Escambia County

Request for Quote Laboratory Services ECWQL-2020_NCCA_NARS
General Laboratory Analytical Services for the Escambia County Water Quality Laboratory

The Escambia County Water Quality Laboratory (ECWQL) is located at 3363 West Park Place in Pensacola, Florida. The ECWQL needs certified laboratory testing to support the joint EPA National Coastal Condition Assessment and National Aquatic Resource Surveys (NCCA/NARS) monitoring programs. The ECWQL requires a NELAP certified lab that operates Monday through Friday, 8:00 AM- 5:00 PM. All responses are subject to a Water Quality Land Management Division (WQLM) and third-party review. The award may be for the complete project or a partial scope. Because of the specialty testing requirements, subcontracting is allowed and laboratories that have corresponding specialty testing capability are encouraged to complete the quote for the section in which they have capability.

For questions please contact Christy Draper at Email: cjdraper@myescambia.com or Call: 850-595-1873.

1. MINIMUM QUALIFICATIONS

Respondent must initial all qualifications that apply below. Failure to initial a qualification or provide requested documentation may be considered non-responsive.		
a.	Respondent must be located in, have a local partner laboratory or service center within a 1-hour drive of Pensacola, FL or have arrangements made for expedited shipping in order to meet the short hold time limits of several methods required and to accommodate sampling schedules.	
b.	Respondent, either the individual responding to this solicitation or project manager assigned to the project, must have successfully completed at least two projects of a similar nature in the past five years. Each project shall have had a project value of at least \$25,000.	
c.	Respondent must have at least five years of experience performing testing services for the environmental testing methods for which they are submitting a quote.	
d.	Respondent shall have current National Environmental Laboratory Accreditation Program (NELAP) certification and meet all state and local government requirements to provide all the requested services and tests specified but not limited to, metals, nutrients, organic extractables, microbiology, pesticides/herbicides/PCBs and purgeable organics for any submitted section.	
e.	Respondent must provide copies of the most recent satisfactory NELAP or Department of Environmental Protection (DEP) / Department of Health (DOH) assessment of their facility. Any follow-up correspondence shall be included if any corrective action was required.	
f.	Respondent will be required to fill out the attached Biology and Chemistry Request Forms and provide all requested documentation for review upon award before the project begins.	
g.	Respondent shall employ a full time Quality Control Officer who has at least two years experience in the quality control of laboratories to ensure National Environmental Laboratory Accreditation Program (NELAP) compliance.	
h.	Respondent must identify all portions of the work Respondent intends to perform through subcontractors for each portion of the work (not including in-network laboratories).	

Irrespective of the minimum qualifications stated above, the County may make such investigations as it deems necessary to determine the ability of the Respondent to perform the Work. The County reserves the right to reject any quote if the evidence submitted by such Respondent and/or the County's independent investigation of such Respondent fails to satisfy the County that such Respondent is properly qualified to carry out the obligations of the Agreement and complete the Work in a manner acceptable to the County within the time specified. There are five Measure/Indicator sections: Water Quality Index, Sediment Quality Index, Fish Quality Index, Benthic Index and Human Health. All respondents must be able to meet specific criteria as outlined in the National Coastal Condition Assessment 2020 Laboratory Operations Manual (LOM attached) including but not limited to methods, parameter lists, quality control criteria and method detection limit (MDL) targets for each Measure/Indicator section submitted. Please list any method deviations and/or parameter exceptions in which the MDL does not meet the MDL target.

Analytical criteria details are found in the following LOM sections:

General Laboratory Guidelines: Section 2, pg. 13 Human Health, Algal Toxins: Sections 3, 4, pg. 17, 32

Benthic Index: Section 5, pg. 52

Fish Quality Index (Whole Fish): Section 6, pg. 76

Sediment Quality Index: Section 7, pg. 96 Water Quality Index: Section 8, pg. 109

Sediment Quality Index, Sediment Toxicity: Section 9, pg. 125 Human Health, Fish Tissue Mercury: Section 11, pg. 138 Human Health, Enterococcus, Section 12, pg. 142

Measure/Indicator		Assessment Outcome	Cost/Sample	Cost/Group
	Dissolved Oxygen	Hypoxia/Anoxia	N/A	N/A
	рН		N/A	N/A
	Temperature	Water Column Characteristics	N/A	N/A
	Depth	- water Column Characteristics	N/A	N/A
	Salinity		N/A	N/A
		Societal Value and Ecosystem		
	PAR/Secchi	Production	N/A	N/A
	Nutrients: Dissolved Inorganic			
	NO_x			
Water Quality Index	NO ₂			
	NO ₃			1
	NH ₄	_		
	<u> </u>	Nutrient Enrichment		
	PO ₄			1
	Total Nitrogen			
	NO _x			_
	TKN			
	Total Phosphorus			
	Chlorophyll-a			
	Grain size	Influencing Factor for Extent and		1
	TOC (optional)	Severity for Contamination		
	Sediment Chemistry:			
	15 Metals			_
Sediment Quality	25 PAHs	Risk of Biological Response to		_
Index	20 PCBs	Sediment Contamination		_
	14 Pesticides			_
	6 DDT Metabolites	B'alac'ad Bassassa ta Cad'assat		
	Codford To 14th	Biological Response to Sediment		
	Sediment Toxicity	Exposure		
	Whole Body Fish Contaminants: 13 Metals	\dashv		-
		Environmentally Available		-
Fish Quality Index	20 PCBs 14 Pesticides	Environmentally Available		1
	6 DDT Metabolites	Contaminant Exposure Risk		1
	25 PAHs (optional)	-		+
	25 FATIS (Optional)	Biological Response to Site		
Benthic Index	Benthic Community Structure	Conditions		
	Algal Toxins:			
	Microcystin			
Human Health	Cylindrospermopsin	Societal Value		
	Fish Tissue Mercury (skin on fillet)			
	Enterococci			

COST SCHEDULE

(This form to be included in quote submittal)

Quotes are due by 5:00 p.m. CST, April 30, 2020

To: Escambia County Water Quality Laboratory

In accordance with the quote for Laboratory Analytical Services for the NCCA/NARS monitoring programs, subject to the terms and conditions of the Agreement, the undersigned proposes to perform the Work for the price contained in the following attached schedule (fill in all blanks). The quote for the NCCA/NARS consists of five Measure/Indicator sections: Water Quality Index, Sediment Quality Index, Fish Quality Index, Benthic Index and Human Health. Laboratories must follow all guidelines as laid out in the National Coastal Condition Assessment 2020 Laboratory Operations Manual. There are expected to be between 13-30 samples (sample stations) taken in each section however, quantity may vary.

The County expressly reserves the right to increase, decrease, or delete any class, item, or part of the Work, as may be determined by the County. The Cost Table attached is based on covering the NCCA/NARS sampling event for calendar year summer of 2020. Any reported sample result rendered unusable due to laboratory failure (such as but not restricted to missed hold time) will result in non-payment for that analyzed sample.

I HEREBY ACKNOWLEDGE, as Respondent or Respondent's authorized representative that I have fully read and understand all terms and conditions as set forth in this quote and that upon award of such quote, shall fully comply with such terms and conditions.

Respondent (firm name)	
Address	
E-mail address	
Signature/Date	Telephone number
Typed name and title	Fax number

COST SCHEDULE TABLE ATTACHED (All costs in the Table are to be included in Quote submittal)

The Quote will be awarded to the Respondent with the best match per Measure/Indicator and may be submitted as complete or partial in scope. Subcontracting is permitted and can be listed below.

Costs shall include, but not limited to, equipment, labor, supervision, courier service, sample kits and incidentals necessary to complete all activities specified. Unit costs are required for each applicable line item. If not applicable, please enter a zero or dash on the cost line. If a line item cost is included in another unit cost, please indicate that on the cost line. Courier or shipping both ways and sample disposal shall be included in the unit price. All quantities are estimates only and not guaranteed.

PROPOSED SUBCONTRACTORS

Respondent must identify all portions of the Work Respondent intends to perform through subcontractors. Do not include in-network laboratories.

1.	Name and address of subcontractor:
	Description of work:
	Estimated value of Work:
2.	Name and address of subcontractor:
	Description of work:
	Estimated value of Work:
3.	Name and address of subcontractor:
	Description of work:
	Estimated value of Work:
4.	Name and address of subcontractor:
	Description of works
	Description of work:
	Estimated value of Work:

5.	Name and address of subcontractor:		
	Description of work:		
	Estimated value of Work:		
	(This form to be included in quote submittal)		

NO RESPONSE FORM ECWQL

Quote ECWQL-2020_NCCA_NARS Laboratory Analytical Services for NCCA/NARS Monitoring

Your reasons for not responding to this Request for Quotes are valuable to the ECWQL procurement process. Please complete this form and return it to the Division of Purchasing no later than the date set for receipt of quotes. Thank you for your cooperation.

Please che	eck (as applicable):			
	Specifications too "general" (explain	n below)		
	Insufficient time to respond to the I	nvitation for Quotes		
	Do not provide this type of work for this project			
	Schedule would not permit us to perform Unable to meet quote specifications Specifications unclear (explain below)			
Disagree with solicitation or Agreement terms and conditions (e		nent terms and conditions (explain below)		
	Other (specify below)			
Remarks:				
RESPOND	ENT (FIRM NAME)			
ADDRESS				
E-MAIL A	DDRESS			
SIGNATUR	E/DATE	TYPED NAME AND TITLE		
TELEPHONE NUMBER		EAY NI IMBER		