

INVITATION TO SUBMIT
PROPOSAL

EMPLOYEE HEALTH CLINIC FOR CHATHAM COUNTY
RFP NO. 12.0064-1

PROPOSAL RECEIPT DUE BY: 5:00 P.M., SEPTEMBER 13, 2012

THE COMMISSIONERS OF CHATHAM COUNTY, GEORGIA

PETE LIAKAKIS, CHAIRMAN

COMMISSIONER HELEN L. STONE

COMMISSIONER JAMES J. HOLMES

COMMISSIONER PATRICK O. SHAY

COMMISSIONER PATRICK K. FARRELL

COMMISSIONER TABITHA ODELL

COMMISSIONER DAVID M. GELLATLY

COMMISSIONER DEAN KICKLIGHTER

COMMISSIONER PRISCILLA D. THOMAS

R. JONATHAN HART, COUNTY ATTORNEY

CHATHAM COUNTY, GEORGIA

**CHATHAM COUNTY, GEORGIA
DOCUMENT CHECK LIST**

The following documents, when marked, are contained in and made a part of this Package or are required to be submitted with the proposal. It is the responsibility of the Proposer to read, complete and sign, where indicated, and return these documents with his/her Proposal. FAILURE TO DO SO MAY BE CAUSE FOR DISQUALIFYING THE PROPOSAL.

GENERAL INFORMATION

PROPOSAL

PROPOSAL SCHEDULE

LEGAL NOTICE

ATTACHMENTS: A. DRUG FREE WORKPLACE; B. NONDISCRIMINATION STATEMENT; C. DISCLOSURE OF RESPONSIBILITY STATEMENT; D. CONTRACTOR AFFIDAVIT/AGREEMENT; E. SAVE FORM; F. DEBARMENT FORM; G. M/WBE PARTICIPATION FORM; H. LOBBYING AFFIDAVIT

COUNTY TAX CERTIFICATE REQUIREMENT: Contractor must supply a copy of their Tax Certificate as proof of payment of the occupational tax where their office is located.

CURRENT TAX CERTIFICATE NUMBER _____
CITY _____
COUNTY _____
OTHER _____

RECEIPT IS HEREBY ACKNOWLEDGED OF ADDENDA NUMBERS

The undersigned bidder certifies that he/she has received the above listed and marked documents and acknowledges that his/her failure to return each, completed and signed as required, may be cause for disqualifying his/her proposal.

BY: _____
SIGNATURE:

DATE:

Chatham County has established goals to increase participation of minority and woman owned businesses. In order to accurately document participation, businesses submitting bids or proposals are strongly encouraged to report ownership status. A minority or woman owned business is defined as a business with 51% or greater minority or woman ownership. Please check ownership status as applicable: African-American _____ Asian American _____ Hispanic _____ Native American or Alaskan Indian _____ Woman _____

For additional information concerning Chatham County's M/WBE Program, please contact Arneja Riley, at (912) 652-7860.

CHATHAM COUNTY, GEORGIA
OFFICE OF THE PURCHASING AND CONTRACTING
1117 EISENHOWER DRIVE SUITE C
SAVANNAH, GEORGIA 31406
(912) 790-1618

DATE: August 2, 2012

RFP NO. 12-0064-1

REQUEST FOR PROPOSAL FOR EMPLOYEE MEDICAL CLINIC
RFP NO. 12-0064-1

This is an invitation to submit a proposal to supply Chatham County with the professional services as indicated herein. Sealed proposals will be received at the Office of the Purchasing Agent, **1117 EISENHOWER DRIVE, SUITE C, Savannah, Georgia**, up to **5:00 P.M., ON Thursday, September 13, 2012.** The Purchasing Agent reserves the right to reject any and all proposals and to waive formalities.

Instructions for preparation and submission of a proposal are contained in the Request for Proposal package. Please note that specific forms for submission of a proposal are required. Proposals must be typed or printed in ink.

A **pre-proposal conference** has been scheduled for **10:00 am on August 14, 2012** in the Green Room on the 2nd floor at the Administrative Legislative Center located at 124 Bull Street, Savannah, Georgia 31401.

The deadline for questions has been established as 5:00 p.m. on August 21, 2012. An addendum will be prepared to answer all questions and no further questions will be accepted after the deadline for questions.

Chatham County has an equal opportunity procurement policy. Chatham County seeks to ensure that all segments of the business community have access to providing services needed by County programs. The County affirmatively works to encourage utilization of disadvantaged and minority business enterprises in our procurement activities. The County provides equal opportunity for all businesses and does not discriminate against any persons or businesses regardless of race, color, religion, age, sex, national origin or handicap. The County expects its contractors to make maximum feasible use of minority businesses and qualified minority employees. The terms "disadvantaged business", "minority business enterprise", and "minority person" are more specifically defined and explained in the Chatham County Purchasing Ordinance and Procedures Manual, Article VII - Disadvantaged Business Enterprises Program.

Introduction

Chatham County is the largest of Georgia's 159 counties, encompassing 438 square miles. As of the 2010 census, Chatham County had a total population of 265,128 (a 14.3% increase over the 2000 figure of 232,048). The County has a dual personality as a major tourist attraction and a successful port.

Savannah is the county seat and its historic downtown district serves as the anchor for tourism in the area. Savannah hosts the second largest St. Patrick's Day parade and celebration in the U.S., and is the setting for the national bestseller *Midnight in the Garden of Good and Evil*.

Chatham County government has approximately 1500 full time employees and 475 retirees enrolled in one of two health plan options: (1) Blue Cross HMO; or (2) Blue Cross PPO. Currently, there is no premium differential between the two plans. Both health plan types are self-funded.

The County imposes health plan contribution surcharges for tobacco utilization with strong support and waivers (of the surcharge) to encourage cessation. There is also strong support and incentives for participation in the wellness program. Currently, enrolled employees have access to an annual health risk assessment that includes biometric screening. The prescription drug programs associated with both health plan options waive the copayment for certain prescriptions (value-based design) and \$ 5 for most generics; \$ 20 for formulary drugs; and \$ 35 for non-preferred drugs.

Proposal Objectives

The purpose of this Request for Proposal ("RFP") is to secure competitive proposals from qualified firms interested in providing Chatham County with an employee medical clinic and obtain information relating to the selection of a vendor to meet Chatham County's needs. The RFP was developed in coordination with the County's consultant, Aon Hewitt. Proposers who wish to respond to this RFP are required to read all the information supplied and have a clear understanding of Chatham County's requirements. Bidders shall advise Chatham County of all costs associated with implementation and maintenance of the clinic and any other program-related costs identified by the bidder. Bidder must demonstrate their ability to conduct business in compliance with federal and state requirements.

Except as described within this RFP, bidders may not contact any Chatham County employee or commissioner regarding this RFP or the evaluation of proposals. Bidder may not visit Chatham County locations or approach any of Chatham County's other vendors, subcontractors, or any other entity in any way related to Chatham County in connection with any activity related to this RFP or the competitive assessment.

The accompanying Excel file "Chatham County RFP_Final.xls" contains information needed to prepare the five-year financial feasibility analysis. The Excel file also contains other critical information so we urge bidders to review both this Word file and Excel file prior to preparing proposal responses. The Excel file will be released to bidders after the signed non-disclosure agreement is received.

In developing the Feasibility Analysis, you must use the prescribed assumptions specified in Excel worksheet, "Savings- Aon Prescribed." You must adhere to the assumptions provided there, as they will directly correlate to the calculation of your costs, usage and net savings.

We offer the option to all bidders to submit an additional financial feasibility scenario using their own set of utilization expectations. We will provide summary medical and prescription drug experience to enable creation of this scenario, once we receive the signed attached non-disclosure agreement. When submitting this additional scenario employing your own utilization levels, you must clearly describe the assumptions and complete the set of tables appearing in Excel worksheet "Savings- Vendor Prescribed." When completing the "Savings – Vendor Prescribed" tab, please base your expense numbers in the Start-Up, Operating Costs and Staffing tabs on your vendor prescribed scenario, not on the Aon prescribed scenario.

You should base utilization and revenue projections on having **no copayment** for office visits at the employee health center. Chatham County retains the right to charge a copayment for onsite health center services at any time in the future.

Disclaimer and Disqualification

This RFP is not an offer by Chatham County to enter into a contract but is an invitation to the bidder to submit a proposal. Except as expressly set forth herein, nothing in this RFP requires Chatham County to act in any way. Chatham County may suspend or abandon the competitive assessment at any time and may disqualify any bidder from this process at any time in its sole discretion. Any and all expenses incurred by a bidder in responding to this request or otherwise related to the competitive assessment are the sole responsibility of the bidder.

Acceptance and Rejection of Proposals

In the event that your proposal is accepted, it would be conditioned upon negotiation of an agreement acceptable to both parties, and executed by an authorized representative. Chatham County reserves the right to reject any or all responses to the RFP.

Ownership and Confidential Information

All proposals that are submitted in response to this RFP will become the property of Chatham County. Information and material received by County in connection with all bidders/proposers shall be deemed to be public records subject to public inspection upon award or recommendation for award. However, certain exemptions to public records law are statutorily provided for in Title 50-18-70., O.C.G.A. Therefore, if the Bidder/Proposer believes any of the information contained in his or her response is exempt from the Open Records Act, the Bidder/proposer must in his or her response specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption, otherwise the County will treat all materials received as public records.

Presentations and Demonstrations

Finalist presentations will be scheduled as a means to confirm the bidder's claims regarding its capabilities. These meetings will take place at Chatham County's office in Savannah, GA. In addition, Chatham County representatives may visit your company headquarters or one of your existing employee clinics for a briefing on your service capabilities.

Investigate Qualifications

Bidders are requested to provide a list of reference accounts for whom they have provided solutions of a similar nature. Representatives from Chatham County may make contact with some or all of these references via personal visits or conference calls to investigate the bidder's claims concerning their product and/or services.

Local Vendors

The Board of Commissioners has strongly expressed their desire to have as much "Local" participation as possible used as Sub-Contractors for the work done in Chatham County.

Minority- Women Business Enterprise Participation

It is the desire of the County Board of Commissioners to increase the participation of minority (MBE) and women-owned (WBE) business in its contracting and procurement programs. The County program is **ACCESS**. The County is committed to a policy of equitable participation for these firms by setting goals for each contract. Bidder/proposers are requested to include in their proposals a narrative describing their past accomplishment and intended actions in this area. If bidder/proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties must be identified in their proposal along with the percentage(s) and dollar amount awarded to the M/WBE firm. If a bidder/proposer is considered for award, he/she will be asked to meet with the County Staff so that the intended MBE/WBE participation goals can be formalized and included in the subsequent contact.

If the awarded contractor/vendor is claiming minority status, the contractor/vendor shall apply for certification by Chatham County, Georgia, to the Office of Minority Business Coordinator located in the Human Resources and Services Office. The Minority Business Coordinator will provide documentation of application status once approved or disapproved by Chatham County. Certification by any other

government entity is acceptable if current copy of the certification is provided with this solicitation. For additional information concerning Chatham County's M/WBE Coordinator, please contact Arneja Riley, at (912) 652-7860. alriley@chathamcounty.org

Lobbying Activities

ALL BIDDERS/PROPOSERS PLEASE NOTE: A bidder/proposer submitted a response to this solicitation must comply, if applicable, with the County Purchasing ordinance and Procedures Manual. No discussions are allowed with Board members, other elected officials, county management staff and employees. The only discussions must be through the Purchasing & Contracting Office which will forward questions as needed to the County's Consultant, Aon Hewitt.

Public Entity Crimes

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity.

Contract Cost Adjustments

Prices quoted shall be firm for the initial contract terms. Thereafter, any extensions which may be approved by the County shall be subject to the following: Cost for any extension terms shall be subject to an adjustment only if increase or decreases occur in the industry. Such adjustment shall be based on the latest yearly percentage increase in the All Urban Consumers Price Index (CPI-U) as published by the Bureau of Labor Statistics, U. S. Dept of Labor, and shall not exceed five percent (5%).

The County may, after examination, refuse to accept the adjusted costs if they are not properly documented, or considered to be excessive, or if decreases are considered to be insufficient. In the event the County does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the County, the Contract will be considered cancelled on the scheduled expiration date.

Deletion or Modification of Services

The County reserves the right to delete any portion of this Contract at any time without cause. If work has already been accomplished on the portion of the Contract to be deleted, the Contractor shall be paid for the deleted portion on the basis of the estimated percentage of completion of such portion.

If the Contractor and the County agree on modifications or revisions to the task elements, after the County has approved work to begin on a particular task or project, and a budget has been established for that task or project, the Contractor will submit a revised quote to the County for approval prior to proceeding with the work. Written change orders or amendments to the contract must be forwarded through the Purchasing Agent who will obtain required approvals.

Substitution of Personnel

It is the intention of the County that the Contractor's personnel proposed for the contract will be available for the initial contract term. In the event the Contractor wishes to substitute personnel, he shall propose personnel of equal or higher qualifications and all replacement personnel are subject to County approval. In the event substitute personnel are not satisfactory to the County and the matter cannot be resolved to the satisfaction of the County, the County reserves the right to cancel the Contract for cause.

Assignment

The successful bidder/proposer shall not assign, transfer, convey, sublet or otherwise dispose of the contract, or of any rights, title, interest therein, or his or its power to execute such contract to any person, company or corporation without prior written consent of the County.

Termination

The County reserves the right to cancel the contract with a sixty (60) day written notice to the other party. The County may terminate for unsatisfactory performance or lack of funding.

Offers to Be Firm

The Proposer warrants that terms and conditions quoted in his offer will be firm for acceptance for a period of 180 days from bid date submitted, unless otherwise stated in the proposal. When requested to provide a fee proposal, fees quoted must also be firm for the same period.

Award of Contract

The contract, if awarded, will be awarded to that responsible Proposer whose proposal will be most advantageous to Chatham County, price and other factors considered. The Board of Commissioners will make the determination as to which proposal best serves the interest of Chatham County.

Procurement Protests

Objections and protests to any portion of the procurement process or actions of the County staff may be filed with the Purchasing Agent for review and resolution. The Chatham County Purchasing Procedures Manual, Article IX - Appeals and Remedies shall govern the review and resolution of all protests.

County Business License Requirement

A current Chatham County or municipal business tax certificate (within the State of Georgia) is required unless otherwise specified. A firm need not have a Chatham County Business Tax Certificate prior to submitting a proposal. However, a license must be obtained by the successful vendor prior to award of contract. Please contact the Chatham County Department of Building Safety and Regulatory Services at (912) 201-4300 for additional information. No contract shall be awarded unless all real and personal property taxes have been paid by the successful contractor and/or subcontractors as adopted by the Board of Commissioners on April 8, 1994.

Compliance with Specifications - Terms and Conditions

The Request for Proposals, Legal Advertisement, General Conditions and Instructions to Proposers, Specifications, Special Conditions, Proposers Offer, Addendum, and/or any other pertinent documents form a part of the Offeror's proposal and by reference are made a part of a resulting contract.

Signed Response Considered an Offer

The signed Response shall be considered an offer on the part of the Proposer, which offer shall be deemed accepted upon approval by the Chatham County Board of Commissioners, Purchasing Agent or his designee. In case of a default on the part of the Proponent after such acceptance, Chatham County may take such action as it deems appropriate, including legal action for damages or lack of required performance.

Notice to Proceed

The successful proposer shall not commence work under this Request for Proposal until a written contract is awarded and a Notice to Proceed or Purchase Order is issued by the Purchasing Agent or his designee. If the successful Proposer does commence any work or deliver items prior to receiving official notification, he does so at his own risk.

Withdrawal of Proposal

Proposals may be withdrawn by submitting a written request to the County prior to the stated deadline for the receipt of proposals. Withdrawal of a proposal by any firm will not prejudice the right of the proponent to submit a new proposal, providing the latter is received timely as provided herein.

Conflict Of Interest

Through a statement of disclosure, your firm/organization/ joint venture shall provide sufficient detail of any relationship, especially financial, between members of your firm and any county employees or their family members. This will allow the County to evaluate possible conflicts of interest. However, it will remain at the county's discretion whether the extent of any conflict of interest remains substantial to disqualify any proposal.

Rejecting Proposals

The County reserves the right to reject any or all proposals and is not bound to accept any proposal if that proposal is contrary to the best interest of Chatham County. Similarly, the County is not bound to accept the lowest dollar proposal if the offer is not considered in the County's best interest.

Equal Employment Opportunity

During the performance of this contract, the CONTRACTOR agrees as follows:
The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, age, national origin, place of birth, physical handicap, or marital status.

Pending Litigation

Proposals will not be accepted from any company, firm, person, or party, parent subsidiary, against which Chatham County has an outstanding claim, or a financial dispute relating to prior contract performance.

Independent Contractor

The Contractor is an independent contractor under this Agreement. Personal services provided by the Contractor shall be employees of the Contractor and subject to supervision by the Contractor, and not as officers, employee, or agents of the County.

Security And Immigration Compliance Act

On July 1, 2008, the Georgia Security and Immigration Compliance Act (SB 529, Section 2) became effective. All contractors and subcontractors entering into a contract or performing work must sign an affidavit that he/she has used the E-Verify System. E-Verify is a no-cost federal employment verification system to insure employment eligibility. Affidavits are enclosed in this solicitation. You may download M-274 Handbook for Employers at <http://www.dol.state.ga.us/spotlight/employment/rules>. You may go to <http://www.uscis.gov> , to find the E-Verify information.

FIRM NAME: _____

PROPOSER: _____

SIGNATURE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX NUMBER: _____

E-MAIL: _____

BUSINESS TAX CERTIFICATE/LICENSE NUMBER: _____

CITY/COUNTY/STATE: _____

MINORITY BUSINESS ENTERPRISE?
_____ /YES _____ /NO

MINORITY CLASSIFICATION: _____

About This RFP

Chatham County is soliciting proposals to select a vendor to develop, implement, and manage an employee clinic, in Chatham County, GA, at a date to be determined. Aon Hewitt is assisting the county in the evaluation of the responses.

Chatham County is committed to creating a culture of health and wellness. The chosen employee clinic provider will be an integral part of Chatham County's health management strategy and will work closely with Chatham County's vendors. The chosen vendor will also be accountable for driving use of the clinic.

This RFP provides a complete set of specifications necessary for your organization to prepare a comprehensive proposal for the requested programs. We invite each vendor to provide two quotes:

- One quote using Aon Hewitt-prescribed penetration assumptions (see Excel file Exhibit A).
- Second (optional) quote using the vendor's penetration assumptions

If you choose to complete the "Vendor-Prescribed" worksheet in the attached Excel file, it is important that all staffing, start-up / operating expenses and savings assumptions be based on the "Vendor-Prescribed" utilization assumptions.

We provide PMPY (per member per year) and costs per visit information within the Excel file attachment. We have provided Chatham County summarized cost and utilization data. We have also provided plan design descriptions.

Employee Clinic Services

The following services should be included:

- Acute / urgent care
- Primary care
- Minor outpatient procedures
- Immunizations
- Flu shots
- Preventive health screening
- CLIA waived lab
- Wellness coaching
- Prescription drugs
- Emergency response for worksite injuries
- Occupational Health
 - OSHA/DOT worksite surveillance/compliance.
 - Worksite illness/injuries/triage
 - Return-to-work programs (evaluation and management).

The Excel file contains a tab, "Scope of Services" which asks you to check all proposed services.

Employee Clinic Eligibility and Hours of Operation

Employees enrolled in Chatham County's health plan will be eligible to use the employee clinic. Current plans are to expand access to enrolled dependents starting in the second year of operation.

The hours of operation are subject to further discussion, but are tentatively scheduled for 40 hours per week.

Medical Space Resources

Chatham County will need to find retail space to lease for the clinic. The selected vendor will be expected to play a lead role in locating and securing the clinic space. Chatham County will be the leaseholder. We will initiate this discussion with finalists during the evaluation process.

Chatham County Health Plan

Chatham County offers PPO and HMO options to employees which are administered by Blue Cross Blue Shield of Georgia in a self-funded arrangement. Prescription drug coverage is offered through these plans. As of January 1, 2012, 1011 employees were enrolled in the PPO and 411 employees were enrolled in the HMO plan.

BCBS PPO and HMO Plans

2012 Plan Design	<u>PPO Plan</u>		<u>HMO</u>
	In-Network	Out-of-Network	
Deductible			
Individual	\$250	\$250	None
Family	\$500	\$500	None
Office visits (primary doctor, specialist)	\$15 PCP/\$15 specialist	60% after ded.	\$15 PCP/\$20 specialist
Outpatient laboratory services	90% after ded.	60% after ded.	100%
Outpatient X-ray	90% after ded %	60% after ded.	100%
Pharmacy/Prescription Drugs			
Retail			
• Retail generic	\$5	\$5	\$5
• Retail formulary brand	\$20	\$20	\$20
• Retail non-formulary	\$35	\$35	\$35
Mail Order	Not Available	Not Available	Not Available

Selection Criteria

To assist you in developing your proposal, we have summarized the criteria Chatham County will use to evaluate vendor qualifications.

Selection criteria for evaluation of bidder capabilities will include:

- Demonstrated public sector experience with clients and employee populations similar to Chatham County
- Capabilities to adapt delivery methods best suited to Chatham County's culture and communication style
- Demonstrated creativity and flexibility to work with Chatham County to meet the County's specific needs
- Demonstrated ability to address Chatham County's current and future employee needs and grow in partnership
- Ability to support continuous and robust promotion and communications
- Ability to provide comprehensive and meaningful reports using EMR (Electronic Medical Record) and to respond to special data needs

- Proven ability to implement and use technologically advanced tools and resources
 - Reliable and proven integrated system that can be a detailed and secure repository of patients’ health records. This must incorporate the labs (blood work, x-ray, etc.), consultation notes, pharmacy information (allow to electronically prescribe), preventive medicine tests/procedures, all in an easy to use format with a patient portal feature for patients to directly access their blood work, tests, etc.;
 - EMR functionality will ideally include a patient registry, online scheduling, e-prescribing, auto reminders for preventive care and reporting, and clinical decision support tools;
- Proven ability to capture data from all patient encounters, accept and send data to partner vendors and use patient data to create a comprehensive medical review for the patients
- Willingness to work well with Chatham County and with Chatham County partners/vendors:
 - Clinic professionals will be involved with health management program design, implementation, initiatives, and results
 - Collaborate with the Chatham County communication resources to brainstorm potential marketing ideas for clinic to increase volume
- Proven ability to effectively interface and integrate services with other Chatham County vendors:
 - Medical - Blue Cross Blue Shield of Georgia
 - Pharmacy - Blue Cross Blue Shield of Georgia
- Demonstrated approach, process, technology, metrics, commitment to evidence-based medicine, high standards of clinical quality, and patient safety
- Demonstrated approach, process, metrics, and commitment to patient service and satisfaction
- Willingness to put fees at risk against performance expectations
- Diligent HIPAA compliance and privacy policies
- Demonstrated ability to submit complete and accurate encounter data for all participants
- Financial competitiveness
- A strong, experienced, and dedicated client management team
- Strong thought leadership position in the marketplace and commitment to industry leadership;
- Ability to offer programs that adhere to best practices in the industry
- Your agreement to the terms and conditions contained in the attached Non Disclosure Agreement. (See attachment) The Excel file containing information needed to prepare the five year feasibility will be released to bidders after the signed non-disclosure agreement is received.
- The ability to support all legal and technical compliance requirements

Evaluation Process

Evaluation of the submitted Technical Proposals (referred to also as “Questionnaire”) will take place initially, while the Financial Proposals will remain sealed. A shortlist of the highest ranked proposers will be established utilizing the Technical Proposals., The shortlisted firms’ Financial Proposals will then be unsealed and evaluated. Proposals will be evaluated based upon an analysis of the qualitative proposal responses, detailed financial feasibility projections, face-to-face interviews, client visits, reference checks, and working relationship during the proposal process.

Timeline and Bidding

We anticipate the following schedule of activities.

Activity	Completion Date
Distribution of RFP to vendors	8/2/12
Pre-proposal bidder conference	8/14/12
RFP questions from vendors due to Purchasing	8/21/12
Purchasing responses to vendor questions	8/30/12
RFP responses due from vendors	9/ 13/12

Questions Due from Vendors

All questions must be submitted via e-mail directly to Chatham County Purchasing (Peggy Joyner at pjoyner@chathamcounty.org) by August 21, 2012. Our responses will be forwarded to all bidding parties without identifying the inquirer associated with each question.

RFP Response

- The completed electronic version of the RFP **and** supporting materials are due by 5:00 p.m. EST on September 13, 2012. No submissions will be allowed following this date.
- Your complete proposal should be submitted as an electronic copy on either 2 separate CDs or flash drives, labeled and in a sealed container marked on the outside with the Request for Proposal number and Company Name. One CD/flash drive should contain ONLY non-financial worksheets and labeled: QUESTIONNAIRE. The second CD/flash drive should contain ONLY the fee schedule/pricing worksheet and be labeled: FINANCIAL. In addition, please provide one original and five (5) hard copies of the RFP response as set forth above comprising your completed proposal with QUESTIONNAIRE separate sealed FINANCIAL worksheets. These should be sent to the primary contact listed above.
- Exhibits must be labeled as directed in the RFP.
- Attachments must be clearly referenced by number and title in the section titled Appendix— Attachments of this RFP.
- All attachments must be submitted electronically via email along with the RFP response.

Hard copies of your RFP, supporting materials and attachments should also arrive at Chatham County Purchasing Department by 5:00 p.m. EST on September 13, 2012.

Any costs associated with the preparation and/or presentation of your response to this RFP must be borne by the vendor and are not the responsibility of Chatham County.

Please send an electronic version of responses to the questions and all attachments as follows:

Hard copies should be delivered to:
Peggy Joyner
Purchasing Agent
1117 Eisenhower Drive, Suite C
Savannah, GA 31406
912-790-1626

RFP Instructions

- Your response should be complete but concise. Please do not restate the question in your response. It is not necessary to answer questions using complete sentences. In many cases, a one-word answer will suffice (e.g., Yes/No).
- Please limit your text response. We understand that some responses may require you to provide longer responses. However, we ask that you keep these responses to 300 words. WE GIVE EXTRA CREDIT TO CONCISE RESPONSES WHICH DEMONSTRATE AN EFFORT TO REVISE STANDARD LANGUAGE TO MEET WORD COUNT LIMITS.
- Please answer each question. Do not leave any questions unanswered. If you are unable to answer any question, please indicate that as your response.
- Do not repeat the same text responses to different questions.
- Please **do not** refer to appendices or other printed materials as a means of answering a question.
- Your response in the RFP will be evaluated. Any additional information submitted will be used as reference only.

- Responses should represent your organization's capabilities (e.g., products, systems, etc.) as of June 1, 2012. Any future anticipated changes with the proposed dates for such changes should be noted in your response.
- Maintain an electronic copy and a hard copy response for your records.

Bidding Requirements

Please respond to the questions below with a “Yes” or “No” answer by **double-clicking on the appropriate response.**

Account Management and Additional Required Staffing

- Agree to provide an account manager, who will act as the liaison between the vendor and Chatham County to address and resolve all issues identified.
Yes No
- Provide a designated back-up to the designated account manager.
Yes No
- Assign a designated implementation manager with extensive experience.
Yes No

Administrative Fees

Administrative fees will be invoiced on a monthly basis.

Yes No

Confidential Information

The selected vendor will hold all Chatham County confidential information in trust for Chatham County and will not use any of this confidential information other than for the benefit of Chatham County and its employees/dependents.

Yes No

Contract Term

Chatham County seeks a three-year agreement, renewable annually, as long as funds are appropriated with options for two additional years.

Yes No

Correspondence and Printed Materials

Chatham County will require review and approval prior to all correspondence, promotional and print material sent to plan participants and medical providers associated with Chatham County plan.

Yes No

At its discretion, Chatham County will require revisions and customization of participant communications.

Yes No

Vendor correspondence materials to the Chatham County population must be limited to programs, services, and benefits as outlined in the Chatham County /Vendor contract. The vendor may not solicit Chatham County participants for services or programs not included in the contract. Any advertisement or inaccurate information will be retracted or corrected at no cost to Chatham County. This activity may serve to violate the terms and conditions of the Administrative Service Agreement and may be cause for immediate termination of the contract.

Yes No

HIPAA

The selected vendor will abide by all provisions in Health Insurance Portability and Accountability Act Of 1996 as well as The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and any and all subsequent Rules as promulgated by the DHHS.

Yes No

Performance Guarantees

Chatham County intends to implement performance guarantees to ensure service is consistent with the representations made during the RFP process. Proposed guarantees may be based upon, but are not limited to, successful program implementation, account management, management reporting, financial savings, clinical outcomes and Chatham County and participant satisfaction. Responses will include a detailed description of your organization's proposed performance standards and guarantees, and specify the dollars or percent of fee to put "at risk" under such an arrangement. Responses indicating "willing to provide if selected as a finalist" will constitute a failure in meeting the bidding requirements and will result in a lower score for your proposal.

Yes No

Proposal Accuracy and Completeness

Your proposal must be accompanied by a signed statement by an officer of your organization attesting to the accuracy of the information and indicating your ability to fulfill the program design and delivery as specified throughout your proposal. Your response should be specific to the program requirements outlined in these specifications. If your organization is unable to offer any of the requested program components, it must be clearly noted in your response.

Yes No

Reports

Samples of standard management reports must be provided as part of the proposal. Any additional costs for standard reports should be included in the service fee or otherwise noted. Costs for ad hoc reporting should be detailed in the response. In addition, the selected vendors' Designated Outcomes Reporting Executive must be available to meet with Chatham County at least annually to review program experience, plan program activities and enhancements, etc.

Yes No

Right to Audit

Chatham County reserves the right to audit (or to designate an independent third-party to audit) the selected vendor at any time during and up to two years following termination of the Agreement (with prior written notification). Chatham County will not be held responsible for time or miscellaneous costs incurred by the program vendor in association with an audit including, but not limited to, the costs associated with providing sample audit reports, system access or space. Furthermore, Chatham County expects the selected vendor to pay for the costs of any follow up audit, should the results of the initial audit prove unsatisfactory based on the agreed upon performance standards.

Yes No

Vendor Subcontractor Requirements

Any subcontract/outsourcing agreement will contain all of the terms and conditions of the primary contract and primary vendor will be liable for the actions of its subcontractors. Chatham County retains the right of prior approval for any subcontracting relationship that will impact Chatham County programs in the future.

Yes No

The selected vendor will not subcontract any of its services without notifying Chatham County.

Yes No

Vendor Integration

The vendor will cooperate with the integration, operational interfaces and data transfer with all external vendors whom Chatham County has retained to provide services to its participants. This cooperation will include timely data transfer, support with identification of program eligible participants, referrals to other vendors as appropriate and participation in acute case management activities.

Yes No

Indemnification and Insurance

The vendor indemnifies, defends and holds Chatham County, its directors, officers, agents, and employees harmless against any and all claims, actions, or demands against Chatham County, its directors, officers, agents, and employees, and against any and all damages, liabilities, or expenses, including counsel fees, arising out of the negligent acts or omissions of Seller under this Agreement.

Neither party shall be liable to the other for incidental, special, exemplary, punitive or consequential damages, including, but not limited to, loss of profits or revenue, interference with business operations, of loss of tenants, lenders, investors or buyer or the liability to use the property.

The vendor shall at its sole expense carry the following insurance policies:

- Medical Professional Liability Coverage with a minimum of \$5 million per occurrence and \$10 million aggregate.
- Workers' Compensation—statutory;
- Commercial General Liability Insurance (including Products, Contractual, and Advertising Liability) with minimum \$3,000,000 per occurrence combined single limit of liability;
- Pollution Legal Liability Insurance with minimum \$3,000,000 combined single limit per occurrence covering the sudden or gradual discharge, release or escape of pollutants or hazardous materials;
- Automobile Liability with minimum \$3,000,000 per occurrence combined single limit of liability; and
- Errors and Omissions with minimum \$3,000,000 per occurrence combined single limit of liability.

The vendor may include an umbrella/excess liability policy to meet the minimum limits.

Each policy (except Worker's Compensation) shall be in such form as to protect the vendor and Chatham County, its directors, officers, and the agents and employees of Chatham County from any claims or damages for personal injury, including death and damage to property which may arise from acts or omissions of Seller under this Agreement. Chatham County shall be named as additional insured. The insurance policies shall not limit the vendor's obligation to meet its indemnity obligations. Each insurer shall possess at least a Best's rating of "A-." The vendor shall provide Chatham County a certificate of insurance. The vendor's failure to maintain all coverage shall be considered a material breach.

Yes No

Patent Indemnity

The vendor hereby agrees to defend and indemnify Chatham County, its successors, assigns, agents, customers, and users of any of the work product resulting from the Services against loss, damage, or

liability, including costs and expenses, including attorneys' fees, which may be incurred on account of any suit, claim, judgment, or demand involving infringement or alleged infringement of any intellectual property rights in the manufacture, use, or disposition of any work product supplied hereunder in any form or media, provided Chatham County shall notify the vendor of any suit instituted against it, and to the full extent of its ability to do so shall permit the vendor to defend the same or make settlement in respect thereto. Chatham County does not grant indemnity to the vendor for infringement of any patent, trademark, copyright, or other intellectual property rights.

Yes No

Warranty

(a) The vendor warrants that all services performed hereunder by the vendor, its employees and Agents shall be performed by persons who are experienced and skilled in their profession, in accordance with standards of workmanship, and in accordance with accepted practices and procedures.

(b) At no additional charge to Chatham County, the vendor shall correct any defects in materials, services or workmanship not in accordance with paragraph (a) above. Any claim to this Agreement must be in writing and received by the vendor within two (2) years of the completion of services provided.

Yes No

Confidentiality

The vendor shall preserve as confidential all information pertaining to Chatham County business and all technical and proprietary information obtained from Chatham County in the performance of the Agreement. The vendor further agrees that any data and information generated or delivered in the performance of this Agreement and any information and data furnished by Chatham County shall (1) be kept in confidence and not be disclosed to third parties without the prior written approval of Chatham County, and (2) shall not be used in the production, manufacture, or design of any article or material, except as otherwise provided herein, without Chatham County's prior written consent. The vendor agrees, this obligation shall survive the termination or expiration of this agreement. The vendor shall deliver all data and information to Chatham County upon Chatham County's request and, in any event, upon the completion of all work hereunder or the termination or expiration hereof, whichever shall first occur, and shall be fully responsible for the care and protection thereof until such delivery.

Yes No

Other

The vendor will arrange a tour of one of the current employee clinic centers that they operate.

Yes No

Questionnaire

I. Your Organization

1. Please provide a general business overview of your organization including the following information for the parent/holding Company and entity providing the proposal for employee health care services (if different).
 - Legal name and address of organization.
 - Names and titles of senior management team. Attach an Organizational Chart. **Label Attachment, Organization Chart**
 - Brief description of major business segments in addition to employee health care.
 - Revenue, Net Operating Income, EBITDA, and employees for current fiscal YTD and prior two fiscal years.
 - Provide a copy of most recent annual report of audited financial statement.
 - Total number of current employee clients and number of employee clients at end of prior two fiscal years for whom you provide(ed) primary care; health assessment/coaching.
 - Name, title and contact phone and email for person with overall responsibility for responding to this RFP.
 - ◆ Contact Name
 - ◆ Contact Title
 - ◆ Contact Phone
 - ◆ Contact Email Address
2. Please provide a concise, one paragraph statement (300 words or less) describing your strategic/philosophical approach for providing employee health care services for your clients. What is your value proposition? What types of client organizations do you fit well with philosophically, and what types do you not fit well with? You may provide additional information in an appendix if you like. Please keep your response focused and to the point in this section.
3. Do you have a formal corporate mission/vision statement which has been adopted by your senior management? If so, please provide a copy with your proposal.
4. Who would serve as the overall account executive or relationship manager for your organization with Chatham County if you are awarded the business? Would the payroll cost of this individual be directly charged to Chatham County in whole or in part? If so, please summarize the cost to Chatham County for this service here and be sure to include in your detailed itemized projections in the financial considerations section. Please provide a biography for this individual. **Label Attachment, Biography.**
5. Please provide 3 detailed client references (organization's name, contact name, contact phone). Please include references for which you provide similar scope of services – at least two public sector employers and preferably one within Georgia or another southeastern state.
 - a. Organization Name
 - Contact Name
 - Contact Phone

b. Organization Name
 Contact Name
 Contact Phone

c. Organization Name
 Contact Name
 Contact Phone

6. Please provide client references for 2 former clients who terminated their relationship with your organization within the past two years.

a. Company Name
 Contact Name
 Contact Phone
 Reason for Termination

b. Company Name
 Contact Name
 Contact Phone
 Reason for Termination

7. Provide the following information on your five largest employee health center clients (defined as the total number of eligible employees in locations served)

	Client #1	Client #2	Client #3	Client #4	Client #5
Client Name, City, State					
Industry					
Total # of EEs					
# of EEs Serviced					
# of Centers					
Location(s) of Health Center(s)					

8. If you partner with another organization to provide employee pharmacy service, list the partner's name.

9. Number of employees dedicated to employee health centers.

10. Address organization changes, including: (1) any significant organizational changes that were implemented during the past 24 months; (2) mergers, acquisitions, spin-offs, etc. that have occurred or are expected within the next 12 months; (3) anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital.

11. Highlight what you consider to be the particular strengths of the services you offer and the principal reasons Chatham County should select your company over other competitors.

II. Financial Considerations—Medical Focus

12. Please provide 5-year pro-forma itemized financial projections for years 2013–2017 for employee clinic services in the Excel file “Chatham County RFP Exhibit A”.xls).

Please provide your recommended services/approach in Savannah, GA, based on the population size and information provided within this document.

Be sure to complete the following financial summaries:

- Aon-Prescribed Penetration Assumptions
- Vendor Standard Penetration Assumptions (optional)
- Please organize your detailed projections based on the following parameters:
- Please exclude employee copays from your projections. See plan design summary for details of each plan.
- When calculating net present value (NPV), use a 5% discount rate.

III. Clinic Organization and Operations

13. Complete the table below for any subcontracted /outsourced services:

Name of Service	Subcontractor	Length of Relationship

14. Provide an explanation if any subcontractor has an ownership interest in your company.
15. Specify the duration of any contracts with the subcontractors for the provision of services and the level of penalties that would apply to them for any early termination of their services.
16. Do you have the capability to provide telephonic/Web-based medical consultations for Chatham County employees? Do you currently do this for any of your clients? Is this fully integrated with your clinic systems and processes?
17. Do you have an employee/clinic portal? What content is delivered on the portal? Can employees/dependents schedule appointments at the clinic using the Web? Please provide log-in information for a Web site demo.
18. Describe your preferred approach to making prescriptions drugs available to clinic patients.

19. Describe the information system that would be used at Chatham County's health center.
20. What is the name and model of the electronic health record that would be used? Describe the EHR's features and capabilities. Are there any major upgrades underway or planned for 2012 and beyond?
21. Provide details on your experience and procedures in coordinating with employer EAP programs.
22. Have you won any awards with customers for results from your employee clinics?
23. Describe how you would manage referrals to network physicians in a manner that maximizes cost effectiveness and quality of care.
24. List the equipment that you will need to purchase or lease to operate the clinic as proposed.
25. Explain how you will charge Chatham County for the purchase or lease and ongoing maintenance of the equipment you will require. Confirm that you have included those costs in your financial quotation.
26. In conjunction with the above, please provide detailed schedules for all medical equipment, furniture/fixtures, and technology purchases in excess of \$5,000.
27. Are there other vendors that will need access to the site (e.g., lab pick-up service)? If so, address any related logistical considerations the client needs to arrange for to accommodate this; e.g., security issues, ingress/egress, etc.
28. Describe any training provided to the medical clinic staff directed at hazardous material handling and blood borne pathogen training. How do you comply with any state/city mandates on training for these safety issues?

IV. Clinic Staffing

29. Please show the numbers of each staff position as well as the amount of time each staff member will dedicate to the clinics per week in "Chatham County RFP Exhibit A".xls.
30. Describe staff recruitment and selection (including the criteria used and credentialing) for any physicians or mid-level professionals.
31. Describe what role, if any, Chatham County would play in clinical staff recruitment and selection.
32. Comment on the ongoing credentialing process for the clinic staff.
33. Provide details on the role of employee center staff (mid-level professionals, RNs, health educators) in health coaching to complement health plan wellness and disease management services.

V. Quality of Care

34. Describe how the employee health center will improve quality of care outcomes for: (1) preventive services; (2) adherence to evidence-based medicine especially for individuals with chronic medical conditions; (3) participation in disease management or wellness programs; (4) tracking specialist referrals; (5) tracking and reporting to patients the outcomes of laboratory or radiology tests; (6) specialist services and hospital treatment by controlling patient referrals.
35. Describe your quality review process.
36. Attach examples of written procedures used at all employee health centers for patient safety. **Label Attachment, Patient Safety.**
37. Please describe your approach to assisting your clinicians in practicing evidence-based medicine and ensuring that practice patterns reflect best practice.
38. Describe your clinical quality (peer) review process. Who performs reviews, when are reviews performed, what percentage of patient files are reviewed, and how are reviews documented and continuous improvement ensured?
39. Describe your policies and procedures for maintaining and retrieving patient medical records.
40. Describe employee satisfaction surveys including the survey process, scoring mechanisms and results.
41. Attach a typical patient satisfaction survey and summary results of an employee satisfaction survey that has been completed. **Label Attachment, Patient Satisfaction Survey and Results.**
42. Please describe your problem resolution/escalation process for Chatham County employee complaints or issues with the clinics' staff or services.
43. Describe briefly how your firm can improve the health and productivity of Chatham County's population with the employee health center. In responding, include brief examples of how you have improved health and productivity outcomes with other clients.
44. Describe the types of general health information and health education you can provide the general workforce population.
45. Attach samples of communication materials provided to assist with introducing the employee health center to employees. **Label Attachment, Communication Samples.**
46. Attach samples of communication materials provided to assist with ongoing promotion of the employee health center. **Label Attachment, Promotion Materials.**
47. If you offer any on-line health information or health education support tools to clients' employees and dependents, please give us the URL, a user name and password so that we can navigate the site.

48. Would you plan to apply for accreditation for the Chatham County clinic by a qualified third party organization?

VI. Clinical Outcomes

49. How do you incorporate evidence based medicine protocols, guidelines, and research into your clinics? Please discuss your approach as it relates to the following specific conditions: diabetes; hypertension; obesity/weight management; depression; and asthma.
50. How would you measure health improvement in your clinics for the Chatham County population? Please discuss specific metrics and specific approaches to measurement.
51. Please provide 2 or 3 specific (blinded) client examples of health outcomes measurement and reporting compared to baseline and/or benchmark norms.

VII. Clinic Interfaces and Reporting

52. List the types and frequency of data you will need from Chatham County to implement the proposed services.
53. How and when would you typically verify eligibility for employees using the clinic? What are your specific data/technology needs for accepting eligibility feeds?
54. What methods can you deploy to accept employee copays should they be required in the future? Debit cards? Credit cards? Payroll deduction? Personal checks? Cash?
55. Please provide any sample standard reports that you use to internally manage your clinic operations, identifying who uses the reports and for what purposes.
56. Outline your reporting capabilities. Address all standard reports, frequencies and data elements.
57. Please provide a comprehensive set of sample standard and optional reports in the areas of utilization, cost, outcomes, and patient satisfaction you provide to your clients to monitor and manage the clinic on an ongoing basis. Please provide standard timing of the reports as well as the cost of any ad hoc reporting. **Label Attachment, Samples of Standard Management and Usage Reports.**
58. Describe your organization's standard methodology for measuring program impact and return on investment and how that information is reported back to the client. Attach a sample report showing financial ROI report given to clients to show program usage, costs, savings, etc. **Label Attachment, Financial Impact (ROI) Report**
59. Will you code all clinic services using CPT and ICD9 nomenclatures? Will all services have an associated primary ICD9 code? Secondary ICD9 codes? How do you currently share encounter data with Aetna and Humana?

VIII. Risk Management, Legal and Compliance Considerations

60. Provide the certificate(s) of insurance evidencing such coverage. **Label Attachment, Certificate of Insurance Coverages.**

61. Describe your Risk Management structure, process and practice.
62. Do you maintain a fidelity bond?
63. On what basis is professional liability insurance written? Please review the attached Chatham County Non Disclosure Agreement and confirm your organization will agree to these terms and exact wording. Please clearly identify any deviations or concerns with these documents.
64. Chatham County also has a master services agreement and business associate agreement that they will require the chosen vendor to sign; this will be shared during the contracting process with the chosen vendor.
65. Have you, your clinicians, or your employees ever been sued for malpractice or liability in connection with any claims arising from patients of your employee clinics? If so, please provide information on the nature and disposition of these suits within the past 5 years.
66. Please describe your HIPAA compliance protocols with respect to patient privacy and your employee clinics.
67. What support are you able to provide to ensure that Chatham County clinic is ERISA, etc. compliant?
68. Do you have any pending lawsuits against your organization that would have a material impact on your financial condition or ability to operate as a going concern should they be decided against you? If so, who may we contact for further information?
69. Please describe the systems' protocols and procedural safeguards taken within your clinics and your organization to protect access to confidential patient information. If you have a written policy on patient privacy and protecting confidential information, can you please provide a copy of this policy and all major operational procedures your clinic personnel would be expected to follow?
70. Have you had an outside third party privacy and security review? If so, can you provide a copy of the report?
71. Will your organization agree to provide Chatham County with SAS 70 reporting?

IX. Implementation Support

72. Please provide a high level implementation plan which outlines key activities and timeframes. What is your ideal implementation time frame? What is the minimum amount of time you need? **Label Attachment, Sample Implementation Plan.**
73. Who would manage the implementation for Chatham County? Please include a biography of this person. What other implementations has this person done?
74. How much time will the implementation manager be dedicated to the Chatham County implementation? How many other projects will he/she be responsible for during this time period?

75. Please outline your implementation fees, including implementation management fees and G&A fees. How they are calculated (i.e. what % of what costs) and what services from the above question do they cover?
76. What employee communications support or budget will you provide to implement the employee clinic? What are your multi-language communications? Can you provide a sample communication strategy and timetable as well as sample communications for other clinics you have recently implemented? Are these costs included in your 5-year projections or are they separate add on costs? If so, please outline. If they are included in a management fee and Chatham County decided to use other vendors for these communications, can you provide Chatham County with a credit?
77. If additional time is needed to execute the contract between Chatham County and the selected vendor, will your organization start the implementation with a signed letter of intent? If yes, please outline any specific terms associated with this situation.

X. Deviations

If your organization is unable to meet any of the Requirements in the sections titled 'Bidding Requirements' or 'Response Bidding Requirements', in this RFP, please indicate your deviation from the requested standard below and provide an explanation for your deviation. Please be specific and clear in your explanation.

Appendix—Attachments

Please reference all attachments in your RFP response by number and title. In addition complete the table below which references some of the required attachments:

Attachment Name	Included (Yes/No)
Organization Chart	
Biographies of key staff	
Patient safety information	
Patient Satisfaction Survey and Results	
Sample Implementation Plan	
Communication Samples	
Promotional Materials e.g., calendars, pedometers with client logo	
Samples of Standard Management and Usage Reports (Reports)	
Sample Financial Impact (ROI) report	
Certificate of Insurance Coverage	
County Attachments A – H Attachment A Drug Free Workplace Certification Attachment B Non-discrimination Statement Attachment C Disclosure of Responsibility Statement Attachment D Contractor Affidavit and Agreement Attachment E Affidavit Verifying Status for Chatham County Benefit Attachment F Debarment Certification Attachment G Minority and Woman Business Enterprise Participation Report Attachment H Lobbying Affidavit	

Appendix—Additional RFP Files

Below is a summary of the additional files that are considered part of this RFP. Each of these files is referenced in the RFP.

Attachment File Name

Attachment	File Name
Non Disclosure Agreement	NDA Health Clinic.doc
Claims cost and utilization summary	BCBS GA 2011 Utilization Report
Current Medical Plan Descriptions	Chatham County PPO and HMO Medical Plan Designs
Financial Exhibits	Chatham County RFP_Final.xls

*Note Financial Exhibits will be provided when the County receives the signed Non-disclosure agreement. Send agreement to pjoyner@chathamcounty.org.

ATTACHMENT A

DRUG FREE WORKPLACE CERTIFICATION

The undersigned certifies that the provisions of Code Sections 50-24-1 through 50-24-6 of the Official Code to Georgia Annotated, related to the Drug Free Workplace have been complied with in full.

1. A drug-free workplace will be provided for the employees during the performance of the contract; and;

Each sub-contractor under the direction of the Contractor shall secure the following written certification: _____ (Contractor) certifies to Chatham County that a drug-free workplace will be provided for the employees during the performance of this contract known as **EMPLOYEE HEALTH CLINIC FOR CHATHAM COUNTY RFP NO. 12.0064-1** pursuant to paragraph (7), of subsection (B) of Code Section 50-24-3. Also, the undersigned further certifies that he/she will not engage in the unlawful manufacture, sale, distribution, dispensation, possession or use of a controlled substance or marijuana during the performance of the contract.

CONTRACTOR: _____ DATE: _____

NOTARY: _____ DATE: _____

ATTACHMENT B

PROMISE OF NON-DISCRIMINATION STATEMENT

Know All Men By These Presents, that I (We), _____, _____, _____,
Name Title Name of Bidder

(herein after known as "Company") in consideration of the privilege to bid/or propose on the following Chatham County project procurement (**EMPLOYEE HEALTH CLINIC FOR CHATHAM COUNTY RFP NO. 12.0064-1**), hereby consent, covenant and agree as follows:

1. No person shall be excluded from participation in, denied the benefit of or otherwise discriminated against on the basis of race, color, national origin or gender in connection with the bid submitted to Chatham County or the performance of the contract resulting therefrom;
2. That it is and shall be the policy of this Company to provide equal opportunity to all business persons seeking to contract or otherwise interested with the Company, including those companies owned and controlled by racial minorities, and women;
3. In connection herewith, I (We) acknowledge and warrant that this Company has been made aware of, understands and agrees to take affirmative action to provide minority and women owned companies with the maximum practicable opportunities to do business with this Company on this contract;
4. That the promises of non-discrimination as made and set forth herein shall be continuing throughout the duration of this contract with Chatham County;
5. That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made a part of an incorporated by reference in the contract which this Company may be awarded;
6. That the failure of this Company to satisfactorily discharge any of the promises of non-discrimination as made and set forth above may constitute a material breach of contract entitling the County to declare the contract in default and to exercise appropriate remedies including but not limited to, termination of the contract.

Signature _____ Date _____

ATTACHMENT C

DISCLOSURE OF RESPONSIBILITY STATEMENT

Failure to complete and return this information will result in your bid/offer/proposal being disqualified from further competition as non-responsive.

1. List any convictions of any person, subsidiary, or affiliate of the company, arising out of obtaining, or attempting to obtain a public or private contractor subcontract, or in the performance of such contract or subcontract.

2. List any indictments or convictions of any person, subsidiary, or affiliate of this company for offenses such as embezzlement, theft, fraudulent schemes, etc. or any other offenses indicating a lack of business integrity or business honesty which affects the responsibility of the contractor

3. List any convictions or civil judgments under states or federal antitrust statutes.

4. List any violations of contract provisions such as knowingly (without good cause) to perform, or unsatisfactory performance, in accordance with the specifications of a contract.

5. List any prior suspensions or debarments by any governmental agency.

6. List any contracts not completed on time.

7. List any penalties imposed for time delays and/or quality of materials and workmanship.

8. List any documented violations of federal or any state labor laws, regulations, or standards, occupational safety and health rules.

I, _____, as _____
Name of individual Title & Authority

of _____, declare under oath that
Company Name

the above statements, including any supplemental responses attached hereto, are true.

Signature

State of _____

County of _____

Subscribed and sworn to before me on this _____ day of _____ 2012 by _____
representing him/herself to be

_____ of the company named herein. _____
Notary Public

My Commission expires:

Resident State:

ATTACHMENT D

Contractor Affidavit and Agreement

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA),

P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91. The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with (name of public employer), contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the (name of the public employer) at the time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program* User Identification Number

Date
(Contractor Name)

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE:

_____ DAY OF _____, 20__

Notary Public
My Commission Expires: _____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

ATTACHMENT E

Affidavit Verifying Status for Chatham County Benefit Application

By executing this affidavit under oath, as an applicant for a Chatham County, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a Chatham County contract for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) _____ I am a citizen of the United States.

OR

2.) _____ I am a legal permanent resident 18 years of age or older.

OR

3.) _____ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date: _____

Printed Name: _____

SUBSCRIBED AND SWORN * _____
BEFORE ME ON THIS THE _____ Alien Registration number for non-citizens.

_____ DAY OF _____, 20__

Notary Public

My Commission Expires:

ATTACHMENT F

**BIDDER'S CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION**

The undersigned certifies, by submission of this proposal or acceptance of this contract, that neither Contractor nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from participation in this transaction by any Federal department or agency, State of Georgia, Chatham County, City of Savannah, Board of Education or local municipality. Bidder agrees that by submitting this proposal that Bidder will include this clause without modification in all lower tier transactions, solicitations, proposals, contracts, and subcontracts. Where the Bidder or any lower tier participant is unable to certify to this statement, that participant shall attach an explanation to this document.

Certification – the above information is true and complete to the best of my knowledge and belief.

(Printed or typed Name)

Purchasing Staff Member Verification

Title _____ Date: _____

Comments:

NOTE: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001

ATTACHMENT G

**Chatham County
Minority and Women Business Enterprise Program
M/WBE Participation Report**

Name of Bidder: _____

Name of Project: _____ Bid No: _____

M/WBE Firm	Type of Work	Contact Person/ Phone #	City, State	%	MBE or WBE

MBE Total _____% WBE Total _____% M/WBE Combined _____%

The undersigned should enter into a formal agreement with M/WBE Contractor identified herein for work listed in this schedule conditioned upon execution of contract with the Chatham County Board of Commissioners.

Signature _____ Print _____

Phone () _____ Fax () _____ ATTACHMENT ____

**Attachment H
AFFIDAVIT REGARDING LOBBYING**

Each Bidder/Proposer and all proposed team members and subcontractors must sign this affidavit and the Bidder /Proposer shall submit the affidavits with their proposal confirming that there has been no contact with public officials or management staff for the purpose of influencing award of the contract. Furthermore, each individual certifies that there will be no contact with any public official prior to contract award for the purpose of influencing contract award.

The undersigned further certifies that no team member or individual has been hired or placed on the team in order to influence award of the contract. All team members are performing a commercially useful function on the project.

Failure to provide signed affidavits from all team members with your response may be cause to consider your bid/proposal non-responsive.

BY: Authorized Officer or Agent

Date

Title of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE _____ DAY OF _____, 2011

Notary Public

My Commission Expires: _____ Resident State: _____

LEGAL NOTICE
CC NO. 165307
REQUEST FOR PROPOSALS

Sealed proposals will be received until **5:00 P.M.** on **SEPTEMBER 13, 2012** and publicly opened in **Chatham County Purchasing & Contracting Department, at The Chatham County Citizens Service Center, 1117 Eisenhower Drive, Suite C, Savannah, Georgia 31406**, for: **RFP. NO.: 12-0064-1: EMPLOYEE HEALTH CLINIC FOR CHATHAM COUNTY**

PRE-BID CONFERENCE: 10:00A.M., AUGUST 14, 2012. Conference will be held at The Chatham County Administrative Legislative Center, Green Room on the 2nd floor 124 Bull Street, Savannah, Georgia 31401. You are encouraged to attend.

Invitation to Submit Proposal Packages are available at 1117 Eisenhower Drive, Suite C, Savannah, Georgia, and on the Chatham County Purchasing Web Site <http://purchasing.chathamcounty.org>, or by calling Crystal Hester-King at (912) 790-1618. All firms requesting to do business with Chatham County must also register on-line at <http://purchasing.chathamcounty.org>.

CHATHAM COUNTY RESERVES THE RIGHT TO REJECT ANY/AND OR ALL PROPOSALS AND TO WAIVE ALL FORMALITITES. THIS WILL BE THE ONLY SOLICITATION FOR THIS PROJECT. ONLY THOSE FIRMS RESPONDING TO THE RFP WILL BE ALLOWED TO PATICIPATE IN THE PROJECT.

"CHATHAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER, M/F/H, ALL BIDDERS ARE TO BE EQUAL OPPORTUNITY EMPLOYERS"

MARGARET H. JOYNER,
PURCHASING AGENT

SAVANNAH NEWS/PRESS INSERT: August 6, 2012
Please send affidavit to:
Chatham County Purchasing & Contracting Department
1117 Eisenhower Drive, Suite C
Savannah, GA 31406

(912) 790-1618