



Legal Notice

Request for Proposals OCCUPATIONAL FIREFIGHTER PHYSICAL

City of Spartanburg
P.O. Box 5107
145 W. Broad Street
Spartanburg, SC. 29304
Email: cwright@cityofspartanburg.com

August 25, 2021

NOTICE IS HEREBY GIVEN – The City of Spartanburg (“City”) is seeking submissions for medical physicals that include an NFPA 1582 physical with fitness assessment, cardiopulmonary assessment including a stress test, cancer screening and disease assessment including blood and laboratory test for Seventy-six (76) members of the City of Spartanburg Fire Department.

Proposal No: 2122-09-14-01

The City of Spartanburg, hereby, notifies all proposers that it will affirmatively ensure that all disadvantaged and women’s business enterprises will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of gender, race, color, or national origin in consideration for an award.

The City of Spartanburg reserves the right to reject any or all proposals or to waive any informality in the qualifications process. Proposals may be held by the City of Spartanburg for a period not to exceed sixty (60) days from the date of the opening of Proposals for the purpose of reviewing the Proposals and investigating the qualifications of prospective parties, prior to awarding of the Contract. The vendor that is awarded the proposal will be required to obtain a City of Spartanburg Business License.

There will be a non-mandatory pre-bid meeting held on September 9, 2021 at 10:30 am Eastern time via zoom at:

<https://us06web.zoom.us/j/89294768067?pwd=Z0pzRlN0bVNPbWVqQms2a3Z6S0FSZz09>

Meeting ID: 892 9476 8067

Passcode: 462303

One tap mobile

+13017158592,,89294768067#,,,,*462303# US (Washington DC)

+13126266799,,89294768067#,,,,*462303# US (Chicago)

Dial by your location

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 436 2866 US (New York)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

Meeting ID: 892 9476 8067

Passcode: 462303

Find your local number: <https://us06web.zoom.us/j/89294768067?pwd=Z0pzRlN0bVNPbWVqQms2a3Z6S0FSZz09>

Sealed proposals shall be submitted to Carl Wright, Procurement and Property Manager, on or before **Tuesday, September 14, 2021**, no later than 3 PM, City Hall, 145 West Broad Street, at which the time they will be publicly opened and read aloud in the Training Room, the same location.

Please remember due to the COVID-19 concerns we must remain vigilant about social distancing practices. In this season of uncertainty, there is the need to put your and our employee's safety first. Attendees will practice appropriate physical separation (six feet or more) as we go about our work. Please wear masks. Attendees must have temperatures checked.

Technical question regarding the scope of services should be directed to Carl F. Wright 864-596-2790 or emailed to cwright@cityofspartanburg.org.

Proposals can be hand-delivered or mailed to the following address:

City of Spartanburg
P.O. Box 5107
145 W. Broad Street
Spartanburg, SC. 29304

Attn: Procurement and Property Division

For further information and complete Proposal Package, please contact the Procurement and Property office at (864) 596-2049. Complete proposal package also available at www.cityofspartanburg.org by following the links for Invitations for bids. The following Proposal Number Must be placed on the outer envelope in order for the bid to be Stamped in as accepted on time: **Proposal No: 2122-09-14-01**

**CITY OF SPARTANBURG
OCCUPATIONAL FIREFIGHTER PHYSICAL
REQUEST FOR PROPOSAL**

I. INTENT AND GENERAL INFORMATION

The City of Spartanburg (“City”) is seeking submissions for medical physicals that include an NFPA 1582 physical with fitness assessment, cardiopulmonary assessment including a stress test, cancer screening and disease assessment including blood and laboratory test for Seventy-six (76) members of the City of Spartanburg Fire Department.

BACKGROUND

The City of Spartanburg is a municipality in the State of South Carolina with approximately 19 square miles and a population of 38,000. The Fire Department is tasked with responding to nearly 2,500 emergencies per year. The City of Spartanburg Fire Department (SFD) staff performs an important and dangerous job. The nature of the work and associated stress that our personnel face, place them at a much higher risk for cardiovascular disease and cancer. Furthermore, there is a high rate of injuries in the fire service. A medical evaluation can provide a baseline for every firefighter and allows for detections of any change in the firefighter’s health during his/her career. A comprehensive medical examination can have a tremendous impact on reducing firefighter line of duty deaths and/or injuries by identifying and treating the higher risk individuals and detecting cancer early with bloodwork and ultrasounds.

QUALIFICATIONS

The SFD is seeking a Professional Services Proposal with a contractor that will provide comprehensive medical evaluations for our personnel. The contractor shall provide physical examinations with ultrasounds and blood tests for approximately seventy-six (76) City of Spartanburg employed Fire Department personnel (hereinafter referred to as “firefighter”). This medical physical will create a baseline and subsequent evaluation can be compared to identify clinically relevant changes. The medical physical shall be provided by the contractor through the use of a board-certified MD and/or mid-level healthcare provider defined as a certified nurse practitioner or physician’s assistant.

The contractor shall be able to provide onsite services or have a facility within the (10) miles of the city limits of the City of Spartanburg, including all services required in the agreement.

The contractor will work with the SFD Health & Safety Officer to ensure that all requirements of the agreement are met in a timely manner. The medical evaluation shall begin in November of each year with all members completed within a one week’s time. This does not include any follow ups. Firefighter physicals shall be done in agreement with the SFD duty schedule in order to maintain continuous service to the community. The schedule will be agreed upon by both parties at least 30 days prior to the start date of physical testing.

The physical examinations conducted by the contractor must adhere to the following standards:

- a) United States Occupational Safety and Health Administration (OSHA) Regulations (Standards 29 CFR).
- b) National Fire Protection Agency (NFPA) 1582 – 2018 Edition, Standard on Comprehensive Occupational Medical Program for Fire Departments which contains minimal standards for release to work.
- c) United States Department of Transportation (USDOT) 49 CFR 391.41-391.49 excluding drug and alcohol testing.

TERM OF CONTRACT

This RFP is for a firefighter medical physical of 76 members of the City of Spartanburg Fire Department. The term of the agreement to perform these consulting services will be a fixed rate for a three year term with an optional two (2) one (1) year options.

II. SUBMISSION AND DEADLINE

Proposals must be received by 3:00 P.M. Tuesday, September 14, 2021.

One (1) original, three (3) copies and one (1) electronic copy (thumb drive) of the submission shall be sent to:

City of Spartanburg
P.O. Box 5107
145 W. Broad Street
Spartanburg, SC. 29304

Attn: Procurement and Property Division

Envelopes must be marked:

**“FIREFIGHTER OCCUPATIONAL PHYSICAL WITH
CANCER SCREENING PROPOSAL NO. 2122-09-14-01”**

Questions regarding this RFP may be directed to Lisa Farlow, Carl F. Wright 864-596-2790 or emailed to cwright@cityofspartanburg.org.

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III. SCOPE OF SERVICES

The SFD will offer the below referenced physical exam to all 76 members as an initial baseline evaluation.

Each firefighter physical shall consist of the following components:

- a) Components of the Occupational Medical Evaluation of Members (NFPA 1582-18, 7.4)
 1. Firefighter Medical Exam (NFPA 1582 compliant)
 - a. Hands-On Physical Exam
 - b. Vision Exam (Titmus)
 - c. Occupational Hearing Exam
 - d. Skin cancer assessment
 - e. Behavioral Health and Sleep Assessment Screenings
 - f. Personal Consultation with review of testing results
 2. Cardiopulmonary Assessment
 - a. Echocardiogram (Heart Ultrasound)
 - b. Resting EKG
 - c. Treadmill Stress Test with EKG
 - d. Carotid Arteries Ultrasound
 - e. Aortic Aneurysm Ultrasound
 - f. Pulmonary Function Test
 3. Cancer and Disease Assessment
 - a. Thyroid Ultrasound
 - i. The following are optional additions to services to be added if funding is available and/or to be added in the future (please cost these as separate add-on services):
 1. Liver, Gall Bladder, Spleen, & Kidney Ultrasounds
 2. Bladder Ultrasound
 3. Pelvic Ultrasound for Women (external)
 4. Prostate and Testicular Ultrasound for Men
 4. Blood and Laboratory Tests
 - a. Hemocult Test
 - b. Urinalysis
 - c. Lipid Panel
 - d. Diabetes Tests (Hemoglobin A1C and Glucose)
 - e. Complete Blood Count
 - f. Comprehensive Metabolic Panel
 - g. Thyroid Panel
 - h. PSA (men)
 - i. CA-125 (women)
 5. Fitness Evaluation (~WFI Guidelines)
 - a. Muscular Strength and Endurance Evaluation
 - b. Aerobic Endurance Evaluation (VO2 Max Calculation)
 - c. Flexibility Evaluation
 - d. Nutrition and Diet Recommendations
 - e. Personal Fitness Recommendations
 - f. Body Weight and Composition
 6. Medical Clearances
 - a. OSHA Respirator Medical Clearance
 - b. Firefighter Medical Clearance NFPA 1582

The fire department comprehensive occupational medical program shall include collection and maintenance of a confidential medical and health information system for members. All medical record keeping shall comply with the requirements of 29 CFR 1910.1020, "Access to employee exposure and medical records," and other applicable regulations and laws. This data base shall include any follow up or additional fitness and/or medical testing performed outside of these

guidelines. The contractor shall initiate and/or update and maintain the appropriate and/or required medical/health records on all persons to whom Contractor provides services on behalf of the City. All health information shall be maintained as part of an individual's comprehensive medical record, and the contractor shall be responsible for archiving these additional records as a part of each employee's confidential medical file. Should a member consent to the sharing of medical information between the contractor and the City of Spartanburg or other medical provider, a waiver will be developed and signed to provide all documentation with the indicated entity. This information will then become part of the member's current medical file maintained by the SFD Health and Safety Officer.

The contractor shall provide an individual summary report to seventy-six (76) firefighters. The contractor shall provide a sample of the individual summary report or a detailed explanation of a proposed individual summary with the RFP submission.

The contractor shall provide the SFD Health and Safety Officer a summary of the department's statistics. The contractor shall provide a sample of the department summary report or a detailed explanation of a proposed department summary with the RFP submission.

IV. SUBMISSIONS

The City will not be liable for costs incurred in the preparation of the response to this RFP or in connection with any review of the submissions.

Respondents shall submit their proposal in the following format:

1. One (1) original and three (3) printed copies of the proposal shall be submitted for review. An electronic copy shall be submitted via a thumb drive.
2. Completed City of Spartanburg Exhibits B, C D, E, G, and H below
3. Work plan or approach to Scope of Services included herein.
4. Statement of ability to perform all medical and physical requirements as stated in Qualifications and Scope of Services sections
5. Listing of proposed staff, including resumes, credentials and applicable licenses.
6. Related Experience of firm as it relates to this RFP.
7. Names, Addresses and Telephone numbers of references (minimum of three, Exhibit G).
8. Sample summary or detailed explanation of reports as indicated in above section
9. Additional information, not included above, which you feel may be useful and applicable to this project.

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Price page

Request for Proposal for
 Firefighter Occupational
 Physicals with Cancer
 Screening

City of Spartanburg
P.O. Box 5107
 145 W. Broad Street
 Spartanburg, SC. 29304
 Email:
 cwright@cityofspartanburg.org

CITY OF SPARTANBURG

**Request for Proposal for Firefighter Occupational Physicals with Cancer Screening
 2122-09-14-01**

Proposer has examined this Request for Proposal, the Advertisement for this Request for Proposal, and the following Addenda (receipt of which is hereby acknowledged):

Company Name: _____

By: _____ (Signature)

_____ (Printed Name)

Title: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Proposal Price Table

| Scope of Service | Years 1-3 | Optional Year 4 | Optional Year 5 |
|--|-----------|-----------------|-----------------|
| III.a.1-6 without add-on services per firefighter | | | |
| Add-on Service from III.a.3 per firefighter | | | |
| 1. Liver, Gall Bladder, Spleen, & Kidney Ultrasounds | | | |
| 2. Bladder Ultrasound | | | |
| 3. Pelvic Ultrasound for Women (external) | | | |
| 4. Prostate and Testicular Ultrasound for Men | | | |

Price per firefighter without add-ons \$ _____

Please complete the above proposal sheet which outlines the cost.

By: _____ Title: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ **Email:** _____

Authority to execute a contract

A RESOLUTION

FOR THE PURPOSE OF AUTHORIZING _____ TO EXECUTE AN CONTRACT WITH SPARTANBURG CITY

WHEREAS, _____ will or has submitted a bid/proposal to Spartanburg City of Spartanburg for the purpose of providing goods or services; and

WHEREAS, _____ may be or has been awarded a contract to provide good or services to Spartanburg City of Spartanburg ; and

WHEREAS, _____ Type of Organization is :

Check the applicable box):

- Sole Proprietorship
- Partnership
- Corporate entity (not tax-exempt)
- Corporate entity (tax-exempt)
- Government entity (Federal, State or Local)
- Other _____

NOW THEREFORE BE IT RESOLVED that the Board of Directors (or other appropriate governing body) of _____ does hereby approve and authorize
(Company's Name)

_____ to execute a contract with Spartanburg City of Spartanburg
(Name of Individual)

in an amount not to exceed \$_____.

ADOPTED AND APPROVED this ____ day of _____, 20__.

ATTESTED _____

NAME OF ORGANIZATION [_____]

By: _____ (signature)

_____ (printed name)

Title: _____

Exhibit E

DRUG FREE WORKPLACE ACT STATEMENT

The undersigned hereby certifies on behalf of the company listed below that it is in full compliance with the requirements set forth in Title 44, Code of Laws of South Carolina, 1976, Chapter 107, Paragraph 47 and the Drug-Free Workplace Act of 1988 (Public Law 100-690, title V, Sec. 5153, as amended by Public Law 105-85, Div. A, Title VIII, Sec. 809, as codified at 41 U.S.C. § 702) and Department of Commerce implementing regulations published at 15 CFR Part 29, "Government-wide Requirements for Drug-Free Workplace (Financial Assistance)" (published in the Federal Register on November 23, 2003, 68 FR 66534).

(Name of Corporation or Entity)

By: _____ (Signature)

_____ (Print name)

Title: _____

Date: _____

Exhibit G

EXPERIENCE/ REFERENCES

List five jobs, similar in size, completed by Proposer. List dollar amount, brief description reference name and phone number for each job.

a. Name of Project: _____ Owner/Engineer:
_____ Telephone No.:
_____ Address:
_____ Date Started: _____ Date Completed:
_____ Value of Contract: _____ Project
Description: _____

b. b: Name of Project: _____ Owner/Engineer:
_____ Telephone No.:
_____ Address:
_____ Date Started: _____ Date Completed:
_____ Value of Contract: _____ Project
Description: _____

c. Name of Project: _____ Owner/Engineer:
_____ Telephone No.:
_____ Address:
_____ Date Started: _____ Date Completed:
_____ Value of Contract: _____ Project
Description: _____

Exhibit H

AFFIDAVIT OF NON-COLLUSION

I state that I am _____ (title) of _____ (name of firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this Offer.

I state that:

- (1) The price(s) and amount of this Offer have been arrived at **independently and** without consultation, communication or agreement with any other Proposer or potential Proposer.
- (2) That neither the price(s) nor the amount of this Offer, and neither the approximate price(s) nor approximate amount of this Offer, have been disclosed to any other firm or person who is a Proposer or potential Proposer, and they will not be disclosed before Solicitation opening.
- (3) No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit an Offer higher than this Offer, or to submit any intentionally high or noncompetitive Offer or other form of complementary Offer.
- (4) The Offer of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Offer.
- (5) _____ (name of firm), its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted of or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as described in the attached appendix.

I state that _____ (name of firm) understands and acknowledges that the above representations are material and important, and will be relied on **by the City of Spartanburg** in awarding the contract(s) for which this Offer is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the **City of Spartanburg** of the true facts relating to the submission of Offers for this contract.

(Authorized Signature)

(Name of Company/Position)

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary

My Commission Expires: _____