REQUEST FOR PROPOSALS
TO PROVIDE PROFESSIONAL
REPRESENTATION SERVICES FOR
THE METROPOLITAN MOSQUITO CONTROL DISTRICT

METROPOLITAN MOSQUITO
CONTROL DISTRICT

October 5, 2020
SUMMARY
The Metropolitan Mosquito Control District (MMCD) is requesting proposals for representation of the MMCD with local and state elected officials, and local and state agencies beginning on January 1, 2021 through the two-year period ending on December 31, 2022 with the possibility of renewal thereafter.

Proposals must be received no later than 2:00 p.m. on Tuesday, October 27, 2020. Proposals received after the above date and time may not be considered.

Notwithstanding any other provisions of the RFP, the MMCD reserves the right to reject any or all proposals, to waive any irregularity in a proposal, and to accept or reject any item or a combination of items, when to do so would be to the advantage of the MMCD or its taxpayers. It is further within the right of the MMCD to reject proposals that do not contain all elements and information requested in this document. The MMCD shall not be liable for any losses incurred by any responders throughout this process.

During the evaluation process, the MMCD reserves the right, where it may serve the MMCD’s best interest, to request additional information or clarifications from proposing firms, or to allow corrections of errors or omissions. At the discretion of the MMCD, firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

It is anticipated that the selection of a firm will be made as soon as possible.

GENERAL INFORMATION
The Metropolitan Mosquito Control District was established under Minnesota Laws 1959, Chapter 488 (Codified as Minnesota Statutes, 473.701 to 473.716). The MMCD operates under the Metropolitan Mosquito Control Commission (MMCC), made up of 18 County Commissioners, representing the seven-county metropolitan area. It was created to control mosquitoes and black flies (biting gnats) and to perform surveillance on Lyme ticks in the metropolitan area.

MMCD Demographics

Date Initiated: 1958

Service area: 2,970 square miles

Population est. 2016: 3.04 million
1.19 million households

Counties Included: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

The MMCD employs an integrated pest management approach in its control of disease transmitting and human biting mosquitoes. The majority of control targets immature mosquitoes that develop in over
70,000 unique wetland settings and over 50,000 catch basins and other man-made habitats within the seven-county service area. Control of adult mosquitoes is also conducted to reduce the risk of disease and annoyance.

The MMCD monitors and controls immature black flies that develop in the four major rivers and numerous small streams located within the service area. Immature black flies are treated with a natural soil bacterium (Bti) under a permit issued by the Minnesota Department of Natural Resources.

The MMCD monitors the distribution of deer ticks that are capable of transmitting Lyme disease, human granulocytic anaplasmosis (formerly known as ehrlichiosis) and babesiosis. The MMCD works closely with the Minnesota Department of Health in providing information to citizens to reduce the risk of tick transmitted diseases.

The MMCD provides information, using a diverse network of outlets and venues, designed to inform citizens about its activities and to assist citizens in managing the impact of biting insects and ticks on their health and well-being.

PROPOSAL SUBMITTAL
Proposals must be submitted by 2:00 p.m. on Tuesday, October 27, 2020

US Mail addressed to:
Metropolitan Mosquito Control District
ATTENTION Stephen Manweiler - Proposal
2099 University Ave West
St Paul, MN 55104

Email to: mmcd_sam@mmcd.org

SCOPE OF SERVICES
The Metropolitan Mosquito Control District desires representation with local and state elected officials, local and state agencies including the following services:

- Build relationships with MMCD staff and key legislators (both Republican and Democratic parties)
- Monitor developments in state government that impact MMCD operations
- Conduct research, assist with messaging, draft bills and find sponsors
- Represent the MMCD at the Legislature and with Executive Branch
- Support legislation consistent with mission of MMCD and oppose legislation harmful to MMCD

Reporting
The selected firm will be required to submit to the MMCC and Executive Director the following reports:

- Provide, during session(s), weekly briefs to the MMCC and Executive Director by means of email reports
- Attend MMCC monthly meetings
- Initiate regular phone communication with the Executive Director and other interested parties
- Other duties as agreed upon
Time Requirements
The MMCC convenes twelve monthly meetings. The selected firm will be required to report at each of these twelve meetings.

General Proposal Requirements

1. On-site Inspections – Representatives of the various responsibilities within the MMCD will be available to discuss their operations for interested proposing firms.

2. Inquiries - Inquiries concerning the request for proposals and the subject of the request for proposals must be made to:
   Stephen Manweiler
   Executive Director
   2099 University Ave West
   St Paul, MN 55104

3. Submission of Proposals – Proposals are requested to be received by October 27, 2020 for a proposing firm to be considered. The Technical Proposal should demonstrate the qualifications of the firm and of the particular staff to be assigned to this engagement, and shall include the following:
   a. Title Page – Title page showing the request for proposals subject; the firm’s name; the name, address and telephone number of the contract person; and the date of the proposal.
   b. Table of Contents
   c. Transmittal Letter – A signed letter of transmittal briefly stating the firms understanding of the work to be done, the commitment to perform the work within the time period, a statement why the firm believes itself to be best qualified to perform the engagement and a statement that the proposal is a firm and irrevocable offer for 60 days.
   d. Mandatory Elements:
      i. The firm is independent and licensed to practice in Minnesota
      ii. The firm has no conflict of interest in regard to any other work performed by the firm for the District.
      iii. The firm adheres to the instructions in this RFP on preparing and submitting the proposal.
   e. Technical Qualifications
      i. Expertise and Experience
         1. The firm’s past experience and performance on comparable government engagements,
         2. The quality of the firm’s professional personnel to be assigned to the engagement and the quality of the firm’s management support personnel to be available for technical consultation.
      ii. Representation Approach
         1. Proposed staffing plan for various segments of the engagement
         2. Representation techniques
         3. Analytical procedures
         4. Use of technology to provide representation services
iii. Price - Please refer to Attachment B
   f. Executed copies of Proposing Firm Warranties, attached to this request for proposal (Attachment A).

**Dollar Cost Proposal; Total All-inclusive Price**
The dollar cost proposal should contain all pricing information relative to providing representation services as described in this request for proposal. The total all-inclusive maximum price is to contain all direct and indirect costs including all out-of-pocket expenses. The MMCD will not be responsible for expenses incurred in preparing and submitting the proposal. Such costs should not be included in the proposal.

If it should become necessary for the MMCD to request the selected firm to render any additional services requested in the RFP or to perform additional work as a result of the specific recommendations included in any report issued on this engagement, then such additional work shall be performed only if set forth in an addendum to the contract between the MMCD and the firm.

**Evaluation Criteria**
The MMCD reserves the right to retain and utilize all proposals submitted regardless of whether that proposal is selected.

Proposals will be evaluated using the criteria as outlined in the **GENERAL PROPOSAL REQUIREMENTS** section of this RFP, and will be evaluated further for both professional qualifications and price. While not the prime determinant in the Districts selection of a firm, price will be an important element.

**Contract Execution**
It is anticipated that the MMCD will establish a relationship with a selected company for a minimum of two (2) years. After the initial two-year contract expires, MMCD reserves the right to renew the contract for an additional time period if both parties are in agreement. Each party may terminate the contract with 90-day notice. The MMCD reserves the right to negotiate the final terms and conditions of the contract to be executed. Should the MMCD and a company be unable to agree upon the entire contract, the MMCD reserves the right to discontinue negotiations, and select another company. Upon completion of negotiations agreeable to the MMCD and company, a contract shall be executed.

**Proposal Contents**
By submission of a proposal, Responder warrants that the information provided is true, correct and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the responder to other remedies available by law.
Preference to Targeted Group and Economically Disadvantaged Businesses and Individuals

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1820, certified Targeted Group Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal. Eligible TG businesses must be currently certified by the Materials Management Division prior to the solicitation opening date and time. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at mmdhelp.line@state.mn.us. For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

Veteran-Owned Preference

In accordance with Minn. Stat. § 16C.16, subd. 6a, (a), except when mandated by the federal government as a condition of receiving federal funds, the commissioner shall award up to a six percent preference on state procurement to certified small businesses that are majority-owned and operated by veterans.

In accordance with Minn. Stat. § 16C.19 (d), a veteran-owned small business, the principal place of business of which is in Minnesota, is certified if it has been verified by the United States Department of Veterans Affairs as being either a veteran-owned small business or a service disabled veteran-owned small business, in accordance with Public Law 109-461 and Code of Federal Regulations, title 38, part 74.

To receive a preference the veteran-owned small business must meet the statutory requirements above by the solicitation opening date and time.

If you are claiming the veteran-owned preference, attach documentation, sign and return the Veteran-Owned Preference Form with your response to the solicitation. Only eligible veteran-owned small businesses that meet the statutory requirements and provide adequate documentation will be given the preference.
Worker’s Compensation Certification
I hereby certify that effective the date of my Contract with the Metropolitan Mosquito Control MMCD and at all times in the performance of such Contract that:

□ I have and will maintain in full force and effect policy of Workers Compensation Insurance in compliance with the Laws of the State of Minnesota with the following insurance company:

____________________________________________________________________
Company Name
_____________________________________________________________________________
Agent’s Name, Address and Telephone Number
_____________________________________________________________________________
Policy Number and Effective Date

OR

□ I will perform said Contract myself and do not have and will not have any employee or employees assisting me with the performance of the Contract and am not required by the Laws of the State of Minnesota to obtain and maintain a policy of Worker's Compensation Insurance in the performance of this Contract.

I understand that this statement is made as a material part of the Contract, which I have contemporaneously made with the Metropolitan Mosquito Control District.

_____________________________________________________________________________
Date
_____________________________________________________________________________
Signature of Contractor
_____________________________________________________________________________
Print Name and Title
Independent Contractor Statement

It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of co-partners between the parties hereto or as constituting the Contractor as the agent, representative or employee of the MMCD for any purpose or in any manner whatsoever. The Contractor is to be and shall remain an independent contractor with respect to all services performed under this Agreement.

The Contractor represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of the Contractor or other persons, while engaged in the performance of any work or services required under the Agreement, shall have no contractual relationship with the District, shall not be considered employees of the MMCD and any and all claims that may or might arise under the Unemployment Compensation Act or the Workers’ Compensation Act of the State of Minnesota on behalf of said personnel arising out of employment or alleged employment including, without limitations, claims of discrimination against the Contractor, its officers, agents, contractors or employees, shall in no way be the responsibility of the District; and the Contractor shall defend, indemnify and hold the District, its officers, agents and employees harmless from any and all such claims irrespective of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall neither require nor be entitled to any compensation, rights or benefits of any kind whatsoever from the District, including without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers’ Compensation, Unemployment Insurance, disability, severance pay and PERA.

Company/Individual Name: ________________________________

Official Address: _____________________________________________________________________________

Signature and Title: ____________________________________________________________________________

Date: ________________________________________________________________________________________
Client References
Request for Proposal for Representation Services

Please provide three (3) client references. It is preferred that those references are of clients within the State of Minnesota and located within the Twin Cities Metropolitan Area.

The MMCD reserves the right to contact references other than, and/or in addition to, those being furnished below.

1. Contact:____________________________________________________________
   Business:____________________________________________________________
   Address: ____________________________________________________________
   Phone Number:_______________________________________________________

2. Contact:____________________________________________________________
   Business:____________________________________________________________
   Address: ____________________________________________________________
   Phone Number:_______________________________________________________

3. Contact:____________________________________________________________
   Business:____________________________________________________________
   Address: ____________________________________________________________
   Phone Number:_______________________________________________________
PUBLIC NOTICE
The Metropolitan Mosquito Control MMCD is seeking proposals from qualified individuals to secure a two-year contract for representation services.

Copies of the Proposal Forms are available at the District’s St Paul Office, 2099 University Avenue W., Saint Paul, MN, 55104, via e-mail: mmcd_sam@mmcd.org or via the MMCD website: www.mmcd.org.

Proposals must be submitted to the MMCD front desk at 2099 University Avenue W., Saint Paul, MN, 55104 no later than 2:00PM Central, Tuesday, October 27, 2020. Proposals must be clearly identified as “PROPOSALS FOR REPRESENTATION SERVICES” and show the name and address of the submitting individual. Late proposals will not be considered.

The MMCD reserves the right to reject any and all proposals.
ATTACHMENT A

PROPOSED WARRANTIES

A. Proposer warrants that it is willing and able to comply with State of Minnesota laws with respect to foreign (non-state) corporations.

B. Proposer warrants that it is willing and able to obtain an errors and omissions insurance policy providing a prudent amount of coverage for the willful or negligent acts, or omissions of any officers, employees, or agents thereof.

C. Proposer warrants that it will not delegate or subcontract its responsibilities under an agreement without the prior written permission of the District.

D. Proposer warrants that all information provided by it in connection with this proposal is true and accurate.

______ Initial
ATTACHMENT B

FEE PROPOSAL

The firm of ____________________________________________________________ submits the following annual fees:

2021 Annual Fees……………………………………………………………………...$________________

2022 Annual Fees……………………………………………………………………..$________________

Signature (Authorized Agent):__________________________________________________________

Name (Printed):_____________________________________________________________________

Title:______________________________________________________________________________

Date:________________________________________