



LAUDERDALE COUNTY BOARD OF SUPERVISORS

2600 Courthouse Blvd, 2nd Floor
Meridian, Mississippi 39301
601-482-9746
purchasing@lauderdalecounty.org



REQUEST FOR QUOTES (RFQ)

RFQ NO. LC101-2025: OFFENDER TRANSPORT & HOSPITAL SECURITY SERVICES

PACKET INCLUDES THE FOLLOWING:

- Legal Advertisement
- General Information
- General Conditions
- Description of Services
- Other Important Information
- Organization of Proposal Submission
- Questions and Inquiries
- Addenda Information
- Vendor Data Sheet (Page 12)
- Vendor Subcontractor Data Sheet (Page 13)
- Non-Collusion Affidavit of Bidder (Page 14)
- Addenda (Page 15)

RESPONSE DUE BY THURSDAY, SEPTEMBER 11, 2025, NOT LATER THAN 9:00 A.M.

ALL QUALIFIED RESPONSES WILL BE OPENED PUBLICLY AT 10:00 A.M.

NO LATE RESPONSES WILL BE ACCEPTED

Firm Name

LEGAL NOTICE
ADVERTISEMENT FOR PROPOSALS

NOTICE is hereby given that the Board of Supervisors of Lauderdale County, Mississippi, will receive sealed proposal quotations until 9:00 a.m. on Thursday, September 11, 2025, for the following:

RFQ NO. LC101-2025: OFFENDER TRANSPORT AND HOSPITAL SECURITY SERVICES

The above shall be proposed per detailed specification on file in the Office of the Purchase Clerk, 2600 Courthouse Blvd, 2nd Floor, Meridian, MS 39301, (601) 482-9746, which may be obtained upon request or by visiting either the website of Lauderdale County Board of Supervisors at www.lauderdalecounty.org or Central Bidding at www.centralbidding.com.

Electronic Proposals can be submitted via Central Bidding at www.centralbidding.com.

Sealed Proposals can be submitted by mail via USPS, by courier service i.e., FedEx or by hand to the Lauderdale County Purchasing Department, 2600 Courthouse Blvd, 2nd Floor, Meridian, MS 39301, Monday thru Friday between the hours of 8:00 a.m. to 5:00 p.m. Envelopes must be received by the acceptance date and time listed above.

Each proposal quotation must be received in a sealed envelope which contains the proposer's business name and address and is marked in the lower left-hand corner with the words "QUOTES FOR OFFENDER TRANSPORTATION AND HOSPITAL SECURITY SERVICES", "RFQ #LC101-2025", and the "DATE OF THE PROPOSAL OPENING". Adherence to the proposal specifications is strongly recommended for your quotation to be considered.

From the proposal quotations submitted, the Board of Supervisors shall select the most qualified based on price, and other relevant factors, negotiate and enter into a contract, all pursuant to Section 31-7-13, Mississippi Code of 1972, as amended. All proposals offered will be read aloud. All proposals will be accepted and evaluated by the Lauderdale County staff.

The board reserves the right to reject any, and all proposals received and to waive informalities.

By: Justin "JJ" Anders, Board President

SUBMITTED:

MERIDIAN STAR:
PUBLISHED THE ABOVE LEGAL
ADVERTISEMENT ON August 16th, 2025 and August 23rd, 2025

PROOF OF PUBLICATION TO:

Stephanie Jackson
Lauderdale County Board of Supervisors
2600 Courthouse Blvd, 2nd Floor
Meridian, MS 39301
Phone: 601-482-9735

**LAUDERDALE COUNTY REQUEST FOR QUOTES:
RFQ NO. LC101-2025 – OFFENDER TRANSPORT AND HOSPITAL
SECURITY SERVICES**



I. GENERAL INFORMATION

A. RECEIPT AND OPENING OF QUOTES:

Lauderdale County, Mississippi, (the "County") hereby invites and will receive proposal quotations on the forms attached hereto. Quotes will be received at Lauderdale County Government Complex at 2600 Courthouse Blvd, 2nd Floor in Meridian, Mississippi, until **9:00 a.m. on Thursday, September 11, 2025**. Each proposal quotation will be publicly opened, read aloud on the aforesaid date and taken under advisement for evaluation.

Any proposal quotation may be withdrawn prior to the above scheduled time for the opening of proposals or authorized postponement thereof.

Any proposal quotation received after the time and date specified shall not be considered.

B. INTENT:

It is the intent of these specifications, terms, and conditions to describe the security services required on an as needed basis for Lauderdale County Sheriff's Department and the Board of Supervisors of Lauderdale County, MS.

The term of the contract is anticipated to be five (5) years, comprised of an initial three (3) year term with the provision of two (2) additional one (1) year terms to the Selected Vendor as the most responsible bidder(s) whose response conforms to the RFQ and meets the County's requirements.

Rates for the first three (3) years shall be fixed. The County may entertain rate increase proposals for optional years four (4) and five (5).

See Section III for a full scope of work.

Lauderdale County will not consider any proposal not prepared and submitted in accordance with the provisions hereof and Lauderdale County reserves the right to reject any and all proposals.

C. SUBMISSION PROCESS:

Proposals must be submitted following the format prescribed in this RFQ. Proposals not submitted in the manner prescribed herein will not be considered.

An executed copy of the Affidavit of Bidder Certification Form SIGNED AND NOTARIZED (Page 14) must be included in each submission. Please note that if no Bid Affidavit is included, the response will be rejected. Lauderdale County is exempt from all state and federal taxes. Tax exempt certificates are available upon request.

All responses should be submitted in a sealed envelope, with the following marked on the outside:

"RFQ #LC101-2025: LDC OFFENDER TRANSPORT AND HOSPITAL SECURITY SERVICES"
YOUR COMPANY NAME
YOUR COMPANY ADDRESS

Respondents shall submit one (1) original proposal and two (2) copies of it if delivered in a sealed envelope. If submitting it electronically via Central Bidding, respondents shall submit one (1) proposal.

Responses must be received by **9:00 a.m. Central Time on Thursday September 11, 2025**. Late bids will be rejected and returned without being opened. ***The clock in the Purchasing office is the official time piece for this submission.*** If interested, Vendors may use mail or express systems to deliver their bid to the Purchasing Department; they should ensure that they are tendered to the carrier in plenty of time to reach the Purchasing Department by the time and date required. ***Facsimile transmitted bids shall not be accepted for this proposal.***

II. GENERAL CONDITIONS

By submitting a proposal, the Respondent represents and warrants that:

1. The information is genuine and not a sham, collusive, or made in the interest or in behalf of any party not therein named, and that the Respondent has not directly or indirectly induced or solicited any other respondent to put in a sham proposal, or any other respondent to refrain from presenting information and that the prospective provider has not in any manner sought by collusion to secure an advantage; and
2. The Respondent has not paid or agreed to pay any fee or commission, or any other thing of value contingent upon the award of an exclusive operating area, to any employee, official, or existing contracting consultant of the County.

This solicitation and related information can be found at <https://lauderdalecounty.org/Bids/>. Lauderdale County does not guarantee the accuracy of information posted on or obtained from third party organizations.

All proposals become the property of the County. The County reserves the right to reject any and all submittals; to request clarification of information submitted; to request additional information from competitors; and to waive any irregularity in the submission and review process. None of the materials submitted will be returned to the Respondent unless they are not submitted in a timely manner.

Proposals will become a public record and available for release to the public upon selection of a successful Respondent and Intent to Award Notification is distributed. Respondents shall specify in their cover letter if they desire that any portion of their proposal be treated as proprietary and not releasable as public information. If Respondent chooses to claim any information as proprietary, it must specify those sections in the cover letter and provide any legal justification for treatment as such. However, respondents should be aware that all such requests may be subject to legal review and challenge. In such event, each Respondent shall

be responsible for the legal defense against the release of their proposal as public information.

The County reserves the right to award an agreement without further competition based on the responses received to this RFQ.

The County reserves the right to request additional information not included in this RFQ from any or all Respondents after proposal due date.

The County reserves the right to contact references not provided in the submittals.

The County reserves the right to incorporate its standard language into any contract resulting from this RFQ.

The County reserves the right to reject any and all Proposals or any part of a Proposal if it is determined it is not in the best interest of the County.

The County reserves the right to contract for a part of the Proposal if it is determined it is in the best interest of the County

The County reserves the right to reject the Proposal of any respondent who previously failed to perform properly, or complete on time, contracts of a similar nature, or to reject the Proposal of a respondent who is not in a position to perform such a contract satisfactorily. The County may reject the Proposal of any respondent who is in default of the payment of taxes or other monies due to Lauderdale County.

An individual who is authorized to bind the proposing agency contractually shall sign the Proposal. The signature must indicate the title or position the individual holds in the firm. An unsigned Proposal shall be rejected.

III. DESCRIPTION OF SERVICES

A. OFFENDER TRANSPORT SERVICES:

1. The Selected Vendor shall assume custody of juvenile offenders committed to the custody of Lauderdale County Sheriff's Department and transport offenders to/or from Lauderdale County to various counties, to include but not limited to the following:

Adams County, Forrest County, Jones County, Leflore County, Lowndes County, Warren County, Washington County, and others as designated.

2. The Lauderdale County Sheriff's Department will provide the Vendor with all pertinent information concerning the committed offender including his/her identity, pertinent medical information, security information, and departure/destination information, for each transport requested.
3. The Lauderdale County Sheriff's Department will notify the Vendor within forty-eight (48) hours of the required services. However, there may be instances when we do not have advance notice. Feel free to include a separate rate/or charge for any request that is received with less than twelve (12) hours' notice.

4. Vendor will immediately notify the Lauderdale County Sheriff's Department regarding any unscheduled delay in transport, whether or not beyond the Vendor's control, including but not limited to inclement weather, mechanical malfunction, or emergency, the Vendor shall provide a written report upon request of the Lauderdale County Sheriff's Department.
5. Vendor shall provide appropriate uniforms in accordance with dress standards for the work assignment. Uniforms shall bear distinctive insignia or other characteristics that clearly distinguish the security officer as a Vendor employee and include a nametag or picture identification card.
6. Security officers on assignment shall maintain a clean, neat and well-groomed appearance and display professionalism at all times.
7. ***These services will be on an "as needed basis".***

B. HOSPITAL SECURITY SERVICES:

1. Vendor shall provide security services to guard County inmates at specified medical, hospital or psychiatric facilities as determined by the County.
2. Vendor shall provide two (2) armed security officers when requested to provide care custody and control of offenders while in medical facilities.
3. Vendor shall provide security officer services to any and all medical facilities located within Lauderdale County, as well as other medical, hospital, or psychiatric facilities outside of Lauderdale County, to include but not limited to, Jackson, MS and Birmingham, AL.
4. Response time to the designated location(s) should be as follows:
 - a. Five (5) hours or less for local (Lauderdale County, MS) facilities.
 - b. Sixteen (16) hours or less for facilities outside of Lauderdale County, MS i.e., Jackson, MS, Birmingham, AL, etc.
5. Vendor shall provide appropriate uniforms in accordance with dress standards for the work assignment. Uniforms shall bear distinctive insignia or other characteristics that clearly distinguish the security officer as a Vendor employee and include a nametag or picture identification card.
6. Security officers on assignment shall maintain a clean, neat and well-groomed appearance and display professionalism at all times.
7. ***These services will be on an "as needed basis".***

C. HOSPITAL SECURITY – VENDOR EQUIPMENT SUPPLIED:

The Vendor shall ensure security officers are equipped with the appropriate items for their assignment, to include but not limited to:

1. Mobile phone with accurate phone numbers that County Staff may reach security officers for general inquiries, incident responses and emergencies (changes to phone number must be submitted to the Sheriff's Department in writing in advance or immediately upon change);

2. Writing instruments, note pads, flashlights and any other duty equipment to carry out their assigned tasks while on their post; and
3. Belly chains/handcuffs and keys to both. It is mandatory that the Vendor provides this equipment and keys in case extra restraints are needed.
4. A vehicle for transportation between facilities, as required.

D. VENDOR AND INMATE INTERACTIONS:

1. Security Officers must notify the County if they are familiar (family or acquaintance) with the inmate/prisoner under guard.
2. Security Officers must remain alert to any items near/or in the inmate's possession.
3. Security Officers shall not in any way carry out personal requests or favors the inmate/prisoner may make for access to cell phones, providing food, etc.
4. Security Officers shall not allow personal visits to the inmate, without permission from the County.
5. Security Officers must provide a written report on any extra ordinary activity carried out by the inmate/prisoner under guard.

The County may request the Vendor to provide additional services on an as-needed basis.

In the event of unusual incidents, emergencies, and/or controversial situations that arise in the performance of its services to the Lauderdale County Sheriff's Department, Vendor shall immediately report such incidents to the Lauderdale County Sheriff's Department.

For purposes of this paragraph, the term "unusual incidents, emergencies, and/or controversial situations" includes but is not limited to any act of violence by the offender or other passengers, any escape or attempted escape of an offender or other breach of security, any use of force, any excessive delay in the transportation of an offender, any medical condition of an offender or other passenger requiring emergency medical treatment, any mechanical failure that would normally require formal reports to the Lauderdale County Sheriff's Department and any refusal of law enforcement agencies to release an offender to the Vendor as authorized or directed by the Lauderdale County Sheriff's Department.

The Vendor will follow chain of command regarding notification of any unusual incident.

Chain of Command contacts will be provided after award of contract.

IV. OTHER IMPORTANT INFORMATION

A. COMPANY HISTORY, EXPERIENCE AND QUALIFICATIONS:

Lauderdale County is seeking bidders with the following minimum qualifications:

- a. Vendor shall have extensive background in providing care custody and control of offenders while in medical facilities.

- b. Vendor shall possess all permits, licenses and professional credentials necessary to perform services as specified under this RFQ, as well as the following:
- (1) Ensure personnel are licensed by the State of Mississippi, have been subject to a comprehensive background investigation, submitted to fingerprint screening, screened for sex offender status, DOC check, pre-employment drug screening, etc.
 - (2) Conduct annual criminal background checks on all armed security officers assigned to Lauderdale County to include sex offender registry database.
 - (3) All armed security guard(s) shall have a minimum of three (3) years' experience working as an armed security guard.
 - (4) Armed security officers must be qualified by an NRA Law Enforcement instructor or equivalent nationally recognized firearm program instructor.
 - (5) All armed security officers' qualification course of fire should be the State of Mississippi approved law enforcement qualification course.
- c. The Vendor shall provide ongoing training to officers to ensure that any new policies and procedures are learned/or implemented.
- d. The Vendor shall be required to participate in a **minimum** of one annual tabletop exercise with Lauderdale County staff.

B. INSURANCE REQUIREMENTS:

The vendor will be insured for protection against known and recognizable risks, whereby these risks are assumed directly by the Vendor.

Copies of insurance policies and certificates of insurance are required at the time of submission. By responding and submitting a proposal, the bidder agrees to meet the minimum insurance requirements stated in the outline below.

The minimum insurance limits, to be held by the Vendor and maintained in full force required by Lauderdale County, performing on this RFQ are as follows:

<u>Coverage</u>	<u>Limits of Liability</u>
Commercial General Liability	\$ 3,000,000.00
Personal Injury Liability	\$ 3,000,000.00 each occurrence
Property Damage Liability	\$ 3,000,000.00 each occurrence

V. ORGANIZATION OF PROPOSAL SUBMISSION

Please include the following documentation with your proposal. ***Failure to include this information could negatively impact your submission and deemed as failure to comply.***

Proposals shall contain the following information and shall be organized in the same order as provided herein. Each of these section headers shall be listed in submitted proposal followed by the requested information:

Interested firms should review Section III (Description of Services) and Section IV (Other Important Information) in consideration of response.

1. **Cover Page.** The cover page shall state the Title and RFQ number, date of submission, and name and signature of the person who is authorized to make decisions and represent the submitting firm with respect to this RFQ.
2. **Company Information.** This section shall state:
 - a. The legal name of the company that will enter into a contract with the County and any alternate names for which the company is known (D.B.A.)
 - b. Mailing, physical, and billing addresses
 - c. Phone, fax, and website (if applicable)
 - d. Organization type
 - e. Federal I.D. number
 - f. List of owners
 - g. List of corporate officers/ownership with titles
 - h. Name (first and last), title, mailing address, phone number, fax, and email of the person to receive notices and who is authorized to make decisions or represent the company with respect to this RFQ and when requests are made.
3. **Biographies.** This section will allow us to evaluate the experience and industry knowledge of company. Provide details of your company structure and detail the biographies of owner(s), leadership, and management team.
4. **Experience and Qualifications.** This section consists of information requested to allow for review that does not include pricing. Each question/or information request should be copied into the proposal with answers to each of the following:
 - a. Provide background and detail capability in providing care custody and control of offenders in medical facilities.
 - b. Detail firearm program to include training.
 - c. Detail corporate training program to include continuous training.
 - d. Detail pre-hire background investigation and all aspects of the company hiring practices. A sample handbook or company policy manual can be provided in lieu of.
5. **Pricing Information/Structure.** This section shall communicate your proposed price for required services.
 - a. ***Provide the cost of Offender Transport Services.*** Detail capability and cost of transporting juvenile offenders to the locations listed in Section III, Paragraph A, Items 1 and 3.
 - b. ***Provide the cost of Hospital Security Services.*** This should be all-inclusive hourly labor rate for the medical facilities in Lauderdale County. Hourly rate should be inclusive of mileage and lodging when requested for medical facilities outside of Lauderdale

County, MS. Locations are listed in Section III, Paragraph B, Item 3.

6. **References.** Provide three (3) references (company, contact name, phone number, date(s) and description of service(s) provided). References should be entities for which similar work has been completed.
7. **Disclosures.** A complete disclosure of any alleged significant prior or ongoing contract failures, any civil or criminal litigation or investigation pending which involves the Respondent or a verification of no responsive incidents. Failure to comply with the terms of this provision may disqualify any proposal. Lauderdale County reserves the right to reject any proposal based upon the Respondent's prior history with the County or with any other party, which documents, without limitation, unsatisfactory performance, significant failures to meet contract milestones or other contractual failures.

If there are no disclosures to report, this section must still be included in submittal with an indication that there are no reportable disclosures.

8. **Insurance Requirement.** This section shall contain a written statement, indicating respondent's willingness and ability to meet all of the County's insurance requirements as indicated in Section IV, Paragraph B.

Respondents who are unable to meet all of the County's insurance requirements may submit with their proposal an alternative plan for obtaining insurance that will adequately mitigate the risks associated with providing the requested services. Any alternative insurance coverage request is subject to review and approval by County Counsel and the Board of Supervisors.

Failure to meet the County's insurance requirements (as determined by County Counsel and Board of Supervisors) may be sufficient reason for disqualification from the selection process.

9. **RFQ Addenda, if any.** Any and all addenda shall be signed to indicate acknowledgement of receipt and attached to the proposal. Failure to attach the included addenda form may result in the rejection of proposal. *(See Page 15)*
10. **County Bid Forms & Other Information.** Be sure to include/return the signed copies of pages 12 -15 of the proposal packet with your submission. You may also include any information/or literature you feel essential and would like to provide.

VI. QUESTIONS AND INQUIRIES

There will be no pre-bid conference. However, any questions you may have, clarifications needed, and/or requested changes shall be submitted by an individual authorized to commit their organization to the Terms and Conditions of this bid and shall be received in writing at the Lauderdale County Purchasing Department no later than **3:00 pm on Wednesday August 27, 2025.**

Questions received after said date and time will not receive a response. Questions shall not be submitted to anyone other than the Purchasing Agent or his/her representative. Vendors that submit questions verbally or in writing to any other County entity or County personnel shall be found in violation of this part and may be found non-compliant.

All questions are to be submitted by e-mailed to purchasing@lauderdalecounty.org.

Submissions shall clearly identify the RFQ Number, the Vendor's name and address and the name of the person submitting the question.

VII. ADDENDA INFORMATION

Responses to all questions received will be sent to each Vendor known to have copies of the Proposal. Answers and clarifications which are considered to materially change the solicitation will be issued as written addenda to the original Proposal and will be posted to both the Lauderdale County website at <https://lauderdalecounty.org> and Central Bidding at www.centralbidding.com.

Before your submission and periodically prior to the RFQ closing, check the site for any addenda or other materials that may have been issued affecting the bid.

It is the Bidder's sole responsibility to review this site and retrieve all related documents up to the RFQ due date.

The following pages must be completed, along with the Bid Cover Page (pg. 1), and returned/submitted along with the required items from Section V of this quotation proposal document. Failure to do so will result in the bid being deemed non-responsive.

[THIS SPACE WAS LEFT BLANK INTENTIONALLY]

VENDOR DATA FORM

I, the undersigned, do hereby acknowledge I have read all the requests listed herein and have submitted my bid and all documentation required accordingly.

NAME OF COMPANY: _____

LEGAL ADDRESS: _____

PHONE: (____) _____ FAX: (____) _____

FEDERAL ID #: _____ (Attach Form W-9)

I hereby certify that I am authorized to sign this proposal for/or on behalf of the company.

SIGNATURE: _____ DATE: _____
(Authorized Principal)

DIRECT PHONE: (____) _____ EMAIL ADDRESS: _____

PRINTED NAME & OFFICIAL TITLE: _____

*******PLEASE PROVIDE ADDITIONAL INFORMATION BELOW IF APPLICABLE*******

Owner/Stakeholder #1: Name: _____ Phone Number: _____

Owner/Stakeholder #2: Name: _____ Phone Number: _____

Parent Company Name (if different from above): _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

VENDOR SUBCONTRACTOR DATA SHEET

The Bidder shall indicate below the name of each subcontractor(s) they will use in the fulfillment of the contract. The Bidder shall specify the work/services to be performed/provided by the subcontractor. (If applicable, otherwise indicate N/A & enter company name)

Sub-Contractor Information: (If applicable)

Company Name: _____ FEIN: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Email: _____
Work/Services to be performed/provided: _____

Sub-Contractor Information: (If applicable)

Company Name: _____ FEIN: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Email: _____
Work/Services to be performed/provided: _____

Sub-Contractor Information: (If applicable)

Company Name: _____ FEIN: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Email: _____
Work/Services to be performed/provided: _____

Company Name of Bidder

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID

NON-COLLUSION AFFIDAVIT OF BIDDER

STATE OF _____

COUNTY OF _____

_____, being duly sworn, deposes and says that:

1. He/or She is _____ of _____ the bidder
Title Company Name

that has submitted the attached proposal.

2. He/or She is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid.

3. Such Bid is genuine and is not a collusive or sham bid.

4. Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other bidder, firm or person to submit a collusive or sham Bid in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm, or person to fix the price or prices in the attached bid or any other bidder, or to fix any overhead, profit or cost element of the bid price or the bid price of any other bidder, or to secure through any collusion, connivance, or unlawful agreement any advantage against Lauderdale County or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

SIGNED _____

TITLE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20__.

Notary Public, State of Mississippi. My Commission Expires: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

ADDENDA FORM

RFQ NO. LC101-2025: OFFENDER TRANSPORT & HOSPITAL SECURITY SERVICES

The following Addenda have been received. The modifications to the Proposal Documents noted below have been considered and all costs are included in the Proposal Quotation Total.

(If no addenda, please indicate with N/A in space provided and sign this form.)

- | | |
|---------------------|-------------|
| 1. Addendum # _____ | Date: _____ |
| 2. Addendum # _____ | Date: _____ |
| 3. Addendum # _____ | Date: _____ |
| 4. Addendum # _____ | Date: _____ |

Addendum Acknowledgement:

Signature of Bidder or Authorized Agent

Date

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID