

REQUEST FOR PROPOSALS

Employer Sponsored Health Services ONSITE MEDICAL CENTER
FOR COVERED EMPLOYEES, RETIREES, AND DEPENDENTS FOR THE
SUWANNEE COUNTY SCHOOL BOARD

RFP No. 22-206

Section 1 - INTRODUCTION

RFP to provide a proposal for an onsite company medical facility.

Sealed proposals will be received until July 13, 2022, at 2:00 pm, at the following address:

**Suwannee County School Board
1740 Ohio Avenue South
Live Oak, FL 32064**

The responsibility for submitting proposals before the stated time and date is solely that of the contractor.

The Suwannee County School Board will not be responsible for delays caused by mail, courier service, including U.S. Mail, or any other occurrence.

The Suwannee County School Board reserves the right to accept any proposal deemed to be in the best interest of the Suwannee County School Board, or waive any informality in any proposal. The Suwannee County School Board may also reject any and all proposals.

You should be aware that the Suwannee County School Board is subject to the Public Records laws of the State of Florida. Any documents provided by vendors to the Suwannee County School Board, which may include any and/or all documents that you provide, are subject to Florida's broad public records laws and must be provided to any person upon request.

A. INTRODUCTION/ BACKGROUND

The Suwannee County School Board (hereinafter referred to as "SCSB" or the "District") desires to receive proposals to provide an onsite company medical facility for covered employees, employee dependents, retirees and retiree dependents effective **August 15, 2022**, or sometime thereafter. Information can be found **under attachments** of the RFP.

SCSB employs approximately 800 employees, the majority of which live in

Suwannee County, Florida. Of the active employees, dependents and retirees, most live in Live Oak, FL. However, a portion of the District's population lives and works in Branford, FL, which is approximately 25 miles south of Live Oak.

The District's health plan is a self-insured plan with Florida Blue providing Administrative Services.

B. PURPOSE

The District is seeking proposals for the purpose of evaluating the feasibility of an on-site medical clinic. SCSB makes no representation that it is fully committed to this model, but that it is simply considering it as a part of its overall employee benefits strategy. An analysis of the responses to this RFP will in part determine whether the District moves forward with awarding a bid in response to this RFP.

C. RFP TIMETABLE

The anticipated schedule for this RFP and contract approval is as follows:

RFP Issued:	June 8, 2022
Deadline for receipt of questions:	June 29, 2022
Deadline for receipt of proposals:	July 13, 2022
Review of Proposals:	Anticipated, July 13-20, 2022
Board Approval (if necessary):	Anticipated July 26, 2022
Contract Award (if necessary):	Anticipated, TBD Projected
Contract Start Date (if necessary):	Anticipated, August 15, 2022

D. PROPOSALS SUBMISSION

An original and two (2) copies of firm's proposal will be opened on July 13, 2022, at the following address:

**Suwannee County School District
1740 Ohio Avenue South
Live Oak, FL 32064**

The original and copies must be submitted to the District in a sealed envelope or container stating on the outside the firm's name, address, telephone number and RFP number and title, and due date. **E-mail responses will not be accepted.**

The responsibility for submitting a response to this RFP to SCSB on or before the stated time and date will be solely and strictly that of the contractor. The District will not be responsible for delays caused by the U.S. Post Office or caused by any other entity or by any occurrence. Responses received after the RFP due date and time may not be accepted and may not be considered.

E. CONTACT PERSON

The contact person for this RFP is Marsha Brown, Chief Financial Officer. Ms. Brown may be reached by phone: 386-647-4651; or email: marsha.brown@suwannee.k12.fl.us

The District is authorized to have oral communications with prospective Vendors relative to matters of process or procedures only. Requests for additional information or clarifications must be made in writing to Ms. Brown by email only. Please send all questions to marsha.brown@suwannee.k12.fl.us.

The District will issue replies to inquiries and additional information or amendments deemed necessary in written addenda, which will be issued prior to the deadline for responding to this RFP.

Vendors should not rely on representations, statements, or explanations other than those made in this RFP or in any addendum to this RFP.

Vendors are advised that oral communications between the Vendors or their representatives and the Superintendent or School Board members and their respective staff, or members of the District's administrative staff to include the Superintendent and his staff, or evaluation committee members is prohibited.

F. CONE OF SILENCE

Vendors are advised that a vendor or anyone representing the vendor cannot communicate with Gallagher Benefits Services, any Board member, or any SCSB employee, other than the designated SCSB contact person, Marsha Brown, regarding its bid, i.e., a "Cone of Silence". The "Cone of Silence" is in effect from the date/time that the bid is first advertised by the District. The "Cone of Silence" will terminate 30 days after the bid opening.

G. TERM OF CONTRACT

This contract shall commence the day specified in the contract as a result of negotiations, and remain in effect for a period of three (3) years.

The District has the option to renew the contract at its sole discretion for three (3) additional one (1) year periods. Renewal of the contract is a SCSB prerogative, not a right of the contractor. Such option will be exercised, if at all, only when it is in the best interest of the District.

In the event that the contract is held over beyond the term herein provided it shall only be from a month-to-month basis only and shall not constitute an implied renewal of the contract. Said month to month extension shall be upon the same terms of the contract and at the compensation and payment provided herein, and shall not exceed six (6) months.

H. CONSULTANT/ BROKER INFORMATION

Gallagher Benefits Services is the exclusive Consultant/Broker of Record for SCSB. All proposals must be submitted through SCSB. All onsite company medical facility proposals will be net of commissions.

Section 2 – LEGAL TERMS AND CONDITIONS

A. MODIFICATION/ WITHDRAWALS OF SUBMITTALS

A contractor may submit a modified response to replace all or any portion of a previously submitted response up until the RFP due date and time. Modifications received after the RFP due date and time will not be considered.

Responses shall be irrevocable until contract award unless withdrawn in writing prior to the RFP due date or after expiration of 120 calendar days from the opening of responses without a contract award. Letters of withdrawal received after the RFP due date and before said expiration date and letters of withdrawal received after contract award will not be considered.

B. RFP POSTPONEMENT/ CANCELLATION/ REJECTION

The District may, at its sole and absolute discretion, reject any and all, or parts of any and all, responses; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP or in any responses received as a result of this RFP.

C. COST INCURRED BY VENDORS

All expenses involved with the preparation and submission of responses to the District, or any work performed in connection therewith, shall be the sole responsibility of the contractor(s) and not be reimbursed by the District.

D. EXCEPTIONS TO RFP

Vendors must clearly indicate any exceptions they wish to take to any of the terms in this RFP, and outline what alternative is being offered. The District, after completing evaluations, may accept or reject the exceptions. In cases in which exceptions are rejected, the District may require the Vendor to furnish the services or goods originally described, or negotiate an alternative acceptable to the District.

E. SUNSHINE LAW

Vendors are hereby notified that all information submitted as part of a

response to this RFP will be available for public inspection after opening of responses, in compliance with Chapter 286, Florida Statutes, known as the Florida Government in the Sunshine Law.

F. PUBLIC RECORD LAW

Upon award recommendation or ten (10) days after opening, whichever is earlier, any material submitted in response to this RFP will become a "public record" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes (Public Record Law). Vendors must claim the applicable exemptions to disclosure provided by law in their response to the RFP by identifying materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary and legal. If the Vendor requests such exclusion, the Vendor shall defend and indemnify the District from any claims and damages that may be incurred. The District reserves the right to make any final determinations of the applicability of the Public Record Law.

G. NEGOTIATIONS

The District may award a contract on the basis of initial offers received, without discussion, or may require Vendors to give oral presentations based on their responses. The District reserves the right to enter into negotiations regarding of terms and conditions with the selected Vendor, and if the District and the selected Vendor cannot negotiate a mutually acceptable contract, the District may terminate the negotiations and begin negotiations with the next selected Vendor. This process may continue until a contract has been executed or all responses have been rejected. No Vendor shall have any rights in the subject project or property or against the District arising from such negotiations.

H. PROTEST PROCEDURES

Vendors that are not selected may protest any recommendation for selection of award in accordance with the District bid protest procedures. **Protests not timely pursuant to the requirements of the District's bid protest procedures shall be barred.**

I. RULES; REGULATIONS; LICENSING REQUIREMENTS

Vendors are expected to be familiar with and comply with all Federal, State and local laws, ordinances, codes, and regulations that may in any way affect the services offered, including the Americans with Disabilities Act, Title VII of the Civil Rights Act, the EEOC Uniform Guidelines, and all EEO regulations and guidelines. Ignorance on the part of the Vendor will in no way relieve it from responsibility for compliance.

J. DEFAULT

Failure or refusal of a Vendor to execute a contract upon award by the

District, or untimely withdrawal of a response before such award is made and approved, may result in forfeiture of that portion of any surety required as liquidated damages to the District; where surety is not required, such failure may result in a claim for damages by the District and may be grounds for removing the Vendor from the District's vendor list.

K. CONFLICT OF INTEREST

The award of contract is subject to the provisions of Chapter 112, Florida Statutes. All proposals shall disclose the name of any officer, director or agent who is also an employee of the District. Further, all proposals shall disclose the name of any District employee who owns, directly or indirectly, an interest of five per cent or more in the vendor's firm or any of its branches. Failure to make such disclosure in the proposal may be cause for proposal disqualification as nonresponsive.

L. VENDOR'S RESPONSIBILITY

Before submitting responses, each Vendor shall make all investigations and examinations necessary to ascertain all conditions and requirements affecting the full performance of the contract. Ignorance of such conditions and requirements resulting from failure to make such investigations and examinations will not relieve the successful Vendor from any obligation to comply with every detail and with all provisions and requirements of the contract documents, or will be accepted as a basis for any claims whatsoever for any monetary consideration on the part of the Vendor.

M. RELATION OF DISTRICT

It is the intent of the parties hereto that the successful Vendor be legally considered to be an independent Vendor and that neither the Vendor nor the Vendor's employees and agents shall, under any circumstances, be considered employees or agents of the District.

N. SUBCONTRACTING/ INTERMEDIARIES

Where vendors do not have the "in-house" capability to perform work desired in the Request for Proposals, subcontracting may be permitted with prior knowledge and approval of the District. The District must be assured and agree that any proposed subcontractor(s) can perform the work to the desired quality and in a timely manner. Therefore, the name of any intended subcontractor(s) should be identified in the proposal.

The District prefers direct proposals from worksite healthcare firms, without payment of commissions or finder's fees to intermediaries, e.g. insurance agents or brokers. However, if such relationships and

arrangements exist, the District expects full disclosure of the remuneration being paid to such intermediaries (regardless of what it is called) and to what extent the District will be allowed to control whether such involvement and cost will be continued after the first year of the service.

0. USE OF PROPOSAL CONTENTS

All material submitted becomes the property of the District. The District has the right to use any or all ideas presented in any reply to this RFP. Selection or rejection of the proposal does not affect this right.

P. PUBLIC ENTITY CRIMES (PEC)

A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crimes may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, sub-contractor, or Vendor under a contract with a public entity , and may not transact business with any public entity in excess of the threshold amount provided in Sec. 287.017, for CATEGORY TWO (\$25,000.00) for a period of 36 months from the date of being placed on the convicted vendor list.

Q. ASSIGNMENT

The successful Vendor shall not enter into any sub contract, retain Vendors, or assign, transfer, convey, sublet, or otherwise dispose of this contract, or of any or all of its right, title, or interest therein, or its power to execute such contract to any person, firm, or corporation without prior written consent of the District. Any unauthorized assignment shall constitute a default by the successful Vendor.

R. INDEMNIFICATION

The successful Vendor shall be required to agree to indemnify, to defend and hold harmless the District and its officers, employees, and agents, from and against any and all actions, claims, liabilities, losses and expenses, including but not limited to attorney's fees, for personal, economic or bodily injury, wrongful death, loss of or damage to property, in law or in equity, which may arise or be alleged to have arisen from the negligent acts or omissions or other wrongful conduct of the successful Vendor, its employees, or agents in connection with the performance of service pursuant to the resultant Contract; the successful Vendor shall pay

all such claims and losses and shall pay all such costs and judgments which may issue from any lawsuit arising from such claims and losses, and shall pay all costs expended by the District in the defense of such claims and losses, including appeals.

S. TERMINATION FOR DEFAULT

If through any cause within the reasonable control of the successful Vendor, it shall fail to fulfill in a timely manner, or otherwise violate any of the covenants, agreements, or stipulations material to the Agreement, the District shall thereupon have the right to terminate the services then remaining to be performed by giving written notice to the successful Vendor of such termination which shall become effective upon receipt by the successful Vendor of the written termination notice.

In that event, the District shall compensate the successful Vendor in accordance with the Agreement for all services performed by the Vendor prior to termination, net of any costs incurred by the District as a consequence of the default.

Notwithstanding the above, the successful Vendor shall not be relieved of liability to the District for damages sustained by the District by virtue of any breach of the Agreement by the Vendor, and the District may reasonably withhold payments to the successful Vendor for the purposes of set off until such time as the exact amount of damages due the District from the successful Vendor is determined.

T. TERMINATION FOR CONVENIENCE OF DISTRICT

The District may, for its convenience, terminate the services then remaining to be performed at any time without cause by giving written notice to successful Vendor of such termination, which shall become effective thirty (30) days following receipt by Vendor of such notice. In that event, all finished or unfinished documents and other materials shall be properly delivered to the District. If the Agreement is terminated by the District as provided in this section, the District shall compensate the successful Vendor in accordance with the Agreement for all services actually performed by the successful Vendor and reasonable direct costs of successful Vendor for assembling and delivering to District all documents. No compensation shall be due to the successful Vendor for any profits that the successful Vendor expected to earn on the balance of the Agreement. Such payments shall be the total extent of the District's liability to the successful Vendor upon a termination as provided for in this section.

U. COMPLIANCE WITH ALL APPLICABLE POLICIES, LAWS, ORDINANCES, ETC.

Vendors are hereby advised that this RFP is further subject to SCSB Purchasing Guidelines and Policies. Purchases are bound of all such

items.

V. ACCEPTANCE OF GIFTS, FAVORS, SERVICES

Vendors shall not offer any gratuities, favors, or anything of monetary value to any official, employee, or agent of the District, for the purpose of influencing consideration of this proposal.

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Section 3 – GENERAL QUESTIONNAIRE

The questions below must each be answered **completely** to be in compliance with this RFP. When submitting the proposal, questions must be listed and answered in the format and order below. **Answering all questions is mandatory and any unanswered or missed questions will make the Vendor not be considered and rejected.**

Organization Mission, Vision and Values

1. Share information on your organization's mission, vision and values and how those would influence the services offered and delivered for Suwannee County School District.
2. Describe your approach to innovation, including innovative programs you have implemented in the last five years.

Care Delivery Model

1. Describe your organization's approach to care delivery for primary care services at an employer-sponsored worksite clinic. What are the goals for the patient experience and impact on health outcomes?
2. How do you ensure timely access to healthcare services?
3. Describe what level of support is available after hours.
4. If you offer a telehealth or virtual care solution, how is it staffed?
5. Describe how you would integrate wellness into the onsite health center, both with internal wellness initiatives as well as SCSD's vendor partners?

Medical Services

1. Describe the scope of medical services and care offered by your organization for SCSD.
2. Describe your case load per provider ratio by provider type within your care model.
3. Describe the appointment types you offer?
4. Describe your appointment length policy/perspective. Describe your proposed scheduling protocols. (e.g. 30-minute acute, 60-minute physical).
5. Demonstrate having a documented process for providing a comprehensive health assessment including examination of the patient's social and behavioral influences and potential health inequities in addition to a physical health assessment.
6. How do you routinely screen for lifestyle risks?
7. Demonstrate how you identify and care for populations of patients (e.g. patients with chronic conditions) and remind them of needed services.
8. What systems do you have in place to help reduce the risk of medication interactions and other adverse events?

Staffing Practices and Models

1. Describe your recommended staffing model for SCSD, as applicable by site. Include detailed job descriptions for each staff position.

2. Describe your clinical credentialing process.

Community Providers and Referrals

1. How do you identify community providers who you will refer to?
2. Has your organization worked with community providers/ services to serve as Care Extenders for patients with complex medical and/or behavioral health needs to support the patient in their home? If yes, explain.
3. Describe your referral follow up process.
4. What information is tracked as part of the referral process?

Providers and Referrals

Integration with SCSD's Benefits Providers

1. How do you envision the care teams interacting with SCSD's Health Plan care management programs?
2. How do you envision the care teams interacting with SCSD's other clinical vendor partner programs and resources?
3. How would you envision care teams and staff staying abreast of SCSD's health and well-being resources?

Technology

1. Describe the differentiating features of your electronic health record, if applicable.
2. Describe the differentiating features of your mobile application, if applicable.
3. Describe the capabilities of your data analytics platform and how it intersects with your data warehouse solution, if applicable.

Communication and Marketing of the Onsite Clinic

1. What marketing/communications resources do you offer?
2. Do you recommend an incentive program to drive initial and ongoing employee utilization of clinical services? If so, describe your recommendations for initial and then ongoing utilization incentives.

Implementation

1. Provide a sample implementation/ transition plan.
2. What do you consider to be best practices for a successful transition of an existing clinic's vendor manager?
3. Please list the individuals in the organization dedicated to implementation
4. If selected, what is your recommended implementation/ transition schedule?

Section 4 – FORMS

The Forms portion of this RFP response will require completion in this document. The Required Response form, Acknowledgment of Addenda, Public Entity Crime Form, Statement of No Response, and the Cost Breakdown Form are to be filled out (they are found starting on the following page). The rest of the forms should be completed on the face of each form.

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**REQUEST FOR PROPOSAL NO. 22-206
REQUIRED RESPONSE FORM**

RELEASE DATE: **June 8, 2022**

**TITLE: ONSITE COMPANY MEDICAL FACILITY FOR EMPLOYEES, RETIREES AND
DEPENDENTS FOR THE SUWANNEE COUNTY SCHOOL BOARD**

This Proposal must be submitted to the Suwannee County School Board, Purchasing Department, 1740 Ohio Avenue South, Live Oak, FL 32064. Proposals received after 5pm on date due may not be considered.

One complete, original proposal including this **REQUIRED RESPONSE FORM** and two (2) copies must be fully executed and returned on or before 5pm. on date due to the Suwannee County School Board in accordance with the submittal requirements. Proposal must contain all information required to be included in the proposal as described herein.

VENDOR INFORMATION

VENDOR: (firm name): _____

STREET ADDRESS: _____

DISTRICT AND STATE: _____

VENDOR TELEPHONE: _____ VENDOR FAX: _____

VENDOR TOLL FREE: _____

CONTACT PERSON: _____

CONTACT PERSON'S ADDRESS: _____

CONTACT TELEPHONE: _____ CONTACT FAX: _____

CONTACT TOLL FREE: _____

INTERNET E-MAIL ADDRESS: _____

INTERNET URL: _____

VENDOR TAXPAYER IDENTIFICATION NUMBER: _____

Proposal Certification

I hereby certify that I am submitting the following information as my company's proposal; I agree to complete and unconditional acceptance of the contents of Pages 1 through 54 inclusive of this Request for Proposals, and all appendices and contents of any Addenda released hereto; I agree to be bound to any and all specifications, terms and conditions contained in the Request for Proposals, and any released Addenda and understand that the following are requirements of the RFP and failure to comply will result in disqualification of proposal submitted; Vendor has not divulged, discussed or compared the proposal with other vendors and has not colluded with any other vendor or party to any other proposal; vendor acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws. If the above requirements cannot be met, please provide in detail any deviations.

Signature of Authorized Representative

Date

Name of Authorized Representative

Title of Authorized Representative

NOTE: Entries must be completed in ink or typewritten. This original Required Response Form must be fully executed and submitted with this Proposal. If vendor is not submitting a proposal to this RFP, complete the "Statement of No Response"

REQUEST FOR PROPOSAL NO. 22-206
ACKNOWLEDGMENT OF ADDENDA

Directions: Complete Part I or Part II, whichever applies.

Part I: Listed below are the dates of issue for each Addendum received in connection with this RFP No. 22-206

Addendum No. 1, Dated _____

Addendum No. 2, Dated _____

Addendum No. 3, Dated _____

Addendum No. 4, Dated _____

Addendum No. 5, Dated _____

Part II: No addendum was received in connection with this RFP

Verified with Procurement Staff

(Name of Staff)

(Date)

(Contractor Name)

(Date)

(Signature)

**SWORN STATEMENT UNDER SECTION
287.133 (3)(a) FLORIDA STATUTES ON
PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC
OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
[print name of public entity]

by: _____
[print individual's name and title]

for _____
[print name of entity submitting sworn statement]

whose business address is _____ and (if
applicable) its Federal Employer Identification Number (FEIN) is _____ (If
the entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement: _____)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(9), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), **Florida Statutes**, means:

a. A predecessor or successor of a person convicted of a public entity crime; or

b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person

who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies.]**

____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[signature]

Sworn to and subscribed before me this _____ day of _____, 2022
Personally known _____ or Produced Identification _____
(Type of Identification)

Notary Public - State of _____
My commission expires _____

REQUEST FOR PROPOSAL NO. 22-206
REQUIRED RESPONSE FORM

If your company will not be submitting a response to this Request for Proposal, please complete this Statement of "No" Response Sheet and return, prior to the RFP Due Date established within, to:

Suwannee County School District
1740 Ohio Avenue South
Live Oak, FL 32064

Bid/RFP Number: _____ Title: _____

Company Name: _____

Contact: _____

Address: _____

Telephone: _____ Facsimile: _____

	Reasons for "NO" Response:
	Unable to comply with product or service specifications.
	Unable to comply with scope of work.
	Unable to quote on all items in the group.
	Insufficient time to respond to the Request for Proposal.
	Unable to hold prices firm through the term of the contract period.
	Our schedule would not permit us to perform.
	Unable to meet delivery requirements.
	Unable to meet bond requirements.
	Unable to meet insurance requirements.
	Other (Specify below)

Comments: _____

Signature: _____ Date: _____

REQUEST FOR PROPOSAL NO. 22-206
COST BREAKDOWN FORM

	Comments/ Response	Cost
Start Up Fees		
Annual Fees After First Year (please detail)		

	Comments/ Response	Monthly Cost/ Fees
Administrative Fee PEPM (if applicable)		
Administrative Fee PMPM (if applicable)		
Monthly Supply Estimate		
Pharmacy Costs Estimate		
Equipment Cost (including occupational health equipment)		
Any and all additional fees for malpractice insurance		

	Description/ Comments	Monthly Costs/ Fees
Staff Member # 1		
Title		
Licensing and/ or Designation (PCP, Nurse Practitioner, etc.)		
Major Responsibilities		
Proposed Number of Hours Worked by Employee		
Staff Member # 2		
Title		
Licensing and/ or Designation (PCP, Nurse Practitioner, etc.)		
Major Responsibilities		
Proposed Number of Hours Worked by Employee		

Staff Member # 3		
Title		
Licensing and/ or Designation (PCP, Nurse Practitioner, etc.)		
Major Responsibilities		
Proposed Number of Hours Worked by Employee		
Staff Member # 4		
Title		
Licensing and/ or Designation (PCP, Nurse Practitioner, etc.)		
Major Responsibilities		
Proposed Number of Hours Worked by Employee		
Staff Member # 5		
Title		
Licensing and/ or Designation (PCP, Nurse Practitioner, etc.)		
Major Responsibilities		
Proposed Number of Hours Worked by Employee		
Staff Member # 6		
Title		
Licensing and/ or Designation (PCP, Nurse Practitioner, etc.)		
Major Responsibilities		
Proposed Number of Hours Worked by Employee		

Please provide the costs for the following services:	Comments/ Response	Cost
Blood Sugar Test		
Chest X-Ray		
Cholesterol Test		
EKG		
Flu Test		
Flu Shot		
CBC with Differential/ Platelet		
Complete Metabolic Panel		
Hemoglobin		
Hemoglobin A1C		
Lipid Panel		
Lipid Panel w/Cholesterol/ HDL Ratio		
Lipid Panel w/ LDL/ HDL Ratio		
Urinalysis, Complete		
Urine Culture, Routine		
Standard X-Ray		
Annual Physicals for Bus Drivers		
Random Drug Testings		
Cost of onsite X-ray Machine if purchased (if applicable)		
Cost of onsite X-ray Machine (monthly) is leased and terms of leased equipment (if applicable)		

Section 5 – ATTACHMENTS

Please read the following directions for attachments that are required for your company's RFP response to the attachments portion of this RFP. Each attachment should be submitted in binder format with each section separated by tabs. The tabs should be separated in alphabetical order.

Attachment A: Provide details of any HIPAA privacy or security complaints or breaches.

Attachment B: Provide a sample copy of your HIPAA Privacy Notice and Policies and Procedures.

Attachment C: Provide a timeline for implementation with all major activities profiled.