

19. SUBMITTAL PACKET

RFQ-23-006SB



Snohomish County

Purchasing Services

purchasing@snoco.org

Proposers shall complete and submit the entire Submittal Packet

8A. Transmittal Section & Digital Signature

BIDDERS SHALL COMPLETE AND SIGN THE FORM BELOW

We acknowledge that all Addenda () through () have been examined as part of the Submittal documents.

Company Name:	American Cremation & Casket Alliance		
Address:	8808 271 st St NW, PO Box 2505	City/State/Zip Code:	Stanwood, WA 98292
Digital Signature:	Authorized Representative / Title (Please Print Name and William Dexter / Owner		
E-mail:	acca@americancremation.com	Phone:	360-651-9233
		Fax:	360-651-9275

Please complete the following information:

Is your firm a:

Women Business Enterprise (WBE)? Yes ☐

Small Business Enterprise (SBE)? Yes ☐

Minority Business Enterprise (MBE)? Yes ☐

Veteran Owned Business (VOB)? Yes ☐

Disadvantaged Business Enterprise (DBE)? Yes ☐

Do you have a certification number? Yes ☐

If yes, please provide certification number and state or entity who issued the number below:

Certification No.:

State or Entity Issued:

8B. Licenses & Qualifications

1. Provide copy of Funeral Home's current license under Washington State law, Chapter 18.39 RCW to operate a funeral establishment at the business location within Snohomish County.

YES

2. Provide a copy of any current disciplinary action or open investigations by the WA State Department of Licensing relating to their licensure.

NONE

3. Provide a copy of any WA State Department of Licensing adverse actions and finding from the last three years.

NONE

8B 4. Statement of Qualifications: The Funeral Home shall provide the following information and attach requested documents for the purposes of determining qualifications, facilities, resources and ability of Funeral Home to perform Section 5. Scope of Services in compliance with federal, state and local laws and regulations.

Yes	No	
YES		Funeral Home is licensed under Washington Stated law, Chapter 18.39 RCW to operate a funeral establishment at the business location within Snohomish County.
YES		Attached is a copy of the state license and proof a physical business location.
YES		Attach copy of liability insurance policy.
YES		Funeral Home is not currently under any current disciplinary action or open investigations by the WA State Department of Licensing relating to their licensure.
YES		Funeral Home has attached copies of WA State Department of Licensing adverse actions and finding from the last three years.
YES		Professional references and contact information from agencies or care facilities is attached.
YES		Funeral Home maintains equipment sufficient to transfer/transport human remains from County to the funeral home establishment.
YES		Refrigerated storage facility capable of storing bodies for up to thirty (30) days.
YES		When requested, provide removal, transport, refrigeration and delivery to the Medical Examiner's Office on the next business day or storage beyond five (5) days.
YES		Facilities to cremate or provide for cremation of human remains.
YES		Facilities for the storage and maintenance of unclaimed cremated remains for up to two (2) years and one day.
YES		Transfer/transport of human remains completed within five (5) hours of notification from the County.
YES		Identify and locate the next of kin, estate and/or other persons authorized to claim and control the final disposition of the human remains
YES		Assist the authorized person in completing necessary disposition authorization forms.
YES		Provide the County with written verification stating the name of the authorized person who received the cremated remains and the date and time that the person signed for the remains.
YES		Complete and record all documents as necessary to perform required services.
YES		Provide a copy of the death certification within thirty (30) days of cremation or burial

YES		Refund the County, if Funeral Home receives payment for disposition of remains from a source other than the County.
YES		Accept County Purchase Card as method of payment.
YES		Funeral Home understands that execution of the Funeral Home Participation Agreement for Disposition of Remains of Indigent Persons is a prerequisite to participation in the Indigent Disposition Program.

8C. Ability to Adhere to Submittal Requirements

Follow, complete, and submit qualifications in accordance with RFQ.

YES

8D. Contract

Proposer has carefully read the "Pro-Forma" Agreement provided in Attachment 1.

YES

8E. Legal Action

Disclose any current or recent (within past five years) legal action in progress or taken against the firm or individuals. If none, write in "none".

NONE

List all business transactions and relations within the past five years that may create or be perceived to create a conflict of interest. List any and all work and projects with potential bidders for the solution designed herein.

NONE

8F. Non-Disclosure Request

If you believe any statements or items you submit to the County as part of this submittal/response are exempt from public disclosure under the Washington Public Records Act (PRA), you must identify and list them below. You must very clearly and specifically identify each statement or item, and the specific exemption that applies. If awarded a County contract, the same exemption status will carry forward to the contract records.

The County will not exempt materials from disclosure simply because you mark them with a document header or footer, page stamp, or a generic statement that a document is non-disclosable, exempt, confidential, proprietary, or protected. You may not identify the entire page, unless the entire page is within the exemption scope. Only records properly listed on this Form will be protected and withheld for notice. All other records will be considered fully disclosable upon request.

☒ I do not request any information be withheld

☐ I request the following specific information be withheld. I understand that all other information will be considered public information.

For each statement or item you intend to withhold, you must fill out every box below. You should not request an entire page withheld; only request the specific portion subject to the exemption.

Document Page: Specify the page number on which the material is located within your submittal package	Statement: Repeat the text you request to be held as confidential, or attach a redacted version	RCW Exemption: Specify the RCW exemption including the subheading

For this request to be valid, you must specify the RCW provision or other State or Federal law that designates the document as exempt from disclosure. For example, potential RCW exemptions include the following:

1. RCW 42.56.230.3 - Personal information - Taxpayer
2. RCW 42.56.230.4 - Personal information - Credit card numbers and related
3. RCW 42.56.240 - Investigative, law enforcement and crime victims
4. RCW 42.56.250 - Employment and licensing - specify the applicable subheading
5. RCW 42.56.260 - Real estate appraisals
6. RCW 42.56.270 (Items 1- 17) – specify applicable subheading
7. RCW 42.56.420 - Security