



**REQUEST FOR PROPOSAL (RFP)
FOR
MEDICAL ASSESSMENT SERVICES
FOR THE GALESBURG FIRE DEPARTMENT**

Kraig Boynton, Purchasing Agent
City of Galesburg
55 W. Tompkins St.
Galesburg, IL 61402

RFP Circulation Date: May 18, 2017

**PROPOSALS DUE NO LATER THAN 11:00 A.M., JUNE 07, 2017
(3 COPIES) TO THE ATTENTION OF KRAIG BOYNTON, PURCHASING AGENT.**

CITY OF GALESBURG

PURCHASING
55 West Tompkins Street
Galesburg, IL 61401
Phone: 309/345-3678

REQUEST FOR PROPOSALS FIRE DEPARTMENT MEDICAL ASSESSMENT SERVICES CITY OF GALESBURG, ILLINOIS

SECTION I. GENERAL TERMS AND CONDITIONS

- A. All responses shall become the property of the City.
- B. Responses are due and must be received as indicated on the cover page.
- C. The City will not reimburse respondent(s) for any costs associated with the preparation and submittal of any responses.
- D. Respondents, their agents and associates shall refrain from contacting or soliciting any City Official and that contact may be made **ONLY** with the individual(s) listed in the document for additional information and clarification.
- E. Due care and diligence has been exercised in the preparation of this document and all information contained herein is believed to be substantially correct; however, the responsibility for determining the full extent of the service required rest solely with those making response. Neither the City nor its representatives shall be responsible for any error or omission in the responses submitted, nor for the failure on the part of the respondents to determine the full extent of the exposures.
- F. All timely responses meeting the specifications set forth in this document will be considered. However, respondents are cautioned to clearly indicate any deviations from these specifications. The terms and conditions contained herein are those desired by the City and preference will be given to those responses in full or substantially full compliance with them.
- G. Each respondent is responsible for full and complete compliance with all laws, rules and regulations including those of the Federal Government, State of Illinois and the City of Galesburg. Failure or inability on the part of the respondent to have complete knowledge and intent to comply with such laws, rules and regulations shall not relieve any respondent from its obligation to honor its response and to perform completely in

accordance with its response.

- H. The City, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, to reject any and all responses in whole or in part, with or without cause, and to accept that response, if any, which in its judgment will be in its best interest.
- I. Awards will be made to the respondents whose submittal is determined to be the most advantageous to the City, taking into consideration those responses in compliance with the requirements as set forth in this document. The City reserves the right to reject any and all responses for any reason or make no award whatsoever or request clarification of information from the respondents.
- J. Any interpretation, clarification, correction or change to this document will be made by written addendum issued by the City of Galesburg Purchasing Agent. Any oral or other type of communication concerning this document shall not be binding.
- K. Responses must be signed by an individual of the respondent's organization legally authorized to commit the respondent's organization to the performance of the product(s) and/or service(s) contemplated by this document.
- L. **INSURANCE REQUIREMENTS FOR MAJOR CONTRACT FOR SERVICE** – where unusual hazards exist or where contracts which exceed one hundred eight (180) calendar days in duration; or where the costs exceed \$500,000.
 - 1. **Insurance Requirements**
 - a. **Workers' Compensation** – to meet statutory limits in compliance with the Workers' Compensation Law of Illinois. This policy must include Employer's Liability with a limit of \$100,000 each accident, \$500,000 disease (policy limit), and \$100,000 disease each employee.
 - b. **Commercial General Liability** – coverage shall provide minimum limits of liability of \$3,000,000 per occurrence Combined Single Limit for Bodily Injury and Property Damage. This shall include coverage for:
 - i. Premises/Operations
 - ii. Products/Completed Operations
 - iii. Broad Form Contractual Liability
 - iv. Independent Contractors
 - c. **Business Auto Liability** – coverage shall provide minimum limits of liability of \$1,000,000 per occurrence Combined Single Limit for Bodily Injury and Property Damage. This shall include coverage for:
 - i. Owned Autos
 - ii. Hired Autos
 - iii. Non-Owned Autos
 - d. **Contractor's Bid & Payment/Performance Bond** – coverage required for all

public construction projects, and for those projects as determined by the Purchasing Agent, that represent a significant financial risk to the City.

2. Special Requirements

- a. Ten (10) days prior to the commencement of any work under the contract a certificate of insurance will be provided to the City Clerk for review and approval. The certificate shall provide for the following:
 - i. “The City of Galesburg, IL. and it’s Elected Official, it’s Agents, Employees, and Volunteers” will be named as an “Additional Insured” on both the General Liability and Auto Liability policies. Applicable deck sheets shall be provided signifying compliance of this requirement.
 - ii. The City of Galesburg will be given thirty (30) days’ notice prior to the cancellation or modification of any stipulated insurance. Such notice will be in writing by registered mail, return receipt requested and addressed to the City Clerk.
- b. An appropriate “Hold Harmless/Indemnification” clause will be made a provision of the contract.
- c. It is the responsibility of the contractor to insure that all subcontractors comply with all insurance requirements.
- d. It should be remembered that these are minimum requirements which are subject to modification in response to high hazard operations.

M. An Indemnification Clause will be included within the contract document.

N. All pages included in or attached by reference to this document shall be called and constitute the proposal as stated on the front of this document. Vendors who will not be submitting a proposal are requested to notify us and indicate why they are not bidding. Vendors who fail to respond to two or more consecutive announcements may be removed from the City’s Vendor bidding list.

O. If submitting a response for more than one bid, each bid must be in a separate envelope and correctly marked. Only one Proposal per project shall be accepted from any person, corporation or firm.

P. Modifications to bid submittals will not be accepted or acknowledged.

Q. The City is not responsible for correcting any errors or typos made on the bid response. Incorrect calculations, errors may cause the bid to be declared non-responsive.

R. Bid submittals are only accepted if delivered to the location specified on the Invitation in a sealed envelope. Electronically submitted responses and faxed responses will not be accepted.

S. Any blank spaces on the required bid form or the absence of required submittals or

signatures may cause the bid to be declared non-responsive.

- T. Late bids will not be accepted under any circumstances. If bids received after the scheduled time of the bid Opening Meeting, the sender will be contacted for disposition. The Purchasing Agent, at the Proposer's expense, can return the document, or, at the Proposer's request in writing, can destroy it.
- U. No vendors shall submit a bid or proposal to the City of Galesburg if the State of Illinois has barred or banned them from participating in requested work/service.
- V. In the event of legal proceedings to enforce the terms of this agreement the prevailing party will be entitled to legal fees. All legal proceedings shall be initiated in Knox County, Illinois.

SECTION II. ADDITIONAL TERMS AND CONDITIONS

A. ADDENDUMS

In this RFP, the City has attempted to address most situations that may occur. However, should situations arise that are not addressed, they will be dealt with on a case by case basis, at the discretion of the City. If deemed necessary, the Purchasing Agent will supplement this RFP document with Addendums. These Addendums will be posted on the City's website, www.ci.galesburg.il.us.

It is the sole responsibility of the Vendor to check the website for Addendums. Proposers must acknowledge receipt of Addendums by completing the respective section on the bid/proposal submittal form.

B. AFFIRMATION

By submitting a proposal, the Proposer affirms that the proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation. The Proposer has not directly or indirectly induced or solicited any other person to submit a false or sham proposal. The Proposer has not solicited or induced any person, firm or corporation to refrain from submitting a proposal; and the Proposer has not sought by collusion to obtain for him/herself any advantage over other persons or over the City.

C. CITY EMPLOYEES/CONFLICT OF INTEREST

All Proposers must disclose the name of any officer, director or agent who is also an employee of the City of Galesburg. All Proposers must disclose the name of any City employee who owns, directly or indirectly, any interest in the Proposers' business or any of its branches. For the purposes of this document, an indirect interest shall include ownership through a spouse, dependent child, or business entity in which the employee, his or her spouse, and dependent children collectively have a greater than ten percent

interest.

D. JOINT RESPONSES

In the event multiple vendors submit a joint proposal in response to this RFP, a single proposer shall be identified as the primary vendor. The primary vendor must include the name, address and contact information of all parties of the joint proposal. Primary vendor shall provide all bonding insurance requirements, execute any contract, sign the proposal and have overall and complete accountability to resolve any dispute arising within the contract. Only a single contract with one vendor will be acceptable. Invoices will be accepted form and paid to the primary vendor only. Primary vendor shall remain responsible for performing services associated with response to this RFP.

E. MISUNDERSTANDINGS

The failure or omission of a Vendor to receive or examine any instruction or document, or any part of the specifications, or to visit the site and acquaint themselves as to the nature and location of the work (where applicable), the general and local conditions, and all matters which may in any way affect performance shall not relieve the vendor of any obligation to perform as specified herein. The vendor understands the intent and purpose thereof and their obligations and will not make any claim for, or have any right to damages resulting from any misunderstanding or misinterpretation of this document, or because of any lack of information.

F. ASSIGNMENT OF CONTRACT

The Vendor shall not assign, transfer, convey, sublet or sell any portion of this contract unless permission is first given by the City representative. All matters dealing with these actions must be conducted in written formats.

G. VENDOR COMPLAINTS

Complaints against the vendor will be processed thru the Purchasing Agent and are to be corrected within five (5) business days. Written response to the Purchasing Agent is required. Failure to properly resolve complaints within five (5) business days may result in cancellation of contract or agreement. Repeat complaints against the Contractor may result in termination of contract.

H. EXEMPTIONS/ITEMS NOT IDENTIFIED IN THE SCOPE OF WORK

Any modification to these specification by a Proposer shall be an exception to the bid and must be discussed in detail by the Proposer. Any work identified by any vendor or as an addendum issued shall be priced and detailed by scope on the attached bid form under "Exemptions/Items not identified in scope of work."

I. REQUEST FOR CHANGE OF SPECIFICATIONS

Requests for changes to specifications must be submitted in writing to the designated contact for this RFP for consideration. Requests must be submitted by the RFI Cut-Off date described in a later section.

J. DOCUMENTATION RESULTING FROM SERVICES RENDERED

The Proposer will be prohibited from publishing or releasing any information related to the requested services without the prior written permission from the City. All reports, documents resulting from the ensuing contract will remain the sole property of the City.

SECTION III. SPECIFICATIONS FOR RFP

A. OVERVIEW/PURPOSE OF THIS SOLICITATION

The City of Galesburg is requesting proposals from Board Certified Physicians to provide annual firefighter physical examinations/screenings to City of Galesburg Firefighters. The medical requirements are based on National Fire Protection Association (NFPA) 1582 and on in-depth consideration of essential functions. These essential functions are what members are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, Standard for Firefighting Professional Qualifications. Specifications have been prepared and are included herein.

The successful Proposer (hereinafter called “Contractor”) shall execute an appropriate contract with the City of Galesburg. The Contractor shall provide physical exams to Galesburg Fire Department personnel on an annual basis. The medical requirements are based on National Fire Protection Association (NFPA) 1582 and on in-depth consideration of essential functions. These essential functions are what members are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, Standard for firefighting Professional Qualifications.

Cancer rates among firefighters are above the national rates of the civilian population due to their increased exposures to hazardous substances, Due to this increased risk, screening for prostate and colon cancers are added to the yearly physical examinations for firefighters age 40 and older. Firefighters that are members of the HazMat team are at even greater risk due to their possible exposure to chemicals. Additions screening for various types of metals are added to these firefighters’ yearly physical examinations. For the purpose of conducting a medical examination, a physician should have an understanding on the environmental, physical, and psychological demands placed on firefighters on a daily basis. Additionally, physicians performing physical examinations on firefighters should have an understanding of NPFA 1582 standards.

Currently there are approximately forty (40) fire department staff requiring an exam on an annual basis.

B. RESPONSE DUE DATE AND LOCATION

As described on the cover sheet. (Page one of this document)

C. TERMS OF AGREEMENT

This agreement shall become effective upon bilateral execution of a service agreement

that may result from this solicitation.

1. The initial contract period is one (1) year, and may be renewed annually for four (4) additional years at the discretion of the Contractor and the City of Galesburg.
2. Rates remain fixed for the initial term. The contract price quoted for services may be negotiated for the second term.
3. The City of Galesburg's fiscal year runs from January 1st through December 31st. In order to align service delivery with the fiscal year period, the successful Proposer will be expected to perform the annual physicals each year.
4. Any proposed change in this contract shall be submitted to the Purchasing Department for prior approval and then will make the change by a contract modification. Any oral statement or representation changing any of these terms or conditions is specifically unauthorized and is not valid.
5. Work shall commence after issuance of a Service Agreement from the City of Galesburg.
6. Contractor shall perform all services identified in this RFP's Scope of Work.
7. The City will be provided with ONE point of contact to serve as a billing/contract representative for these exams. The point of contact shall be responsible for: answering billing questions, managing billing errors or discrepancies, providing supporting documentation when requested.
8. It would be the expectation of the City that any and all billing errors would be resolved within one month of issue being brought forward.
9. Results of exams are to be provided to both firefighter and the City of Galesburg. Results should be provided within two weeks of exam date.

D. INSURANCE

As described in the General Terms and Conditions. Additionally, medical malpractice insurance is required.

Malpractice Insurance Requirements:

Contractor shall purchase and maintain medical malpractice/errors and omissions insurance with minimum limits of \$3,000,000 per occurrence. If a claims made form of coverage is provided, the retroactive date of coverage shall be no later than the inception date of claims made coverage, unless the prior policy was extended indefinitely to cover prior acts. Coverage shall be extended beyond the policy year either by a supplemental extended reporting period (ERP) of as great duration as available, and with no less coverage and with reinstated aggregate limits, or by requiring that any new policy provide a retroactive date no later than the inception date of claims made coverage. Contractor is responsible for the amount of any deductible or self-insured retention.

E. PRE-PROPOSAL MEETING

Pre-proposal meeting will not be held for this solicitation.

F. PRICING

Pricing shall be included with the proposal; the pricing schedule template must be used

to provide pricing.

G. INVOICING / COMPENSATION

Contractor shall submit invoices for services rendered to the City on a monthly basis, no later than five (5) working days at the end of each month. Each invoice shall set forth the number of examination completed by the Contractor's employees during the month and the total amount due to Contractor and names of individuals that received physicals. The City shall pay each invoice within thirty (30) days after the invoice is submitted, with all required supporting documentation.

H. FAILURE TO PERFORM

The Contractor shall be prepared to start providing services within fourteen days after City Council approval of the signed agreement. Failure to complete the work as scheduled will result in written notice to the Contractor terminating its right to proceed as to the whole or any part of the contract. Should the vendor be unable to supply services within reasonable a reasonable timeframe to or refuse to supply service, City is forced to do the work with services bought from a different Contractor, the difference in the contracted price of the services and that paid the new vendor, in order to do the work, shall be charged to and paid for by the contracted vendor holding the proposal award for these services. Contractor shall not, however, be responsible for delays in service due to:

- Strikes
- Acts of God
- Fire

provided the City of Galesburg Purchasing Agent is notified in writing by the Contractor of such pending or actual delay. In the event of any delay, the date of service completion shall be extended for a period equal to the time lost due to the reason for the delay.

I. TERMINATION

Either party may, upon providing thirty (30) days written notice, terminate the Contract at any time, with or without cause. Upon thirty (30) day notice of termination by either party, the City shall be liable only for payment in accordance with the provisions of the Contract for the services performed prior to the effective date of termination.

J. LICENSES / PERMITS

All fees, permits, certifications and licenses are the responsibility of the Contractor and shall be included in the contract price. Any of the Contractor's personnel who perform services shall be lawfully licensed and certified.

K. COMPLIANCE WITH LAWS

Each party warrants it shall comply with, and all work performed shall comply with, all

applicable federal, state and local laws, rules, regulations or orders issued by any public authority having jurisdiction over the services being provided. Contractor shall assign and the City shall accept assignment of qualified personnel to work regardless of race, religion, color, sex, age, sexual orientation, national origin, physical or mental disability, marital status, veteran status or any other factor prohibited by law.

L. INDEPENDENT CONTRACTOR

Contractor shall act solely as an independent contractor and nothing shall be construed to give Contractor the power or authority to act for, bind, or commit the City of Galesburg. Nothing herein shall be construed to create the relationship of employer and employee, partnership, principal or agent or joint venture between the City of Galesburg and Contractor. Contractor's employees are not entitled to any of the City of Galesburg's employee benefits. Contractor shall pay all salaries, wages, benefits, payroll and other taxes for all of Contractor's employees' services in connection with this RFP. Contractor shall carry worker's compensation insurance and shall be responsible for all obligations, reports and deductions required by federal, state and local law. In the event of an accident involving a Contractor employee, that employee will file claims with Contractor.

SECTION IV. SCOPE OF WORK

- A. The Scope of Services shall include complete physical assessments as outlines in each of the following examination lists:
- a. Firefighter Physical Examination (Attachment A)
 - b. Haz-Mat Examination – Exposure Testing (Attachment B)
 - c. Additional Services (Attachment C)

All prospective firefighter candidates start with a pre-employment or pre-volunteer physical in order to establish a baseline and determine the candidate's ability to perform the duties of a firefighter. For the purpose of conducting a medical examination, a physician should have an understanding of the environmental, physical and psychological demands placed on firefighters on a daily basis. Additionally, physician performing physical examinations on firefighters should have an understanding of NFPA 1582. These essential functions are what members are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, Standard for firefighting Professional Qualifications. When making his/her assessment of candidate/personnel's ability to perform the job, the factors the physician needs to take into consideration includes but are not limited to:

1. Operating both as a member of a team and independently at incidents of uncertain duration.
2. Spending extensive time outside exposed to the elements.
3. Tolerating extreme fluctuations in temperature while performing duties. Firefighters are often required to perform physically demanding work in hot (up to 400F); humid

- (up to 100%) atmospheres while wearing equipment that significantly impairs body - cooling mechanisms.
4. Experiencing frequent transition from hot to cold and from humid to dry atmosphere.
 5. Working in wet or muddy areas.
 6. Performing a variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders.
 7. Working in areas where sustaining traumatic or thermal injuries is possible.
 8. Facing exposure to carcinogenic dusts, such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents, either through inhalation or skin contact.
 9. Facing exposure to infectious agents such as Hepatitis or HIV.
 10. Wearing personal protective equipment (PPE) that weighs approximately 50lbs while performing firefighting tasks.
 11. Performing physically demanding work while wearing positive-pressure breathing equipment.
 12. Performing complex tasks during life-threatening emergencies.
 13. Working for long periods of time requiring sustained physical activity and intense concentration.
 14. Facing life-or-death decisions during emergency conditions.
 15. Being exposed to grotesque sights and smells associated with major trauma and burn victims.
 16. Making rapid transitions from rest to near-maximal exertion without warm-up periods. Operating in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
 17. Using manual and power tools in the performance of duties.
 18. Relying on senses of sight, hearing, smells, and touch to help determine the nature of the emergency, maintain personal safety, and to make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

A comprehensive medical examination to include a health risk assessment, a complete medical history review to determine any health conditions that would prevent, or could be aggravated by, performing the duties of the position, including but not limited to, the ability to carry equipment, wear protective equipment/clothing and meet the physical and psychological demands of the firefighter position. This medical history shall also include any significant changes, job related exposures and new symptoms since the previous physical.

The Annual Exams shall meet the recommendations of the latest NFPA 1582 adopted by the State of Illinois, shall be given by a physician, surgeon, physician assistant, or advanced registered nurse practitioner licensed to practice in the State of Illinois. An individual shall receive this examination within six months of the scheduled starting date of the firefighting program. Without a completed DFS-K4-1022, an individual will not be

allowed to attend training or test for certification.

The Physical examination must meet the following standards:

- (i) Compliance with NFPA 1582 Standards (current edition) (adopted by the State of Illinois)
- (ii) Attending Physicians must be board certified and registered to practice in the state of Illinois.
- (iii) Medical Technicians performing tests must be certified.

B. MINIMUM QUALIFICATIONS

- The successful Proposer's physician and/or medical director shall be board certified with a minimum of (5) five years' experience.
- The successful Proposer Project Managers and/or Supervisors shall have excellent communication skills and be capable of directing and coordinating with the designated City staff.
- To provide an adequate number of personnel specifically trained, experienced and licensed in the all areas of the project.
- Shall be able complete return to full duty medical evaluations

C. REPORTING

A copy of the complete examination and test results must be provided to specified City of Galesburg staff. A Fit-for-Duty exam report stating whether the employee is medically fit to perform the essential duties of a firefighter and provide results of Hepatitis titers/Screenings, must be provided for each employee within 14 days of the exam. If the employee is found to be unfit for duty, the City shall be notified by phone within twenty four (24) hrs. of the exam, and providing a written notification with three (3) days of any tests that reveal conditions that could place the employee or teams in immediate danger by continuing unrestricted duty.

The final evaluation shall be reviewed and signed by a licensed Physician.

The Awarded Proposer shall provide a 30 year medical retention system for personnel covered under the contract.

The Awarded Proposer shall meet mandated confidentiality requirements, regulations, and laws; Health Insurance Portability Accountability Act (HIPPA).

D. SUBCONTRACTING

Subcontracting and/or assigning of any and/or all portions of this agreement are subject to City review and approval. The successful Proposer shall perform required services through its own employees and volunteers or subcontractors. The successful Proposer shall include the subcontractor's name, location, equipment and personnel with the proposal submission.

E. MEDICAL LABORATORY

The Medical laboratory shall meet all equipment, location and personnel requirements as established by Department of Transportation regulations (49 CFR 40, 59, FR 4300, as amended) and be properly licensed. The successful Proposer shall provide a facility and certified technicians to collect blood and urine specimens.

SECTION V. PROPOSAL PREPARATION

All proposals shall be typed or printed in ink. The pricing schedule template must be used to provide pricing.

If errors are made, the person signing the proposal shall initial and date the corrections. Corrections after the opening of responses shall not be accepted. All proposals must be legible. Responses must be signed by an individual of the Respondent's organization legally authorized to commit the Respondent's organization to the performance of the product(s) and/or service(s) contemplated by this document.

Proposer shall place the submittal in an envelope and seal it. On the front of each envelope, place the following information:

SEALED PROPOSAL
RFP FOR MEDICAL EVALUATIONS FOR FIREFIGHTERS
CITY OF GALESBURG
ATTENTION: PURCHASING

FROM: "COMPANY NAME"

Presentations/ Interviews: At the discretion of the Evaluation Committee, Proposers may be asked to give short presentations / interviews as part of the selection and ranking process based on a preliminary ranking. A two week notice will be given to the invited vendors

SECTION VI. RESPONSE FORMAT CRITERIA

The following criteria are shown and shall include all proposers & sub-contractors information and must be submitted in a tabbed format. For a proposal to be eligible, the format must be strictly followed. During this RFP process, any intentional omissions, alterations, or false representations will be grounds for rejection of any proposal. The City strictly enforces open and fair competition in its RFP's.

To facilitate effective evaluation by the City, proposals are to be a maximum of fifty (50) pages single-sided. The Proposal must answer each heading and any sub-heading and be constructed

in the following tabbed format:

TAB –A Introduction

(MAXIMUM 10 POINTS)

1. Executive Overview / Transmittal Letter (optional)
2. Index (optional)
3. Proposal Submittal Form
4. Statement of Qualifications (Submit copy of medical license for the physician and all other licensed professionals who will be providing services)
5. Proof of Insurance (Copy of Accord Form)

TAB –B Evaluation Criteria

1. Relevant Experience & Capabilities (MAXIMUM 40 POINTS)
 - a. Description and history of firm. Name of medical firm, location, telephone and fax number.
 - b. Number of years your medical firm has been in business under its current name.
 - c. Number of years your medical firm has officered physical assessment services.
2. Experience and Ability of Staff (MAXIMUM 40 POINTS)
 - a. List the number of medical and clerical staff members currently employed at the location where the physical examinations will be performed and how many of these employees are on duty at all times of operations when physical examinations are performed.
 - b. Provide the hours of operation for the facility to provide the physical examinations and the average expected time to complete an entire physical examination. Please be as specific as possible for the different examinations.
 - c. Provide a sample report that shows complete results of the physical assessment and testing that your medical firm would provide both the Firefighter and the Emergency Operations Center (EOC).
3. Current and Projected workload/Schedule (MAXIMUM 10 POINTS)
 - a. Current workload versus capacity of firm.
 - b. Listing of all existing contracts in place at this time and any future possible contracts within the next six months.
 - c. State the maximum number of business days for an appointment to be scheduled. It is acceptable to provide a busy season vs. slow season breakdown, as long as it's made clear which of the months are considered which category.
4. Reference Letters (MAXIMUM 10 POINTS)

Provide not less than three (3) reference letters from clients for which the firm has performed similar work. The following information must be provided for each reference: name of organization, contact persons, address, telephone numbers and email address.

5. Location / Accessibility (MAXIMUM 20 POINTS)

State the Proposers firm’s location and accessibility during the contract.

6. Price Proposal (MAXIMUM 60 POINTS)

Use the template on Attachment A, B & C to provide your pricing.

TAB – C Other information at the Proposer’s discretion (NO POINTS)

Promotional material may be submitted along with the proposal; however, these materials will not be considered a substitute for the proposal. Promotional material counts toward the 50 page allowance.

SECTION VII. SAMPLE EVALUATION SCORE SHEET

CRITERIA FOR EVALUATION		POINTS	WT	SUB-TOTAL
		0-10		
TAB A	Introduction		1	/10
TAB B-1	Relevant Experience & Capabilities		4	/40
TAB B-2	Experience and Ability of Staff		4	/40
Tab B-3	Current & Projected Workload/Schedule		1	/10
TAB B-4	Reference Letters		1	/10
TAB B-5	Location/Accessibility		2	/20
TAB B-6	Price Proposal		6	/60
SUBTOTAL				/150
PRESENTATION/INTERVIEW (If requested by City)				/25
TOTAL				/175

SECTION VIII. SELECTION PROCESS

Each Proposer must fully respond to the RFP criteria’s and provide all necessary documentation to fully demonstrate the Proposer's capabilities and qualifications. Failure to supply the required documentation will be grounds for rejection of bid.

Each work Committee member shall perform their own independent ranking based on the evaluation criteria. After receipt and review of the proposals and at the discretion of the Evaluation Committee, proposers may be asked to give short presentations/ interviews as part of

the selection and ranking process. The selection process shall be open to the public and records shall be maintained in accordance with the City's records retention requirements. Negotiations for a contract may follow based on the award recommendation. Committee Members are not to be solicited. Questions, comments should be in writing, directed to the City Purchasing Agent.

SECTION IX. AWARD

The City shall award to the responsive, responsible and qualified Proposer whose proposal is determined to be the most advantageous to the City. Evaluation of proposals shall be based on the evaluation factors set forth in the request for proposals and any other relevant information obtained through the evaluation process. Notice of the award shall be made by email to all respondents. The award shall be made in accordance with the provisions of the request for proposal.

Ultimately, the City would like to enter into an agreement that would be renewable each year with pricing negotiated. Pricing would need to be set each year before proceeding. Addressing your thoughts on this matter in your proposal is appreciated.

SECTION X. NEGOTIATIONS PROCESS

Negotiations for a contract may follow the order of ranking from highest to lowest total score unless otherwise noted on the award recommendation. Negotiation of contract for services may follow the selection process with the top ranked firm. The City may require selected proposer to submit technical or other additional information to its proposal as may result from negotiations. After negotiations, the recommended firm's contract will be submitted for review to the City Attorney prior to submittal to the City Council. Reviewed contract will be placed on the City Council's Agenda for their approval and execution.

SECTION XI. CITY REPRESENTATIVE/ASSIGNED CONTRACT

All requests for information are to be made through indicated Purchasing Staff in writing, preferably by email to:

Kraig D. Boynton
Purchasing Agent
City of Galesburg
55 W Tompkins St

Galesburg, IL 61401
Phone: 309-345-3678
E-mail: kboynton@ci.galesburg.il.us

SECTION XII. REQUEST FOR INFORMATION (RFI) CUT-OFF DATE

The deadline to submit questions or request information about this RFP is 06/07/17 @ 11 A.M. Please submit your RFI's in writing to the contact listed above.

SECTION XII. OFFICIAL PROPOSAL SUBMITTAL FORM

There is no official proposal form for this request. However, we do ask that all responses address the items as indicated in the response criteria above. In addition, the attachments from Section XIV should also be included.

SECTION XIV. ATTACHMENT A, B & C

ANNUAL PHYSICAL AND FITNESS-FOR-DUTY EXAMINATIONS (ATTACHMENT "A")		
	MEDICAL TESTS	COST PER CANDIDATE
1	AUDIOGRAM	\$
2	BACK ASESSMENT	\$
3	CBC	\$
4	CHEM 20	\$
5	CHEST X-RAY (2-VIEW) Optional annually, required a minimum of every five (5) years	\$
6	EKG	\$
7	GLYCOHEMOGLOBIN	\$
8	HEMOCCULT	\$
9	HEPATITUS A VACCINE (2 per series) (Check for antibody if had vac.)	\$
10	HEPATITIS B SURFACE ANTIBODY	\$
11	LIPID PROFILE	\$
12	PHYSICAL EXAM	\$
13	PPD/TB SCREEN	\$
14	SAP10	\$
15	SERUM CHOLINESTERASE	\$
16	SERUM LEAD	\$
17	SERUM PCB	\$
18	SPIROMETRY	\$
19	STRESS TEST	\$
20	URINALYSIS	\$
21	VISION TEST	\$
22	PSA IF OVER 40 YEARS OF AGE	\$
23	OTHER RECOMMENDED PRE-EMPLOYMENT TEST/EXAMS (Use additional sheet if necessary)	\$
		\$
		\$
		\$
	TOTAL PRICE FOR FIREFIGHTER PHYSICAL EXAMINATION	\$
Proposer's Name:		

HAZMAT EXAMINATION - EXPOSURE TESTING (ATTACHMENT "B")		
	MEDICAL TESTS	COST PER CANDIDATE
1	COMPLETE PHYSICAL EXAMINATION & HISTORY (Include a lift/back assessment and vision test)	\$
2	24 HOUR URINE HEAVY METAL SCREEN	\$
3	AUDIOGRAM	\$
4	BLOOD LEAD SCREEN	\$
5	CBC	\$
6	CHEST X-RAY (2 - VIEW)	\$
7	CHEM 20 (Metabolic Profile)	\$
8	CHOLINESTERASE	\$
9	EKG (Resting)	\$
10	HEMOCCULT (Guic Card)	\$
11	HEPATITIS B TIRE	\$
12	HEPATITIS C ANTIBODY	\$
13	HIV SAP 10	\$
14	LIPID PROFILE	\$
15	PPD/ TB SCREEN	\$
16	PSA - PROSTATE EVALUATION	\$
17	SERUM LEAD SERUM PCB	\$
18	SPROMETRY / PUMONARY FUNCTION TEST	\$
19	URINALYSIS	\$
20	ZINC PROTOPORPHYRIN	\$
21	OTHER RECOMMENDED PRE-EMPLOYMENT TEST/EXAMS (Use additional sheet if necessary)	
		\$
		\$
	TOTAL PRICE FOR HAZMAT EXAMINATION - EXPOSURE TESTING	\$
Proposer's Name:		

ADDITIONAL SERVICES (ATTACHMENT "C")		
	MEDICAL TESTS	COST PER CANDIDATE
1	Chest x-ray; Optionally annually, required a minimum every five (5) yrs.	\$
2	Hepatitis B Test (Antigen)	\$
3	Hepatitis B Titer (antibody)	\$
4	Hepatitis B Vaccine (3 per series)	\$
5	Hepatitis A Test (antigen)	\$
6	Hepatitis A Titer (antibody)	\$
7	Hepatitis A Vaccine (2 per series)	\$
8	PPD Test	\$
9	Return to full duty medial evaluation; post injury and/or workers' compensation claim	\$
	TOTAL PRICE FOR HAZMAT EXAMINATION - EXPOSURE TESTING	\$
Proposer's Name:		

SECTION XV. MISCELLANEOUS CITY REQUIRED SUBMITTALS

RETURN WITH BID
TO THE CITY OF GALESBURG, ILLINOIS
CERTIFICATE OF COMPLIANCE

EMPLOY- MENT	SUPER- VISORY	SALES	OFFICE	SKILLED	SEMI- SKILLED	NON- SKILLED
WHITE						
BLACK						
OTHER						
MALE						
FEMALE						

(PLEASE FILL IN THE NUMBER OF EMPLOYEES IN EACH CLASS)

1. THE CONTRACTOR OF COMPANY WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEES OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAPPING CONDITION UNRELATED TO ABILITY TO PERFORM THE JOB; AND, WILL TAKE AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED WITHOUT REGARD TO THEIR RACE, CREED, COLOR, SEX, AGE, HANDICAP OR NATIONAL ORIGIN. 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. THE CONTRACTOR OR COMPANY AGREES TO POST, IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NON-DISCRIMINATION CLAUSE.

2. THE CONTRACTOR OR COMPANY WILL, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES OR ON THEIR BEHALF, STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, CREED, COLOR, SEX, AGE, HANDICAPPING CONDITION UNRELATED TO ABILITY OR NATIONAL ORIGIN. THE SAME SHALL HOLD TRUE WHEN RECRUITMENT SOURCES ARE USED TO SECURE APPLICANTS.

3. THE CONTRACTOR OR COMPANY AGREES TO NOTIFY ALL OF ITS SUBCONTRACTORS OF THEIR OBLIGATION TO COMPLY WITH THE NON-DISCRIMINATION POLICY.

4. In the event of the Contractor's or Company's non-compliance with the non-discrimination clauses of the Contract or Purchase or with any of such rules, regulations or orders, the CONTRACT OR Purchase may be cancelled, terminated or suspended in whole or in part and the Contractor or Company may be declared ineligible for further City Contracts or Purchases in accordance with the Affirmative Action Program adopted by the Galesburg City Council at their meeting on August 6, 1990.

BY: _____
BIDDER

Route _____ Section _____
 Project _____ County Knox

H. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in the denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department of agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal" "proposal" and "voluntarily excluded", as used in this clause have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction", provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but it is not required to, check the No procurement List (Tel. #).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which does a prudent person in the ordinary course of business dealings normally possess.
10. Except for transactions authorized under paragraph 8 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
 RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction: Violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal, had one or more public transactions (Federal, State or Local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

RETURN WITH BID

THIS FORM IS BASED ON IRS REQUIREMENTS FOR THE SAME ESSENTIAL INFORMATION AS A W-9

RETURN TO: CITY OF GALESBURG
ATTN: A/P
55 W TOMPKINS ST
GALESBURG, IL 61401

OR FAX TO: 309-343-4765

The following information is needed to complete your vendor file and to comply with IRS requirements. Please fill out this form as completely as possible to ensure proper payment to you. Please return completed form as soon as possible to the City of Galesburg at the above address or fax number. Please call 309-345-3674 with any questions.

BUSINESS NAME: _____

INDIVIDUAL NAME: _____
(for Sole Proprietors as appears on Social Security Card)

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

YOUR TAXPAYER IDENTIFICATION NUMBER: _____
(FEIN or business tax ID No.)

OR, YOUR SOCIAL SECURITY NUMBER: _____
(If using SSN, enter the name on the card above as Individual Name)

PLEASE CHECK APPROPRIATE BOX

Individual/Sole Proprietor Corporation Partnership Other _____

YOUR COMPANY PROVIDES:

Legal Services Services Materials Other _____

ARE YOU SUBJECT TO BACKUP WITHHOLDING?

Yes No

PERSON TO CONTACT: _____

PHONE NUMBER: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND COMPLETE.

Signature

Date

Title

FOR OFFICE USE ONLY:

ENTERED INTO THE SYSTEM

VENDOR NUMBER: _____

RETURN WITH BID



City of Galesburg

Operating Under Council – Manager Government Since 1957

The City of Galesburg will no longer be issuing checks for vendor payments. The City will pay vendors through ACH by automatically depositing payments to a bank checking/savings account or payment to vendors can be made by credit card at the time of purchase.

In order to process your next payment, please fill out the following information and provide a copy of a void check. Please mail to City of Galesburg, Accounts Payable, P.O. Box 1589, Galesburg, IL 61402-1589 or fax the completed form and a void check, if the funds are being deposited to a checking account, to the fax number listed below.

Vendor Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Bank Name: _____

Checking/Savings Acct Number: _____
(Please indicate type of account by circling Checking or Savings)

Bank Routing Number: _____

Signature: _____

Payment information will be e-mailed to you approximately two days prior to the funds being credited to your bank account. If you have any questions, please contact me.

Sharon L. Heiden
Accounts Payable
City of Galesburg
309/345-3674
309/343-4765 fax

City Hall • 55 West Tompkins Street • Galesburg, IL 61401 • 309/345-3674