



REQUEST FOR PROPOSALS

HEALTH and SANITATION SERVICES

The City of Leon Valley is soliciting proposals for Health and Sanitation Officer Services. Kristie Flores, Director of Community Development, will accept proposals in the Community Development office located at 6400 El Verde Road, Leon Valley, TX 78238, until 10:00 a.m. CST, on Friday, July 23, 2010. Proposals received after this time will be returned unopened. The City of Leon Valley reserves the right to reject any and all proposals.

It is the intent of the City to act upon this request in a timely manner and to provide proposals to the Leon Valley City Council for their consideration. Proposals must include all requested information as outlined herewith to include rates and fees. Kristie M. Flores, Director of Community Development, will answer all requests for clarification regarding this proposal. She is available at (210) 684-1391 ext. 227.

Proposals must be submitted inside a SEALED envelope and CLEARLY marked "PROPOSAL for HEALTH and SANITATION OFFICER SERVICES". Failure to do so will automatically disqualify the proposal.

The conditions regarding duties of the Health and Sanitation Officer will be set forth in the Contract for Services between the individual and the City of Leon Valley.

At the end of each month, the contracted individual will submit a billing statement or invoice which will include an itemized detail for each service provided. The standard terms for the City of Leon Valley are net thirty.

6400 EL VERDE ROAD ★ LEON VALLEY, TX 78238-2399
TEL (210) 684-1391 ★ FAX (210) 684-4476
WWW.LEONVALLEYTEXAS.GOV

Mon. - Th. 7:30 a.m. - 5:30 p.m. ★ Fri. 7:30 a.m. - 11:30 a.m. ★ Sat./Sun. CLOSED

GENERAL REPRESENTATION

1. The individual will remain available to consult with City staff, via telephone, during normal business hours and, in the event of an emergency regarding Food Safety and Environmental Health related matters, after normal business hours. The individual is responsible for providing and maintaining his or her privately owned cellular telephone along with any related expenses.
2. The individual will prepare and review health related ordinances as required.
3. The individual will inspect food establishments.
4. The individual will investigate complaints regarding food borne illnesses and other complaints against food establishments.
5. The individual will create a plan review for new and remodeled/renovated food establishments.
6. Municipal or other court appearances may be required.
7. Individual may be required to attend a City Council meeting.
8. Other duties as required by City ordinance concerning Health and Sanitation related duties.

STATEMENT OF QUALIFICATIONS

Please address the following items and include with your proposal:

1. The individual's name, mailing address, and telephone number must be provided. Additional contact information may be included at your discretion.
2. Education, total years of experience in Food Establishment Inspections, years experience in environmental health, and any specialty areas within the field of food safety.
3. Provide proof of registration as a Professional Sanitarian. Individual must be in good standing with the State of Texas and maintain good standing throughout the contract period with the City of Leon Valley.
4. Provide the name of one individual who is qualified to substitute as a Health and Sanitation Officer in the individual's absence. This substitute, upon demand, must be able to provide the same information as outlined in this request.
5. A list of clients, if any, that you currently represent that could cause a conflict of interest with your responsibilities with the City of Leon Valley. Describe how you would be willing to resolve these or any future conflicts of interest.

CITY OF LEON VALLEY

**Proposed Fees for
Health and Sanitation Officer Services**

The following rates are proposed by _____ for Health and Sanitation Officer Services to the City of Leon Valley.

PRINT NAME

1. Fees for General Services:

Attach an itemized list of fees for all services provided.

2. Special Services (i.e., court appearances, attendance at City Council meetings, etc.):

Hourly Rate \$ _____

_____ Dollars

and _____ Cents

As evidence by my signature below, I, _____, certify that I

PRINT NAME

have reviewed and fully understand the City of Leon Valley's Request for Proposals for Health and Sanitation Officer Services. I further certify that the information submitted in response to this request is true and correct.

SIGNATURE

DATE