EO 87710

AMENDMENT TO AGREEMENT
ANNUAL REQUIREMENTS FOR OCCUPATIONAL HEALTH CLINIC SERVICES
RFP BID NO. 11-210
THIRD RENEWAL

This Amendment is hereby entered into by and between **Lincoln Physician Network, d/b/a Company Care and Saint Elizabeth Sports & Physical Therapy, 5000 N. 26th St., Lincoln, NE 68521** (hereinafter "Contractor") and **City of Lincoln** (hereinafter "City"), for the purpose of amending an Agreement dated **January 4, 2012**, under Executive Order No. **84667**, (the "Contract"), for **Annual Requirements for Occupation Health Clinic Services, RFP Bid No. 11-210**, which is made a part hereof by this reference.

WHEREAS, the original term of the Agreement is January 4, 2012 through January 3, 2013, with the option to renew for three (3) additional one (1) year periods upon written mutual consent of both parties; and

WHEREAS, the Agreement was amended by City Executive Order No. 85514, dated November 5, 2012 to renew the agreement for an additional one (1) year term from January 4, 2013 through January 3, 2014; and

WHEREAS, the Agreement was amended by City Executive Order No. 86981, dated March 11, 2014 to renew the agreement for an additional one (1) year term from January 4, 2014 through January 3, 2015; and; and

WHEREAS, the parties wish to renew the agreement for an additional one (1) year term beginning January 4, 2015 through January 3, 2016; and

WHEREAS, the estimated expenditures for the City for the term of this renewal shall not exceed $46,000.00 without prior approval by the City of Lincoln.

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under City Executive Order No. 84667, and stated herein the parties agree as follows:

1) The Agreement shall be renewed for an additional one (1) year term beginning January 4, 2015 through January 3, 2016.
2) The estimated expenditures for the City for the term of this renewal shall not exceed $46,000.00 without prior approval by the City of Lincoln.
3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

Official City Use Only

Dated this 20th day

of Nov. 2014

Chris Beutler, Mayor

Supplier, please fill out the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name: (Please Print)	The Physician Network dba Company Care
By: (Please Print)	R. Kent Reckenweg MD
By: (Please Sign)	
Title: (Please Print)	President
Company Address: (Please Print)	5000 N 26th St Lincoln 68521
Company Phone & Fax: (Please Print)	402-475-6656
E-Mail Address: (Please Print)	jbartels@stez.org
Date: (Please Print)	10/31/14
Contact Person for: "Orders or Service" (Please Print)	Joanne Bartels
Phone Number:	402-475-6656

AMENDMENT TO AGREEMENT
ANNUAL REQUIREMENTS FOR OCCUPATIONAL HEALTH CLINIC SERVICES
RFP BID NO. 11-210
SECOND RENEWAL

This Amendment is hereby entered into on this 18th day of February, 2014, by and between **Lincoln Physician Network, d/b/a Company Care and Saint Elizabeth Sports & Physical Therapy, 5000 N. 26th St., Lincoln, NE 68521** (hereinafter "Contractor") and **City of Lincoln** (hereinafter "City"), for the purpose of amending an Agreement dated **January 4, 2012**, under Executive Order No. **84667**, (the "Contract"), for **Annual Requirements for Occupation Health Clinic Services, RFP Bid No. 11-210**, which is made a part hereof by this reference.

WHEREAS, the original term of the Agreement is **January 4, 2012 through January 3, 2013**, with the option to renew for three (3) additional one (1) year periods upon written mutual consent of both parties; and

WHEREAS, the Agreement was amended by City Executive Order No. 85514, dated November 5, 2012 to renew the agreement for an additional one (1) year period from January 4, 2013 through January 3, 2014; and

WHEREAS, the parties wish to extend the agreement for an additional one (1) year term beginning **January 4, 2014 through January 3, 2015**; and

WHEREAS, the estimated expenditures for the City for the term of this renewal shall not exceed $57,000.00 without prior approval by the City of Lincoln.

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under City Executive Order No.84667, and stated herein the parties agree as follows:

1) The Agreement shall be renewed for an additional one (1) year term beginning **January 4, 2014 through January 3, 2015**.
2) The estimated expenditures for the City for the term of this renewal shall not exceed $57,000.00 without prior approval by the City of Lincoln.
3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

Official City Use Only

Dated this 11th day
of March 2014

Chris Beutler, Mayor

Supplier, please sign and date. Mail back to our office; a faxed copy is not acceptable.

Company Name: (PLEASE PRINT)	Lincoln Physician Network
By: (PLEASE PRINT)	R. Kent Reckewey, MD
By: (PLEASE SIGN)	
Title:	President
Company Address: (PLEASE PRINT)	5000 N. 26th St., Lincoln, NE 68521
Company Phone & Fax: (PLEASE PRINT)	402-475-6656
E-Mail Address: (PLEASE PRINT)	lhaas@stez.org
Date:	February 18, 2014

AMENDMENT TO AGREEMENT
CITY OF LINCOLN
ANNUAL REQUIREMENTS FOR OCCUPATIONAL HEALTH CLINIC SERVICES
RFP BID NO. 11-210
FIRST RENEWAL

This Amendment is hereby entered into on this 22 day of October, 2012 by and between **Lincoln Physician Network, d/b/a/ Company Care and Saint Elizabeth Sports & Physical Therapy, 5000 N. 26th St., Lincoln, NE 68521** (hereinafter "Contractor") and **City of Lincoln** (hereinafter "City"), for the purpose of amending an Agreement dated **September 19, 2011**, under E. O. No. **84667**, (the "Agreement"), for **The Annual Requirements for Occupational Health Clinic Services, RFP Bid No. 11-210**, which is made a part hereof by this reference.

WHEREAS, the original term of the Agreement is **January 4, 2012 thru January 3, 2013**, with the option to extend for three (3) additional **one (1) year periods** upon written mutual consent of both parties; and

WHEREAS, the parties wish to extend the agreement for an additional one (1) year term beginning **January 4, 2013 thru January 3, 2014**; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants stated herein the parties agree as follows:

1) The term of the Agreement shall be from **January 4, 2013 thru January 3, 2014.**
2) All other terms of the Agreement, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

Official City Use Only

Dated this 25th day

of October 2012

Steve Huthkings

Finance Director

Supplier, please fill In the date and following Information and mail back to our office; a faxed copy is not acceptable.

Executed this 22 day of October, 2012

Company Name: (PLEASE PRINT)	Lincoln Physician Network dba Company Care
By: (PLEASE PRINT)	Terry Rogers
By: (PLEASE SIGN)	Terry Rogers
Title:	COO
Company Address: (PLEASE PRINT)	2000 Q St., Ste 500, Lincoln, NE 68503
Company Phone & Fax: (PLEASE PRINT)	(402) 421-0896 (402) 421-0945
E-Mail Address: (PLEASE PRINT)	darp@stez.org

84667

11110095

CONTRACT DOCUMENTS

CITY OF LINCOLN
NEBRASKA

ANNUAL REQUIREMENTS
FOR
Occupational Health Clinic Services
RFP Bid No. 11-210

Lincoln Physician Network, d/b/a Company Care
and
Saint Elizabeth Sports & Physical Therapy
5000 N 26th St.
Lincoln, NE 68521
402-475-6656

CITY OF LINCOLN
CONTRACT AGREEMENT

THIS CONTRACT, made and entered into this _____ day of_____2011, by and between **Lincoln Physician Network, d/b/a Company Care and Saint Elizabeth Sports & Physical Therapy, 5000 N. 26th St., Lincoln, NE 68521**, hereinafter called "Contractor", and the City of Lincoln, Nebraska, a municipal corporation, hereinafter called "City".

WHEREAS, the City has caused to be prepared, in accordance with law, Specifications, Plans, and other Contract Documents for the Work herein described, and has approved and adopted said documents and has caused to be published an advertisement for and in connection with said Work, to-wit:

For providing **Occupational Health Care Clinic Services, RFP Bid No. 11-210** and,

WHEREAS, the Contractor, in response to such advertisement, has submitted to the City, in the manner and at the time specified, a sealed Proposal/Supplier Response in accordance with the terms of said advertisement; and,

WHEREAS, the City, in the manner prescribed by law has publicly opened, read aloud, examined, and canvassed the Proposals/Supplier Responses submitted in response to such advertisement, and as a result of such canvass has determined and declared the Contractor to be the lowest responsible bidder for the said Work for the sum or sums named in the Contractor's Proposal/Supplier Responses, a copy thereof being attached to and made a part of this Contract;

NOW, THEREFORE, in consideration of the sums to be paid to the Contractor and the mutual covenants herein contained, the Contractor and the City has agreed and hereby agree as follows:

1. The Contractor agrees to (a) furnish all tools, equipment, supplies, superintendence, transportation, and other accessories, services, and facilities; (b) furnish all materials, supplies, and equipment specified to be incorporated into and form a permanent part of the complete work; (c) provide and perform all necessary labor in a substantial and workmanlike manner and in accordance with the provisions of the Contract Documents; and (d) execute and complete all Work included in and covered by the City's award of this Contract to the Contractor, such award being based on the acceptance by the City of the Contractor's Proposal, or part thereof, as follows:

Agreement to full proposal

2. The City agrees to pay to the Contractor for the performance of the Work embraced in this Contract, the Contractor agrees to accept as full compensation therefore, the following sums and prices for all Work covered by and included in the Contract award and designated above, payment thereof to be made in the manner provided by the City:

City will pay for products/service, according to the Contractors Proposal Response along with negotiated discounts as listed on Attachment A, a copy thereof being attached to and made a part of this Contract. The City shall use these services on an as needed basis for the duration of the contract.

3. Equal Employment Opportunity. In connection with the carrying out of this project, the contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, age or marital status. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, ancestry, disability, age or marital status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other compensation; and selection for training, including apprenticeship.

4. E-Verify. In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A 1324b. The contractor shall require any subcontractor to comply with the provisions of this section.

5. Termination. This Contract may be terminated by the following:
   - 5.1) Termination for Convenience. Either party may terminate this Contract upon thirty (30) days written notice to the other party for any reason without penalty.
   - 5.2) Termination for Cause. The City may terminate the Contract for cause if the Contractor:
     - 5.2.1) Refuses or fails to supply the proper labor, materials and equipment necessary to provide services and/or commodities.
     - 5.2.2) Disregards Federal, State or local laws, ordinances, regulations, resolutions or orders.
     - 5.2.3) Otherwise commits a substantial breach or default of any provision of the Contract Document. In the event of a substantial breach or default the City will provide the Contractor written notice of said breach or default and allow the Contractor ten (10) days from the date of the written notice to cure such breach or default. If said breach or default is not cured within ten (10) days from the date of notice, then the contract shall terminate.

6. Independent Contractor. It is the express intent of the parties that this contract shall not create an employer-employee relationship. Employees of the Contractor shall not be deemed to be employees of the City and employees of the City shall not be deemed to be employees of the Contractor. The Contractor and the City shall be responsible to their respective employees for all salary and benefits. Neither the Contractor's employees nor the City's employees shall be entitled to any salary, wages, or benefits from the other party, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. Contractor shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, and for payment of all federal, state, local and any other payroll taxes with respect to its employees' compensation.

7. Contract Term. This Contract shall be effective upon execution by both parties. The term of the Contract shall be a one (1) year term with the option to renew on an annual basis for three (3) additional one (1) year terms.

8. The Contract Documents comprise the Contract, and consist of the following:
   1. Accepted Proposal/Response
   2. Contract Agreement
   3. Specifications
   4. Instructions to Bidders
   5. Insurance Requirements

These Contract Agreements, together with the other Contract Documents herein above mentioned, form this Contract, and they are as fully a part of the Contract as if hereto attached or herein repeated.

The Contractor and the City hereby agree that all the terms and conditions of this Contract shall be binding upon themselves, and their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Contractor and the City do hereby execute this contract.

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

City Clerk

CITY OF LINCOLN, NEBRASKA

Mayor

Approved by Executive No. 84667

dated Jan. 4, 2012

EXECUTION BY CONTRACTOR

IF A CORPORATION:

ATTEST:

(SEAL)

Secretary

Lincoln Physician Network dba Company Care

Name of Corporation

8055 O St Ste 300 Lincoln NE

(Address)

By:

Duly Authorized Official

Chief Operating Officer

Legal Title of Official

IF OTHER TYPE OF ORGANIZATION:

Name of Organization

Type of Organization

(Address)

By:

Member

By:

Member

IF AN INDIVIDUAL:

Name

Address

Signature

Attachment A

Negotiated Cost of Services

Injury Care	10% discount off workers' compensation fee schedule
Physical Therapy	5% discount off workers' compensation fee schedule
Inpatient	20%
OHS over 20,000	7%

City of Lincoln/Lancaster County (Lincoln Purchasing)
Supplier Response

Bid Information

Bid Creator	Vince Mejer Purchasing Agent
Email	vmejer@lincoln.ne.gov
Phone	1 (402) 441-8314
Fax	1 (402) 441-6513
Bid Number	11-210
Title	RFP Occupational Health Clinic Services
Bid Type	RFP
Issue Date	08/31/2011
Close Date	9/28/2011 12:00:00 PM CST
Need by Date	

Contact Information

Address	Purchasing 440 S. 8th St. Lincoln, NE 68516
Contact	Vince M. Mejer Purchasing Agent
Department	Purchasing
Building	
Floor/Room	Suite 200
Telephone	1 (402) 441-8314
Fax	1 (402) 441-6513
Email	vmejer@lincoln.ne.gov

Ship to Information

Address	
Contact	
Department	
Building	
Floor/Room	
Telephone	
Fax	
Email	

Supplier Information

Company	Company Care
Address	5000 N 26th Street, Suite 200 Lincoln, NE 68521
Contact	Joanne Bartels
Department	
Building	
Floor/Room	
Telephone	1 (402) 475-6656
Fax	1 (402) 742-8419
Email	Jbartels@stez.org
Submitted	9/28/2011 8:20:37 AM CST
Total	$0.00

Signature _____

Supplier Notes

Bid Notes

Bid Activities

Bid Messages

Please review the following and respond where necessary

#	Name	Note	Response
1	Instructions to Proposers	I acknowledge reading and understanding the Instructions to Proposers.	Yes
2	Specifications	I acknowledge reading and understanding the specifications.	Yes
3	Bid Response Information	I acknowledge reading and understanding the Bid Response Information.	Yes
4	Written Proposal Submission	I have prepared and delivered/mailed eleven (11) copies of my Written Response to the City Purchasing Agent as requested in the Specifications.	Yes
5	Insurance Requirements	I acknowledge that I will provide proof of insurance coverage.	Yes
6	Contact	Name of person submitting this bid:	Joanne Bartels
7	Electronic Signature	Please check here for your electronic signature.	Yes

Line Items

#	Qty	UOM	Description	Response
1	1	EA	Please prepare your written response and return your proposals as instructed in the RFP according to the specifications. Respond to the Attribute section (above) of this electronic bid and submit before the closing date and time. Enter a 0 for your response in this line item in order for it to submit. Please call if you require assistance in completing this proposal.	$0.00

Item Notes:

Supplier Notes:

Response Total: $0.00

REQUEST FOR PROPOSAL
FOR
OCCUPATIONAL HEALTH CLINIC SERVICES

1. INTENT

1.1 The City of Lincoln and Lancaster County, Nebraska, here in after referred to as Owners, are seeking proposals for the following under this Request For Proposals (RFP) 11-210 format.

1.2 An Occupation Health Clinic, under the direction of a licensed physician.

1.2.1 This clinic facility will be used for the treatment of employee Workers' Compensation injuries and miscellaneous services.

2. GENERAL INFORMATION

2.1 The Owners are interested in receiving proposals from prospective medical groups, physicians and/or therapists regarding the above referenced RFP.

2.2 The City of Lincoln has approximately 2400 employees, and is self-insured for Workers' Compensation.

2.3 Lancaster County employs 969 full time employees and is self-insured for the Workers' Compensation program.

2.4 In addition, Lincoln Electric System (LES), has some 450 employees and is self-insured for Workers' Compensation.

2.5 Both the City of Lincoln and Lincoln Electric System have their self-insured Workers' Compensation claims administered through the Risk Management Division of the City of Lincoln, 555 S. 10th Street, Suite 302, Lincoln, NE 68508.

2.6 Lancaster county's self-insured Workers' Compensation claims administration is administered through Lancaster County Risk Management Office, 233 South 10th St., Suite 200, Lincoln, NE 68508.

2.7 The City of Lincoln, Lincoln Electric System and Lancaster County each retain the right to reject any or all proposals submitted.

2.8 While every effort has been made to ensure that the information contained within this RFP is accurate and thorough, the Owners assume no liability for any unintentional errors or omissions in the document.

2.9 The initial term of the contract(s) shall run for a period of one (1) year with the option to renew by mutual consent on an annual basis for three (3) additional one year terms for a total of four (4) years.

2.10 Cancellation of this contract may be initiated with a sixty (60) day written cancellation notice by either party.

2.11 Although the Owners will encourage employees to visit the Provider for treatment of work related injuries, Nebraska Workers' Compensation law allows employees to visit a Provider of their choosing.

2.11.1 Proposers should be aware that no guarantee of the number of patients can be made because of this provision in the law.

2.11.2 However, on an average there has been 300 to 310 known by the City per year.

2.11.3 There is an average of 85 injuries per year for Lancaster County.

3. GENERAL TERMS AND CONDITIONS

3.1 The enclosed specifications constitute the complete set of requirements for the RFP.

3.2 Each proposal shall be submitted with eleven (11) copies.

3.3 All proposals shall provide a straightforward delineation of your capabilities to satisfy the requirements of this RFP.

3.4 Emphasis should be directed to the completeness and clarity of content.

3.5 The Provider is prohibited from assigning, transferring, conveying, subletting or otherwise disposing of this agreement or it's rights, title or interest therein.

4. SERVICES TO BE PERFORMED

4.1 An occupational health clinic, under the direction of a licensed physician for Workers' Compensation injuries, shall provide the following:

4.2 Medical care, for injured employees, under the direction of a licensed physician.

4.3 Medical practitioner(s) selected shall be licensed in the state of Nebraska, have competitively priced services and provide generally accepted medical services.

4.4 These services should be under the supervision of a medical group, or physician(s), who are licensed to provide medical services within the state of Nebraska.

4.5 As accidents cannot be anticipated, it is very important that employees injured in Workers' Compensation incidents be provided services promptly by the medical care facility on a walk-in basis without initial appointments.

4.5.1 Also, future scheduling must remain flexible to accommodate employee shift schedules and Owner preferences.

4.6 It should be understood that all serious and after-hours care may be provided via a hospital emergency room.

4.7 Employees will be initially referred for care by either their supervisor, or directly by a Risk Management representative.

4.8 All services should be competitively priced and provide prompt and professional medical care for employees injured in Workers' Compensation incidents that arise out of and in the course of employment.

4.9 All cases not appearing to be work related should also be reported promptly to the Risk Management office and further treatment suspended.

4.10 All reports and follow up information require a prompt fax and mailing of reports to Risk Management.

4.11 Any questions regarding an injury or procedure, or where there is a need for further treatment and follow-up by a specialist, should be directed to the Risk Management Division.

4.12 From time to time, physical therapy may be required under the direction of a licensed therapist for the treatment of employee Workers' Compensation injuries:

4.12.1 In these cases, the practitioner(s) selected shall be licensed in the State of Nebraska, have competitively priced services and provide generally accepted physical therapy services.

4.13 All records, progress and billing should be promptly forwarded by fax and then mailed to Risk Management.

4.14 No treatment may be initiated without an order from a treating physician.

5. SAFETY RELATED EXAMINATIONS/TRAINING

5.1 The proposer must also provide information and pricing that would describe the proposed program, available from your occupational health clinic that would address safety related medical examinations or therapy that may include respirator certifications, audiometric testing under a hearing conservation program, lead level testing, carbon monoxide testing, various chemical testing programs, back safety training, blood borne pathogen training, workplace job safety analysis, review of workplace ergonomics, employee wellness presentations, fitness for duty examinations, long-term disability examinations and other examinations, as necessary.

6. INSURANCE REQUIREMENTS

6.1 It shall be the responsibility of the successful bidders to maintain Worker's Compensation coverage to statutory limits, with $500,000 employer's liability coverage.

6.2 Comprehensive General Liability and Medical Malpractice should both have limits to $2,000,000, combined single limit, with applicable Property insurance in effect, sufficient to safeguard the respondents property, during the period of this contract.

6.3 For all coverages, the respondent should list the Lancaster County, the City of Lincoln and Lincoln Electric System as Named Additional Insured, and provide proof of coverage prior to the initiation of this contract.

7. INDEMNIFICATION AND HOLD HARMLESS

7.1 The proposer shall agree, by contract, to protect, defend, reimburse, indemnify and hold harmless the Owners, their agents, employees, volunteers and elected officials and to hold them free and harmless against any and all claims, liability, expenses, losses, costs, fines and damages, including attorneys fees, and causes of action of every kind and character, except those caused by the sole negligence of the Owners, including but not limited to damage to property, or bodily injury including death, incurred by virtue of their performance under this agreement.

8. SUBMISSION REQUIREMENTS

8.1 All proposers shall submit eleven (11) copies of their proposal with related information and the electronic response in the E-Bid system by 12:00 Noon on Wednesday, September 28, 2011 to the following:

Vince Mejer, Purchasing Agent
City of Lincoln
440 South 8th Street, Room 200
K Street Complex
Lincoln, NE 68508
Phone: 402-441-7410 Fax: 402-441-6513

8.2 All questions relating to the RFP should be faxed or mailed, prior to September 21, 2011 to Vince Mejer (see 8.1).

8.3 All proposals received shall be considered valid offers for a period of ninety (90) days following their submission by the respondent.

8.4 Materials and data not specifically requested for evaluation may be included in the "Additional Data" section of this proposal.

8.5 Respondents are asked to adhere to the specific content and sequence of information listed below.

8.6 A "Cover Letter" including an overview of the service provider, the name/s, address/es and hours for the person or persons at the facility, and who specifically from the organization is authorized to represent the organization in all negotiations with the City must accompany your proposal.

8.7 Completion of the attached Service Provider Information Sheet, to include the following:

- 8.7.1 Overall approach or philosophy
- 8.7.2 Possible planning schedule for implementation
- 8.7.3 Service provider team of personnel
- 8.7.4 Staff assistance to respond to requests or questions
- 8.7.5 Specific location(s) for conducting treatment or therapy
- 8.7.6 Experience of the respondent/service provider
- 8.7.7 Cost of services and all discounts
- 8.7.8 Office hours for medical treatment and/or rehabilitation services
- 8.7.9 Records transmission, retention and accessibility
- 8.7.10 Samples of the treatment, work restrictions or therapy report forms
- 8.7.11 Provisions for making job site visits to review job requirements
- 8.7.12 Safety related examinations/training
- 8.7.13 DOT physical examinations
- 8.7.14 Provide insurance information listed earlier
- 8.7.15 References of present clients
- 8.7.16 Additional data as you see fit to help us in our review

8.8 Narrative information may also be added to each specific section for clarification of any of the above items on the Service Provider Information Sheet.

8.9 Any additional item deemed essential by the respondent may also be included in the "Additional Data" section of this proposal.

8.10 **Proposers must also complete and <u>submit the electronic portion</u>** (Attributes and Line Item sections) of this proposal on the City/County Purchasing E-bid system.

8.10.1 Electronic submittal must be completed before the closing date and time of this RFP.

9. SELECTION PROCESS

9.1 All proposals received will be evaluated by a Selection Committee.

9.2 Proposals will be screened and finalists selected for additional review, including a panel interview.

9.3 The most qualified Occupational Health Clinic will be selected for approval.

9.4 Ultimate acceptance or rejection of the recommended proposal, and execution of a contractual agreement thereto, is the independent and sole legal prerogative of the City.

9.5 All responses to this RFP become the exclusive property of the Owners.

9.6 Any and all costs incurred by the RFP respondents in the preparation of proposals are entirely the responsibility of the respondent.

9.7 To be evaluated, a proposal should adhere to the format for proposals detailed under the "Submission Requirements."

9.8 The criteria used as a guideline in the evaluation of these materials will include,

but is not limited to the following:

9.8.1 Costs of services and the discounting of fees.
9.8.2 Prior experience as a medical care or rehabilitation therapy provider.
9.8.3 Qualifications of personnel and demonstrated competence.
9.8.4 Proposed work plan, timetables and approach/methodology.
9.8.5 Ability to provide prompt reports to the Owners.
9.8.6 Ability to complete work within acceptable time limits.
9.8.7 Location of facility/facilities in relation to operations/needs.
9.8.8 Ability to work effectively with staff and officials.
9.8.9 Letters of reference from government and private businesses.
9.8.10 Customer service philosophy of the Provider.

10. PROPOSED TIMETABLE OF THE RFP PROCESS

Week Of	Items Addressed
August 31	RFP's listed on City's Ebid website and published in the newspaper and online.
September 28	Proposals due in to Purchasing by 12 noon.
October 3	Review of proposals by the RFP Selection Committee.
October 11	Interview top candidates.
October 25	Selection of Occupational Health Clinic, to run for a period of one (1) year with the option to renew by mutual consent on an annual basis for three (3) additional one year terms for a total of four (4) years.