Skagit County Community Justice Center Request for Inmate Commissary Service Providers



April 28, 2017

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1. INTRODUCTION

Skagit County, a political subdivision of the State of Washington, is seeking proposals from qualified Inmate Commissary Service Provider (ICSP) to provide, install, and maintain Inmate Commissary Services for the Skagit County Community Justice Center (SCCJC).

The SCCJC is a 107,800 sq. ft., 400-bed facility with low, medium and maximum-security inmate housing. The facility has 1 main housing unit consisting of 7 pods, 4 dormitory housing pods, secure medical unit, intake and release holding cell areas. The facility has state-of-the-art systems including Wi-Fi and video technology. For more information on the facility, and the project, please visit the Skagit County website at http://www.skagitcounty.net/Departments/Jail/

The current schedule for the project intends for the facility to be operational and prepared to accept inmates in 3rd quarter 2017.

2. TECHNICAL LANDSCAPE

Skagit County is currently completing contract negations with Securus new Inmate Communication and Trust Account system (ICTAS), which includes devices capable of accessing telephone, video visitation, inmate request, commissary ordering and trust account . A Provider's demonstrated ability to integrate with ICTAS will be considered a significant factor in Skagit County's Evaluation.

3. PROJECT SCOPE

The scope of this project is to identify, select, contract with, and engage a Provider who will provide Inmate Commissary Services.

Skagit County has not decided on an internal or external solution and will accept bids on two options as described below. **Providers are authorized to submit a bid on both internal and external fulfillment.**

Internal Fulfillment Commissary

This solution is for an internal commissary solution. Commissary goods are received, stocked and distributed from a storage area located in the SCCJC. The available office space at SCCJC has 120 sq. ft. (10 x 12) and the available Storage/workroom space is 598 sq. ft.(26 X 23). The requested functional requirements are located in the file S9 – Internal Solution Requested functional requirements.xlsx.

External Fulfillment Commissary

This solution is for an external commissary solution. Commissary goods are received, stocked and distributed from the Providers own off-site storage area. The requested functional requirements that must be met are located in the file S9 – External Solution Requested functional requirements.xlsx.

Note: Providers submitting a bid on both internal and external fulfillment, **must** complete both S9 – Internal Solution Requested functional requirements.xlsx and S9 – External Solution Requested functional requirements.xlsx

Anticipated hours of commissary supply system access are from 0600 to 2200, all days. System must allow Skagit County to manage schedule changes for commissary supply system access.

3.1 Communications

It is the responsibility of the Provider to read and understand all parts of the RFS. All communications regarding this RFS from Providers and other interested parties must be directed through:

Sergeant Ron Coakley Skagit County Sheriff's Office Address: 600 South 3rd, Suite 100 Mount Vernon, WA 98273 Phone: 360-416-1944/cell 360-630-4596 EMAIL: <u>ronc@co.skagit.wa.us</u>

The individual identified above is the sole point of contact for any inquiries or information pertaining to this RFS.

Providers who request a clarification of the RFS requirements may submit written questions to the RFS contact person. All questions and responses will be subject to general distribution to all Service Providers who have submitted a letter of intent pursuant to section 4.1 and 4.2. Skagit County reserves the right to update RFS requirements. Skagit County will use electronic mail to notify Providers of RFS questions and/or changes.

Due a high volume of spam, all questions to the RFS submitted by electronic mail are to include:

"Skagit County ICSP Request Questions" in the Subject area of the electronic message.

(ICSP) Inmate Commissary Service Provider

Skagit County assumes no responsibility for unanswered questions without the correct information in the subject line or delays caused by delivery service.

4. PROPOSAL INSTRUCTIONS, FORMAT CONTENT AND SUBMISSION

4.1 Schedule

This RFS will be managed according to the following schedule:

Formal issuance to Providers	April 28, 2017
Letter of Intent & Tour Notification from Providers	May 8, 2017
Tour of SCCJC	May 9, 2017 3:30pm PST
Deadline for receiving Proposal & required responses	May 26, 2017 5:00pm PST
Notification of Provider Short List	by May 31, 2017
Provider Presentations (if requested by Skagit County)	June 12, 2017
Provider Selection	by June 12 <i>,</i> 2017
Commencement of contract negotiations w/selected Provider	June 19, 2017
Provider access to SCCJC commissary area	July 19, 2017
Scheduled commissary service start date	August 7, 2017

4.2 Letter of Intent

Interested Service Providers are strongly encouraged to submit letter of intent to the listed Skagit County Communications contact (see Paragraph 3.1) by May 8, 2017, if possible, to ensure receiving notice of any questions and clarifications concerning this solicitation.

4.3 Facility Tour

Service Providers will be invited to a tour of SCCJC. The tour is currently scheduled for **May 9, 2017, at 3:30 pm**. Service Providers are limited to sending a maximum of two representatives on the tour. Service Providers are required to notify the Communications contact (paragraph 3.2) **by end of business May 8, 2017**, if they are planning on sending representatives to the tour.

4.4 Submission of Proposal

4.4.a Submission Deadline

All Provider responses and proposals should be received by 5:00 PM (PST) on May 26, 2017. Late or incomplete proposals may be rejected at Skagit County's sole discretion.

4.4.b Submission

All proposals MUST be sent by electronic mail to <u>ronc@co.skagit.wa.us</u> and must be time stamped by Skagit County's system as received as specified in section 4.1. Once your proposal is received you will receive a confirmation via electronic mail. Each submitted proposal shall identify the electronic submission by submitting the proposal with the phrase:

"Skagit County ICSP Response" in the Subject area of the electronic message.

Skagit County assumes no responsibility for delays caused by delivery service.

4.4.c Copies

All responding Providers shall submit one (1) original response of their response to this RICP. The electronically submitted copy is to be considered the original.

4.4.d Proposal Materials

Proposals must be in Microsoft Word 2010 or higher or Adobe PDF format (with Microsoft Excel attachments remaining in their native formats).

Prospective Providers must provide the following materials as part of their proposal:

Cover Letter Completed Skagit County Proposal Forms (as provided as part of this RFS) Signed Provider's Certification and Formal Offer of Proposal

4.4.e Legibility and Organization

Proposals must be typed or printed, must be written in English and must be legible and reasonably organized. Pages must be consecutively numbered. Responses must mirror the numbering order used throughout this RFS.

4.4.f Completeness of Response

Providers must include responses to all of the provisions and items of this RFS using the forms provided herein for their responses.

5. RFS AND PROPOSAL TERMS AND CONDITIONS

5.1 Right to Withdraw Proposals

Proposals may be withdrawn at any time before proposal deadline.

5.2 Right to Reject/Accept Proposals

Skagit County reserves the right to accept any proposal or, at its discretion, reject any or all proposals. There is no appeal offered or implied to Skagit County's final decision.

5.3 Right to Modify Proposals

Skagit County reserves the right, but is not obligated, to; modify minor irregularities in proposals received.

If discrepancies between sections or other errors are found in a proposal, Skagit County may reject the proposal. Providers are responsible for all errors or omissions in their proposals, and any such errors or omissions will not serve to diminish Providers obligations to Skagit County.

5.4 Additional Information

Skagit County reserves the right to request and/or obtain additional information as required.

5.5 Skagit County Not Responsible for Proposal Expenses

Receipt of a proposal does not obligate Skagit County to pay any expenses incurred by the Provider in the preparation of proposal or obligate Skagit County in any other respect.

5.6 RFS, Proposals Do Not Obligate

Neither the publication nor distribution of the RFS, or the receipt of proposals, constitutes any obligation or commitment on the part Skagit County.

5.7 Proprietary Information/Public Disclosure

Once in SKAGIT COUNTY's possession, submittals shall become property of SKAGIT COUNTY and considered public documents under applicable Washington State laws. All documentation that is provided to SKAGIT COUNTY may be subject to disclosure in accordance with Washington state public disclosure laws.

5.8 Proposal Evaluation and Contractor Selection

The Proposals will be evaluated by a team of people from Skagit County. The Skagit County RFS Team is made up of people from the SCCJC and Information Services. Other staff may participate where their expertise will be of value. Skagit County will initially check the Provider's proposal to validate all information required to conform to this RFS is included. Absence of required information may be cause for rejection.

Providers **will NOT** be evaluated differently based on whether they provide an internal or external solution.

5.9 Evaluation Criteria

Providers will be evaluated based on the information furnished by the Service Provider. Evaluation will include, but are not limited to, the following criteria:

Evaluation Criteria
Ability to Meet Requested Functional Requirements
Rates, Billing and Commission
References and Customer Feedback
Other Required Documentation
Completeness of Proposal
Product list and Pricing
Relevant Commissary Service Experience
Value Added Services
Any Other Factors Listed in the RFS
Site Visit (If Conducted)

In the event that **no or only a few** Providers meet all of the requested functional requirements, Skagit County has the discretion to evaluate proposals that **do not** meet all the requested functional requirements.

5.10 Notification and Requirements Demonstration

Based on the evaluation of the RFS's, Skagit County will create a short list of, and may invite them to Skagit County to participate in a demonstration of the requirements. Skagit County will discuss each of the requirements with the Provider and may ask to have the requirements demonstrated. The selected Providers will be notified in writing or email by the date indicated in paragraph 4.1.

5.11 Site Visits

Skagit County may choose to conduct site visit(s) to the Service Provider client sites as part of the evaluation process. The site visits may be used to determine the successful Service Provider. Evaluations of the Service Provider client sites / headquarters will be based on the following:

- Assessment of the Service Provider service in response to contract
- Assessment of the quality of Service Provider services
- Overall user satisfaction with the service delivery

5.12 Final Provider Selection

Skagit County will select the Provider that has, in Skagit County's judgment, the best overall Inmate Commissary Service Provider RFS proposal. The selected Provider will be notified in writing or email by the date indicated in paragraph 4.1. Skagit County will start contract negotiation with this Provider.

5.13 Negotiations

Skagit County will enter into negotiations with the Provider selected as discussed in 5.13. This may include cost, technical, financial, contractual or other clarifications needed to make a decision. Skagit County reserves the right to also negotiate with the other high rated Providers in the event it is determined by Skagit County that the selected Provider and Skagit County might not agree to contract terms.

5.14 Final Authority

The final authority to award contracts as a result of this RFS rests solely with Skagit County.

5.15 Sub-Out Components

It is acceptable for a Provider to sub-out components of the system; however there will be one contract and the Provider shall be designated as responsible for the complete proposal solution.

6.9 LEGAL AND REGULATORY COMPLIANCE

6.1 Valid License

Only proposals from Providers licensed or legally entitled to do business in the State of Washington will be considered.

6.2 Legal Compliance

During the course of work for Skagit County, contractors, sub-contractors, and their employees are required to comply with all applicable local, State and Federal laws, codes, ordinances, and regulations. The Provider shall take all required actions to comply with Labor and Industries inspection requirements. The Provider/employee shall comply with Skagit County's physical and data network security policies.

6.3 Safety Considerations

The Service Provider shall be responsible for compliance with all relevant state and federal workplace safety requirements to include compliance with Skagit County's safety directives and policies. The Service Provider shall be responsible for ensuring that its employees are trained in the safety procedures appropriate to assigned work. The Service Provider agrees to indemnify, defend and save harmless, Skagit County, its elected officials, employees, agents and volunteers from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by the Service Provider in the performance of this contract. The Service Provider shall provide necessary worker's compensation insurance at Service Provider's own cost and expense.

6.4 Substance Use Policy

The use of illegal drugs, alcohol, marijuana/marijuana products, or controlled substances on Skagit County property or premises is strictly prohibited. Working on this project while under the influence of drugs or alcohol is strictly prohibited, and if discovered, may be reported to the appropriate law enforcement agency.

6.5 Tobacco and Vape Free Facility

Tobacco and all vaping products are allowed only in designated areas outside of the Community Justice Center Building.

6.6 Harassment, Discrimination, Fraternization

Any form of harassment, discrimination, or improper fraternization with Skagit County inmates or employees is strictly prohibited.

6.7 Prison Rape Elimination Act (PREA)

The Service Provider acknowledges that Skagit County has a zero-tolerance policy regarding sexual assault and harassment in accordance with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42. U.S.C. 15601 ET. Seq.). The Service Provider further acknowledges compliance with all applicable PREA Standards, Skagit County Policies related to PREA and Skagit County Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within Skagit County Facilities. The Service Provider acknowledges that, in addition to "self- monitoring requirements" Skagit County may conduct announced or unannounced compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and Skagit County Policies, may result in immediate termination of the contract.

6.8 Insurance Requirements/Indemnification

The selected service provider will be required to provide insurance in the form and amounts as determined by the Skagit County Risk Management Department. The selected service provider will also be required to indemnify Skagit County related to its activities and omissions related to the executed services contract.

6.9 Copyright and Confidentiality

Selected or prospective Service Providers shall maintain strict privacy of all Skagit County records, data, files (regardless of media), including any copyrighted material received from Skagit County.

6.10 Collective Bargaining

The Service Provider must specify if any of the Service Provider's employees who will be working on Skagit County premises are covered by any labor unions involved in collective bargaining agreements. If so, identify the date the current labor agreement expires. The Service Provider must also disclose if the firm is currently involved in any labor related litigation, mediation, arbitration or negotiation that may affect its ability to perform its obligations under the proposed Scope of Work.

Please complete Form G – Collective Bargaining on page27.

6.11 Codes and Standards

It shall be the responsibility of the Service Provider to identify all codes, and/or agencies having jurisdiction and governing the execution of this proposal and to ensure conformance with those codes and agencies, including but not limited to the following:

- OSHA/WISHA
- Applicable Regulations of the Washington Department of Labor and Industries, including WISHA
- Skagit County Public Health rules and regulations
- State and Federal Anti-Discrimination Laws

This list is not exclusive.

7. TECHNICAL SPECIFICATIONS AND SERVICE

The Provider is required to answer each of these items on Form C, Technical Specifications and Service in their response using the forms provided. As part of the Provider's detailed proposal, the Provider is free to go into detail as these may be considered by Skagit County as key product differentiators.

Complete the attached Form C, Technical Specifications and Service on page 22.

8. RATES, BILLING AND COMMISSION

A percentage of gross revenue from the services covered in this Contract shall be delivered in the form of commissions to the Skagit County Inmate Health and Welfare Fund, and shall be paid not later than 7 business days after the end of the preceding month.

8.1.a. Proposals shall specify the commission percentages to be provided by Provider to Skagit County for each commissary product offered in their proposal.

Please attach a typical Product list that includes Volume, Price, Revenue, & Commission

8.1.b. No reduction to rate of return (Commission) shall be made within the first year of this contract. Requests for rate adjustment may be initiated by either party for the outlying option years. Such requests shall be submitted in writing to Skagit County 60 days prior to the expiration of the contract's current term. The approval of rate adjustments shall be by mutual agreement of the parties, and any adjustment shall be included in the extension of the contract for that option year

8.1.c. The Provider shall provide monthly statements to Skagit County. Statements shall be itemized and include prices and amounts deposited to the Inmate Health and Welfare Fund. Skagit County reserves the right to request additional information as determined necessary by Skagit County leadership. All information requested by Skagit County shall be provided within 24 hours.

Complete the attached Form D, Commissary Supply System Commission Proposal on page 24.

9. REQUESTED FUNCTIONAL REQUIREMENTS

The Provider must complete the Requested functional requirements worksheet by answering 'Y or N' in the Y/N column. Provider is to complete the 'Provider Response to Requirement' sections with as much detail as possible. Line items with an 'I' are not scored requirements, but are required to be answered with detailed and concise information.

Complete requested functional requirements located in S9 –External Solution functional requirements.*xlsx.* or **S9 –Internal Solution functional requirements.***xlsx.* If the provider is submitting a bid on both internal and external solutions, please complete both in their entirety.

10. OPTIONAL FEATURES

Providers are encouraged to not only respond to the requested functional requirements, but to offer information on additional inmate commissary provider options/features available with their solution that would be of benefit/interest to Skagit County.

Complete the attached Form E, Optional Features on page 25.

11. TRAINING PLAN

The Provider shall provide a training plan.

This plan shall identify:

- > Training needs for Skagit County designated staff
- > Training needs for Inmates
- Training needs for Provider staff

Training materials as necessary shall be delivered to Skagit County. An electronic version of training materials is highly desired.

A formal training plan between the chosen Provider and Skagit County will be completed at a later date.

Complete the attached Form F, Training Plan on page 26.

PROVIDER RESPONSE CHECKLIST

This checklist is provided for the Provider's convenience to insure that all required materials have been included in the Provider's response. It is not required as part of the Provider's response.

Form Name	✓
Cover Letter	
Company Information Form	
Company Background Information	
Company Experience	
Company Contact Information	
Anticipated Project Manager Information	
Customer Reference 1	
Customer Reference 2	
Customer Reference 3	
Technical Specifications and Service Form	
Cost and Commission Analysis	
S9 – Internal Solution Requested functional requirements.xlsx	
S9 – External Solution Requested functional requirements.xlsx	
Optional Features	
Training Plan	
Collective Bargaining	
Signed Provider's Certification and Formal Offer of Proposal	
Form Provider Responsibility – Declaration of Provider	

Skagit County FORMPROPOSAL FORMS

Skagit County reserves the right to request and/or obtain additional information as required.

FORM A

Company Information

The Company Information Form asks specific information about the company and its financial standing. Our intent is to verify the viability of the company to support Skagit County for the next several years

Company Information	
Company Name:	
Address:	
City, State Zip	
FAX Number	

Company Background Information	
Organizational Type/Structure:	
Date Incorporated	
Number of employees:	
Company Experience	
Years Provider has conducted commissary business. How many years in Washington State:	
Number of similar size commissary operations:	
Is there any pending litigation against the firm? Has there been any litigation against the firm in the last 3 years?	

|--|

Company Contact Information	
Contact Name:	
Address:	
City, State Zip	
Phone Number	
E-Mail Address	
Web Site URL	

Anticipated Project Manager		
Contact Name:		
Phone Number		
E-Mail Address		
Years' Experience		
Number Employees Working Under Project Manager		

FORM B

References

Provide at least 3 customer references relevant to the scope of this contract. A brief description of the work performed must be provided for each reference. More than three references may be provided. For additional references, please add additional sheets with the requested information in the same format as shown below.

Customer Reference (1) Information:	
Institution Name:	
Address:	
Contact Name:	
Contact Title:	
Contact Phone Number:	
Contact Email Address:	
Number of Years as Customer:	
Size of System:	
Year Installed:	
Additional Relevant Information:	

Customer Reference (2) Information:	
Institution Name:	
Address:	
Contact Name:	
Contact Title:	
Contact Phone Number:	
Contact Email Address:	
Number of Years as Customer:	
Size of System:	
Year Installed:	
Additional Relevant Information:	

Customer Reference (3) Information:		
Institution Name:		
Address:		
Contact Name:		
Contact Title:		
Contact Phone Number:		
Contact Email Address:		
Number of Years as Customer:		
Size of System:		
Year Installed:		
Additional Relevant Information:		

FORM C

Technical Specifications and Service

Please use the space provided and give as much detail as possible for each section.

Technical Specifications & Service	
Customer Service (Inmate & General Public) Please give a detailed description of your customer service for inmates and the general public for your solution. Please be sure to include call response times and if you have direct inmate customer service.	
Customer Support (SCCJC Staff) Please give a detailed description of your customer service for SCCJC staff for your solution. Please be sure to include call response times and the time it takes to address any failure within the system.	
System Architecture It is required that the ICSP's system integrates with and runs on the existing tablets and kiosks installed for the SCCJC inmate communication and trust account system, which is Securus.	
Please describe in broad terms, the architecture of your system, and address the amount and type of system hardware required for installation at the Skagit County Facility.	

Project Schedule and Implementation Timeline Please provide a basic timeline for implementation of your proposed solution.	
Disaster Recovery Plan	
Please describe your disaster recovery for the RFS.	

FORM D

Inmate Commissary Service Commission Proposal

Commissary Service Composite Commission

The Contractor agrees to pay the SCCJC a commission of commissary service sales of ______ percent (%).

FORM E

Optional Features

Please use this space to describe any additional features or options that you feel may be relevant to this proposal. Include availability, limitation, extra expense and any effect on commission.

As part of the optional features, please include detailed description about the following:

- Hot food commissary including how you work with food service providers to provide hot food commissary.
- Staff Vending Services

FORM F

Training Plan

Please use this space to describe your training plan for the RFS as discussed in Section 11.

Training Plan

Form G

Collective Bargaining:					
Are/will any employees working on or at SKAGIT COUNTY facilities covered by or	Yes	No			
members of any union covered by collective bargaining agreements?					
If yes, please specify which unions and agreements and their expiration dates.					
Are any represented Service Provider employees involved in any labor related litigation, mediation, arbitration, or negotiation that may affect the Service Provider's ability to perform its obligations under the proposed scope of work?	Yes	No			
If yes, please explain:					

FORM H

Provider's Certification and Formal Offer of Proposal:

By signing and dating below, the Provider affirms that the information provided in this proposal response and any included materials are true and correct, and that by signing, the signer certifies that he or she is authorized to enter into agreements on behalf of the Provider.

Do you certify that you are not on the Comptroller General's list of ineligible contractors nor the list of parties excluded from Federal procurement or non-procurement programs? Yes **D** No **D**

Will you sell additional units to other government agencies within the State of Washington at the proposal price, terms and conditions until both parties accept a written change? The County of Skagit accepts no responsibility for the payment of the purchase price by other government agencies. Yes \Box No \Box

THE UNDERSIGNED have hereunto set their hands or caused their duly authorized officers to submit this proposal, all as of the _____ day of _____, 2017.

By signing below, you certify in writing that all Provider proposal terms, including prices, will remain in effect for a minimum of 180 days after the Proposal Due Date, that all proposed hardware and system software has been operational at a non-Provider owned customer site for a period of 90 days prior to the Proposal Due Date, and that all proposed capabilities can be demonstrated by the Provider.

Additionally you certify that all information provided within this proposal response is accurate.

Person duly authorized by company to submit and certify this proposal (print name :)

Signature: _____

DATE _____

Provider agrees that submission of this proposal to Skagit County, with a duly authorized officer or representative named above constitutes a binding agreement by Provider to Skagit County to preserve the price submitted for 180 days. Skagit County will accept a named individual in lieu of a signature so that this document can be electronically submitted (provided that a signed printed proposal shall be provided by the County upon request by the County). Provider agrees that changing the proposal cost within this 180 day period may void the proposal response by the Provider and Skagit County may eliminate the proposal from further evaluation.