



## INVITATION TO BID

The Ware County Board of Commissioners is now accepting sealed bids for the provision of Pharmacy/Prescription Drug Services for the Ware County Jail. Ware County has no intention of purposely eliminating any company from bidding. However, there are certain specifications that must be met or exceeded.

The Ware County Board of Commissioners reserves the right to reject any or all bids, with or without cause. Sealed bids will be accepted until Wednesday, April 28, 2010 and bids will be opened on that date at 10:30 a.m., at the Ware County Commission Office located at 800 Church Street, Suite 223, Waycross, Georgia. No late bids will be accepted. Awarding of the bid will take place at the next regular meeting of the Ware County Board of Commissioners and will be based on the lowest and/or best bid.

If you have any questions concerning this bid, you may call Elizabeth Hope at (912) 287-4300.

Should your firm be interested in submitting a bid, please complete the attached forms, submit the sealed bid, marked *Prescription Services*, and mail or deliver to:

Ware County Commission  
Elizabeth Hope  
800 Church Street, Suite 223  
Waycross, GA 31501

*Ware County*  
Opportunity in every direction.

## **SPECIFICATIONS**

### **Scope**

- The Ware County Jail is located at 3487 Harris Road Waycross, GA 31503. Ware County, on average, spends approximately \$87,180.00 annually on prescription drug services for inmates. Purchase volumes can and do vary, the amounts listed are estimates only, not a guarantee of actual purchases.
- The inmate population currently averages 350, with a maximum capacity of 511.
- Pharmacy services may include, but are not limited to: Prescription drugs, over the counter medications and other medical supplies.

### **Bid/Contract Period**

- The contract will be for a three (3) year period, with an annual option to renew. The first contract period will run from July 1, 2010-June 30, 2011. At any time during this period, there is a breach of contract by the supplier, the supplier will be provided with a thirty (30) day written notice of contract termination. Rebidding will then be necessary.
- Supplier must notify Captain Jim Stapleton, Jail Administrator, 912-287-4325 of any changes that occur during the contract period.

### **Service Requirements**

- Services shall be available seven (7) days per week, twenty-four (24) hours per day. Normal procedure shall include new prescriptions being called in, faxed in or delivered during normal business hours (Monday-Friday, 8:00am-5:00pm).
- Emergency prescriptions shall be available at all hours. A licensed pharmacist shall be available via phone, cell phone, pager or answering service so that he/she may be reached after hours in an emergency situation. Jail Staff must be made aware of any changes in the emergency contact information immediately.
- All prescriptions/supplies shall be delivered to the Ware County Jail located at 3487 Harris Road and placed in the medication lock box in the Jail lobby.
- Deliveries shall be made promptly, as needed. Promptness of deliveries is of great importance to the operation of the Ware County Jail Medical Department.

- Vendor/Supplier must notify the nurse on duty in the event of an unforeseen delay in the delivery of an order.
- All drugs must be packaged so as to be protected from damage due to normal delivery and handling.

## **Pricing**

- Prices for prescription drugs shall be determined by using the current (at the time of sale) Average Wholesale Price (AWP) minus (-) the discount percentage, plus (+) the dispensing fee. This method shall be used on all prescription drugs which are not assigned a Maximum Allowable Cost (MAC).
- The price for prescription drugs with a MAC shall be determined by using the MAC plus (+) a dispensing fee
- Over-the Counter (OTC) products shall not include a dispensing fee.
- Ware County Board of Commissioners and the Ware County Jail are sales tax exempt. Pricing should not include taxes.
- Delivery charges, if any, should be listed on Attachment A. There must be no hidden charges.

## **Quantities**

- Ware County shall not be required to purchase any minimum or maximum quantities during the contract period.

## **Invoicing/Payment**

- The amount due shall be paid within thirty (30) days of receipt of a correct invoice.
- Invoices should be submitted to:

Ware County Jail  
Attn: Betty Boatwright  
3487 Harris Road  
Waycross, GA 31503

- A separate invoice shall be submitted for each inmate and should include the following minimum information:

Patient's Name  
Prescribing Doctor  
Drug Name (Brand Name or Generic Name)  
Quantity Prescribed and Quantity Supplied  
Prescription Number  
Price (Including AWP or MAC)

## **Discounts**

- Prompt Payment Discounts offered for a period of less than fifteen (15) days shall not be considered in determining the low bidder. However, such discounts, when offered, shall be taken provided payment is made within the time specified. Time, in connection with discounts for prompt payment, shall be computed from the date of final acceptance of all goods for which payment is claimed, or the date the correct invoice is received by the Ware County Jail, whichever is later.

## **Insurance Coverage:**

- Supplier must have insurance on all motor vehicles in their fleet in accordance with State, Federal and Local laws. Minimum coverage shall be \$1,000,000.00 per incident.
- Failure to maintain insurance coverage as required will be grounds for immediate termination of the contract.
- Prior to commencing work or services under this contract, the supplier must furnish Ware County with Certificates of Insurance as evidence that policies provide the required coverage.

## **Termination of Contract**

- Contract may be terminated with thirty (30) days written notice by either party for non-compliance of terms and conditions of the contract. If aggrieved party's complaint(s) can be corrected within fifteen (15) calendar days, contract may be continued with written consent of both parties; otherwise, contract will be terminated at the end of the original thirty (30) days.

## **EXCEPTIONS**

*Please include detailed information regarding any exceptions that apply. If no exceptions, leave blank.*

Service Requirements:

Invoicing/Payment:

Insurance coverage:

Other:

## ATTACHMENT A Pricing

Percentage Discount Off of AWP (Average Wholesale Price)	%
Dispensing Fee	\$
Delivery Fee (If Any)	\$
Additional Fees/Costs (If Any)	\$
Prompt Payment Discount Percentage/Days	%
	Days

**\*All charges must be included. No hidden charges\***

## **BID AUTHORIZATION**

Sign below in ink in the space provided. Unsigned bids will be considered incomplete and will be subject to rejection.

IT IS AGREED BY THE UNDERSIGNED BIDDER THAT THE SIGNING AND DELIVERY OF THIS BID REPRESENTS THE BIDDER'S ACCEPTANCE OF THE TERMS AND CONDITIONS OF THE SPECIFICATIONS AND PROVISIONS, AND IF AWARDED THIS BID, WILL PERFORM IN ACCORDANCE WITH THIS AGREEMENT.

BID SUBMITTED BY:

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

## STATEMENT OF NO BID

We, the undersigned, have declined to bid

- \_\_\_\_\_ Specifications too “tight”, i.e., geared toward one brand or manufacturer only
- \_\_\_\_\_ Insufficient time to respond to the Invitation to Bid.
- \_\_\_\_\_ We do not offer this product or services
- \_\_\_\_\_ Unable to meet specifications
- \_\_\_\_\_ Unable to meet Bond requirements
- \_\_\_\_\_ Specifications unclear (explain how)
- \_\_\_\_\_ Unable to meet Insurance requirements
- \_\_\_\_\_ Remove us from your Vendor’s List altogether
- \_\_\_\_\_ Other (specify below)

Remark:

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Company Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Is any owner or officer of the bidder an employee of Ware County or related as close as third cousin to a Ware County Commissioner or other elected official?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Local Vendors submitting a bid from Waycross and Ware County MUST have valid City and/or County business license.**

Local Vendor: YES \_\_\_\_\_ NO \_\_\_\_\_

City License #: \_\_\_\_\_

County License #: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**Any bid not containing this information will NOT be considered**