



INVITATION TO PARTICIPATE

**Please return this document to the Purchasing Dept
via email to jaustin@jacksoncountyfl.com**

Notice is hereby given to all interested persons or firms that Jackson County will be accepting sealed bids for the following:

BID NAME: Medical Director Services at the Jackson County Correctional Facility (JCCF)

GENERAL INFORMATION: The Jackson County Board of Commissioners is seeking qualified professionals to respond to a Request for Qualifications to provide Medical Director Services for the Jackson County Correctional Facility located on Marianna, FL

BID NUMBER: 1819-02-Rebid

BID DEADLINE DATE: Thursday, February 7, 2019 DEADLINE TIME: 2:00 PM CST

PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN (MAIL OR FAX) THIS FORM IMMEDIATELY

PLEASE CHECK ONE OF THE FOLLOWING

WE DO INTEND TO PARTICIPATE IN THIS BID REQUEST	
We DO NOT intend to participate in this Bid request; however we would like to remain on the Jackson County Vendor listing.	
IF THIS PROJECT REQUIRES A CONTRACTOR MEETING (see page 2)	
WE WILL ATTEND	WE WILL NOT BE ATTENDING

Please indicate with a “*” if there are any changes to the following information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Voice Telephone Number: _____ Fax Number: _____ Email _____

Contact Person: _____

PRINTED NAME

SIGNATURE

Please return this Invitation to Participate immediately upon receipt via email to jaustin@jacksoncountyfl.com



IMPORTANT NOTICE
CONTRACTOR MEETING NOTIFICATION

Project: **Medical Director Services at the Jackson County Correctional Facility (JCCF)**

MEETING DATE:

TIME:

MEETING LOCATION:

SPECIAL NOTE: Additional information may be handed out at this meeting. This additional information WILL NOT be mailed out to any vendors not responding to this meeting.

**THIS PROJECT DOES NOT INVOLVE A
MANDATORY
CONTRACTOR MEETING**

QUESTION & RESPONSE FORM

BID NUMBER: 1819-02-Rebid

BID NAME: Medical Director Services at the Jackson County Correctional Facility (JCCF)

NOTE: We understand that questions may arise from this bid packet or the specifications pertaining to this project. We will make every attempt to answer your questions in a timely manner. However, all questions must be in written format and on this form. You can submit your question via email to jaustin@jacksoncountyfl.com. Please be sure that all of the requested information has been provided. Once the question has been answered, I will email the response back to you and to only those firms that have returned the INVITATION TO PARTICIPATE to the Purchasing Dept.

IMPORTANT: YOU MUST RETURN THE "NOTICE TO PARTICIPATE" via email to jaustin@jacksoncountyfl.com as requested as soon as possible. Only those firms responding with the NOTICE TO PARTICIPATE will receive any response to questions asked.

FIRM REQUESTING INFORMATION: _____

PERSON MAKING REQUEST: _____

ADDRESS _____ **PHONE #** _____ **FAX #** _____

QUESTION: _____

ANSWER:: _____

PERSON RESPONDING TO QUESTION: _____



**BID PACKET
CONTENTS**

BID NUMBER: 1819-02-Rebid

BID NAME: Medical Director Services at Jackson County Correctional Facility

THIS PACKET CONTAINS THE FOLLOWING DOCUMENTS.

NOTE: SOME OF THESE DOCUMENTS NEED TO BE RETURNED. PLEASE READ AND FOLLOW THE SUBMISSION REQUIREMENT SO THAT YOUR BID WILL NOT BE DISQUALIFIED.

<u>DESCRIPTION</u>	<u>SUBMISSION REQUIREMENT</u>
• IMPORTANT NOTICE (if a contractor meeting has been set, the information will be given on page 3.	
• INVITATION TO PARTICIPATE ----- EMAIL THIS DOCUMENT BACK IMMEDIATELY	

<u>BID PACKET CONTENTS</u>	<u>RETURN AS INDICATED</u>
• BID DOCUMENT-----	DO NOT RETURN
• EXPLANATION & PROCEDURE-----	DO NOT RETURN
• GENERAL CONDITIONS AND SPECIFICATIONS -----	DO NOT RETURN
• PUBLIC ENTITY CRIMES FORM-----	SUBMIT ONE COPY WITH BID
• BID SPECIFICATIONS-----	DO NOT RETURN

ADDITIONAL DOCUMENTS REQUIRED IN CONJUNCTION WITH THIS BID

Documents that are in **BOLD ARE** required for submission. Documents **NOT** in **BOLD** are **NOT** required.

- BID BOND
- PAYMENT BOND
- PERFORMANCE BOND
- **PROOF OF WORKMAN'S COMPENSATION INSURANCE (if contract is awarded)**
- **PROOF OF CURRENT LIABILITY INSURANCE (if contract is awarded)**

DOCUMENTS WHICH WILL BE ISSUED UPON AWARD

1. CONTRACT

BID DOCUMENT
EXPLANATION & PROCEDURES CONTINUED

WARNING - THESE PROCEDURES WILL BE FOLLOWED

If an attempt to circumvent this process is made and the invoice for payment is sent directly to the Finance Department, the Finance Department will forward the invoice to the Purchasing Department. If a Notice of Final Completion is not on file with the Purchasing Department, the Contractor will immediately be notified to initiate the Final Completion process.

If the total project cost is more or less than that provided on the Bid response, the Purchasing Department will review the records for an approved Change Order form. If one does not exist, PAYMENT WILL NOT BE MADE. Any and all change orders MUST be approved by the Jackson County Board of County Commissioners or authorized representative. If in the event a Change Order was not found, the Purchasing Department will require the contractor to complete in detail a Change Order form. The Department will then present the Change Order to the Board of Commissioners at their next regular meeting. This does not guarantee that this Change Order will be approved. The Department will follow the direction that the Board of Commissioners dictates.

GENERAL The procedures listed here will be followed by everyone responding to a Bid Request. Failure to comply with these procedures COULD RESULT IN DISQUALIFICATION

PUBLIC ENTITY CRIMES - SWORN STATEMENT FORM - RETURN WITH BID RESPONSE PACKET

State law dictates that all individuals or firms doing business with a Governmental Agency must provide that agency with written documentation that they have not been convicted of any crimes which would prohibit them from conducting business with a Government Agency.

BID BOND – CONSTRUCTION BIDS \$50,000.00 AND OVER-RETURN WITH BID RESPONSE PACKET

Bid Bonds are insurance agreements in which a third party agrees to be liable to pay a certain amount of money in the event that a specific bidder, if the bid is accepted, fails to accept the contract as bid. NOTE: unless otherwise noted, this bid bond requirement is primarily for construction type bids and NOT for PRODUCT type bids.

ADDENDUM FORMS

Changes are made from time to time pertaining to the Bid. These changes or additional information will be provided to everyone that has returned the Invitation to Participate. If the Invitation to Participate has not been returned, the Purchasing Department will make the determination that your firm does not wish to respond to this Bid request. As a result, any Addendum's will NOT be sent to your firm.

CONTRACT The Contract provided in the Bid packet is a sample document and is representative of the actual contract.

RECIPIENT OF THE BID AWARD Failure to strictly adhere to the procedures listed here could result in delays for any or all payment requests.

NOTICE OF AWARD - RETURN THIS DOCUMENT WITHIN 15 DAYS

This document will be sent to the successful bidder as notification of the award of the bid. The contractor must return this document within 15 calendar days. Return two copies of the Contract along with the Notice of Award. No work on the project is to occur until the Contractor has received the NOTICE TO PROCEED. However Contractor may take the necessary steps to prepare for the work to begin. These steps could include but not be limited to scheduling, ordering items/equipment etc. The contractor shall also send the remainder of the required documents, Performance Bonds, Insurance requirements Etc. at this time.

PERFORMANCE BOND - BIDS \$50,000-00 and OVER -RETURN WITH THE NOTICE OF AWARD This is a contract of guaranty executed subsequent to award by a successful bidder to protect the government from loss due to contractor inability to complete the contract as agreed.

The firm receiving the Bid award shall execute a Performance Bond for the entire amount of the bid itself and naming Jackson County Board of County Commissioners as recipient. Once this has been accomplished, the Notice of Award and Performance Bond must be sent to the Purchasing Department.

NOTE: unless otherwise noted, this bid bond requirement is primarily for construction type bids and NOT for PRODUCT type bids.

NOTICE TO PROCEED - RETURN THIS DOCUMENT UPON EXECUTION

The Notice to Proceed will be sent only after all the required forms have been received by the Purchasing Department. The Notice to Proceed will specify a starting date on which the contractor shall start work. This document will also specify the total amount of days allowed for the completion of this project and will identify the date in which this project should conclude.

TIME ZONE

Jackson County is in the Central Time Zone. An any and all reference to time is made in the Central Time zone. Those responding to this Request for Bid are responsible for responding correctly.

CERTIFICATE OF FINAL COMPLETION

NOTE: This procedure MUST BE FOLLOWED. This document MUST be on file in the Purchasing Department or final Payment will not be processed for Payment by the Department.

The purpose of this document is a final inspection of the project. The Contractor shall notify the Purchasing Department via the Notice of Final Completion only when the Contractor has fully completed the project. The Purchasing Director will schedule a date for both the Owner and Contractor to complete a final inspection of the project. The results of this final inspection will be either a listing of items which remain to be completed or agreement between both parties as to the completeness of the project. The contractor will receive the final signed copy of the Notice of Final Completion once the work has been completed and released. Contractor should then provide the Purchasing Department with the final invoice for payment. The Purchasing Department shall process said invoice and deliver the invoice for payment to the Finance Department.



PROJECT NUMBER: : 1819-02-Rebid

**PROJECT NAME: Medical Director Services at Jackson County
Correctional Facility**

GENERAL CONDITIONS AND SPECIFICATIONS

GENERAL

- A. These documents constitute the complete set of specification requirements and forms. The Proposal including all sheets and attachments must be filled in, executed and submitted in a sealed envelope bearing the RFP number on the outside and mailed or presented to the Purchasing Office on or before the specified time and date. The face envelope shall contain the return address, the date of RFP opening, the RFP number and title.
- B. It is the sole responsibility of the respondent to ensure that his or her response reaches the Purchasing Office on or before the closing date and time. The County of Jackson shall in no way be responsible for delays, caused by any other occurrence. Offers by telephone, telegram or facsimile shall not be accepted unless otherwise specified.
- C. All responses must be typewritten or written in ink, and must be signed in ink by an officer or employee having authority to bind the company or firm.
- D. **Provide one original signed copy and four additional copies** of any Response pages which have to be prepared by your firm as directed in response to this request. The original copy of the RFP must contain an original, manual signature of an authorized representative of the company.
- E. Respondents shall not be allowed to modify their packets after the opening time and date. RFP files may be examined during normal working hours, after the opening, by appointment only.
- F. The RFP packets will be publicly opened by the Purchasing Department of the Board of County Commissioners of Jackson County,. This will take place at 2864 Madison Street, Marianna, Florida 32448 on the date and time indicated in RFP packet.

ALL RESPONDENTS OR THEIR REPRESENTATIVES ARE INVITED TO BE PRESENT

For information concerning this project, please contact:

Judy Austin, Purchasing Agent
Jackson County Board of County Commissioners
2864 Madison Street
Marianna, FL 32448
850-482-9633
jaustin@jacksoncountyfl.com

LEGAL REQUIREMENTS

Respondents are required to comply with all provisions of Federal, State and County laws and Ordinances, rules and regulations, that are applicable to the items being requested. Lack of knowledge by the respondent shall in no way be a cause for relief from responsibility, or constitute a cognizable defense against the legal effect thereof.

PUBLIC ENTITY CRIMES

Any person submitting a proposal in response to this invitation must execute the enclosed SWORN STATEMENT UNDER SECTION 287.133 (A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES, including proper check(s) in the space(s) provided, and enclose it with the proposal.

No award will be executed with any person affiliate identified on the Department of General Services “Convicted Vendor” list. This list is defined as consisting of persons and affiliates who are disqualified from public contracting and purchasing process because they have been found guilty of a public entity crime. No public entity shall award any contract to, or transact any business in excess of the threshold amount provided in Section 287.017, Florida Statutes for Category Two (2) (currently \$10,000.00) with any person or affiliate on the “Convicted Vendor” list for a period of thirty-six (36) months from the date that person or affiliate was placed on the “Convicted Vendor” list unless that person or affiliate has been removed from the list pursuant to Section 287.133 (3)(f) Florida Statutes.

DRUG FREE WORKPLACE PROGRAMS

Preference shall be given to business with Drug-Free Work Place programs, whenever two or more packets which are equal with respect to quality, and service are received by the County of Jackson for the procurement of commodities or contractual services.

PROCUREMENT REGULATIONS

This request is governed by the Jackson County procurement Regulations. A copy of the Procurement Regulations is available for your review at the County Purchasing Office.

PROTESTS OR DISPUTES

Any protests or disputes pursuant to this request and/or contract award shall be governed by the procedures noted in the Procurement Regulations.

FEDERAL AND STATE TAX

The County of Jackson is exempt from Federal and State Taxes for tangible personal property. The Purchasing Department will supply the successful respondent with an exemption certificate if required. Vendors or contractors doing business with Jackson County shall not be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any Vendor/Contractor be authorized to use the County Tax Exemption Number in securing such materials.

ACCEPTANCE/REJECTION

The County reserves the right to reject the response of any vendor who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who is not in a position to perform properly under this award. The County reserves the right to inspect all facilities of firms in order to make a determination as to the forgoing. Jackson County reserves the right to waive any irregularities and technicalities and may, at its discretion, request re-advertise this RFP.

ALTERNATIVES/APPROVED EQUAL DEVIATIONS

Unless otherwise specified, the mention of the particular manufacture’s brand name or number in the specifications does not imply that this particular product is the only one that will be considered for purchase. This reference is intended solely to designate the type or quality of merchandise that will be acceptable. Alternate offers will be considered and must include descriptive literature and/or specifications. Failure to provide descriptive literature and/or specifications with alternate offers may be cause for disqualification of the response. The determination as to whether any alternate product or service is or is not equal shall be made by Jackson County and such determination shall be final and binding upon all responses.

The respondent shall be responsible for reading very carefully, and understanding completely, the requirements and the specifications of the items requested. Any deviation from specifications listed herein must be clearly indicated, otherwise it will be considered that items offered are in strict compliance with these specifications, and the successful respondent will be held responsible therefore; deviations must be explained in detail on an attached sheet(s) and itemized by number. Any item or items that do not meet County specifications upon delivery will not be accepted and if the item cannot be brought up to specifications in a reasonable time, the firm will be required to compensate the County for difference in price entailed in going to the next low firm.

NO RESPONSE

Where more than one item is listed, any items not included in the response shall be indicated by a written "NO RESPONSE" beside the item. If no items are represented, a "Statement of NO RESPONSE" should be returned, with the envelope plainly marked "NO RESPONSE" and with the RFP number. Failure to comply will be an indication that the firm does not wish to be considered for future requests.

NON-COLLUSION

Firm certifies that this response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to or after any delivery of material or provision of service. Any such violation may result in contract cancellation, return of materials or discontinuation of services and possible removal from the vendor list(s).

CONFLICT OF INTEREST

The award is subject to provisions of State Statutes and County Ordinances if any. All respondents must disclose with their response the name of any office, director, or agent who is an employee of Jackson County. Further, all firms must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its branches.

UNIFORM COMMERCIAL CODE

The Uniform Commercial Code (Florida Statutes, Chapter 672) shall prevail as the basis for contractual obligations between the awarded contractor/vendor and the County for any terms and conditions not specifically stated in this Invitation.

AVAILABILITY OF FUNDS

The obligations of Jackson County under this award are subject to the availability of funds lawfully appropriated for its purpose by the State of Florida and Jackson County.

EEO STATEMENT

Jackson County is committed to assuring equal opportunity in the award of contracts and, therefore, complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin, age and sex.

SUBCONTRACTING

If a vendor subcontracts any portion of a contract for any reason, he must submit the name and address of the subcontractor and the name of the person to be contracted. Jackson County reserves the right to accept or reject any or all responses wherein a subcontractor is named and to make the award to the firm, who, in the opinion of the County, will be in the best interest of and/or most advantageous to the County. Jackson County also reserves the right to reject a response of any firm if the response names a subcontractor who has previously failed in the proper performance of an award or failed to deliver on time contracts of a similar nature, or who is not in a position to perform properly under this award. Jackson County reserves the right to make the determination as to the foregoing.

QUESTIONS PERTAINING TO THE PROJECT

No questions regarding this project will be answered unless said question is in written form. Questions pertaining to the specifications of this project will be delivered to the Purchasing Agent via Fax, Mail or hand delivered. The original question along with the answer will be sent via Fax or Mail to every firm who has returned the Invitation to Participate.

NEGOTIATIONS

Negotiations will be conducted in accordance with Florida State Statute 11.45.



BID SPECIFICATIONS

BID NUMBER: 1819-02-Rebid

BID NAME: Medical Director Services at Jackson County Correctional Facility

Procedures for having questions answered:

1. All questions will be directed to the Purchasing Agent unless otherwise indicated.
2. All questions will be in written form utilizing the provided question form and emailed to the Purchasing Agent at jaustin@jacksoncountyfl.com
3. All questions will be distributed along with the answer to ONLY THOSE respondents which have returned the INVITATION TO PARTICIPATE.

SCOPE OF PROJECT: The Jackson County Board of Commissioners is seeking qualified professionals to respond to a Request for Qualifications to provide Medical Director Services for the Jackson County Correctional Facility located in Marianna, FL

MEDICAL DIRECTOR - JOB DESCRIPTION/REQUIREMENTS

The Jackson County Correctional Facility; herein referred to as JCCF; is located in Marianna Florida is in need of a designated health authority with responsibility for health care services pursuant to a written agreement, contract, and/or job description. The main focus of this position is responsibility for medical care rendered to all inmates, and overall supervision and conduct of clinical services at the Jackson County Correctional Facility. The Medical Director acts as the single designated physician responsible for final clinical judgment over medical decisions and actions taken by health care staff to ensure timely and quality care, disease prevention, and cost containment. The position clinically supervises any advanced registered nurse practitioners as applicable. The JCCF medical department is currently staffed by three (3) fulltime career licensed practical nurses (LPN's), and the facility contracts, dental, mental health, pharmacy, lab and x-ray services.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

- The physician must be licensed in the State of Florida and in good standing
- The physician will provide:
 - a. Medical administration in the capacity of the facility Health Authority.
 - b. Oversight and implementing all levels of health care services, to include providing quality accessible health care services to all inmates.

- c. Develops, reviews and/or approves all health care directives, policies and procedures; clinical practice guidelines; and nursing assessment protocols annually, or more frequently, if necessary.
- d. Designated with the responsibility for health care services of the inmates. The contract physician may delegate responsibilities to another provider such as outside specialist as needed. The final clinical judgement and ultimately the responsibility rest with the contract physician.
- e. Provide onsite visits twice a week for a minimum of 3 hours per visit.
- f. Provide coverage for telephone consultations for medical sick call (24-hour coverage for immediate medical problems).
- g. Arrange admission to inpatient and/or emergency department hospital care when medically appropriate.
- h. Perform routine physical exams.
- i. Perform minor office procedures such as suturing; etc.
- j. Reviews and approves annually, the Suicide Prevention Plan; and the Drug Formulary;
- k. Reviews and approves agency health assessment and screening templates;
- l. Attends and participates in administrative and healthcare meetings, as necessary.
- m. Reviews and/or recommend all health-related training for detention staff and health-related training for medical staff annually; attends and participates in training activities as required;
- n. Reviews and approves the Emergency Response Plan annually; provides for 24-hour emergency medical;
- o. Directs and supervises the triage of inmates to the appropriate level of health care services; assures the quality, safety, and appropriateness of all emergency care; and initiates appropriate action on findings;
- p. Provides timely and appropriate health care to inmates; holds Physician Sick Call and Routine Physical Exams two (2) days per week; orders necessary care for inmates requiring resources beyond those available in the facility; effectively manages inmates with alcohol or other drug problems; those with infectious diseases, and those who are pregnant;
- q. Participates in the CQI Program by conducting chart reviews and studies, identifying thresholds, interpreting data, and solving problems;
- r. Monitors the utilization of health care services and resources to ensure a cost-effective health care delivery system; evaluates the condition and adequacy of treatment facilities and the need for necessary medical equipment;
- s. Conducts annual Clinical Performance Reviews on all primary care clinicians (MD/DO/ARNP/PA) to evaluate the appropriateness of health services as applicable;
- t. Reviews and approves the Medication Formulary; determines prescriptive practices in the facility; maintains medication regimen for inmates as clinically indicated, including those for discharge or transfer;
- u. Reviews all History & Physical (H&P) Assessments performed by nursing staff, and develops diagnostic and therapeutic treatment plans for problems, as clinically indicated;
- v. Develops treatment plans for all inmates who require close medical supervision, including chronic, convalescent, or multidisciplinary care; reviews diagnostic test results with the inmate in a timely manner, and documents clinical justification for alternative course of action;
- w. Conducts a Clinical Mortality Review and assists with an administrative review on all inmate deaths within 30 days; shares the results of the review with treating staff;
- x. Follows all applicable laws regarding health information; maintains patient confidentiality; and obtains all Informed Consents and Refusal of Services as required by law;
- y. Assures all health services staff adhere to Florida Model Jail (FMJ) standards as well as all safety and security requirements of the agency;

This list is not intended to be all-inclusive and you may not be responsible for every item listed. The employer reserves the right to assign additional functions and responsibilities as necessary.

QUALIFICATIONS

- Doctoral Degree (MD or DO)
- DEA Certification
- Maintain appropriate, unrestricted credentials according to the licensure, certification, and registration requirements of the jurisdiction
- CPR-Basic Life Support
- 2 years correctional health experience is preferred; may substitute for 2 years not-for profit or community based healthcare
- Must possess a valid Florida driver's license

KNOWLEDGE, SKILL, AND ABILITIES

- Knowledge of administrative and supervisory techniques, practices and procedures, including an understanding of budgeting cost containment while maintaining community standards
- Knowledge of current medical protocol for procedures/treatments of specific injuries/illnesses
- Ability to review, develop and revise medical services policies and procedures
- Medical diagnostic skills to diagnose illnesses based on symptoms, history and test results
- Ability to perform all functions of the job classification without posing a direct threat to the health or safety of other individuals in the workplace

TIME FRAME: Once this project has been awarded, the provider will have -30- days to begin Medical Director Services starting with the issuance of the "Contract for Services".

RESPONSE REQUIREMENTS

The response to this RFP shall be printed on 8-1/2" x 11" white paper and bound; shall be clear and concise and provide the information requested herein. Statements submitted without the required information will not be considered. Responses shall be organized as indicated below. The Respondent should not withhold any information from the written response in anticipation of presenting the information orally or in a demonstration, since oral presentations or demonstrations may not be solicited. Each Respondent must submit adequate documentation to certify the Respondent's compliance with County's requirements. Respondents should focus specifically on the information requested.

Each Response at a minimum will consist of three parts: (1) Letter of Interest; (2) Statement of Qualifications ("SOQ"); and (3) required accompanying forms.

A. LETTER OF INTEREST

The Letter of Interest must include the following information:

- Respondent's name, address, and telephone number, printed legibly;
- Statement that the Respondent is authorized to submit the Response, including the Letter of Interest and Statement of Qualifications;

The Letter of Interest must be signed, and the name of the signer must be printed below the signature. If the Letter of Interest is submitted on behalf of a business entity, the title of the person signing must also be included. The Letter of Interest must be notarized.

B. STATEMENT OF QUALIFICATIONS

Each Statement of Qualifications must contain the following information, organized as shown below:

1. General Information

Respondent must provide proof of the following:

Qualifications (Essential): Jackson County Job Description included above

A. Board certification and activity in a broad-based clinical medical specialty such as emergency medicine, internal medicine, anesthesiology, or other surgical specialty, with demonstrated experience in pre-hospital care capable of confirmation in a background check;

B. Possession of a valid, unencumbered license to practice as a medical or osteopathic physician in the State of Florida;

D. Basic Life Support (BLS) Provider certification;

E. Clinical, administrative, and educational knowledge appropriate for a Correctional Facility Medical Director;

F. The number of years the Respondent has operated under present name and any prior names;

G. The number of years the Respondent has been operating and, if different, the number of years he/she has been providing the services, goods, or services called for in this RFP;

H. At least three (3) professional references

J. Proposed Annual Fee: subject to negotiations and will be paid in 12 equal monthly payments

The Respondent shall provide answers to the following questions regarding claims and suits:

A. Has the Respondent ever failed to complete work or provide the goods for which he/she has contracted? (If yes, provide details.)

B. Are there any judgments, claims, arbitration proceeding or suits pending or outstanding against the Respondent, officers, or general partners? (If yes, provide details.)

C. Has the Respondent, within the last five (5) years, been a party to any lawsuit or arbitration with regard to a contract for services, goods or construction services similar to those requested in the RFP? (If yes, the Respondent shall provide a history of any past or pending claims and litigation in which the Respondent is involved as a result of the provision of the same or similar services that are requested or described herein.)

D. Has the Respondent ever initiated litigation against Jackson County or been sued by Jackson County in connection with a contract to provide services, goods or construction? (If yes, provide details.)

E. Within the last five (5) years, has an officer, general partner, controlling shareholder or major creditor of Respondent been an officer, general partner, controlling shareholder or major creditor of any other entity that failed to perform services or furnish goods similar to those sought in the RFP?

LICENSES

The Respondent must provide copies of all current professional licenses in this section.

DETERMINATION OF SUCCESSFUL RESPONDENT

The following describes the general guidelines to be used for analyzing and evaluating the various Proposals.

Following receipt and opening of the Proposals to RFP's, the Proposals will be reviewed for compliance with RFP requirements and inclusion of the various forms and information. Proposals that comply with all minimum

requirements will be scheduled for a review by the approved ranking committee. After the Committee reviews the Proposals and hears presentations, if any, the Committee will rank the highest three Proposals. County will negotiate a Contract with the top-ranked Respondent selected by the Committee. If a mutually satisfactory Contract cannot be reached between County and the top-ranked Respondent, then County will negotiate with the next ranked Respondent. The process will continue until a Contract can be reached with one of the ranked Respondents or until no Contract can be reached. When a mutually satisfactory Contract has been reached, the Contract will be brought before the BOCC for final approval. ***No binding Contract is created between any person/firm and County until a Contract is approved by the Board.***

In the rankings, it is anticipated that Proposals will be evaluated using the following criteria to determine the Proposal that best meets the needs of County and JCCF:

- A. Quality of the RFP Response:** Completeness, conciseness and accuracy of the response to County and DPS requirements.
- B. Respondent qualifications:** Education, professional credentials, related experience, and qualifications of support personnel (if applicable).
- C. References and proven ability of Respondent to deliver emergency medical direction services that meet the stated requirements:** Includes information gathered by the evaluation committee from the Respondent's previous and current contracts; previous and current projects; and interviews with references, both direct and indirect.
- D. Proposed Annual Fee**

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

This SWORN statement is submitted with bid number:

1.

By: _____
(PRINT INDIVIDUALS NAME AND TITLE)

For: _____
(PRINT NAME OF ENTITY SUBMITTING SWORN STATEMENT)

whose business address is _____
CITY STATE ZIP VOICE PHONE

and (if applicable) its Federal Employee Identification Number (FEIN) is: _____

2. I understand that a “public entity crime” as defined in Paragraph 287.133 (1)(g), 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 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 of 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 “convicted” or “conviction” as defined in Paragraph 287.133 (a)(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 or 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 a 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 had 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 no one person controls another person. A person who knowingly enters a joint venture with a person who has been convicted of a public entity crime in Florida during the proceeding 36 months shall be considered an affiliate.

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 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.

1. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this SWORN statement.

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

[INDICATE WHICH STATEMENT APPLIES]

_____ Neither the entity submitting this SWORN statement, nor any of its 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 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.

_____ 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 as a 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**).

STATEMENT OF UNDERSTANDING

I understand that the submission of this form to the contracting officer for the Public Entity Identification in Paragraph one (1) 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 (2) of any change in the information contained in this form.

AUTHORIZED SIGNATURE

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

Personally known _____ OR Produced identification _____
SHOW TYPE OF IDENTIFICATION PROVIDED

Notary Public-State of _____ My commission expires _____

(PRINTED / TYPED/ OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC)