



CIBOLA COUNTY

REQUEST FOR QUOTATIONS (RFQ)

Inmate Housing Services

RFQ #2017-07-01

**CIBOLA COUNTY PURCHASING
700 East Roosevelt, Suite 50
Grants, NM 87021**

July 17, 2017

PROJECT DESCRIPTION

Cibola County is soliciting quotations from all interested public detention service providers to provide informal quotes on the provided form for inmate housing services for Cibola County. Cibola County guarantees a minimum population of **120** inmates (male & female) per day, though requests responding entities to identify how many beds it will have available for Cibola County inmates. Cibola County desires to enter into a multiple year relationship, and expressly reserves the right to make multiple contract awards.

Services desired include furnishing and providing:

- Inmate housing, including meals, clothing, laundry services and outdoor recreation; and in-house medical, dental and mental health services as needed
- Transportation services from contract facility to and from 13th Judicial District Court, Magistrate Court, Village Court and Municipal Court.
- Transportation services from the Cibola County Detention Center to contractor facilities or contractor facilities to Cibola County Detention Center, estimated to be between five (5) and fifteen (15) trips per week. If contractor is local this may be waived as the arresting officer would transport the arrestee to the facility.

- Booking Services may also be required depending on location of facility.
- Prescription drug, and outside medical, dental and mental health services will be paid separately by Cibola County as needed

All services shall be provided and performed in accordance with all local, state and federal rules, regulations and laws.

QUOTE SUBMISSION

Interested Contractors should submit the below quote form by Friday, July 28th, 2017 to Tony M. Boyd, Manager Cibola County, 700 East Roosevelt, Suite 50, Grants, NM 87021.

Note, quotes may be submitted electronically via e-mail as follows:

E-mail Submittals: tboyd@co.cibola.nm.us

Questions: Tony M. Boyd, (505) 287-9431

Quote Form

Contractors are asked to complete and return this form:

- Name of Facility: _____
- Total Cost for Guaranteed Population (per day): \$ _____
- Additional Cost (per inmate/day): \$ _____
- Transportation Services (per trip): \$ _____