

CONTRACTUAL SERVICES

PURPOSE

To outline the procedures for negotiating and documenting contractual agreements.

POLICY

A written contract will be negotiated where there is a risk of contractual liability to the Middlesex London Health Unit (MLHU).

The Board of Health is responsible for the approval of all contracts and agreements and may delegate this authority as specified in Policy G-200 Approval and Signing Authority Policy.

This policy applies to contracts for professional services invoiced on a fee for services basis, but does not apply to employment contracts, which are covered under MLHU's administrative Recruitment & Hiring Policy (5-025). Professional services contracts are for services that generally are not performed by unionized employees.

Negotiation of the Contract

The Director/Manager or designate will be responsible for negotiating the contract with the provider/recipient. Where the content of the contract is subject to a provincial policy or standard, the Director/Manager is responsible for ensuring that such policies and standards are followed.

The Director/Manager will call upon the expertise of Procurement as needed to assist in the development, writing and review of the draft contract for services. **The Director, Healthy Organization or the Medical Officer of Health (MOH) or Chief Executive Officer (CEO)** will be consulted prior to executing the contract.

Where there is no recent precedent for the contract or where the contract is for a substantial amount of money or involves significant liability, it is highly recommended that the draft of the contract be submitted for legal review.

A contract, with the exception of short-term contracts, may contain wording that provides for its amendment or early termination.

All contracts should be fully executed prior to the commencement date for the provision of services.

All original contracts will be filed with Healthy Organization. A copy will be retained by the Director/Manager and by the other party/parties to the contract.

Contract Terms

Refer to the MLHU Contract Review Checklist (Appendix A) for required contract terms.

Evaluation of Contracts

Service provision under contract is evaluated informally on an ongoing basis. Periodic review of the contract and its standards will be measured against achievements.

Variances or discrepancies from contract requirements will be addressed in a timely manner by the Director/Manager that negotiated the terms of the contract and/or the Director, Healthy Organization or designate.

All contracts are evaluated before renewal.

APPENDICES

Appendix A – MLHU Contract Review Checklist

RELATED POLICIES

G-200 Approval and Signing Authority

G-230 Procurement

Appendix A Policy G-220
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1 MLHU Contract Review Checklist

Name of Contractor / Party / Vendor			
Type of Contact		Contact Value	
Submitter		Approver	
<i>Please refer to Governance Policy G-220 Contractual Services</i>			
Reviewed By Manager	<input checked="" type="checkbox"/>	Reviewed by Director	<input checked="" type="checkbox"/>

PROCUREMENT

PURPOSE

To ensure that the Middlesex-London Health Unit (MLHU) obtains the best value when purchasing goods, or contracting services.

To ensure MLHU procurement processes and decisions are open, transparent and fair, and comply with obligations set out in the Ontario Public Health Standards (OPHS) and relevant trade agreements.

POLICY

The protocol (Appendix A) prescribed in this policy shall be followed to make a contract award or to make a recommendation of a contract award to the Board of Health. This ensures that the MLHU procures the necessary quality and quantity of goods and/or services in an efficient, timely and cost effective manner, while maintaining the controls necessary for a public agency.

The policy encourages an open and competitive bidding process for the acquisition and disposal of good and/or services and the objective and equitable treatment of all vendors.

The policy also ensures the best value is attained for MLHU. This may include, but not be limited to, the determination of the total cost of performing the intended function over the lifetime of the task, acquisition cost, installation, disposal value, disposal cost, training cost, maintenance cost, quality of performance and environmental impact.

APPLICABLE LEGISLATION AND STANDARDS

Ontario Public Health Standards
Canadian Free Trade Agreement
Canada-EU Comprehensive Economic and Trade Agreement
Ontario-Quebec Trade and Cooperation Agreement

RELATED POLICIES

G-200 Approval and Signing Authority
G-220 Contractual Services

**Middlesex-London Health Unit
Procurement Protocols**



Procurement Protocols

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1.0 PURPOSE

To establish sound policies for procuring supplies and services in a manner that is ethical, transparent and accountable. The following are goals of the procurement process:

- (1) To ensure objectivity and integrity in the procurement process;
- (2) To encourage competition among bidders by using an open, fair and transparent process;
- (3) To ensure fair treatment of all bidders;
- (4) To obtain the best value by ensuring quality, efficiency and effectiveness;
- (5) To be environmentally conscious when procuring goods or services;
- (6) Where beneficial, cooperate with other public sector agencies in order to obtain the best possible value;
- (7) To promote and incorporate wherever possible in procurement activities, the requirements of the Ontarians with Disabilities Act;
- (8) To ensure that living wage is applied to procurement activities;
- (9) To adhere to the Code of Ethics of the National Institute of Governmental Purchasing.

2.0 GENERAL INFORMATION

- (1) The procedures prescribed in these Protocols shall be followed to make a contract award or to make a recommendation of a contract award to the Board of Health.
- (2) Unless otherwise provided in accordance with the Procurement Protocols, The CEO, or designate and the authorized employees of the Procurement department shall be responsible for providing all necessary advice and services required for purchases authorized by these Protocols.
- (3) No purchase of goods and services shall be authorized unless it is in compliance with the Procurement Protocols.
- (4) No purchases shall be divided to avoid any requirements of this policy.
- (5) Departments shall initiate purchases for unique department requirements to ensure that purchases are not duplicated in other departments. When corporate purchasing power is a factor, a corporate contract shall be sought.

2.1 Glossary of Terms

In these Protocols, unless a contrary intention appears,

“agreement” means a formal written legal agreement or contract for the supply of goods, services, equipment or construction;

“award” means the selection by the Health Unit of one or more bidder(s) for acquisition of goods or services. An award may be executed by means of a purchase order, contract record or formal agreement.

“best value” means the optimal balance of performance and cost determined in accordance with a pre-defined evaluation plan. Best value may include a time horizon that reflects the overall life cycle of a given asset.

- “bid” means a response to a competitive bid solicitation or any other offer to sell goods or services, which is subject to acceptance or rejection.
- “bidder” means a person, corporation or other entity that responds to a competitive bid.
- “bid deposit” means bank drafts, certified cheques, money orders, or bond surety to ensure the successful bidder will enter into a contract.
- “blanket purchase contract” means any contract for the purchase of goods and services which will be required frequently or repetitively but where the exact quantity of goods and services required may not be precisely known or the time period during which the goods and services are to be delivered may not be precisely determined.
- “certificate of clearance” means a certificate issued by an authorized official of the Workplace Safety and Insurance Board certifying that the Board waives its rights under subsection 141(10) of the Workplace Safety and Insurance Act, as amended.
- “conflict of interest” means a situation, real or perceived, that could give a bidder or consultant an unfair advantage during a procurement process.
- means a situation in which financial or personal considerations have the potential to compromise or bias professional judgement and objectivity.
- means a situation where a personal or business interest of a Board Member, Director, and employees of the Health Unit, who is involved in the process of procuring goods or services, is in conflict or appear to come into conflict with the interests of the Health Unit.
- “contract” means any formal or deliberate written agreement for the purchase of goods, services, equipment or construction;
- “contract record” is a document which outlines the terms and conditions of the agreement;
- “designate” means the person(s) assigned the duties and responsibilities on behalf or in the absence of the person charged with the principal authority to take relevant action or decision.
- “director” means the head of a specific division of the Health Unit.
- “employee – employer relationship” refers to the definition utilized by the Canada Customs and Revenue Agency.
- “executed agreement” means a form of agreement, either incorporated in the bid documents or prepared by the Health Unit or its agents, to be executed by the successful bidder and the Health Unit.
- “goods and services” includes supplies, materials and equipment of every kind required to be used to carry out the operations of the Health Unit.
- “insurance documents” means certified documents issued by an insurance company licensed to operate by the Government of Canada or the Province of Ontario certifying that the bidder is insured in accordance with the Health Unit’s insurance requirements as contained in the bid documents;

“irregular result” means that in any procurement process where competitive bids or proposals are submitted and any of the following has occurred or is likely to occur:

- (i) The lowest responsive bid or proposal exceeds the estimated cost or budget allocation;
- (ii) For any reason the award of the contract to or the purchase from the lowest responsive bidder or proponent is procedurally inappropriate or not in the best interests of the Corporation;
- (iii) The specifications of a tender call or request for proposal cannot be met by two or more suppliers;
- (iv) A negotiated result in accordance with section 4.5 of these Protocols; or
- (v) Concurrence cannot be achieved between the Director and The **CEO**, or designate regarding the award of contract.

“irregularities contained in bids” is defined in Appendix “A” and includes the appropriate response to those irregularities;

“non-compliant” means the response to the bid does not conform to the mandatory or essential requirements contained in the invitation to bid.

“professional service supplier” means a supplier of services requiring professional skills for a defined service requirement including:

- (i) Architects, engineers, designers, management and financial consultants; and
- (ii) Firms or individuals having specialized competence in environmental, planning or other disciplines.

“purchase order” means the purchasing document used to formalize a purchasing transaction with a vendor;

“purchase requisition” means a written or electronically produced request in an approved format and duly authorized to obtain goods or services;

“quotation” means a request for prices on specific goods and/or services from selected vendors which are submitted verbally, in writing or transmitted by facsimile as specified in the Request for Quotation;

“request for expression of interest” is a focused market research tool used to determine vendor interest in a proposed procurement. It may be issued simultaneously with a Request for Qualifications when the proposed procurement is well defined and the purchaser has clear expectations for the procurement.

“request for information” is used prior to issuing a competitive call as a general market research tool to determine what products and services are available, scope out business requirements, and/or estimate project costs;

“request for proposal” means a process where a need is identified, but the method by which it will be achieved is unknown at the outset. This process allows vendors to propose solutions or methods to arrive at the desired result;

“responsible” means a bidder who is deemed to be fully capable, technically and financially, to supply the goods or services requested in the solicitation.

- "responsive" means a bid or offer which correctly and completely responds to all of the requirements of the competitive process.
- "sealed bid" means a formal sealed response received as a part of a quotation, tender or proposal;
- "single source" is a non-competitive procurement method whereby purchases are directed to one supplier even though there is more than one source in the open market.
- "sole source" is a non-competitive procurement method whereby purchases are directed to one source of supply as no other source is qualified or capable of providing the goods or services.
- "supplier" means any individual or organization providing goods or services to the Health Unit including but not limited to contractors, consultants, vendors, service organizations etc.
- "Tender" means a sealed bid which contains an offer in writing to execute some specified services, or to supply certain specified goods, at a certain price, in response to a publicly advertised request for bids;
- "Triggering event" means an occurrence resulting from an unforeseen action or consequence of an unforeseen event, which must be remedied on a time sensitive basis to avoid a material financial risk to the Health Unit or serious or prolonged risk to persons or property;
- "Value Analysis" typically refers to a life cycle costing approach to valuing a given alternative, which calculates the long term expected impacts of implementing the particular option;

2.2 Documentation

- (1) In order to maintain consistency, **the CEO**, or designate shall provide protocols to Divisions on procurement policies and procedures and on the structure, format and general content of procurement documentation.
- (2) **The CEO**, or designate shall review proposed procurement documentation to ensure clarity, reasonableness and quality and shall advise the Services Areas of suggested improvements.
- (3) Procurement documentation shall avoid use of specific products or brand names.
- (4) Notwithstanding Subsection 2.2 (3), a Division may specify a specific product, brand name or approved equal for essential functionality purposes to avoid unacceptable risk or for some other valid purpose. In such instances, the CEO or designate shall manage the procurement to achieve a competitive situation if possible.
- (5) The use of standards in procurement documentation that have been certified, evaluated, qualified, registered or verified by independent nationally recognized and industry-supported organizations such as the Standards Council of Canada shall be preferred.
- (6) Divisions shall:
 - (i) give consideration to the need for value analysis comparisons of options or choices,
 - (ii) if required, ensure that adequate value analysis comparisons are conducted to provide assurance that the specification will provide best value, and

- (iii) forward the value analysis to Procurement for documentation in the procurement file.
- (7) The Manager, Procurement and Operations in conjunction with the Division shall issue bid documents for goods and services. The Procurement and Operations Department shall give notice of the purchasing procurement documents electronically via the Internet as well as any other means as appropriate.
- (8) These Protocols or any provision of it may be amended by the Senior Leadership Team from time to time as long as, any change(s) is operational in nature and does not significantly alter the intention or goal of the Protocol.

2.3 The Accessibility for Ontarians with Disabilities Act (AODA)

In deciding to purchase goods or services through the procurement process for the use of itself, its employees or the public, the Health Unit, to the extent possible, shall have regard to the accessibility for persons with disabilities to the goods or services.

2.4 Living Wage Considerations

As a living wage employer, competitive procurement processes will include provisions that require the Contractor to pay all employees who are employed by the Contractor to perform services at Middlesex-London Health Unit not less than the Living Wage, as set by Living Wage London. Living wage considerations are only included in procurement activities where contractual services are rendered at the Middlesex London Health Unit on an ongoing basis. Example of these include: janitorial services and security. Please refer to livingwagelondon.ca for additional details.

2.5 Environmental Considerations

In order to contribute to waste reduction and to increase the development and awareness of environmentally sound purchasing, acquisitions of goods and services will ensure that, wherever possible, specifications are amended to provide for expanded use of durable products, reusable products and products (including those used in services) that contain the maximum level of post-consumer waste and/or recyclable content, without significantly affecting the intended use of the product or service. It is recognized that cost analysis is required in order to ensure that the products are made available at competitive prices.

2.6 Summary of Procurement Process

2.6.1 Chart 1 – Procurement Goals

Goal	Description
1. Effective	The extent to which the procurement process is achieving its intended results. The desired outcomes are substantive or quality results as opposed to process results.
2. Objective	The procurement of goods and services made in an unbiased way and not influenced by personal preferences, prejudice or interpretations.
3. Fair	Applying the policies equally to all bidders.
4. Open and Transparent	Is the clarity and disclosure about the process for arriving at procurement decisions. While promoting openness and transparency, the Procurement Protocol should be governed by the legal considerations for confidentiality and the protection of privacy.
5. Accountable	Is the obligation to answer for procurement results and for the way that procurement responsibilities are delegated.
6. Efficient	Measures the quality, cost and amount of goods and services procured as compared to the time, money and effort to procure them.

2.6.2

Chart 2 Summary of Procurement Processes

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p>Formal Request for Proposals</p> <p><i>Relates to Sections 4.1.3 & 4.1.4 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a description of how they would address a problem or need along with the costs associated with their solution.</p>	<p>There is a complex problem or need for which there is no clear single solution; and</p> <p>The anticipated cost is equal to or greater than \$100,000.</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate;</p> <p>Bids are solicited through an open process that includes public advertisements.</p>	<p>A Selection Committee evaluates each bid;</p> <p>A numeric evaluation tool is developed to assess the quality of the bid; Cost will always be a factor</p> <p>The bid with the best score and meets the minimum requirements is awarded the contract</p>	<p>The MOH and/or CEO is informed when the lowest bid is not being recommended.</p> <p>Board of Health authorizes the awarding of the contract.</p>
<p>Informal Request for Proposals</p> <p><i>Relates to Sections 4.1.2 & 4.1.4 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a description of how they would address a problem or need along with the costs associated with their solution.</p>	<p>There is a complex problem or need for which there is no clear single solution; and</p> <p>The anticipated cost is less than \$100,000.</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate.</p> <p>Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge.</p>	<p>A Selection Committee evaluates each bid;</p> <p>A numeric evaluation tool is developed to assess the quality of the bid; Cost will always be a factor.</p> <p>The bid with the best score and meets the minimum requirements is awarded the contract</p>	<p>The MOH or CEO awards the contract.</p>

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p>Request for Tender</p> <p><i>Relates to Section 4.2 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a cost for the work that is specified through a competitive bid process</p>	<p>A clear or single solution exists; and</p> <p>The anticipated costs is equal to or greater than \$100,000</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate;</p> <p>Bids should be posted on a website to provide a single point of access, free of charge.</p>	<p>A public opening is required with specific people in attendance;</p> <p>Procurement integrates all the bids and recommends vendor with the lowest bid who meets requirements, subject to review by Division Director.</p>	<p>Board of Health awards the contract.</p>
<p>Formal Request for Quotations</p> <p><i>Relates to Section 4.3.3.2 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a cost for the work that is specified through an invitational process from pre-determined bidders</p>	<p>A clear or single solution exists; and</p> <p>The anticipated cost is between \$50,000 and less than \$100,000.</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate;</p> <p>Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge.</p>	<p>Divisions review the bids;</p> <p>Procurement integrates all the bids and recommends vendor with the lowest bid who meets requirements, subject to review by Division Director.</p>	<p>The MOH or CEO awards the contract.</p>

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p>Informal Request for Quotations</p> <p><i>Relates to Section 4.3.3.1 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a cost for the work that is specified through an invitational process from pre-determined bidders</p>	<p>A clear or single solution exists; and</p> <p>The anticipated cost is between \$10,000 and less than \$50,000</p>	<p>Involvement of Procurement is not required but available;</p> <p>Bids are solicited on an invitational basis from a pre-determined bidder list but may be posted on a website to provide a single point of access, free of charge.</p> <p>A minimum of 3 bids should be obtained although more are encouraged.</p>	<p>Division chooses the appropriate vendor based on the vendor who meets the specifications at the lowest cost.</p>	<p>The MOH or CEO awards the contract.</p>
<p>Informal, low value procurement</p> <p><i>Relates to Section 4.4 of the Procurement Protocol</i></p>	<p>Quotes are obtained via phone (and confirmed in writing), fax, email, or similar communication methods or vendor advertisements or catalogues</p>	<p>A clear or single solution exists; and</p> <p>The anticipated cost is between \$5,000 and less than \$10,000.</p>	<p>Involvement of Procurement is not required but available;</p> <p>A minimum of 3 bids are sought and more cost effective methods may be used such as quotes received by electronic submission, hardcopy, verbal (and confirmed in writing).</p>	<p>Division chooses the appropriate vendor based on the vendor who meets the specifications at the lowest cost.</p>	<p>The Division Director awards the contract.</p> <p>The MOH and/or CEO is informed, prior to awarding the contract, if the lowest quote is not being accepted.</p>

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p>Non-competitive purchases</p> <p><i>Relates to Sections 3.0 and 5.11 of the Procurement Protocol</i></p>	<p>No bids or quotes are required for purchase but informal bids are encouraged.</p>	<p>The anticipated cost is less than \$5,000;</p>		<p>Not applicable</p>	<p>Purchases under \$5,000 a Board report is not required.</p> <p>Award is made based on signing authority governed in Policy G-200</p>
		<p>Greater than \$5,000 and only a single vendor exists; or</p> <p>During an emergency; or</p> <p>The vendor has particular expertise.</p> <p>See Protocols for further indications.</p>	<p>The requirement for competitive bid solicitation may be waived under joint authority of the Director and MOH or CEO.</p> <p>The CEO or designate manages the process/negotiations.</p>	<p>Not applicable</p>	<p>A written report will be submitted to the Board of Health</p> <p>The Board of Health awards contracts greater than \$50,000 unless it is an emergency under section 3.3 of the Procurement Protocols;</p> <p>The MOH or CEO awards contracts for values of greater than \$5,000 but less than \$50,000</p>

3.0 NON-COMPETITIVE PURCHASES

3.1 Goals

The primary goals of a non-competitive purchase are to allow for procurement in an efficient and timely manner.

3.2 Requirements

- (1) The requirement for competitive bid solicitation for goods, services and construction may be waived if the item is less than \$5,000.
- (2) Alternatively, under joint authority of the appropriate Director and the MOH or CEO, the requirement for competitive bid solicitation for goods, services and construction may be replaced with negotiations by the CEO, or designate under the following circumstances:
 - (i) where competition is precluded due to the application of any Act or legislation or because of the existence of patent rights, copyrights, technical secrets or controls of raw material;
 - (ii) where due to abnormal market condition, the goods, services or construction required are in short supply;
 - (iii) where only one source of supply would be acceptable and cost effective;
 - (iv) where there is an absence of competition for technical or other reasons and the goods, services or construction can only be supplied by a particular supplier and no alternative exists;
 - (v) where the nature of the requirement is such that it would not be in the public interest to solicit competitive bids as in the case of security or confidentiality matters;
 - (vi) where in the event of an “Emergency” as defined by these Protocols, a requirement exists; or
 - (vii) where the requirement is for a utility for which there exists a monopoly.
- (3) When a Director/Manager intends to select a supplier to provide goods, services or construction pursuant to subsection 3.2(2), a written report indicating the compelling rationale that warrants a non-competitive selection will be submitted by the Division to the Board of Health.
- (4) For contracts between \$5,000 and \$49,999, the MOH or CEO awards the contract.
- (5) For contracts of \$50,000 and over the Board of Health approves the contract, unless section 3.3 applies.

3.3 Procurement in Emergencies

- (1) In subsection 3.2(1)(vi) “Emergency” includes
 - (i) an imminent or actual danger to the life, health or safety of a member of the Board of Health, volunteer or an employee while acting on the Health Unit’s behalf;
 - (ii) an imminent or actual danger of injury to or destruction of real or personal property belonging to the Board of Health;
 - (iii) an unexpected interruption of an essential public service;
 - (iv) an emergency as defined by the Emergency Plans Act, R.S.O. 1990, Chapter E.9 and the emergency plan formulated thereunder by the Health Unit;

- (v) a spill of a pollutant as contemplated by Part X of the Environmental Protection Act, R.S.O. 1990, Chapter E.19; and
 - (vi) mandate of a non-compliance order.
- (2) Where, in the opinion of the MOH or CEO or in their absence the Associate Medical Officer of Health, an emergency has occurred,
- (i) **the CEO, or** designate on receipt of a requisition authorized by a Director and the MOH / CEO or designate may initiate a purchase order in excess of the pre-authorized expenditure limit; and
 - (ii) any purchase order issued under such conditions together with a source of financing shall be justified and reported to the next meeting of the Board of Health following the date of the requisition.

3.4 Direct Negotiations

- (1) Unless otherwise provided in accordance with the Procurement Protocols, goods and services may be purchased using the Direct Negotiation method only if one or more of the following conditions apply:
- (i) the required goods and services are reasonably available from only one source by reason of the scarcity of supply in the market or the existence of exclusive rights held by any supplier or the need for compatibility with goods and services previously acquired and there are no reasonable alternatives or substitutes.
 - (ii) the required goods and services will be additional to similar goods and services being supplied under an existing contract;
 - (iii) an attempt to purchase the required goods and services has been made in good faith using a method other than Direct Negotiation under section 4.0 of these Protocols which has failed to identify a successful supplier and it is not reasonable or desirable that a further attempt to purchase the goods and services be made using a method other than Direct Negotiation.
 - (iv) the goods and services are required as a result of an emergency, which would not reasonably permit the use of a method other than Direct Negotiation.
 - (v) the required goods and services are to be supplied by a particular vendor or supplier having special knowledge, skills, expertise or experience.

4.0 COMPETITIVE PROCESSES

4.1 Request For Proposal

4.1.1 Goals

To implement an effective, objective, fair, open, transparent, accountable, and efficient process for obtaining unique proposals designed to meet broad outcomes to a complex problem or need for which there is no clear or single solution.

4.1.2 Informal Process Requirements

- (1) The Informal Request for Proposal procedure shall be used where:
- (i) the item is less than \$100,000;
 - (ii) the requirement is best described in a general performance specification;

- (iii) innovative solutions are sought; and
- (iv) To achieve best value, the award selection will be made on an evaluated point per item or other method involving a combination of mandatory and desirable requirements.
- (v) Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge.
- (vi) The MOH or CEO awards the contract.
- (vii) A report to the Board of Health is required if the lowest bid is not accepted.

4.1.3 Formal Process Requirements

- (1) A Formal Request for Proposal procedure shall be used where:
 - (i) the item is greater than \$100,000;
 - (ii) the requirement is best described in a general performance specification;
 - (iii) innovative solutions are sought; and
 - (iv) to achieve best value, the award selection will be made on an evaluated point per item or other method involving a combination of mandatory and desirable requirements.
- (2) Bids are solicited through an open process that includes public notice.
- (3) The MOH and/or CEO is informed when the lowest bid is not being recommended.
- (4) The Board of Health authorizes the award of the contract.

4.1.4 General Process

- (1) The Request for Proposal method of purchase is a competitive method of purchase that may or may not include Vendor pre-qualification.
- (2) A Request for Information or Request for Expression of Interest may be issued in advance of a proposal to assist in the development of a more definitive set of terms and conditions, scope of work/service and the selection of qualified Vendors.
- (3) Where the requirement is not straightforward or an excessive workload would be required to evaluate proposals, either due to their complexity, length, number or any combination thereof, a procedure may be used that would include a pre-qualification phase.
- (4) Procurement shall maintain a list of suggested evaluation criteria for assistance in formulating an evaluation scheme using a Request for Proposal. This may include factors such as qualifications and experience, strategy, approach, methodology, scheduling and past performance, facilities, equipment, and pricing.
- (5) Divisions shall identify appropriate criteria from the list maintained by Procurement for use in a Request for Proposal but are not limited to criteria from the list. Cost will always be included as a factor, as best value includes both quality and cost.
- (6) The Division shall provide to the CEO, or designate with a purchase request in writing containing the budget authorization, approval authority, terms of reference and evaluation criteria to be applied in assessing the proposals submitted.
- (7) A Selection Committee, comprised of a minimum of one representative from the Division and the CEO, or designate, shall review all proposals against the established criteria, reach

consensus on the final rating results, and ensure that the final rating results, with supporting documents, are kept in the procurement file.

- (8) During the proposal process all communication with bidders shall be through Procurement.
- (9) The **CEO**, or designate shall forward to the Director(s) an evaluation summary of the procurement, as well as the Committee's recommendation for award of contract to the supplier meeting all mandatory requirements and providing best value as stipulated in the Request for Proposal. Where the lowest bid is not accepted, the Director is responsible for documenting the determination of best value, in a confidential report to the MOH and/or CEO prior to award of contract.
- (10) With respect to all Board reports initiated for requests for proposals, the report shall include the sources of financing, summary of major expenditure categories, and other financial commentary as considered appropriate.
- (11) Reporting will not include summaries of bids as this information will remain confidential. Any disclosure of information shall be made by the appropriate officer in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990.
- (12) Unsuccessful proponents may, upon their request, attend a debriefing session with Procurement to review their bid submission. Discussions relating to any bid submissions other than that of the proponent present will be strictly prohibited.
- (13) The Health Unit reserves the right to accept or reject any submission.

4.2 Request For Tender

4.2.1 Goals

To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.

4.2.2 Requirements

Request for Tender procedures shall be used where:

- (i) the item is greater than \$100,000;
- (ii) the requirement can be fully defined; and
- (iii) best value for the Board of Health can be achieved by an award selection made on the basis of the lowest bid that meets specifications.

4.2.3 General Process

- (1) The Director or designate shall provide to the **CEO**, or designate a purchase request in writing containing the relevant specifications, budget authorization, approval authority and terms and conditions for the purchase of goods, services or construction.
- (2) **CEO**, or designate shall be responsible for posting the bid on an external website for the procurement opportunity.
- (3) **CEO**, or designate shall be responsible for arranging for the public opening of tender bids at the time and date specified by the tender call. There shall be in attendance at that time,
 - (i) **CEO**, or designate and
 - (ii) At least one representative from the requesting Division(s)
 - (iii) If the **CEO**, or designate is not available, **the MOH or the CEO designate may act on their behalf.**
 - (iv) The chair of the Board of Health shall be invited
- (4) Procurement shall forward to the Director a summary of the bids and recommend the award of contract to the lowest responsive bidder, subject to review by the Director or designate regarding specifications and contractor performance.
- (5) With respect to all Board reports initiated for tenders, the report shall include the sources of financing, summary of major expenditure categories, and other financial commentary as considered appropriate. The Board will approve such contracts.
- (6) The Health Unit reserves the right to accept or reject any submission.

4.3 Request For Quotation

4.3.1 Goals

To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.

4.3.2 Requirements

- (1) Request for Quotation procedures shall be used where:
 - (i) the item is greater than \$10,000 but not greater than \$100,000;
 - (ii) the requirement can be fully defined; and
 - (iii) best value for the Health Unit can be achieved by an award selection made on the basis of the lowest bid that meets specifications.
- (2) Competitive bid solicitation is done primarily on an invitational basis from a pre-determined bidders list but may be supplemented with posting the bid on a website to provide a single point of access free of charge.

4.3.3 General Process

4.3.3.1 Informal Quotation Process (Greater than \$10,000 but no greater than \$50,000)

- (1) These protocols are provided to assist a Division should it exercise its authority to purchase goods or services between \$10,000 and \$50,000 without the involvement of the Procurement and Operations Department. Protocols are organized by objective as follows:

- (i) OBJECTIVE 1: Efficiency

Purchases must be for unique Division requirements, and therefore not duplicated in other Divisions, such that Health unit purchasing power or standardization is not a factor in costing. Requirements cannot be split in order to qualify for this process.

- (ii) OBJECTIVE 2: Competitive Process

A competitive process is undertaken whereby a minimum of 3 bids is obtained, and the lowest compliant bid is awarded the contract. Care must be taken as to how bids are sought, bidders lists are maintained and how competition is encouraged. Although a minimum of 3 bids is required, an open process without a minimum number of bids will be more competitive, and is encouraged.

- (iii) OBJECTIVE 3: Open process

Division needs are communicated to bidders, who are able to bid on goods or services they are qualified to provide. There should be no limitation of bids to an established listing. Divisions should check with the Procurement and Operations Department to determine if there is an established list of potential relevant service providers that they may have for this purpose. An allowable exception to this, would be where in a formal process a short list was determined as a result of another competitive process (such as RFP), which has a pre-qualifying process to determine a short list.

- (iv) OBJECTIVE 4: Transparent process

The process is undertaken based on clear definition of the product or service requirement, and a clear outline of the review and criteria to be undertaken. The decision to choose the low bidder will be based solely on the requirements as documented, the bidder document, and the application of the review criteria. The same decision should be arrived at each time given the same set of facts.

(v) OBJECTIVE 5: Fair process

The process will be fair, such that no action is undertaken by Health Unit staff to allow any given bidder an unfair advantage. This does not however, require Health Unit action to ensure that existing conditions are changed to ensure that any conversion costs from an incumbent to another supplier are ignored in an evaluation – it is in the best interest of the Health Unit to ensure that such “leveling of the playing field” is not required.

(vi) OBJECTIVE 6: Insurance and Risk Management

The Health Unit’s standard Insurance form (if required) must be completed and forwarded to the **CEO**, or designate for review and input into the Insurance Program. WSIB certificates of clearance (if required) must also be submitted to the **CEO**, or designate at the commencement of the project and periodically as the work is completed.

- (2) The MOH or CEO awards the contract.

4.3.3.2 Formal Quotation Process (\$50,000 to \$99,999)

- (1) **The Director or designate shall provide to the CEO**, or designate a purchase request in writing containing the relevant specifications, budget authorization, approval authority and terms and conditions for the purchase of goods, services or construction.
- (2) The Division shall be responsible to review the quote submission and verify that all specifications of the quote are met.
- (3) Procurement shall forward to the Director a summary of the bids and recommend the award of contract to the lowest responsive quote subject to review by the Director or designate regarding specifications and contractor performance.
- (4) The MOH or CEO awards the contract.
- (6) The Health Unit reserves the right to accept or reject any submission.

4.4 Informal, Low Value Procurement

4.4.1 Goals

To obtain competitive pricing for a one-time procurement in an expeditious and cost effective manner through phone, fax, e-mail, other similar communication method, vendor advertisements or vendor catalogues.

4.4.2 Requirements

- (i) the item is greater than \$5,000 but not greater than \$10,000;
- (ii) the requirement can be fully defined; and
- (iii) best value for the Health Unit can be achieved by an award selection made on the basis of the lowest bid that meets specifications.

4.4.3 General Process

- (1) A minimum of 3 bids must be received. They may be obtained in a more cost-effective manner such as phone, fax, e-mail and current vendor advertisements or catalogues.
- (2) The Division shall be responsible to ensure that all specifications are met.
- (3) The Division Director may award the contract.
- (4) The Division Director shall forward to the **CEO**, or designate all relevant procurement documentation including bid summaries to be included in the procurement file.
- (5) The MOH **and/or CEO** will be informed, prior to awarding a contract, if the lowest bid/quote is not being accepted.
- (6) The Health Unit has the right to cease negotiations and reject any offer.

5.0 BID AND CONTRACT ADMINISTRATION

5.1 Bid Submission

- (1) Bids shall be delivered in paper form (if required) to the **CEO**, or designate at the time and date specified in the bid solicitation.
- (2) The opening of bids shall commence shortly after the time specified by the tender call unless **the CEO**, or designate acting reasonably postpones the start to some later hour, but the opening shall continue, once started, until the last bid is opened.
- (3) Any bids received by **the CEO**, or designate later than the specified closing time shall be returned unopened to the bidder.
- (4) A bidder who has already submitted a bid may submit a further bid at any time up to the official closing time and date specified by the bid solicitation. The last bid received shall supersede and invalidate all bids previously submitted by that bidder.
- (5) A bidder may withdraw their bid at any time up to official closing time by letter bearing their signature as in his or her bid submitted to **the CEO**, or designate or designate.
- (6) A tender requiring an appropriate bid deposit shall be void if such security is not received in the manner specified in section 5.5 and if no other bid is valid, **the CEO**, or designate shall direct what action is to be taken with respect to the recalling of tenders.
- (7) All bidders may be requested to supply a list of all subcontractors to be employed on a project. Any changes to the list of subcontractors or addition thereto must be approved by the Director responsible for the project.

5.2 Lack of Acceptable Responses to Requests

- (1) Where bids are received in response to a bid solicitation but exceed budget, are not responsive to the requirement, or do not represent fair market value, a revised solicitation shall be issued in an effort to obtain an acceptable bid.
- (2) In the case of building construction contracts, where the total cost of the lowest responsive bid is in excess of the budget approved by the Board of Health, negotiations shall be made in accordance with the protocols established by the Canadian Construction Documents Committee.
- (3) The Health Unit has the right to cease negotiations and reject any offer.

5.3 Equal Bids

- (1) If two or more bids are equal and are the lowest bid, the Health Unit will offer an opportunity for the tied bidders to re-bid. Should a tie persist the following factors will be considered:
 - (i) prompt payment discount,
 - (ii) when delivery is an important factor, the bidder offering the best delivery date be given preference,
 - (iii) a bidder in a position to offer better after sales service, with a good record in this regard shall be given preference,

- (iv) a bidder with an overall satisfactory performance record shall be given preference over a bidder known to have an unsatisfactory performance record or no previous experience with the Health Unit,
- (v) if (i) through (iv) do not break the tie equal bidders shall draw straws.

5.4 Insufficient Responses to Requests

- (1) In the event only one bid is received in response to a request for tender, the CEO, or designate may return the unopened bid to the bidder when, in his/her opinion, additional bids could be secured. In returning the unopened bid the CEO, or designate shall inform the bidder that the Health Unit may be recalling the tender at a later date.
- (2) In the event that only one bid is received in response to a request for tender, the bid may be opened in accordance with the Health Unit's usual procedures when, in the opinion of the CEO, or designate with consultation with appropriate Director, the bid should be considered by the Health Unit. If, after evaluation the bid is found not to be acceptable, they may follow the procedures set out in Subsection 5.2
- (3) In the event that the bid received is found acceptable, it will be awarded as an Irregular result under Appendix "A" of the Purchasing Protocols.

5.5 Guarantees of Contract Execution and Performance

- (1) The CEO, or designate may require that a bid be accompanied by a Bid Deposit to guarantee entry into a contract.
- (2) In addition to the security referred to in Subsection 5.5 (1), the successful supplier may be required to provide,
 - (i) a Performance Bond to guarantee the faithful performance of the contract,
 - (ii) a Labour & Material Bond to guarantee the payment for labour and materials to be supplied in connection with the contract and,
 - (iii) an irrevocable letter of credit.
- (3) The CEO, or designate shall select the appropriate means to guarantee execution and performance of the contract. Means may include one or more of, but are not limited to, financial bonds or other forms of security deposits, provisions for liquidated damages, progress payments, and holdbacks.
- (4) When a bid deposit is required the CEO, or designate shall determine the amount of the bid deposit which may be 10 per cent of the estimated value of the work prior to bidding or an amount equal to 10 per cent of the bid submitted.
- (5) Prior to commencement of work and where deemed appropriate, evidence of Insurance Coverage satisfactory to the Health Unit's Insurer must be obtained, ensuring indemnification of the Health Unit from any and all claims, demands, losses, costs or damages resulting from the performance of a supplier's obligations under the contract.
- (6) When a performance bond or labour and material bond is required, the amount of the bond shall be 50% of the amount of the tender bid, unless the CEO, or designate recommends and the Board of Health approves a higher level of bonding.

- (7) If the risk to the Health Unit is not adequately limited by the progress payment provisions of the contract, a payment holdback shall be considered.
- (8) A minimum payment holdback of 10 percent is mandatory for all construction contracts.
- (9) **The CEO**, or designate may release the holdback funds on construction contracts upon:
 - (i) the contractor submitting a statutory declaration that all accounts have been paid and that all documents have been received for all damage claims,
 - (ii) receipt of clearance from the Workplace Safety and Insurance Board for any arrears of Workplace Safety and Insurance Board assessment,
 - (iii) all the requirements of the Construction Lien Act, R.S.O. 1990, being satisfied,
 - (iv) receipt of certification from the Health Unit Solicitor, where applicable, that liens have not been registered, and
 - (v) substantial performance
- (10) The conditions for release of holdback funds provided in Subsection 5.5 (9) apply to other goods or services contracts with necessary modifications.
- (11) The Health Unit is authorized to cash and deposit any bid deposit cheques in the Health Unit's possession which are forfeited as a result of non-compliance with the terms, conditions and/or specifications of a sealed bid.

5.6 Requirement at Time of Execution

- (1) The successful bidder, if requested in the tender document shall submit the following documentation in a form satisfactory to the Health Unit within ten working days after being notified in writing to do so by the Health Unit:
 - (i) executed performance bonds and labour and material bonds;
 - (ii) executed agreement;
 - (iii) insurance documents in compliance with the tender documents;
 - (iv) declarations respecting the Workplace Safety and Insurance Board;
 - (v) certificate of clearance from the Workplace Safety and Insurance Board; and
 - (vi) any other documentation requested to facilitate the execution of the contract (e.g. proof of required licenses and/or certificates).

5.7 Contractual Agreement

- (1) The award of contract may be made by way of a formal agreement, or Purchase Order.
- (2) A Purchase Order is to be used when the resulting contract is straightforward and will contain the Health Unit's standard terms and conditions.
- (3) A formal agreement is to be used when the resulting contract is complex and will contain terms and conditions other than the Health Unit's standard terms and conditions.
- (4) It shall be the responsibility of the Director or designate with **the CEO**, or designate and/or the Health Unit's Solicitor to determine if it is in the best interest of the Health Unit to establish a formal agreement with the supplier.
- (5) Where it is determined that Subsection 5.7 (4) is to apply, the formal agreement should be made in accordance to Health Unit Policy 4-90, Contractual Services.
- (6) Where a formal agreement is issued, Procurement may issue a Purchase Order incorporating the formal agreement.
- (7) Where a formal agreement is not required, Procurement shall issue a Purchase Order incorporating the terms and conditions relevant to the award of contract.

5.8 Contract Amendments and Revisions

- (1) No amendment or revision to a contract shall be made unless the amendment is in the best interest of the Health Unit.
- (2) No amendment that changes the price of a contract shall be agreed to without a corresponding change in requirement or scope of work.
- (3) Amendments to contracts are subject to the identification and availability of sufficient funds within the Board of Health approved operating budget.
- (4) Health Unit staff may authorize amendments to contracts provided that their signing authority level, as outlined in Health Unit policies 4-90, 4-110, has not been exceeded. For clarity, the required authority level is the total of the original contract price plus any amendments.
- (5) Where expenditures for the proposed amendment combined with the price of the original contract exceeds Board of Health approved budget for the project, a report prepared by the Director shall be submitted to the Board of Health recommending the amendment, and proposing the source of financing.

5.9 Contract Review/Renewal

- (1) Where a contract contains an option for renewal, the Director may authorize **the CEO**, or designate to exercise such option provided that all of the following apply:
 - (i) the supplier's performance in supplying the goods, services or construction is considered to have met the requirements of the contract,
 - (ii) the Director and Director, Healthy Organization, or designate agree that the exercise of the option is in the best interest of the Health Unit,
 - (iii) funds are available in the Board of Health approved operating budget to meet the proposed expenditure.

- (iv) a valid business case has been completed.
- (2) The business case shall be authorized by the Director and shall include a written explanation as to why the renewal is in the best interest of the Health Unit and include commentary on the market situation and trend.

5.10 Exclusion of Vendors from Competitive Process

5.10.1 Exclusion of Bidders in Litigation

- (1) The Health Unit may, in its absolute discretion, reject a Tender or Proposal submitted by the bidder if the bidder, or any officer or director of the bidder is or has been engaged, either directly or indirectly through another corporation, in a legal action against the Health Unit, its elected or appointed officers and employees in relation to:
 - (i) Any other contract or services; or
 - (ii) Any matter arising from the Health Unit's exercise of its powers, duties, or functions.
- (2) In determining whether or not to reject a quotation, tender or proposal under this clause, the Health Unit will consider whether the litigation is likely to affect the bidder's ability to work with the Health Unit, its consultants and representatives, and whether the Health Unit's experience with the bidder indicates that the Health Unit is likely to incur increased staff and legal costs in the administration of the contract if it is awarded to the bidder.

5.10.2 Exclusion of Bidders Due to Poor Performance

- (1) The Director shall document evidence and advise **the CEO**, or designate in writing where the performance of a supplier has been unsatisfactory in terms of failure to meet contract specifications, terms and conditions or for Health and Safety violations.
- (2) The Health Unit may, in consultation with its Solicitor, prohibit an unsatisfactory supplier from bidding on future Contracts for a period of up to three years.

5.11 Single/Sole Source

- (1) The procurement of materials, parts, supplies, equipment or services without competition (See also Section 3.0), is done under exceptional and limited circumstances.
- (2) In circumstances where there may be more than one source of supply in the open market, but only one of these is recommended for consideration on the grounds that it is more cost effective or beneficial to the Health Unit approval must be obtained from the Medical Officer of Health & Chief Executive Officer, and **the CEO**, or designate prior to negotiations with the single source.
- (3) In the event 5.4 (2) applies and the expenditure will exceed \$50,000, approval must be obtained from the Board of Health prior to negotiations with the single source. The Director or designate shall be responsible for submitting a report detailing the rationale supporting the use if the single source.
- (4) If the Health Unit requires goods, services or equipment deemed to be available from only one source of supply, and where the expenditure will exceed \$50,000, the Director or designate with the concurrence of the Medical Officer of Health & Chief Executive Officer, and the Procurement & Operations Manager shall obtain approval from the Board of Health to waive the competitive procurement process.

5.12 Blanket Purchases

- (1) A Request for a Blanket Purchase Contract may be used where:
 - (i) one or more Division repetitively order the same goods or services and the actual demand is not known in advance, or
 - (ii) a need is anticipated for a range of goods and services for a specific purpose, but the actual demand is not known at the outset, and delivery is to be made when a requirement arises.
- (2) Procurement shall establish and maintain Blanket Purchase Contracts that define source and price with selected suppliers for all frequently used goods or services.
- (3) To establish prices and select sources, Procurement shall employ the provisions contained in these Protocols for the acquisition of goods, services and construction.
- (5) More than one supplier may be selected where it is in the best interests of the Health Unit and the bid solicitation allows for more than one.
- (5) Where purchasing frequently used good or services is initiated by a Division, it is to be made with the supplier or suppliers listed in the Blanket Purchase Contract.
- (6) In a Request for Blanket Purchase Contract, the expected quantity of the specified goods or services to be purchased over the time period of the agreement will be as accurate an estimate as practical and be based, to the extent possible, on previous usage adjusted for any known factors that may change usage.

5.13 Custody of Documents

- (1) **The CEO**, or designate shall be responsible for the safeguarding of original purchasing and contract documentation for the contracting of goods, services or construction and will retain documentation in accordance to the records retention policy.

5.14 Co-operative Purchasing

- (1) The Health Unit shall participate with other government agencies or public authorities in Co-operative Purchasing where it is in the best interests of the Health Unit to do so.
- (2) The decision to participate in Co-operative Purchasing agreements will be made by **the CEO**, or designate.
- (3) The policies of the government agencies or public authorities calling the cooperative tender are to be the accepted policy for that particular tender.

5.15 Receipt of Goods

- (1) The Director or designate shall,
 - (i) arrange for the prompt inspection of goods on receipt to confirm conformance with the terms of the contract, and
 - (ii) inform **the CEO**, or designate of discrepancies immediately.
- (2) **The CEO**, or designate shall coordinate an appropriate course of action with the Director for any non-performance or discrepancies.

5.16 Receipt of Services

- (1) The Director or designate shall:
 - (i) ensure the performance of the services is maintained in a satisfactory manner and in keeping with the terms of the contract and/or agreement.
 - (ii) Division staff are to document any discrepancies in the performance of services.
 - (iii) Inform the CEO, or designate of poor performance
 - (iv) Inform **the CEO**, or designate of any breach of contract and/or agreement.

5.17 Reporting to Board of Health

- (1) **The CEO**, or designate shall submit to the Board of Health an information report each Board of Health meeting containing the details for all contracts awarded that exceed \$50,000 including amendments and renewals. The report shall certify that the awards are in compliance with the Purchasing Protocols.
- (2) **The CEO**, or designate shall submit annually to the Board of Health an information report containing a list of suppliers for which the Health Unit has been invoiced a cumulative total value of \$100,000 or more in a calendar year. The list shall include total payments.

5.18 Direct Solicitation of Divisions

- (1) Unsolicited Proposals received by the Health Unit shall be reviewed **the CEO**, or designate.
- (2) Any procurement activity resulting from the receipt of an Unsolicited Proposal shall comply with the provisions of the Procurement Protocols.
- (3) A contract resulting from an Unsolicited Proposal shall be awarded on a noncompetitive basis only when the procurement complies with the requirements of a non-competitive procurement found in section 3.0 above.

5.19 Lobby

- (1) The Health Unit is committed to the highest standard of integrity with respect to the procurement process. Any activity designed to influence the decision process, including but not limited to, contacting board members, consultants and employees for such purposes as meetings of introduction, social events or meals shall result in disqualification of the bidder. The Health Unit will be entitled to reject a bid submission if any representative or bidder, including any parties that may be involved in a joint venture, consortium, subcontractor or supplier relationship, makes any representation or solicitation to any Board of Health member or employee.

5.20 Local Preference

- (1) In accordance with the Discriminatory Business Practices Act as amended, there shall be no local preference given to any bidder when awarding a bid.

5.21 Interference in Procurement Process

- (1) Board members and employees shall not cause or permit anything to be done or communicated to anyone in a manner which is likely to cause any potential bidder to have an unfair advantage or disadvantage in obtaining a contract for goods and services.
- (2) Board members shall separate themselves from the procurement process and have no involvement whatsoever in specific procurements. Board members should not see any documents or receive any information related to a particular procurement while the process is ongoing. Board members who receive inquiries from bidders related to a specific procurement shall immediately direct those inquiries to the Director of Healthy Organization.

5.22 Resolution of Questions of Protocol

- (1) Any question involving the meaning or application of these Protocols is to be submitted to **the CEO**, or designate who will resolve the question.

5.23 Access to Information

- (1) The disclosure of information received relevant to the issue of bid solicitations or the award of contracts resulting from bid solicitations shall be made by the appropriate officers in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, as amended.
- (2) All records and information pertaining to tenders, proposals and other sealed bids, which reveal a trade secret or scientific, technical, commercial, financial or other labour relations information, supplied in confidence implicitly or explicitly, shall remain confidential if the disclosure could reasonably be expected to:
 - (i) prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organizations;
 - (ii) result in similar information no longer being supplied to the Health Unit where it is in the public interest that similar information continue to be so supplied;
 - (iii) result in undue loss or gain to any person, group, committee or financial institution or agency; or
 - (iv) result in information whose disclosure could reasonably be expected to be injurious to the financial interests of the Health Unit.

5.24 Protocol Amendment

- (1) These Protocols or any provision of it may be amended by the Senior Leadership Team from time to time as long as, any change(s) is operational in nature and does not significantly alter the intention or goal of the Protocols.

6.0 CAPITAL ASSET PURCHASES/IMPROVEMENTS AND DISPOSAL

- (1) All construction, renovations or alterations to leased premises under \$50,000 must be reviewed and approved by **Chief Executive Officer**, or designate. Projects over \$50,000 require the authorization of the Board of Health.
- (2) All purchases of computer hardware (including peripheral equipment) and software will be administered by the Manager, Information Technology.
- (3) All purchase of furniture will be administered by **the CEO**, or designate.
- (4) Procurement will be notified upon receipt of all purchases involving capital assets to ensure proper accounting and asset-tracking methods are applied.
- (5) Procurement will maintain an inventory of all capital assets that is in accordance to the Public Service Accounting Board guidelines (PSAB) and Generally Accepted Accounting Principles (GAAP).

Disposal of Assets

- (6) All Divisions shall notify **the CEO**, or designate when items become obsolete or surplus to their requirements. **The CEO**, or designate shall be responsible for ascertaining if the items can be of use to another Division rather than disposed of.
- (7) Items that are not claimed for use by another Division may be sold. If there is no suitable market, then the item could be considered for donation.

7.0 EXCLUDED GOODS AND SERVICES

The following purchases of goods and services are excluded from the Procurement Protocols:

- (1) Purchases under the Petty Cash policy
- (2) Training and Education including:
 - (i) Conferences
 - (ii) Courses
 - (iii) Conventions
 - (iv) Subscriptions
 - (v) Memberships
 - (vi) Association fees
 - (vii) Periodicals
 - (viii) Seminars
 - (ix) Staff development and training including all related equipment, resources, and supplies
 - (x) Staff workshops including all related equipment, resources, and supplies
- (3) Refundable Employee Expenses including:
 - (i) Cash advances
 - (ii) Meal allowance
 - (iii) Travel expenses
 - (iv) Accommodation
- (4) Employer's General Expenses including:
 - (i) Payroll deductions remittances
 - (ii) Medicals
 - (iii) Insurance premiums
 - (iv) Tax remittances
- (5) Licenses, certificates, and other approvals required.
- (6) Ongoing maintenance for existing computer hardware and software.
- (7) Professional and skilled services to clients as part of Health Unit programs including but not limited to medical services (Clinics), counseling services, Speech and Language services and child care.
- (8) Other Professional and Special Services up to \$100,000 including:
 - (i) Additional non-recurring Accounting and Auditing Services
 - (ii) Legal Services
 - (iii) Auditing Services
 - (iv) Banking Services
 - (v) Group Benefits (including Employee Assistance Program)
 - (vi) General Liability Insurance
 - (vii) Realty Services regarding the Lease, Acquisition, Demolition, Sale and Appraisal of Land.

8.0 REVIEWING AND EVALUATING EFFECTIVENESS

- (1) The Health Unit's Auditor shall review and test compliance with the Procurement Protocols during its annual audit, and report any non-compliance to the MOH or CEO on a yearly basis.
- (2) The Senior Leadership Team will review the Protocols annually to ensure the goals and objectives are being met.

9.0 APPENDICES

Appendix A

IRREGULARITIES CONTAINED IN BIDS

IRREGULARITY	RESPONSE
1. Late Bids	Automatic rejection, not read publicly and returned unopened to the bidder.
2. Unsealed Envelopes	Automatic rejection
3. Insufficient Financial Security (No bid deposit or insufficient bid deposit)	Automatic rejection
4. Failure to insert the name of the bonding company in the space provided for in the Form of Tender.	Automatic rejection
5. Failure to provide a letter of agreement to bond where required.	Automatic rejection
6. Incomplete, illegible or obscure bids or bids which contain additions not called for, erasures, alterations, errors or irregularities of any kind.	May be rejected as informal
7. Documents, in which all necessary Addenda have not been acknowledged.	Automatic rejection
8. Failure to attend mandatory site visit.	Automatic rejection
9. Bids received on documents other than those provided by the Health Unit.	Automatic rejection
10. Failure to insert the Tenderer's business name in one of the two spaces provided in the Form of Tender.	Automatic rejection
11. Failure to include signature of the person authorized to bind the Tenderer in the space provided in the Form of Tender.	Automatic rejection
12. Conditions placed by the Tenderer on the Total Contract Price.	Automatic rejection
13. Only one bid is received.	a) Bid returned unopened if additional bids could be secured.

IRREGULARITY	RESPONSE
	<p>b) If the bid should be considered in the opinion of the CEO, or designate, and is found acceptable, then it may be awarded.</p>
<p>14. Bids Containing Minor Mathematical Errors</p>	<p>a) If the amount tendered for a unit price item does not agree with the extension of the estimated quantity and the tendered unit price, or if the extension has not been made, the unit price shall govern and the total price shall be corrected accordingly</p> <p>b) If both the unit price and the total price are left blank, then both shall be considered as zero.</p> <p>c) If the unit price is left blank but a total price is shown for the item, the unit price shall be established by dividing the total price by the estimated quantity.</p> <p>d) If the total price is left blank for a lump sum item, it shall be considered as zero.</p> <p>e) If the Tender contains an error in addition and/or subtraction and/or transcription in the approved tender documentation format requested (i.e. not the additional supporting documentation supplied), the error shall be corrected and the corrected total contract price shall govern.</p> <p>f) Tenders containing prices which appear to be so unbalanced as to likely affect the interests of the Health Unit adversely may be rejected.</p>

Appendix B

Summary of Types of Procurement with Goals

Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
Request for Proposal	Request for Tender	Request for Quotation	Informal Low Value Procurement	
<p>To implement an <u>effective</u>, <u>objective</u>, <u>fair</u>, <u>open</u>, <u>transparent</u>, <u>accountable</u> and <u>efficient</u> process for obtaining unique proposals designed to meet broad outcomes to a complex problem or need for which there is no clear or single solution.</p> <p>To select the proposal that earns the highest score and meets the requirements specified in the competition, based on qualitative, technical and pricing considerations.</p>	<p>To implement an <u>effective</u>, <u>objective</u>, <u>fair</u>, <u>open</u>, <u>transparent</u>, <u>accountable</u> and <u>efficient</u> process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.</p> <p>To accept the lowest bid meeting the requirements specified in the competition.</p>	<p>Same as for Request for Tender, except that bid solicitation is done primarily on an <u>invitational basis from a pre-determined bidders</u> list but may be supplemented with posting the bid on a website to provide a single point of access, free of charge.</p>	<p>To obtain <u>competitive pricing</u> for a one-time procurement in an expeditious and cost effective manner through phone, fax, e-mail, other similar communication method, vendor advertisements or vendor catalogues.</p>	<p>To allow for procurement in an <u>efficient and timely manner</u> without seeking competitive pricing.</p>

Appendix C

Procurement Circumstances

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal, Low Value Procurement	
Dollar value of procurement	> \$100,000	> \$100,000	\$10,000-\$100,000	\$5,000 - \$10,000	< \$5,000 or Any value, subject to proper authorization
Purchaser has a clear or single solution in mind and precisely defines technical requirements for evaluating bids or proposals	Rarely	Always			
In evaluating bids/proposals from qualified bidders, price is the primary factor and is not negotiated	Low to Moderate Likelihood	Always			Not Applicable

Appendix D

Descriptive Features of Procurement Processes

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal, Low Value Procurement	
Sealed bids or sealed proposals required	Always			Not Applicable	
Issue a Request for Information or a Request for Expressions of Interest/Pre-qualification prior to or in conjunction with a call for bids or proposals	Moderate to High Likelihood	Low to Moderate Likelihood		Not Applicable	
Post Period	If greater than \$100,000, Bid documents must be posted for 40 days	40 days	14 days	Not Applicable	
Notice Periods	If greater than \$100,000, Within 72 Days of award of Contract, notice must be published on the tendering website with the names, description, date of award, value of successful proposal	Within 72 Days of award of Contract, notice must be published on the tendering website with the names, description, date of award, value of successful tender	Not Applicable	Not Applicable	

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal, Low Value Procurement	
Transparency	If Greater than \$100,000, Promptly inform participating suppliers of contract award decisions and on request of the supplier in writing. On request, must explain why losing bid lost	Promptly inform participating suppliers of contract award decisions and on request of the supplier in writing. On request, must explain why losing bid lost	Should consider		Not Applicable
Negotiations	May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous	May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous	May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous		Not Applicable
Formal process used to pre-qualify bidders/ proponents (i.e. Request for Pre-qualification)	Moderate to High Likelihood		Low Likelihood		Not Applicable
Seek bids or proposals from known bidders/ proponents (Bidders List)	Moderate to High Likelihood	Low to Moderate Likelihood	Always		Moderate to High Likelihood

Appendix D (Cont'd)

Descriptive Features of Procurement Processes (Cont'd)

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal Low Value Procurement	
Two-envelope ¹ or similar multi-stage approach used	Moderate to High Likelihood	Not Applicable			
Bids or proposals opened and reviewed at a meeting (Public or not ²)	Always	Always	Moderate to High Likelihood	Not Applicable	
Type of agreement with supplier	Purchase order, legally executed agreement, or blanket contract (standing agreement/offer).			Purchase by cash, purchase order, or credit card.	Cash, purchase order, credit card, legally executed agreement, or blanket contract (standing agreement/offer)
May include In-house bidding in addition to external bidding	No			Not applicable	

Appendix E

¹ In the two-envelope approach, qualitative and technical information is evaluated first and pricing information in a separate envelope is evaluated thereafter only if the qualitative and technical information meet a minimum score requirement predetermined by the municipality/local Board. For more details, see Appendix F.

² This may depend on the nature proprietary information. Additionally, refer to By-law #3 Proceedings of the Board of Health for when items may be considered “in-camera” and exemptions that may apply under Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Freedom of Information and Protection of Privacy Act (FIPPA).

THE “TWO-ENVELOPE” PROCUREMENT PROCESS

The two-envelope approach is used when the purchaser wants to evaluate the technical and qualitative information of a given proposal without being influenced by prior knowledge of the corresponding pricing information. Proposal evaluation is done usually by a team of staff from possibly more than one department who have relevant expertise for making the evaluation.

In the two-envelope approach, each proponent must submit qualitative and technical information in a sealed envelope (envelope one) and pricing information in a second sealed envelope (envelope two). The contents of envelope one are evaluated and scored according to pre-determined criteria such as relevant firm experience, project team’s qualifications/experience, personnel time allocation, understanding of scope of work, methodology/thoroughness of approach, quality and completeness of proposal submission, etc.

When the scoring of envelope one is completed, then the pre-determined process for moving to envelope two is followed. In some procurement strategies, a minimum score threshold is in place at envelope one, and only proposals which meet or exceed that threshold are eligible to proceed to the opening of envelope two and subsequent price evaluation. If a proposal is not eligible to proceed to price evaluation, the proponent is disqualified from further consideration and the second envelope is returned to the proponent unopened.

For each proposal where envelope two is opened, the bid price(s) are scored according to the pre-determined process. The particular procurement and evaluation strategy will dictate the process for scoring the price and subsequently taking the scores from the envelope one and envelope two processes into account, resulting in a total evaluated score for the proposal. The total evaluated scores are ranked, and the proposal with the highest ranked score is considered the successful proposal, unless council or the local Board, as applicable, decides otherwise. In the event of a tie, the pre-determined process for handling a tie is followed.

RESERVE AND RESERVE FUNDS

PURPOSE

To provide a process for establishing, maintaining, and using reserves and reserve funds.

POLICY

The maintenance of reserves and reserve funds is an acceptable business practice that helps to protect the Middlesex-London Health Unit (MLHU) and its funders from future funding liabilities. In order for MLHU to address one-time or short-term expenditures, either planned or unplanned, which arise, it is necessary to maintain reserves and/or reserve funds.

MLHU will attempt to offset any unexpected expenditures within the annual operating budget for all MLHU programs where possible without jeopardizing programs.

Establishment of Reserves and Reserve Funds

Any reserve and reserve fund will be established by resolution of the Board of Health which will provide the purpose or use, maximum contributions, and expected timelines for contributions and drawdowns. (Refer to Appendix A for a list of MLHU reserves and reserve funds.)

Any reserve or reserve fund is to be held in accordance to Policy G-210 Investment.

Contributions and Drawdowns

Any planned contributions and drawdowns to the reserves or reserve funds will be included in the annual operating budget approved by the Board of Health. Any audited unexpended municipal funds are eligible for transfer to a reserve or reserve fund by resolution of the Board of Health subject to consultation with municipal councils.

Any unplanned withdrawals from the reserves or reserve funds will be approved by resolution of the Board of Health.

Any contributions to reserves or reserve funds that include funding from municipal sources will be made using the same municipal apportionment used for funding public health programs.

Limits

The maximum contributions to a reserve fund shall not exceed the amount required to fulfill the specific requirement.

The maximum contributions to reserves for any particular operating year shall not exceed 2% of gross revenues found on the annual statement of operations of the audited financial statements.

The maximum cumulative reserves shall not exceed 10% of gross revenues found on the annual statement of operations of the audited financial statements.

Annual Reporting

An annual report will be provided to the obligated municipalities outlining the transactions of the reserve and reserve funds during the previous year. Where possible, planned or future contributions and drawdowns will be included.

DEFINITIONS

“Reserves” mean amounts set aside by resolution of the Board of Health that are carried year to year mainly as contingencies against unforeseen events or emergencies.

“Reserve Funds” mean amounts set aside for specific purposes by resolution of the Board of Health. They are carried from year to year unless consumed or formally closed.

APPENDICES

Appendix A – MLHU Reserve and Reserve Fund Summary

RELATED POLICIES

G-210 Investment

Middlesex-London Health Unit Reserve/Reserve Fund Summary

Appendix A
Policy G-250

Funding Stabilization Reserve

Purpose:

The Funding Stabilization Reserve Fund is required to ensure the ongoing financial stability and fiscal health of MLHU. Generally, the use of these funds falls within these three categories:

- 1) *Operating and Environmental Emergencies* – highest priority and are based on public safety and demand nature of the expenditure.
- 2) *Revenue Stability and Operating Contingency* - intended to stabilize the impacts of cyclical revenue downturns and operating cost increases that are largely temporary and not within MLHU's ability to adjust in the short-term.
- 3) *Innovation* – incentive to encourage creativity and innovation, funds maybe be used to explore innovative and creative solutions directed towards making MLHU more efficient and effective.

Fund Limit:

Total fund balance shall not exceed 10% of gross revenues in any given year.

Maximum Yearly Contribution:

Annual contributions to the fund shall not exceed 2% of gross revenues in the year the contribution is made.

Technology & Infrastructure Reserve Fund

Purpose:

The Technology and Infrastructure Reserve is established to create a funding source for buildings and infrastructure capital projects, new equipment purchases and capital replacement programs. Use of the reserve is restricted to the following types of purchases:

- Major construction, acquisition, or renovation activities as approved by the Board
- Major purchases of information technology software or hardware.
- Vehicle, furniture and/or equipment replacement

Fund Limit:

\$ 2 million

Maximum Yearly Contribution:

Annual contributions = \$250,000

Employment Costs Reserve Fund

Purpose:

Contributions are available to maintain services by alleviating the impact of the growth of wages and/or benefits and other related employment costs.

Fund Limit:

\$200,000

Maximum Yearly Contribution:

Annual contributions = \$200,000