



# BUNCOMBE COUNTY REQUEST FOR PROPOSAL DISPOSITION OF UNCLAIMED BODIES

## REQUEST FOR PROPOSAL

### I. Intro

Buncombe County Health and Human Services seeks proposals from licensed funeral services to assist with the disposition of unclaimed bodies as required per North Carolina General Statute §130A-415. This contract will be awarded to two providers, due to the volume of work required.

### II. Scope of Services

Buncombe County Health and Human Services is seeking a contract with a funeral service provider that is licensed in North Carolina for the cremation of unclaimed bodies. The provider must be able to carry out the process in a timely manner as required by North Carolina General Statute §130A-415. The service can only be carried out at the location provider states in their proposal and cannot be subcontracted. The selected contractors will also be responsible for ensuring cremains are delivered to their final resting place. The contract shall be for a term of one (1) year, with a beginning date expected of July 1, 2023.

### III. Selection Criteria

If you or your organization are interested in assisting the County with this service, please complete and return the attached proposal form.

Selection will be based on the following criteria. These criteria are not necessarily listed in order of importance.

- Cost of the service
- Number of days to perform cremation from notification
- Experience handling unclaimed bodies

### V. General Information & Questions

All inquiries and questions concerning this RFP shall be directed via email to the Procurement Agent, Nina Alexander [nina.alexander@buncombecounty.org](mailto:nina.alexander@buncombecounty.org) by March 15, 2023 at 5:00 PM and identified with the subject line, “RFP Questions: Disposition of Unclaimed Bodies FY24”

### VI. Instructions for submitting proposals

Proposals will be received until 3:00 p.m., April 12, 2023. All proposals may be electronically

submitted via email and properly identified with the name: **“RFP: Disposition of Unclaimed Bodies FY24”**

Proposals must be submitted no later than the time and date specified. Proposals may be emailed to:

Nina Alexander, Procurement Agent

Phone: (828) 250-4311

E-mail: [nina.alexander@buncombecounty.org](mailto:nina.alexander@buncombecounty.org)

The County’s capacity for email attachments is 9mb. It is the responsibility of the applicant to assure that their proposal is received. Receipt of proposals can be verified by calling Nina Alexander. Late proposals will not be accepted.

#### **VII. Limitations**

This Request for Proposal does not commit Buncombe County to award a contract. The County reserves the right to accept or reject all or any part of any proposal, waive informalities and award the contract to best serve the interest of the County.

#### **VIII. Conflict of Interest**

No employee, officer, or agent of the County or the selected Vendor shall participate in the selection or in the award of any contract resulting from this RFP if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when one of the following has a financial or other interest in any proposing firm: (1) the employee, or an officer or agent of the employee; (2) any member of the employee’s immediate family; (3) the employee’s business partner; or (4) an organization which employs, or is about to employ, any of the above. Such standards shall be designed to preclude personal or organization conflicts of interest, real or apparent, from impairing the fairness of any procurement process or the public’s confidence in the integrity of the County and the Contractor. Such standards shall also prohibit said individuals from accepting gifts, gratuities, favors, or anything of monetary value from contractors, potential contractors, or customers.

**PROPOSAL FORM**  
**DISPOSITION OF UNCLAIMED BODIES**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

By signing this document, I hereby certify that I am in agreement with all relative bid documents, terms and conditions, bid attachments, and pricing submitted with this bid event.

Authorized Representative Supplier Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Are you licensed and permitted by the NC Board of Funeral Service to provide the cremation service?

YES / NO

Provide the cost of service for the cremation and delivery of the cremains of an unclaimed body.

\$ \_\_\_\_\_

Provide number days to perform cremation from notification date.

\_\_\_\_\_ Days

Is your organization experienced with the disposition of unclaimed bodies?

YES / NO

If so, how long has your organization been performing this service?

\_\_\_\_\_ Years

What is the address where these services will be performed?

\_\_\_\_\_

Street

\_\_\_\_\_

City, State

\_\_\_\_\_

Zip