimile will not be accepted. Any response received after this deadline shall be considered **LATE** and will be recorded as such and included in the procurement file. ***Late Responses are deemed non-responsive and are not considered for further evaluation.*** DOM will notify a Respondent in writing if a response is deemed non-responsive due to failure to meet the submission deadline. There are no exceptions to the deadline date and time or method of submission unless identified by DOM Office of Procurement through a written amendment to this solicitation.

Respondents are solely responsible for timely submission of a response to this solicitation. DOM is not liable and does not accept responsibility for insufficient electronic delivery due to equipment or user error.

A completed quote packet shall include the following:

- 1) completed and signed Service Quote Form (Attachment A);
- 2) completed and signed Certifications and Assurances (Attachment B);
- 3) completed and signed DHHS Drug-Free Workplace Certification Form (Attachment C);

- 4) completed and signed DHHS Certification Debarment, Suspension, and Other Responsibility Matters Form (Attachment D);
- 5) completed and signed Proprietary Information Form (Attachment E);
- 6) completed Reference Form (Attachment F); and
- 7) provided Supporting Documentation (Attachment I)

CONTACT AND QUESTIONS/REQUESTS FOR CLARIFICATION

Questions and requests for clarification concerning this QR must be submitted in writing via email to Procurement@medicaid.ms.gov by the deadline of **3:00 p.m. CST, Tuesday, October 1, 2024**. Respondents should enter “**QR No. 20240926 - Fleet Detail Questions**” as the subject for the email. DOM will not be bound by any verbal or written information that is not contained within this QR unless formally noticed and issued by DOM. DOM will submit answers to questions by 5:00 p.m., Thursday, October 3, 2024, to any vendors submitting questions. At no time shall any respondent or its personnel contact, or attempt to contact, any DOM staff regarding this QR except the contact person as set forth and, in the manner, prescribed in this section.

[Remainder of the page intentionally left blank.]

**ATTACHMENT A
Service Quote Form
Fleet Detailing Program**

Deadline Date:	October 10, 2024
Date Submitted:	
Offer Name:	
Mailing Address:	
Phone Number:	
Email:	

Authorized Official: _____

Title: _____

Phone: () _____ **Email:** _____

Tax ID No.: _____

Age of Business: _____

Average No. of Employees (past 2 years): _____

MS-Business ID No. (issued from the MS Secretary of States' Office):

Contact Person for Respondent:

Name: _____ **Title:** _____

Mailing Address: _____

Phone: () _____

Email: _____

Attestation (please indicate, by placing an "X" next to the appropriate response, whether your entity possesses the required item(s) below):

- Offeror *does* possess, at a minimum, two (2) years of experience in professional automotive detailing.

- Offeror *does not* possess, at a minimum, two (2) years of experience in professional automotive detailing.

Description of Services: As stated in "Scope of Services" of this QR No. 20240926.

Agreement Term:

The term for the services required herein are anticipated to begin on **October 24, 2024**, and end on **October 23, 2025**.

ATTACHMENT A

Service Quote Form (Continued)

Requirement: Respondent must provide pricing in the below requested format. All pricing should be based on description of services to be offered and include all necessary travel and materials with no additional or hidden fees.

Service Description			Flat Rate Price Per Vehicle	Monthly Cost	Initial Period Contract Amount (Monthly Cost x 12 months)
Quantity	Vehicle Type				
11*	Sedans	Regular Cleaning Service	\$	\$(11 x rate)	\$
4*	Light Duty Vans	Regular Cleaning Service	\$	\$(4 x rate)	\$
3*	SUVs	Regular Cleaning Service	\$	\$(3 x rate)	\$
Total of Initial One-Year Contract Value <i>October 24, 2024 – October 23, 2025</i>					\$

* DOM may add or delete vehicles during the term of this agreement. Any vehicles added shall be serviced at the quoted flat rate price.

Optional Years			Flat Rate Price Per Vehicle	Monthly Cost	Optional Year(s) Total (Monthly Cost x 12 months)
Optional Year 1 Cost (10/24/2025 - 10/23/26) (calculate line item for one year only)					\$
Quantity	Vehicle type				
11*	Sedans	Regular Cleaning Service	\$	\$(11 x rate)	\$
4*	Light Duty Vans	Regular Cleaning Service	\$	\$(4 x rate)	\$
3*	SUVs	Regular Cleaning Service	\$	\$(3 x rate)	\$
Optional Year 2 Cost (10/24/2026 - 10/23/27) (calculate line item for one year only)					\$
Quantity	Vehicle type				
11*	Sedans	Regular Cleaning Service	\$	\$(11 x rate)	\$

4*	Light Duty Vans	Regular Cleaning Service	\$	\$ (4 x rate)	\$
3*	SUVs	Regular Cleaning Service	\$	\$ (3 x rate)	\$
Total Not to Exceed Contract Value <i>(Initial contract period Total + Optional years 1 and 2 Total)</i>					\$

* DOM may add or delete vehicles during the term of this agreement. Any vehicles added shall be serviced at the quoted flat rate price.

NOTE: Respondents shall **not** include any additional charges in this quote form. Any additional charges included on a Respondent's quote form may result in the Respondent's quote being deemed non-responsive and Respondents will thereby be rejected.

The signature provided below certifies that information provided within this Service Quote Request is accurate and complete, and that, in my official capacity, I possess the legal authority to represent and bind the company that submitted this Service Quote. The signature provided below represents my understanding that our organization may be required to provide subsequent documentation to verify the accuracy of information presented in this Service Quote in addition to other documentation required herein. I further represent and agree that any incorrect and/or missing information shall cause this Service Quote to be considered non-responsive and subject to rejection and that any modifications or additions to any portions of this Service Quote, not requested by DOM, may be cause for rejection of my organization's Service Quote submitted in response to this Service Quote Request.

Signature of Authorized Official

Title of Authorized Official

Date

**ATTACHMENT B
CERTIFICATIONS AND ASSURANCES**

I/We present the following certifications and assurances as a requirement of this Service Quote Request as to our organization's understanding that the truthfulness of the facts affirmed herein and the continued compliance with these requirements are conditions precedent to the award or continuation of the subsequent contract contemplated as part of this Service Quote Request:

1. REPRESENTATION REGARDING CONTINGENT FEES

Contractor represents that it **HAS NOT** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's quote.

2. REPRESENTATION REGARDING GRATUITIES

The respondent or Contractor represents that it **HAS NOT** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review (OPSCR) Rules and Regulations.

3. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

The respondent certifies that the prices submitted in response to the solicitation **HAVE** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a quote, or the methods or factors used to calculate price.

4. RELEASE OF QUOTE AS A PUBLIC RECORD

Vendor shall acknowledge which of the following statements is applicable regarding release of its bid document as a public record. A vendor may be deemed non-responsive if the vendor does not acknowledge either statement, acknowledges both statements, or fails to comply with the requirements of the statement acknowledged. Choose one:

Along with a complete copy of its quote, vendor has submitted a second copy of the quote document in which all information vendor deems to be confidential commercial and financial information and/or trade secrets is redacted in black. Vendor acknowledges that it may be subject to exclusion pursuant to Chapter 15 of the PPRB OPSCR Rules and Regulations if DOM or the Public Procurement Review Board determine redactions were made in bad faith in order to prohibit public access to portions of the quote which are not subject to Mississippi Code Annotated §§ 25-61-9, 75-26-1 through 75-26-19, and/or 79-23-1. Vendor acknowledges and agrees that DOM may release the redacted copy of the quote document at

Attachment B Continued

any time as a public record without further notice to the vendor. A vendor who selects this option but fails to submit a redacted copy of its quote may be deemed non-responsive.

Vendor hereby certifies that the complete unredacted copy of its quote may be released as a public record by DOM at any time without notice to vendor. The vendor explicitly waives any right to receive notice of a request to inspect, examine, copy, or reproduce its quote as provided in Mississippi Code Annotated § 25-61-9(1)(a). The quote contains no information vendor deems to be confidential commercial and financial information and/or trade secrets in accordance with Mississippi Code Annotated §§ 25-61-9, 75-26-1 through 75-26-19, and/or 79-23-1. A vendor who selects this option but submits a redacted copy of its quote may be deemed non-responsive.

Name of Authorized Signatory: _____

Title of Authorized Signatory: _____

Signature: _____

Date: _____

ATTACHMENT C
DHHS Drug-Free Workplace Certification

DHHS CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS:
GRANTEES OTHER THAN INDIVIDUALS
Instructions for Certification

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

- 1) This certification is required by regulations implementing the Drug-Free Act of 1988, 2 CFR Part 382. The regulations require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the DHHS determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 2) Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee shall keep the identity of the workplace(s) on file in its office and make the information available for federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 3) Workplace identifications shall include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- 4) If the workplace identified to DOM changes during the performance of the grant, the grantee shall inform DOM of the change(s), if it previously identified the workplaces in question (see above).
- 5) Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. §812) and as further defined by regulation (21 CFR § 1308.11 through § 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;

"Criminal drug statute" means a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including (i) all direct charge employees; (ii) all indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent Contractors not on the grantee's payroll; or employees of sub recipients or subcontractors in covered workplaces).

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b) Establishing an ongoing drug-free awareness program to inform employees about:
 - 1) The dangers of drug abuse in the workplace;
 - 2) The grantee's policy of maintaining a drug-free workplace;
 - 3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - 1) Abide by the terms of the statement; and
 - 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e) Notifying DOM in writing, within 10 calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the

federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:
 - 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- h) Complying with all provisions 2 CFR Part 382.

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments if needed): _____

Place of Performance (street address, city, county, state, zip code): _____

Check if there are workplaces on file that are not identified here.

---->NOTE: Sections 76.630(c) and (d) (2) and 76.635(a)(1) and (b) provide that a federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For HHS, the central receipt point is Division of Grants Management and Oversight, Office of Management and Acquisition, HHS, Room 517-D, 200 Independence Ave, S.W., Washington, D.C. 20201

Signature

Date

Title

Organization

ATTACHMENT D
DHHS Certification Debarment, Suspension, and Other Responsibility Matters

DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions
2 CFR Part 376

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - b. Have not within a three-year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
 - d. Have not within a three-year period preceding this bid had one or more public transactions (federal, state or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this solicitation response.

Signature

Date

Title

Organization

ATTACHMENT E
PROPRIETARY INFORMATION FORM

(Please respond appropriately to the Release of Quote as a Public Record certification at Attachment B)

The Respondent should provide a second copy of their response and clearly mark any and all pages of this response to this solicitation which contain trade secrets or other proprietary data which Respondent believes should remain confidential in accordance with Miss. Code Ann. §§25-61-9 and 79-23-1 (1972, as amended) or other applicable state and federal laws, if any. Each page of the response considered by the Respondent to contain trade secrets or other confidential commercial/financial information should be marked in the upper right-hand corner with the word "CONFIDENTIAL" and the related information should be redacted in black. The redacted copy of the quote should be in a single document and shall be clearly labeled "PUBLIC COPY" on the cover page. This copy should be in a searchable Microsoft Word or Adobe Acrobat (PDF) format). To the extent possible, confidential information should be redacted sentence by sentence unless all content on the page is clearly confidential under the law. Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. ***If this is not applicable, please indicate with "N/A" in the space provided below.***

- 1.
- 2.
- 3.
- 4.
- 5.

The signature below indicates the understanding that failure to clearly mark or designate proprietary information within the response to this solicitation as identified above may result in disclosure of such information as it will be subject to review by the general public after award of the contract.

Signature of Authorized Official

Date

Name of Organization

ATTACHMENT F
REFERENCE FORM – FLEET DETAIL PROGRAM
References for _____

Reference 1	
Name of Company:	
Dates of Service:	
Contact Person:	
Address:	
City/State/ZIP:	
Telephone Number:	
Cell Number:	
Email:	
Alternate Contact Person (optional):	
Alternate Contact Telephone Number:	
Alternate Contact Cell Number:	
Alternate Contact Email:	
Reference 2	
Name of Company:	
Dates of Service:	
Contact Person:	
Address:	
City/State/ZIP:	
Telephone Number:	
Cell Number:	
Email:	
Alternate Contact Person (optional):	
Alternate Contact Telephone Number:	
Alternate Contact Cell Number:	
Alternate Contact Email:	
Reference 3	
Name of Company:	
Dates of Service:	
Contact Person:	
Address:	
City/State/ZIP:	
Telephone Number:	
Cell Number:	
Email:	
Alternate Contact Person (optional):	
Alternate Contact Telephone Number:	
Alternate Contact Cell Number:	
Alternate Contact Email:	

Review the reference requirements in the Scope of Services. The vendor may submit as many references as they desire by providing additional copies of the **Reference Form (Attachment F)**. DOM will contact references in the order listed on the form until we have obtained two completed **Reference Survey Score Sheets (Attachment G)**. To ensure that we can contact at least two references, we encourage vendors to submit more than just the minimum required number.

**ATTACHMENT G
REFERENCE SURVEY SCORE SHEET**

****TO BE COMPLETED BY DOM STAFF ONLY****

Name of Vendor:		Procurement:	Fleet Detailing Program
Company Name of Reference:		Date/Time Contacted:	
Person Contacted:		Title/Position:	
Contact Email:		Contact Phone Number:	

The Mississippi Division of Medicaid (DOM) requests past performance information on contractors. The Entity listed above has listed you as a client for which they have previously performed work.

DOM appreciates your time in completing this form where you will be asked general project information and yes/no questions regarding your satisfaction in the vendor's current and/or past performance with your entity.

Project Name:		Service Dates:	
Project Objective:			
Project Cost:			

QUESTIONS	RESPONSE (Circle One)		EXPLANATION
	Yes	No	
1. Satisfied with Contractor's quality of detailing work? If no, please explain.	Yes	No	
2. Satisfied with the Contractor's attention to detail? If no, please explain.	Yes	No	
3. Did Contractor meet or exceed your expectations? If no, please explain.	Yes	No	
4. Satisfied with Contractor's ability to handle specific or challenging tasks effectively? If no, please explain.	Yes	No	
5. Satisfied with Contractor's punctuality and professionalism? If no, please explain.	Yes	No	
6. Satisfied with Contractor's ability to communicate with your organization's staff members? If no, please explain.	Yes	No	
7. Was Contractor easy to work with when scheduling services? If no, please explain.	Yes	No	
8. Would you recommend this Contractor's detailing services to others? If no, please explain.	Yes	No	
9. Would you recommend this Contractor's detailing services to others? If no, please explain.	Yes	No	

Each "Yes" is one point; each "No" is zero points. Bidder must have a minimum score of 8 from each of the two references (total of 16 points) to be considered responsible and for its bid to be considered.

SCORE: _____

10. Do you have any business, professional or personal interest in the Bidder's organization? If yes, please explain.	Yes	No	
---	-----	----	--

A "Yes" to Question 10 above may result in automatic disqualification of the provided reference; therefore, result in a score of zero as responses to previous questions become null and void.

Note:

Attachment H
List of the Division of Medicaid's fleet

Item No.	Vehicle No.	Vehicle Type	Model Year	Make and Model	Color
1	V4	Light Duty Van	2000	Dodge Ram Van	White
2	V19	Sedan	2011	Chevy Impala	Silver
3	V15	Sedan	2011	Chevy Impala	Gold
4	V3	Light Duty Van	2014	Chevy Express Van	White
5	V20	Sedan	2014	Chevy Impala Ltd	Silver
6	V25	Sedan	2014	Chevy Impala	Silver
7	V5	SUV	2014	Chevy Traverse	Gray
8	V1	Light Duty Van	2014	Dodge Caravan	Blue
9	V2	Light Duty Van	2014	Dodge Caravan	Silver
10	V21	Sedan	2015	Chevy Impala Ltd	White
11	V22	Sedan	2015	Chevy Impala Ltd	Black
12	V23	SUV	2016	Ford Escape	Silver
13	V24	SUV	2016	Ford Explorer	Silver
14	V26	Sedan	2017	Chevy Impala	Silver
15	EXE	Sedan	2020	Dodge Charger	Black
16	V27	Sedan	2021	Dodge Charger	Silver
17	V28	Sedan	2022	Chevy Malibu	Gray
18	V29	Sedan	2022	Chevy Malibu	Black

Note: DOM may add vehicles or delete vehicles during the term of this agreement.