



Winnebago County - Purchasing Department

404 Elm Street Room 202

Rockford, Illinois 61101

REQUEST FOR PROPOSAL	19P-2172	ISSUE DATE	1/11/2019
RFP DESCRIPTION	Onsite Wellness Clinic Services		
PROPOSAL DUE DATE	February 12, 2019	DUE TIME	11:00 AM CST
SUBMIT	1 ORIGINAL plus 6 COPIES and 1 memory stick		

TO ALL PROSPECTIVE PROPOSERS:

You are hereby invited to submit your proposal for the services to be furnished, to the address specified herein. The original Request for Proposal and the required number of copies must be received in a sealed envelope/package that has your name and address in the upper left corner.

All proposals are subject to staff analysis. Winnebago County reserves the right to accept or reject any and all proposal received and waive any and all technicalities. Proposals must be delivered and time stamped, prior to the due date and time.

MANDATORY Pre-Proposal Conference and Site Tour prior to submitting a proposal is scheduled for **January 24, 2019 at 10:30 AM**. The Mandatory Pre-Proposal Conference Meeting will begin in the County Administration Building - 404 Elm St. followed by a tour of the County Wellness Center. No further on-site inspection will be held at any other time. Send an email to register for this event with names of those planning to attend. Email: purchasing@wincoil.us

RFP RESPONSES MUST BE RECEIVED AND TIME STAMPED NO LATER THAN THE DUE DATE AND TIME (CST) SPECIFIED ABOVE. LATE PROPOSALS WILL NOT BE CONSIDERED. YOUR RESPONSE MUST BE DELIVERED TO: **WINNEBAGO COUNTY PURCHASING DEPARTMENT
404 ELM STREET, ROOM 202 ROCKFORD, IL 61101**

Any communication regarding this RFP between the date of issue and date of award is required to go through the Director of Purchasing at purchasing@wincoil.us

Sincerely,

Ann Johns
Director of Purchasing

PROPOSER'S NAME & CONTACT PERSON	
TELEPHONE & EMAIL	

CALL FOR PROPOSALS

PROJECT NAME	Onsite Wellness Clinic Services 19P-2172
USER DEPARTMENT	Human Resources for Winnebago County

EVENT	LOCATION	DATE	TIME (CST)
LEGAL ADVERTISEMENT	Rockford Register Star & County Website: http://wincoil.us/	1/11/2019	-----
MANDATORY PRE-PROPOSAL CONFERENCE & SITE TOUR	Conference: 404 Elm St. Tour: Wellness Center	1/24/2019	10:30 AM
DEADLINE FOR INQUIRIES, EXCEPTIONS AND QUESTIONS	Must be submitted in writing to: Purchasing@wincoil.us	1/28/19	10:00 AM
RESPONSE TO QUESTIONS OR ANY ADDENDUM	Sent via e-mail & no less than 7 calendar days before due date	1/31/2019	3:00 PM
PROPOSAL DUE DATE	See the label on last page of this RFP	2/12/2019	11:00 AM
ORAL PRESENTATIONS (for those requested by County)	Purchasing Department 404 Elm St. Rockford, IL 61101	2/19/2019	1:00 – 5:30
COUNTY BOARD AWARD		Late March	
BEGINS OPERATIONS AT WELLNESS CENTER		7/1/2019	

Winnebago County is seeking proposals for management of their near site clinic at 526 W. State Street, Rockford, IL. Currently, the clinic is being managed by OSF Healthcare. The clinic opened on 10/1/2013 with a Nurse Practitioner and Medical Assistant. The services include a blend of prompt care, wellness and occupational health. Additional clinic services are detailed in the RFP. Current hours of operation are Monday-Friday from 8:00 AM - 5:00 PM.

The clinic services employees, spouses and dependent children age 12 and above that are covered under the County's group insurance plan. Pre-employment physicals and a variety of occupational health services are provided as well. The County is soliciting this RFP to award a two year contract with an additional two and one year- renewals for a total of not to exceed five (5) years. The RFP awardee is requested to begin services at the Wellness Center on July 1, 2019.

We are seeking an integrated health and wellness approach with this RFP.

Information is available from the Purchasing Department, County Administration Building, 404 Elm Street, Room 202, Rockford, IL 61101. (815)319-4380 Purchasing@WinCoIL.us

REQUIREMENTS FOR BIDDING AND INSTRUCTIONS TO PROPOSERS

SUBMISSION OF PROPOSALS

The Proposer, by its officers, agents or representatives (hereafter referred to as the Proposer) shall be responsible for delivery of proposals to the Purchasing Department before the due date and time. *Late proposals will not be considered and will be returned unopened.*

All proposals must be received in a sealed envelope that has your name and address in the UPPER left corner and the attached Return label filled in and attached on the LOWER left corner.

Proposals mailed "EXPRESS MAIL" must have RFP number and due date on the outside of the EXPRESS MAIL envelope. You must allow sufficient time for processing through the County's internal mailroom system.

PREPARATION OF PROPOSAL

The Proposer must submit a proposal on the forms furnished by the Winnebago County Purchasing Department. All blank spaces on the proposal form must be filled in. Use "N/A" or "None" where applicable.

Authorized signature must be the individual owner of a proprietorship, a general partner of a partnership, or signed in the name of a corporation by an officer whose title shall be stated. Proposals shall be sealed in an envelope and marked as required in the instructions. The proposal is contained in these documents and must remain attached hereto when submitted.

ENTIRE AGREEMENT

These Standard Terms and Conditions of the Proposal shall apply to any contract or order awarded as a result of this Request for Proposal except where special requirements are stated elsewhere in the Request for Proposal; in such cases the special requirements shall apply. Further, the written contract and/or order with referenced parts and attachments shall constitute the entire agreement and no other terms and conditions in any document, acceptance, or acknowledgement shall be effective or binding unless expressly agreed to in writing by the contracting authority.

DEVIATIONS, EXCEPTIONS OR ALTERNATES

Deviations, exceptions or alternates from terms, conditions, or specifications shall be described fully, on Proposer's letterhead, signed, and attached to the Request for Proposal. In the absence of such statement, the Proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the Proposer shall be held liable. Proposers are cautioned to avoid making deviations and exceptions to the specifications, which may result in rejection of their proposal. If deviations, exceptions or alternates are submitted, it is the Winnebago County Director of Purchasing's sole and final decision whether specifications have been met and will be considered for award.

ELECTRONIC TRANSMITTALS

Facsimile and/or e-mail transmitted proposals will not be accepted by Winnebago County. In addition, Winnebago County will not transmit facsimile specifications to the Proposer.

PRESENTATIONS

Winnebago County reserves the right to request from the top proposer(s) an oral presentation. In general, the presentations will consist of proposers approach to on-site clinic management, costs, as well as, answers to specific questions that were identified during the evaluation of each proposals. The date of February 19th is the scheduled date for any presentations to be done in Rockford. You will be notified by email no later than February 14 COB if your firm has been selected.

BEST & FINAL OFFER

Winnebago County reserves the right to request from the top proposer(s) a Best & Final Offer. In general, the Best & Final Offer will consist of updated costs, as well as, answers to specific questions that were identified during the evaluation of proposals and possibly during the oral presentations.

If Winnebago County chooses to invoke this option, the top proposer(s) proposal(s) will be re-evaluated by incorporating the information obtained in from the requested Best & Final Offer, including costs, and answers to specific questions and oral presentation. The specific format for the Best & Final Offer would be determined during internal RFP evaluation discussions.

END OF REQUIREMENTS FOR BIDDING AND INSTRUCTIONS TO PROPOSERS

GENERAL CONDITIONS

ADDENDUM AND SUPPLEMENT TO THE RFP

If it becomes necessary or advisable to revise any part of this RFP, or if additional data is necessary to enable the exact interpretation of provisions of this RFP, revisions will be provided in the form of an Addendum. If revisions are made after any mandatory Pre-Proposal conference, the revisions will be provided only to those Contractors who will have attended the Pre-Proposal conference.

In the event that any addenda to this RFP are issued, a public posting of a minimum of 7 days will be adhered to, and could result in a revised due date.

Addendum information is available at the County's website <http://WinColl.us/> We strongly suggest that you check for any addenda a minimum forty-eight hours (48) in advance of the RFP deadline.

CANCELLATION

The County of Winnebago reserves the right to cancel any contract in whole or in part without penalty due to failure of the contractor to comply with terms, conditions and specifications of this contract.

CONTRACT AWARD INFORMATION

The successful Proposer will be asked to sign a contract agreement with the County for multi-year contracts. If the Proposer wishes to propose terms and conditions or alternative paperwork he must do so as an exception (see **EXCEPTIONS**).

NOTE: Proposers with their proposal offer should submit a copy of their standard contract agreement, if they would require the County to execute their agreement upon contract award.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

The Proposer certifies, by submission of this proposal or acceptance of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by submitting this proposal that it will include this clause without modification in all lower tier transactions, solicitations, proposals, contracts, and subcontracts. Where the Proposer/contractor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this solicitation/proposal.

Additionally, for all new contractors and vendors to be paid, the Purchasing Department will review the Federal and State Excluded Parties List System prior to requesting the vendor be created in our accounting system.

CHANGES

Winnebago County reserves the right to make any desired change in the specifications or scope of work after the same shall have been put under contract; but the change so made, with the

price to be added or deducted from the contract price, therefore, shall be agreed upon in advance between County and the successful Proposer.

The Purchasing Department shall issue to the successful Proposer a written change order to the original contract; such change orders shall be binding upon both parties thereto and shall in no way invalidate or make void the terms of the original contract not modified by such change.

COMPLIANCE WITH LAWS

All services, work and materials that in any manner affect the production, sale, or payment for the product or service contained herein must comply with all Federal, State, County and Municipal laws, statutes, regulations, codes, ordinances and executive orders in effect now or later and whether or not they appear in this document, including those specifically referenced herein. The successful Proposer must be authorized to do business in the State of Illinois, and must be able to produce a Certificate of Good Standing with the State of Illinois upon request.

The Proposer/Contractor must obtain all licenses, certificates and other authorizations required in connection with the performance of its obligations hereunder, and Proposer/Contractor must require any and all subcontractors to do so. Failure to do so is an event of disqualification and/or default and may result in the denial of this proposal and/or termination of this Agreement.

In the event Federal or State funds are being used to fund this contract, additional certifications, attached as addenda, will be required. Lack of knowledge on the part of the vendor will in no way be cause for release of this obligation. If the County becomes aware of violation of any laws on the part of the vendor, it reserves the right to reject any proposal, cancel any contract and pursue any other legal remedies deemed necessary.

COST OF THE PROPOSAL

Expenses incurred in the preparation of proposals in response to this RFP proposal is the Proposer's sole responsibility.

DISPUTES

In case of disputes as to whether or not an item or service quoted or delivered meets specifications, the decision of the Director of Purchasing, or authorized representative, shall be final and binding to all parties.

EXCEPTIONS

Exceptions will be considered up to the deadline listed in the Specifications or Scope of Work. Exceptions must be fully described in the proposer's proposal. Options services or proposals to our SOW will be consider if identified as such.

FREEDOM OF INFORMATION

Any responses and supporting documents submitted in response to a proposal will be subject to disclosure under the Illinois Freedom of Information Act. The County will assume that all information provided in a proposal is open to inspection or copying by the public unless clearly marked with the appropriate exception that applies under the Freedom of Information Act. Additionally, if providing documents that you believe fall under an exception to the Freedom of

Information Act, please submit both an un-redacted copy along with a redacted copy which has all portions redacted that you deem to fall under a Freedom of Information Act exception.

INDEMNITY

The Proposer shall, at all times, fully indemnify, hold harmless, and defend Winnebago County and their officers, agents, and employees from and against any and all claims and demands, actions, causes of action, and cost and fees of any character whatsoever made by anyone whomsoever on account of or in any way growing out of the performance of this contract by the Proposer and its employees, or because of any act or omission, neglect or misconduct of the Proposer, its employees and agents or its subcontractors including, but not limited to, any claims that may be made by the employees themselves for injuries to their person or property or otherwise, and any claims that may be made by the employees themselves or by the Illinois Department of Labor for the Proposers violation of the Illinois Prevailing Wage Act (820 ILCS 130/1 et seq.). Such indemnity shall not be limited by reason of the enumeration of any insurance coverage or bond herein provided. Nothing contained herein shall be construed as prohibiting Winnebago County and their officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions or suits brought against them. The Proposer shall likewise be liable for the cost, fees and expenses incurred in Winnebago County's or the Proposers defense of any such claims, actions, or suits. The Proposer shall be responsible for any damages incurred as a result of its errors, omissions or negligent acts and for any losses or costs to repair or remedy construction as a result of its errors, omissions or negligent acts.

NON-COLLUSION

The Proposer, by its officers, agents or representatives present at the time of filing this RFP, say that neither they nor any of them, have in any way directly or indirectly, entered into any arrangement or agreement with any other Proposers, or with any public officer of the County of Winnebago, Illinois, whereby, the Proposer has not paid or is to pay to such Proposer or public officer any sum of money, anything of value or has not directly or indirectly entered into any arrangement or agreement with any other proposer or proposers. Whereby, no inducement of any form or character other than that which appears upon the face of the RFP will be suggested, offered, paid or delivered to any person whomsoever to influence the acceptance of the said RFP or understanding of any kind whatsoever, with any person whomsoever to pay, deliver to, or share with any other person in any way or manner, any of the proceeds on the Contract sought by this RFP.

NON-DISCRIMINATION

In connection with the performance of work under this contract, the Contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the Contractor further agrees to take affirmative action to ensure Equal Employment Opportunities. The Contractor agrees to post in conspicuous places, available for employees and applicants for

employment, notices to be provided by the contracting officer setting forth the provisions of the Non-Discrimination Clause.

PROMPT PAYMENT ACT

All Winnebago County payments are subject to the Local Governmental Prompt Payment Act.

PROTEST

Firms wishing to protest any RFP and/or awards shall notify the Director of Purchasing in writing within 5 calendar days after the RFP due date/opening. The notification should include the RFP number, the name of the firm protesting and the reason why the firm is protesting the RFP. The Director of Purchasing will respond to the protest within 5 calendar days.

RESERVATION OF RIGHTS

Winnebago County reserves the right to reject any or all proposals failing to meet the County specifications or requirements and to waive technicalities. If, in the County's opinion, the lowest proposal is not the most responsible proposal, considering value received for monies expended, the right is reserved to make awards as determined solely by the judgment of the County. In determining the lowest responsible Proposer, the County shall take into consideration the qualities of the articles supplied, their conformity with the specifications or scope of work, and their suitability to the requirements of the County. Intangible factors, such as the Proposer's reputation and past performance, may also be weighed.

The Proposer's failure to meet the mandatory requirements of the RFP will result in the disqualification of the proposal from further consideration.

The County reserves the right to award more than one vendor based on this RFP.

The County further reserves the right to reject all proposals and obtain goods or services through intergovernmental or cooperative agreements, or to issue a new and revised RFP.

Submission of a proposal confers no rights on the Proposer to a selection or to a subsequent contract. All decisions on compliance, evaluation, terms and conditions shall be made solely at Winnebago County's discretion and shall be made in the best interest of the County.

SUBCONTRACTORS

If applicable, all subcontractors shall be identified. Contractor shall require that the subcontractor comply with all Prevailing Wage Act requirements if applicable. Winnebago County reserves the right to reject any or all subcontractors.

TAXES NOT APPLICABLE

The County of Winnebago, as a Governmental Unit, pays neither Federal Excise Tax nor Illinois Retailers Occupational Tax, and therefore, those taxes should be excluded. County Tax Exempt Number: E9992-3963-07.

TERMINATION, CANCELLATION AND DAMAGES

The County may terminate based on the Contractor's breach or default. Unless the breach or default creates an emergency, as determined in the County's sole discretion, the Contractor

shall be given notice and a five (5) day opportunity to cure before the termination becomes effective.

If the County terminates this Contract because of the Contractor's breach or default, the County shall have the right to purchase items or services elsewhere and to charge the Contractor with any additional cost incurred, including but not limited to the cost of cover, incidental and consequential damages and the cost of re-bidding. The County may offset these additional costs against any sums otherwise due to the Contractor under this proposal or any unrelated contract.

If the Winnebago County fails to appropriate funds to enable continued payment of multi-year contracts the County may cancel, without termination charges provided Contractor received at least thirty (30) days prior written notice of termination.

Winnebago County may terminate any contract or agreement resulting from this RFP at any time for any reason by giving at least thirty (30) days notice in writing to awarded Contractor. If the contract is terminated by the County as provided herein, the contractor will be paid a fair payment as negotiated with the County for the work completed as of the date of termination.

WITHDRAWAL OF PROPOSALS

Any Proposer may withdraw their proposal at any time prior to the time specified in the advertisement as the closing time for the receipt of proposals by signing a request therefore. However, no Proposer shall withdraw or cancel his proposal for a period of sixty (60) days after said advertised closing time for the receipt of proposals; the successful Proposer shall not withdraw or cancel their proposal after having been notified by the Director of Purchasing that said proposal has been accepted by the County Board.

The Proposer, by signing the proposal bid form, acknowledges, understands and abides by all of the above "Requirements for Bidding and Instructions to Proposers".

END OF GENERAL CONDITIONS

SPECIAL CONDITIONS

QUESTIONS & INQUIRES

Any questions and/or inquires may be directed, no later than the date provided for on page 2 to Ann Johns, Director of Purchasing, 404 Elm Street, Rm 202, Rockford, IL 61101, by Telephone: (815) 319-4380 or Email: AJohns@WinColl.us

BONDING

Bonding is NOT required for this project.

CONTRACT TERM, RENEWALS AND EXTENSIONS

The contract shall be for a period of two years may be subject to a two year and then a one year renewal period provided there is no change in the terms, conditions, specifications, services and prices (unless otherwise agree to under terms of the contract price escalation) and provided that such renewals are mutually agreed to by both parties, based in part on satisfactory completion of the initial contract. In no event shall the term, plus renewals, exceed five years.

PRICE or RATE ESCALATION

If the parties elect to renew the contract, compensation to the Contractor for succeeding years will be based on no higher than the on the appropriate prior year's average of the Consumer Price Index published by U.S. Department of Labor, not seasonally adjusted.

For the contract award from this RFP the CPI will be the ALL URBAN CONSUMER (CPI-US): U.S. city average, Medical Care Services. Based on the un-adjusted 12-mos. ended July or the month closes to the renewal period month. The beginning two-year contract the prices must remain the same with no increase allowed during the entire two-year period.

The contractor, in writing, no less than ninety (90) days prior to the contract (annual) end date, must request the request for a contract price escalation. If not requested as listed no price or rate increase will be allowed.

RFP AWARD CRITERIA

All proposals will be evaluated and scored according to the following RFP Evaluation Criteria. A proposal with a high score will be deemed of higher quality than a proposal with a lesser score. The final maximum score is one hundred (100) points with optional points of (up to 10) for Value Added Services. Value Added Services will only be scored if the services is of "value" to the County.

PHASE 1: Proposal and Attachments Evaluations			
	RFP Evaluation Criteria	Maximum Points	Proposer's Score
1	Completeness of Response <i>Were the instructions and format requirements followed? Standard contract and all other requested information plus attachments included; use of tabs markers, resumes, Org Chart, timelines, etc.</i>	5	
2	Qualifications & Experience <i>including litigation history</i>	25	
3	Integrated Health & Wellness Approach	30	
5	Availability of Key Personnel	10	
6	Project Experience & References Similar in Scope	10	
7	Cost/Fee Proposal	20	
8	OPTIONAL: Value Added Service(s) <i>Are they of value to the County</i>	Up to 10	
	PHASE 1 Total	110	
PHASE 2: Interview Oral Presentations <i>(is Optional – Numbers 9 and 10)</i>		Maximum Points	Score Points
9	Oral Presentation , <i>if requested</i>	25	
10	Q & A Responses , <i>if requested</i>	10	
	PHASE 2 Total	35	
TOTAL PHASE 1 & 2		145	

If needed, the selection process MAY include oral interviews and presentations. An Interview list **may** be created to allow ONLY the top scoring firm(s) the opportunity to respond to questions from the Committee relevant to the submitted proposal(s) during the oral interviews and presentations to the Committee. The County, for even the top scoring proposal, may not request or require oral interviews and presentations. The Committee may select the single highest scoring proposal for award without the optional oral presentations step.

It is the intent of the County to conduct a fair and comprehensive evaluation of all proposals received. The contract for this RFP will be awarded to the Proposer who submitted a proposal that is most advantageous to the County.

The Committee will recommend an award to the Winnebago County Board for the highest scoring proposal. The Winnebago County Board will make the final decision as to award of a contract.

INSURANCE REQUIREMENTS

Upon notice of acceptance of proposal, the successful proposer shall, within fourteen (14) calendar days of said notice, furnish to the Director of Purchasing a Certificate of Insurance and provide policy endorsements evidencing specific coverage of the types of insurance in the amounts specified below. Such coverage shall be placed with a responsible company acceptable to the County licensed to do business in the State of Illinois. **All required insurance shall be maintained by the contractor in full force and effect during the life of the contract, and until such time as all work has been approved and accepted by the County.** The Contractor is responsible for all insurance deductibles and Self-Insured Retentions.

TYPE OF INSURANCE		MINIMUM ACCEPTABLE LIMITS OF LIABILITY
1	Workers Compensation	Statutory
2	Employers Liability A. Each Accident B. Each Employee-disease C. Policy Aggregate-disease	\$2,000,000 \$2,000,000 \$2,000,000
3	Commercial General Liability A. Per Occurrence B. General Aggregate 1. General Aggregate- Per project 2. General Aggregate - Products/ Completed Operations	\$5,000,000 \$5,000,000 \$5,000,000
4	Business Auto Liability	\$1,000,000
5	Professional Errors and Omissions	\$5,000,000
6	Environmental Impairment Liability	\$1,000,000

At all times during the term of the contract, the Contractor and its independent contractors shall maintain, at their sole expense, insurance coverage for the Contractor, its employees, officers and independent contractors, as follows:

- A) It is the responsibility of Contractor to provide copy of the PROPOSAL to their carrier.
- B) It may also be required that the Contractor's insurer and coverage be approved by County prior to execution of the Contract.
- C) No work shall be started until receipt of Certificate of Insurance.

The County of Winnebago shall be named as additionally insured on all certificates of insurance. Insurance certificates shall also reference project name and PROPOSAL NUMBER. Certificates must be sent to: Winnebago County Purchasing Department 404 Elm Street, Room 202 Rockford, IL 61101 AJohns@WinCoil.us

The insurance carrier of the insured is required to notify the Winnebago County of termination of any expiration or all of these coverages, prior to the completion of any contract, at least thirty (30) days prior to.

CHANGES IN INSURANCE COVERAGE:

The Contractor will immediately notify the county if any insurance has been cancelled, materially changed, or renewal has been refused and the Contractor shall immediately suspend all work in progress and take the necessary steps to purchase, maintain and provide the required insurance coverage(s) and limits. If suspension of work should occur due to insurance requirements, upon verification by the County of the required insurance, the County will notify Contractor when they can proceed with the work. Failure to provide and maintain the required insurance coverage(s) and limits could result in immediate cancellation of the contract and the Contractor shall accept and bear all costs that may result due to the Contractors failure to provide and maintain the required insurance.

PROPOSER’S RESPONSIBILITY FOR SERVICES PROPOSED

The Proposer must thoroughly examine and will be held to have thoroughly examined and read the entire RFP document. Failure of Proposers to fully acquaint themselves with existing conditions or the amount of work involved will not be a basis for requesting extra compensation after the award of a Contract.

IF WORKING IN A SECURITY AREA

If required by Winnebago County, the Proposer shall, within ten (10) days of contractor execution, supply the completed Criminal History and Background information forms for all their employees and subcontractor employees who may be working at the jobsite. Any employee or subcontractor that does not meet security requirements will neither be allowed on premises nor access to any software or hardware via remote location.

The Proposer will be required to perform all work in keeping with County security procedures while on the facilities’ grounds and shall be responsible for all personnel (including subcontractors) employed by their firm to ensure that Facilities’ dress codes and overall policies are followed.

QUALIFICATION REQUIREMENTS FOR THE CONTRACTOR’S PROJECT MANAGER

The Contractor’s Project Manager shall have:

1. A minimum of five (5) years progressive management leadership experience;
2. Two (2) or more years managed care experience;
3. Exceptional communication skills including verbal, writing, and presentation;
4. Demonstrated knowledge of clinical practice and processes;
5. Demonstrated knowledge of outcome based performance;
6. Demonstrated effectiveness interacting with and meeting the needs of external and internal customers;
7. Ability to handle multiple projects on different timelines; and
8. Ability to work well under pressure.

Contractor's Project Manager's Responsibilities

The Contractor's Project Manager shall serve as primary contract for the County and be accountable for coordinating the following:

1. Implementation (unless a separate implementation manager is assigned);
2. Management and facilitation of relationships with any subcontractors;
3. Management and facilitation of relationship with County;
4. Point of contact for problem resolution and escalated customer service issues;
5. Reporting;
6. Data issues;
7. Communications;
8. Quality of all services provided;
9. Complaint resolution;
10. Identification of opportunities for improvement both internal and external to both organizations that impact the Center;
11. Recommendations and overseeing of internal organizational and program changes to ensure continuous improvements;
12. Providing the County with specific recommendations for improvement when the Contractor identifies opportunities for improvement external to the Contractor;
13. Scheduling, preparing, and managing agenda and action items for discussions with the County;
14. Reviewing key process reports on an ongoing basis, and at a minimum, monthly with the County; and
15. Conduct quarterly and annual meetings with the County onsite to review process, performance and outcome reports.

END OF SPECIAL CONDITIONS

SCOPE OF PROJECT

Winnebago County is seeking to solicit proposals for management of their near site clinic in Rockford, IL. Currently, the clinic is being managed by OSF Healthcare. The clinic opened on 10/1/2013 with a nurse practitioner and medical assistant.

The services include a blend of prompt care, integrated health and wellness and occupational health. Additional clinic services are details in the RFP. Hours of operation are Monday-Friday from 8:00 AM-5:00 PM.

The clinic services employees, spouses and dependent children age 12 and above that are covered under the County's group insurance plan. Pre-employment physicals and a variety of occupational health services are provided as well.

Winnebago County is soliciting this request for proposal to award a two year contract with a two and one year- renewals.

NOTE: ALL fixtures and equipment need to be provided by the RFP awardee. During the Pre-Proposal Tour and Conference, this will be discussed in more detail. (See listing pages 26 and 27).

NOTE: Beginning January 1, 2020, for ALL Employees and Dependents covered under the Winnebago County Group Insurance Plan, non-emergency lab services will be drawn though the County Wellness Center facility.

END OF SCOPE OF PROJECT

SCOPE OF SERVICES

Proposals are requested for employee clinic set-up, operations, administration and professional medical services. Your proposal should address and include each of the following. Please follow this format in your proposal response.

MANAGEMENT SERVICES

Health Clinic Medical Management Services

1. Describe in detail the cost of your recommended program and how you charge for the various components of your services (i.e. admin, supplies, etc.). **** Please include pricing for a multi-year contract.***
2. Provide a description of technical or professional support available at no extra cost through your firm (such as legal counsel, communications, online enrollment, customer support line, etc.).
3. Describe your Performance Guarantees (if applicable).
4. How will you measure your Return on Investment?

**Please include staff compensation broken down to include cost for back up coverage extended hours, benefits, etc.*

Account Management and Staffing Model

Minimum staff required is a Nurse Practitioner and a Certified Medical Assistant with access to an RN (off site immunization administration).

1. How many team members do you propose to assign to manage Winnebago County's account (and identify such roles)?
2. What hours of operation would you propose based on the Winnebago County's employee count? Would seasonal Saturday hours be an option?
3. What staffing model do you envision is required to run a successful wellness center at Winnebago County?

Please comment on the inclusion/exclusion of primary care physicians, specialists, mid-level providers, licensed staff, non-licensed staff, and their primary roles.

Comment on the size of the group for each medical director.

4. Describe your process for the recruitment and retention of professional staff and the level of coordination with Winnebago County.
5. What is the average physician turnover in your clinic model?
6. Describe your staffing structure. Do you hire clinicians and staff directly or utilize agency contractors? Please describe the nature of these partnerships.
7. Describe your strategy for clinical coverage in the case that a clinician or staff member is on extended leave (e.g. due to medical necessity, extended vacation, or termination).
8. Describe the type of lab services that will be administered onsite to ensure the County is able to provide non-emergency lab services for all employees and dependents (age 12 and older) covered under the health plan. How will you address after hours or weekends to provide additional availability? Include details of lab tests and/or CPT codes that your company can provide or contract with another lab provider to administer. Include coverage for all ACA preventive labs, services for women, men and children by age category (define any limitations not otherwise specified). Include lab services associated with Occupational Services (such as urinalysis for drug screening).

CLINICAL SERVICES

1. Detail your approach to interactions with outside members, Primary Care Physicians (PCP) and specialists.
2. How would the practitioner interact with the Winnebago County medical plan, the pharmacy benefit management (PBM) company and its provider network to ensure high utilization of cost effective quality care?
3. Describe your experience working with occupational health and workers compensation cases at on-site clinics.
4. What, if any, price do you recommend charging the employees for use of the clinic?
5. Do you dispense medications in the clinic? If so, please describe the process and cost.
6. Identify any existing partnerships or contracts with other agents, vendors, organizations, or associations that you plan to utilize in your management of the Winnebago County account (i.e.. laboratories, pharmaceutical supplies, and clinical supplies).

7. How many medical directors do you employ and what are their credentials (and length of time they have worked with your company)?

Primary Care

1. How are appointments scheduled?
2. What is the appointment duration?
3. Is the appointment scheduling process available online?
4. Describe the types of primary care services that can be addressed onsite.
5. Describe the medications to be administered onsite.
6. Describe your projected medical team make-up (MD, RN, PA, etc.)
7. Describe your medical personnel qualification requirements
8. Describe your overall patient health and wellness approach.

Immunizations (flu shots)

1. How are these scheduled?
2. What other vaccinations would you recommend?
3. Please list cost of flu shot for the current flu season (Fall 2018)
Ability to schedule/administer vaccines at various county departments and off campus sites.

Exams and screenings

1. What type of exams and screenings do you recommend? (i.e. skin cancer, Hepatitis B)

Prescriptions (generic – please provide your top 50 most used)

1. Please list and group by category type (antibiotic, high blood pressure, etc.)
2. Pharmaceuticals (where economically beneficial to County and employees)

Primary Care Case Management

1. Describe the primary care case management process.
2. Do you work with the employee's existing Doctors?
3. How do you handle referrals to specialists?
4. Do you utilize the existing medical plan network of providers?

WELLNESS

Health Risk Assessments (HRA)

Describe the health risk assessment tool your organization offers. Please provide samples of the HRA, including (1) questionnaire, (2) individual results, and (3) client report, as well as a URL and password for a web-based HRA demo.

1. When was the last time your HRA was updated in response to current research?
2. List the types of biometric and lifestyle health risks your HRA assesses.

3. Are web-based options available?
4. How and when are results communicated to participants and aggregate data to employers.
5. Are health improvement recommendations made, with priorities and actions steps provided?
6. Can an employee track progress, specifically with year over year comparisons?
7. What HRA do you use? (please provide a sample)
8. How long have you used the HRA?
9. How often do you recommend distributing the HRA?
10. Can the HRA be done online?
11. Describe process for reviewing Health Risk Assessment and Screening Results with employees.
12. Do you contact the individual for possible interventions?

Biometric Screening

1. Does your organization have the ability to provide biometric screenings? If yes, please describe the following:
2. All types of biometric testing available (i.e., blood glucose, blood pressure, etc.)
 - a. Method of collecting blood samples
 - b. Time allotted for each screening
 - c. Level of scheduling coordination with participants
 - d. Staffing levels and strategy
 - e. Lab quality assurance
 - f. HIPAA security processes
3. Please indicate whether this service is provided directly or subcontracted by a third party partner. If subcontractors are used, please provide your strategy for ensuring proficiency, adherence and confidence in understanding the client's culture and health screening needs.
4. Explain your recommendation on the frequency of the BioMetric Screenings and/or other screenings that might be of interest to the County.

Health Coaching

1. How long have you been providing health coaching services?
2. Please indicate whether this service is provided directly or subcontracted by a third party partner. If subcontractors are used, please provide your strategy for ensuring proficiency, adherence and confidence in understanding the client's culture and health screening needs.
3. What type of risks are addressed during health coaching, i.e. tobacco and alcohol use, cholesterol, obesity, etc. and what parameters determine participation?
4. Describe your process for engaging participants.
5. How does your staff motivate participants to change their unhealthy lifestyle issues?

What is your company's experience impacting individuals who are non-movers (people categorized as at-risk who are not currently active)?

6. Discuss the qualifications of your staff that perform the actual health coaching services.
7. Provide samples of the educational materials used for health coaching.

Wellness Program Content

1. In your company's experience, what elements are essential for a successful wellness program?
2. Describe your strategy (include specific program components) for continually engaging the participant and the organization over a 12 month period? Include a strategy to address those with and without computer access.
3. Describe your capabilities to integrate spouses into wellness programming.
4. What proactive measures do you take to influence the personal health of members who are not identified as "at risk" or disease management candidates?
5. Please describe any newsletters that you offer, including frequency, format, and costs.
6. Do you offer in-house training or seminar kits for employers to use to conduct in-house training? Please describe. If so, at what cost?

Web-Based Tools and Customization

1. Who is the provider of your web-based health information? How is content created to ensure accuracy and appropriateness?
2. Can you provide targeted online communications based on demographics, interests and medical conditions? How do you notify/alert the member with this information?
3. How do you support members who do not have internet access with personal health improvement programs and/or health libraries?
4. Do you offer customizable online surveys?
5. Is access to programs and materials, including those provided by a third party, accessible via a single sign on?

Data and Reporting

1. What types of reports can you provide to the employer and the participant, and how often are these reports produced? Can reports be produced more frequently than the standard and if so, is there an additional fee?
2. Can client reports be customized? If yes, what are the customization options and the cost impact of the customization?
3. Can client reports be generated by demographic, i.e. gender, department, etc.? If so, please provide examples.
4. Do you provide an online resource center for the County to access? If so, can the County create reports from that website?

5. Are you able to measure ROI for the program? If so, describe method of measure used.
6. Is all data owned by the customer with the ability to retain data in event of termination?
7. Provide samples of individual and employer reports.
8. Can data be transferred to the current Third Party Administrator (TPA) and if so, is there a cost for this service?
9. Do you offer an incentive management tool within your program to assist the County in tracking and recording of incentives?
10. Describe how through data analytics your organization would create and implement future wellness initiatives.

Confidentiality and Privacy

1. Describe your policy relative to sharing, selling, or otherwise utilizing member usage and other member data.
2. How is confidentiality assured and what kind of HIPAA-compliant security measures do you have in place?
3. What practices do you have in place to protect the confidentiality of individual information when electronically transferring or storing information?

Communications

1. What innovative ways have you used technology to replace traditional, more costly communication methods?
2. Detail how your communication materials can be customized.

Implementation, Staffing and Account Management

What is the ratio of account manager to client among your client book of business?

Company Overview

1. Is wellness promotion your main line of business?
2. Describe qualifications, services or other information that sets you apart from other employee wellness program vendors in the industry.

MISCELLANEOUS

Please indicate which of the following services you can provide:

- Flu shots
- Well Child Visit
- School and Sport Physicals (age 12 and older)
- Immunizations If so, please list _____
- Immune Status determination

- Booster shots If so, please list _____
- ALL non-emergency lab

OCCMED

Please indicate which of the following services you can provide:

- Pre-employment physicals
- DOT exams
- Annual OSHA requirements
- Respirator Mask Fitting
- Blood Borne Pathogens
- Annual Job Requirements (may include above & TB Skin Test, Rabies)
- Urine Drug Screen and Breath Alcohol Testing “for cause”
- Flu shots
- Immunizations If so, please list _____
- Immune Status determination
- Booster shots If so, please list _____

DISEASE MANAGEMENT*

Should a Disease Management program be put in place, describe how you will function/coordinate with the external provider. How will the clinic enhance services to our users?

Do you offer your own Disease Management program? If so, please describe in detail.

Which diseases are included in your Disease Management program?

How will you identify which members to enroll in the Disease Management program?

What methods of health coaching does the Disease Management program include?

- Phone
- Online
- Face to Face
- Other

Do you have a system for reminding members when their yearly and age appropriate screenings are due? If so, explain the system.

**Please include the cost information for the Disease Management Plan with the on-site clinic and as a stand-alone.*

COMPLIANCE/RISK

Describe your strategy for staying abreast of updates in regulations. Please specify:

1. Which member of your management team monitors applicable regulations and ensures that your company meets all requirements and the clinic will meet all legal requirements; and
2. How these updates will be communicated to Winnebago County.

Specify the accreditation boards to which your organization reports and any professional organizations to which you and/or individuals on your team are members.

Please list any certifications and accreditations held by your company.

Does your organization have the ability to name Winnebago County as an additional insured on your insurance policies? If so, provide additional information, including which policies and the scope of coverage.

Provide details (carrier, period limits, and deductibles) for the following insurance coverages related to onsite clinics and staff:

1. **Workers Compensation**
2. **Employers Liability**
3. **Commercial General Liability**
4. **Business Auto Liability**
5. **Professional Errors and Omissions***
6. **Environmental Impairment Liability**
7. **Any other coverage you carry and deem appropriate**

#5.* Medical Malpractice to be covered under Professional Errors and Omissions Insurance and must include abuse and molestation as part of coverage.

Describe what practices your organization has in place to protect confidentiality of individual information (per HIPAA requirements) when electronically transferring or storing information.

When taking over a current inforce clinic, how do you integrate medical records?

Does your company's data security department perform internal audits? Please describe.

Does your organization have any previous or pending legal matters (including any investigations, actions, or proceedings by a federal, state, or local government agency)

against it that may potentially affect your ability to deliver services to Winnebago County? Please provide additional information.

Has your organization entered into or concluded any settlement or reformation discussions with any federal or state government agency in the past five (5) years that is directly or indirectly related to the provision of health care services?

Is your organization a party to a Corporate Integrity Agreement or similar arrangement with a Federal or State government agency? Please provide additional information.

Provide a litigation history from 2010 to present day.

QUALITY ASSESSMENT AND IMPROVEMENT

Describe your quality assessment and improvement strategy.

Please provide data where you can document improved health of employees participating in your program. Please provide measured biometric data.

Please describe your process for medical oversight (e.g. medical director, peer review process), and confirm protocols for ensuring appropriateness of clinical treatment as well as quality of care.

Have you ever had to terminate a physician or staff member? If so, how was this handled and what are your current procedures for handling this situation to ensure that this does not impact staff morale and operations?

Describe your company's performance standards with respect to: (attach samples from current clients)

1. employee inquiries (both written and telephonic);
2. wait times;
3. monthly invoice accuracy (statistical, payment, financial, technical);
4. patient satisfaction surveys; and
5. documented face-to-face time with person providing the care.

For our information, please describe the nature of the contract you would propose, indicating:

1. length of time of the contract;
2. length of time your fees are guaranteed;
3. proposed service renewal guarantees or terms; and
4. termination notices required.

COMMUNICATIONS TO EMPLOYEES

Briefly describe educational outreach programs for Winnebago County and also your ongoing communications plan/strategy and the type of support you will require.

Describe the strategies you will use to engage Winnebago County employees to utilize the onsite Wellness Center.

What are the critical success factors for attracting new users and ensuring retention? Provide examples from other clients, including the strategies and employee engagement results.

Have you provided satisfaction surveys with your clinic members? If so, what have been the results?

Explain how confidentiality is assured and how it is communicated to the employees.

REPORTING

Confirm that you can provide reporting on how many employees use the clinic, for which specific issues, how often, and their satisfaction with the service. Please provide any additional details about the report format.

Confirm that you can provide reporting on how many patients each clinician sees, what they see them for, how long the clinician spends with the patient, and how many non-patient hours each clinician takes to work on charts, reports, etc.

Please provide any additional details about the reporting format. (provide a sample data report)

Can services be billed/coordinated with the TPA/Carrier without requiring payment as a way to verify costs vs savings?

Should a member leave the clinic how would they be able to access their health information for their new provider?

Please describe all reporting you can provide in regards to wellness services accessed at the clinic including aggregate results.

Return on Investment (ROI)

1. How do you measure return on investment?
2. What are the measures you use?
3. What kind of ROI can a client expect (for each of the 5 years)?

4. Please provide three actual client case studies detailing ROI.
5. Will you put any of your fees at risk as a performance guarantee?

Describe your Data Management and Integration. Please include how your company allows for Integration with health plans, employee benefits, and wellness programs.

Please provide a summary of reports that clients can expect to receive. Attach samples of all reporting.

Do you provide customized reporting services upon request? Would Winnebago County be able to pull any data on our own?

How will federal and state health care privacy and security requirements, such as HIPAA, affect how you meet the stated goals of this section and how will you comply with these requirements.

TECHNOLOGY AND SECURITY

Describe in detail your hardware and software systems, and in particular, your scheduling and invoicing editing capabilities.

Describe methods/procedures/services used to prevent unexpected computer downtime (i.e. disaster recovery procedures, physical security of computer facilities, internal controls relative to computer system access).

Describe the proposed medical system software you will use to interface with the County employees and their primary care physicians. Describe in detail who will own this system and how this system will work to ensure consistency in the delivery of information to primary care physicians.

Describe the data collection and reporting capabilities of your preferred electronic medical record system.

Provide an overview of your systems and technology requirements. Describe the information system that would be used for recording, reporting and tracking patient information and other clinical activities.

Describe the security measures you have in place for your preferred electronic medical record system.

FACILITIES AND EQUIPMENT

Here is the list of what will be provided by the County.

- 2,640 square foot clinic space
- a front office area

- a waiting area
- a provider office
- 2 exam rooms
- lab area
- bathroom for drug screen testing
- separate room for mask fit testing
- employee bathroom
- break room
- large training area
- secure building (front and back door access)
- employee parking

Vendor will provide all furniture (tables/chairs, etc.), cabinets, medical equipment and supplies to operate as a clinic for the County.

APPROACH AND METHODOLOGY FOR CLINIC COOPERATION

Describe how your firm will approach the clinic for the County, to provide all the services requested in this proposal? Please include the use of any association or affiliate member firm personnel and the areas that will receive primary emphasis.

Address the type of clinic program(s), based on the needs of the County (both current needs and the potential to expand in the future, to include Occ Med services and Wellness services). Discuss the proposed steps of setting up and running a clinic, including estimated timelines spent on each segment by each level of staff. Use this section to address your firm's understanding of the County's objectives and requirements for the employee clinic. Explain how your firm's approach would meet those objectives and requirements. Include how you transition a client to an onsite clinic environment for the first time. Provide information on how you feel your role is in the design of the clinic as well as ongoing future modifications to help make the clinic successful short term and long term.

Also, discuss the firm's use of technology in the clinic. Finally, discuss the communication process used by the firm to discuss issues with the medical and administrative management of your firm and those working at the clinic, as well as employee communications about the clinic introduction and ongoing use of clinic services. Provide a timeline of the work plan and methods to be used that will convincingly demonstrate to the County what the offeror intends to do the timeframes necessary to accomplish the work, and how the work will be accomplished.

ADDITIONAL QUESTIONS

Identify key areas of program customizations that you believe will be appropriate to the Winnebago County's culture and employee population and provide examples of how this will be accomplished.

Provide a brief overview of your experience designing, developing, and maintaining site educational content for the clinic.

If selected, please describe the key steps/milestones your company will take to ensure that the transition / implementation will be handled in a smooth and efficient manner.

Please outline the critical activities and ensure that these activities are also captured in the overall implementation timeline.

Please provide an organizational chart of your company.

Please provide bios of all key personnel.

END OF SCOPE OF SERVICES

OFFER INFORMATION REQUIREMENTS

In determining the capability of an offer to perform the services specified herein, the following information requirements must be met by the offer. Each item should be addressed thoroughly.

BASIC INFORMATION AND EXPERIENCE OF THE FIRM

Firm Experience

Submittals should provide information about the firm and should address the qualifications and depth of experience of the firm's experience with cities of similar size.

- Name of Firm
- Address of Firm
Headquarters
- Address of Local Office
- Primary Contact Person(s) at Local Office
- Number of Employees
- Structure and history
- Founding Date
- Provide local office Org Chart (if applicable)

List clinics for local units in last three years. List specify dates the clinic is/was in operation

Describe your medical personnel qualification requirements for each type of medical profession.

Provide an organizational chart for the corporate and local levels of your organization.

Describe the mission and goals of your organization including pertinent business strategy and vision.

Describe your philosophy regarding your role in wellness and self-care and briefly describe evidence of your organization's commitment to that philosophy.

How is your company different from other On-Site Medical Clinics?

What percent of revenue will the County represent of your entire company including any parent company (if your division is a subsidiary)?

QUALIFICATIONS OF LOCAL OFFICE STAFF (if applicable)

Identify the partner, manager, and in-charge contact who will be assigned to our job if you are successful in your proposal, and provide biographies.

Name

Title

Position at County's Clinic

Degree(s)

Certification(s)

Added Training

Years of Professional Experience

Years with Your Firm
 Clinics Opened For Local Governments in Last Three Years
 Responsibility on Each Clinic Listed
 Other Qualifications

RESUMES AND QUALIFICATIONS OF LOCAL OFFICE STAFF TO BE ASSIGNED TO COUNTY’S CLINIC

Submittals should address the qualifications and experience of each person to be assigned with the clinic. Qualifications include education, certification, special training and professional activity. Experience should be quantified by degree of responsibility as well as number of years.

Please note that the County has requested information on each senior or higher level person to be assigned to the clinic. If your firm is not yet ready to make an assignment, you should give information on current staff that may be assigned. At a time closer to the clinic start up, replacements may be made, subject to approval by the Human Resources Director.

CLIENT REFERENCES

Offeror shall provide a minimum of three (3) references of current clients, and three (3) references of previous clients who the County may contact for a candid appraisal of the firm’s services. Use a form similar to the one listed below for each of your references.

The most effective references will come from entities, comparable in size to Winnebago County, for which your firm has provided services very similar to those the County is requesting. References should all preferably be within the last three (3) years.

References	Response
Company Name	
Contact Name /Title	
Telephone of Contact	
Email of Contact	
How long has this company been a client?	
Industry and Size of Company	
Number of individuals served	
Brief Description of Product/Services provided (including any innovative approaches/solutions provided)	

FINANCIAL STABILITY

Offerors shall demonstrate their financial stability to supply, install and support the services specified by providing your most recent financial statements.

1. Disclose any pending lawsuits.
2. Disclose any active or planned mergers, sales.
3. Disclose any financial conflicts of interest.

Claims and Complaint History – list any claims filed against the proposer (or its agents or employees) with the proposer’s liability insurance carrier for professional errors and omissions, including the nature and resolution of such claims. List all written complaints filed with local, State or Federal regulatory agencies, business organizations or other outside agencies against the proposer or any of its agents or employees within the past eight years, together with an explanation of their resolution.

NOTE: Mark any final documents confidential and seal inside a separate sealed envelope inside your original proposal. Only one set of financials is required with your offer.

CONTRACT AGREEMENT

Include a copy of your standard contract agreement with your proposal.

IMPLEMENTATION TIMELINE

Include a detail implementation timeline or chart with your proposal.

END OFFER INFORMATION REQUIRMENTS

PROPOSAL BID FORM

PROPOSAL # 19P-2172

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Vendor			
Contact Person			
Business Address			
City, State, ZIP			
Telephone		FEIN No.	
Email			

Company Information

Woman Business Enterprise (WBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Small Business Enterprise (SBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Minority Business Enterprise (MBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Veteran Owned	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

IF YES, CHECK THE FOLLOWING BOXES THAT APPLY:

BLACK/AFRICAN AMERICAN	<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>
NATIVE AMERICAN OR ALASKA NATIVE	<input type="checkbox"/>	ASIAN AMERICAN	<input type="checkbox"/>

TO: Winnebago County Purchasing Department

The undersigned, being duly sworn, certifies that he is:

<input type="checkbox"/> OWNER/SOLE PROPRIETOR	<input type="checkbox"/> A MEMBER OF THE PARTNERSHIP	<input type="checkbox"/> AN OFFICER OF THE CORPORATION	<input type="checkbox"/> MEMBER OF THE JOINT VENTURE
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Further, as Contractor, declares that the only person or parties interested in this proposal as principals are those named herein; that this proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Director of Purchasing, 404 Elm Street, Rockford, Illinois 61103 and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda

No(s): _____, _____ and _____ issued thereto;

Further, the Contractor proposes and agrees, if this proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed.

Further, the undersigned certifies and warrants that he/she is duly authorized to execute this certification/affidavit on behalf of the Proposer and in accordance with the Partnership Agreement or By-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Proposer and is true and accurate.

The Affiant deposes and says that he/she has examined and carefully prepared this proposal and has checked the same in detail before submitting this proposal, and that the statements contained herein are true and correct.

Further, the Proposer certifies that he has provided equipment, supplies or services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option. Finally, the Proposer, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the final contract schedule.

Signature of Proposers authorizes the County of Winnebago to verify business references.

SIGNATURE OF PROPOSER

SIGNATURE _____

Name and Title of Signer _____

Dated this _____ day of _____ 20 _____

PROPOSER’S SUBCONTRACTORS

FULL NAME OF VENDOR	
CONTACT PERSON	

SUBCONTRACTORS:

Will you employ subcontractors? Yes No

If "YES", identify with each firm's name, address, telephone number and work to be subcontracted (attach more sheets if necessary).

SUBCONTRACTOR NAME	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	
WORK TO BE PROVIDED	

The proposer will not change or use subcontractors not identified in this proposal without prior written approval from Winnebago County.

A request for a change in subcontractors shall be made in writing and will include a description of any savings that may be realized in the execution of this contract, and must be passed on to Winnebago County.

END OF PROPOSER’S SUBCONTRACTORS

RFP EXCEPTIONS & DEVIATIONS FORM

Proposer’s shall provide the requested information for each exception or suggested deviation in the table below. By completing and submitting this form, a Proposer acknowledges that its proposal may be deemed nonresponsive.

No.	RFP Section/Question #	Exception Taken and Reason	Proposed Deviation/Proposed Resolution of Exception	Price / Schedule Impact (if any)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Respondent: _____ (Name of Proposer for RFP 19P-2172)

By: _____ (Signature)

Date: _____

END of RFP EXCEPTIONS & DEVIATIONS FORM

DISCLOSURE OF PRINCIPALS FORM

COMPANY NAME

TELEPHONE

STREET ADDRESS

EMAIL

CITY, STATE & ZIP

FEDERAL TAX I.D. NUMBER

NAMES OF OFFICERS OR OWNERS OF CONCERN, PARTNERSHIP, ETC.

NAME

OFFICIAL CAPACITY

STREET ADDRESS

CITY, STATE AND ZIP

NAME

OFFICIAL CAPACITY

STREET ADDRESS

CITY, STATE AND ZIP

NAME

OFFICIAL CAPACITY

STREET ADDRESS

CITY, STATE AND ZIP

NAME

OFFICIAL CAPACITY

STREET ADDRESS

CITY, STATE AND ZIP

IF FURTHER SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEET(S)

END of DISCLOSURE OF PRINCIPALS FORM

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND
OTHER RESPONSIBILITY MATTERS FORM**

The prospective Proposer _____ certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative

Date

I am unable to certify to the above statement. My explanation is attached.

Signature _____ Date _____

END of CERTIFICATION REGARDING DEBARMENT, SUSPENSION FORM

RETURN PROPOSAL LABEL

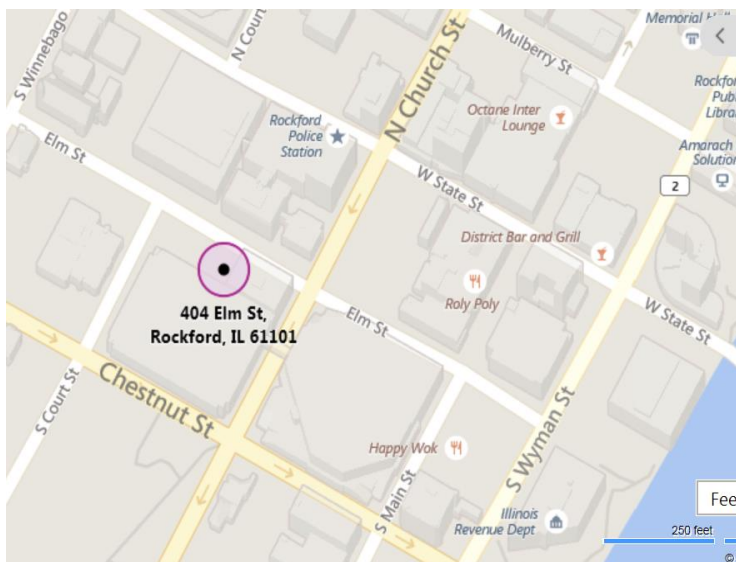


The County of Winnebago, Illinois will receive sealed Proposals at:

**WINNEBAGO COUNTY
PURCHASING DEPARTMENT
404 ELM STREET, ROOM 202
ROCKFORD, ILLINOIS 61101**

All Proposals must be enclosed in sealed envelopes marked:

**“ONSITE WELLNESS CLINIC SERVICES”
February 12, 2019 11AM**



ALL SUBMITTALS SHOULD BE LABELED ACCORDINGLY – PLEASE USE BELOW FOR YOUR



<p>PROPOSAL # 19P-2172</p>	<p>WINNEBAGO COUNTY PURCHASING DEPARTMENT 404 ELM STREET, Rm 202 ROCKFORD, IL 61101</p>
<p>PURCHASING DIRECTOR: Ann Johns</p>	
<p>PROPOSAL NAME: Onsite Wellness Clinic Services</p>	
<p>PROPOSAL DUE DATE/TIME: February 12, 2019 11:00 AM</p>	